SCHOOL HEALTH OUTREACH PROGRAM: A CASE STUDY

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By: Nansubuga Mubirumusoke

With support from Thulani Earnshaw, Bantwana Country Director, Swaziland & the Bantwana SHOP Team
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We thank the Izumi Foundation for their critical support of this program.
I. Introduction

Rationale and Objectives of the Case Study

At the epicenter of the HIV/AIDS epidemic, the Kingdom of Swaziland has an estimated adult HIV prevalence rate of 26%.¹ The magnitude and nature of the epidemic has had severe consequences on the country’s socioeconomic development and has negatively impacted the well-being of the country’s growing population of orphans and vulnerable children (OVC).

Within this context, and with the aim of learning more about strategies and models of care that improve effectiveness, quality, and reach of efforts to address the needs of vulnerable children, the Bantwana Initiative of World Education, Inc. (Bantwana) conducted an evaluation of its School Health Outreach Program (SHOP) currently implemented in the Lubombo Region of Swaziland.

The objectives of this case study are to:

- Capture the approaches, services, and activities implemented by SHOP;
- Evaluate the extent to which these approaches meet the needs of vulnerable children and the schools they serve;
- Assess the impact of the school-based health outreach program in the Lubombo region;
- Highlight best practices and lessons learned from the SHOP model; and
- Make recommendations for how to advocate for improved health services for vulnerable children.

The primary audience for this case study includes program implementers of initiatives focused on OVC, education, and health; policy-makers; and donors addressing OVC needs. It is intended that information about program successes, challenges, and lessons learned will contribute to improved decision-making, OVC program design, and resource allocation for the care and support of vulnerable children in Swaziland.

This paper provides a brief overview of the case study methodology, the health status of children in Swaziland, and describes SHOP’s programmatic approach, including activities and services delivered. It goes on to highlight project innovations, successes, and challenges, including recommendations for the way forward.

II. Context

Health Status of Children in Swaziland

With the highest HIV prevalence rates in the world, an estimated 130,000 - or 31.3% of all children in Swaziland - are orphaned or made vulnerable by HIV/AIDS,² with approximately 15,000 child head homes. Significant numbers of children in Swaziland thus face barriers to optimal health.³ Moreover, due to the effects of widespread poverty, a weakened economy, and recent drought, nearly one third of the country’s children are reportedly living in “disaster-like” conditions.⁴ The lack of qualified health care staff due to increasing migration of health care professionals to South Africa, long distances to the nearest health service points, high transportation costs, and poor roads pose further obstacles to health care access for Swaziland’s vulnerable children and adolescents.

“Most of the communities are poor such that they cannot afford to take their children to hospital. Some communities are very far from the [nearest] health facility, making it hard for them to access services. Some children are orphans thus stay alone so they cannot afford to go to hospital.”

— Bantwana Nurse, Lubombo Regional Health Outreach team

¹ UNAIDS Global Report 2012
According to recent research, approximately 11% of primary and 30% of secondary school children report missing a month or more of schooling each year in Swaziland.\(^5\) The high rates of absenteeism are largely associated with poor health, followed by inability to pay school fees or purchase other school materials. Given that health problems are the single most common cause of children missing school, further contributing to school drop-out, access to basic healthcare services is critical for removing barriers to education, as well as for promoting children’s overall long term well-being.

Swaziland’s School Health Program was established in 1976 as a joint venture of the Ministry of Health (MoH) and the Ministry of Education (MoET) to provide health education and basic health services to school-going children. The program is mandated to provide free access to basic health care (including making referrals for follow-up care) for children through regular visits to schools, but like many other government programs in Swaziland, it has insufficient human, financial, and logistical resources to effectively and consistently carryout required activities.

Currently, each of the four regions in the country has a school health team, but they vary in size, composition, and reach due to limited resources. Overall, regional school health teams are frequently immobilized by lack of transportation and often do not have the staff necessary to fully respond to all of the health needs of the students they see. Despite their mandate to make regular school health outreach visits, many students—particularly those in secondary schools—have gone years without a check-up with a school nurse. Furthermore, the majority of schools do not have teachers trained in first aid and universal precautions and lack basic first aid supplies.

### III. Methodology

This case study was developed through a desk review of project documents, project site visits, including direct observation of project activities, and interviews with project staff and beneficiaries. Fieldwork for this case study was conducted over five consecutive days in November 2012 at SHOP school sites in Lubombo region, project offices in Manzini region, and government offices in Hhohho region.

Data collection techniques included consultation and interviews with key stakeholders, and direct observation of program activities. Interviews were conducted with SHOP project staff, including the school health outreach team, and with head teachers, project beneficiaries, and a representative from the MoH’s School Health Program. Questions for the school health outreach team focused on the project’s model, project successes and challenges, impact on beneficiaries, and future needs. Questions for beneficiaries focused on their levels of health education awareness, school-based health needs, and perceived impact of the intervention on their health and well-being.

Observation of health education, primary healthcare outreach, and referral was conducted during field visits to Lusoti Secondary School, Mhlume High School, and the Government Hospital in Mbabane.\(^6\)

There are two noteworthy limitations to the study. Due to limited time in the field, only a small sample size of schools and beneficiaries were observed and interviewed. In addition, interviews were limited to beneficiaries receiving treatment and referrals during the first school outreach visit. Therefore, time limitations rendered it impossible to assess how the health intervention might have impacted

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\(^5\) DFID. 2011. *Educating a nation: Unpacking the constraints to education in Swaziland.*

\(^6\) The full complement of SHOP program activities are implemented in Lubombo region, while the first aid teacher training component of SHOP is currently targeting secondary schools nationwide.
beneficiaries’ thinking or health status over multiple months.

IV. Program Description

Key Achievements

Since 2008, the Bantwana Integrated Schools Program (BSIP) has been supporting in-school health service delivery in the Lubombo region through close collaboration with the MoH, the MoET, and the Lubombo school health outreach team. Initially only targeting 10 BSIP schools (6 secondary and 4 primary) with improved access to primary health care, the program was expanded in 2009 as a stand-alone intervention known as the School Health Outreach Program, or SHOP, due to high levels of demand from additional schools, high levels of satisfaction from school staff, and national recognition of BSIP’s integrated approach. In 2011, teacher training in first aid and universal precautions was added as an additional component of SHOP. In its second phase, the program is currently operational in a total of 37 schools, including all secondary schools in the Lubombo region.

SHOP’s overarching goal is to improve the basic health of children in Swaziland. The project model adopts a school-based approach to primary healthcare delivery and works within the framework of the Swaziland MoH and the MoET’s School Health Program.

From December 2011 to November 2012, SHOP has achieved the following results:

- **7,632** primary school and secondary school students received basic health services and treatment
- **2,832** primary school students and **16,424** secondary school students were trained in health and hygiene-related topics
- **37 schools visited** by the Lubombo Regional Health Outreach Team
- **32** students referred for additional treatment
- **114** secondary school teachers and **18** primary school teachers were trained in first aid and universal precautions

_We are able to visit more schools. Teachers now recognize the school health program and they are reporting to us issues of concern in their schools. Now it is possible to visit all schools on schedule every day._

— Nurse, Lubombo Regional Health Outreach Team

Implementation Model and Key Activities

SHOP activities are implemented by a four-member Lubombo Regional School Health Team, which includes an MoH staff nurse, a BSIP nurse, a nurse assistant, and an environmental specialist. The team serves the entire Lubombo region and covers both primary and secondary schools, with emphasis placed on service provision at the secondary school level.

All team members are employed by the MoH with the exception of BSIP nurse, a position recruited by Bantwana in 2008 to support the understaffed and overstretched Lubombo unit. Health outreach is conducted during field visits to each school with the aim of reaching every grade, and includes the following key activities:

**School-based health education sessions** are conducted by the health team nurses during each school visit prior to health screenings. These interactive sessions sensitize students and provide them with important health information. Students are encouraged to ask questions and engage in discussion around health-related issues. Topics are

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Program scale-up was made possible with funding support from the Izumi Foundation.

Universal precautions refers to the practice of preventing infection by avoiding contact with a patients’ bodily fluids, for instance by wearing gloves.
identified by the nurses in consultation with teaching staff, and include the following:

- HIV/AIDS/STI risks and prevention
- Sexual and reproductive health
- Gender and sexuality
- Teen pregnancy
- Sexual abuse
- Peer relationships and peer pressure
- Low self esteem

School-based health screenings include one-on-one check-ups for students and provide a viable and cost-effective means of reaching youth with unmet primary healthcare needs. At the secondary level, students are treated on a voluntary basis. At primary level, the entire student population is screened for the following:

- Eyesight, hearing and oral hygiene
- Weight
- Deworming
- Dehydration
- Skin conditions
- Mental disorders
- Immunization
- Sexually Transmitted Infections (STIs)
- Nutrition

After screening, referrals for follow-up care and treatment provide an opportunity for SHOP to link those students who require additional services with other important aspects of care, including STI treatment, HIV testing, counseling and treatment, counseling and psychosocial support, nutrition, and other services.

School inspections are conducted by the Environmental Specialist during site visits, as available. School premises are evaluated for safety and to ensure that facilities meet basic standards. Upon completion of inspection, a report is prepared and recommendations are provided both to the head teachers and the Regional Education Officer so that schools can address any identified health risks.

First aid training is provided to school teachers nationwide to ensure that selected primary schools and all secondary schools have staff on hand equipped to provide first aid treatment to affected children in the case of minor illnesses or injuries. Training is provided by the country’s Emergency Preparedness and Response Unit. As a result of this activity, every secondary school in the country will have at least one teacher trained in first aid, achieving national coverage. Teachers are also trained in universal precautions to prevent transmission of blood-borne diseases. Schools are then supported to monitor and refill their first aid kits by the MoH on an ongoing basis.

Advocacy around HIV and AIDS and other health related issues is promoted through participation in World AIDS Day, during which a medical tent is erected in selected communities and community health campaigns are held to raise awareness around important health issues.

V. Findings

SHOP health outreach activities have resulted in increased access to basic health care for both primary and secondary students in the Lubombo region; improved access to referral care and treatment for students; increased exposure among students to information and awareness raising around health and hygiene related issues; improved capacity of the Lubombo Health Outreach Team to deliver health outreach services; and improved coordination between key stakeholders. Through SHOP interventions, significant numbers of Lubombo students have been provided with quality health services and schools countrywide have been equipped with the skills necessary to take basic but vital precautions in promoting and protecting the well-being of their students.

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9 Currently, the program is working to train teachers in the three regions of Hhohho, Manzini, and Shiselweni. At least one teacher in each secondary school in the remaining region, Lubombo, was trained during the first phase of SHOP (2011-2012).
### Improving Quality & Capacity of Lubombo Regional School Health Outreach Team

Prior to the SHOP intervention, the Lubombo Regional Health Outreach team had a limited presence in schools due to lack of transportation, with little to no access to students in need of care. With only one nurse, the team was unable to meet the needs and high demands of the schools within the region, many of which are rural and not within close proximity to one another. Mirriam Dlamini, the MoH Lubombo School Health team nurse, stated: “The team could not visit the schools since there was no transport, the focus was only on the primary students, children who were eligible for referral were not assisted, and only an estimate of ten primary schools were covered.”

With funding from SHOP, a vehicle was purchased that has enabled the team to spend most of their work week in the field, conducting regular outreach sessions and reaching a considerably larger number of schools and both primary and secondary students with critical health services. For many students, especially the most vulnerable, the services at school may be the only healthcare they receive.

### BANTWANA’S SCHOOL HEALTH OUTREACH PROGRAM (SHOP):

Implemented in the Lubombo region, Bantwana works in collaboration with the MoH and MoET’s Regional School Health Outreach Program to improve the health of children in Swaziland by delivering basic healthcare services to a targeted 11,100 students (aged 12-19) in 37 schools.

### Project Goals:

1. Build the capacity of the Lubombo Regional Health team to reach students with basic health care through improved school health outreach.
2. Ensure 100% of secondary schools in Swaziland have first aid kits and a least one teacher with up-to-date first aid certification.

### External Resources
- SHOP is implemented by Bantwana and funded by the Izumi Foundation
- Swaziland’s MoH and MoET provide technical staff and support

### SHOP Activities
- Support MoH to provide school-based health screening and treatment
- Conduct school-based education sessions
- Refer students for follow-up care and treatment
- Pilot proper follow-up student medical treatment for parents and guardians
- Participate in World AIDS Day events
- Conduct first aid training in Hhohho, Manzini, and Shiselweni
- Refill and monitor first aid kits

### Outcomes

**Child/Adolescent Level:**
- Improved access to basic health care and referrals
- Improved health status
- Increased knowledge of HIV/AIDS/STI prevention and health information

**School/Community Level:**
- Improved school safety
- Improved knowledge of first aid and universal precautions

### Table 1: SHOP II Program Framework

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<thead>
<tr>
<th>External Resources</th>
<th>SHOP Activities</th>
<th>Outcomes</th>
</tr>
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<tbody>
<tr>
<td>SHOP is implemented by Bantwana and funded by the Izumi Foundation</td>
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</tr>
<tr>
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<td>Conduct school-based education sessions</td>
<td>- Improved access to basic health care and referrals</td>
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<td>Refer students for follow-up care and treatment</td>
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<td>Pilot proper follow-up student medical treatment for parents and guardians</td>
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The school health team has been able to improve coordination and planning of their visits with schools by consulting with head teachers and circulating schedules to schools and parents in advance of the school visit. This has helped schools to be more prepared and contributed to increased parental involvement, which is particularly useful in the case of younger children that may need to be accompanied to other health care services upon receiving a referral from the school health team. One teacher at Lusoti High School noted that she appreciated the efforts of the school outreach team in planning the visit around the school exam schedule, as it reduced the burden of stress on both teachers and students. Proper planning is critical to the success of the visits, as it improves efficiency, reduces frustration among school staff, and ensures that enough time is allocated to meet the needs of the entire student body.

As a result of these practical but meaningful improvements, all secondary schools in Lubombo region are currently being reached with health outreach services, including health education sessions, treatment, and care services and at least one teacher in each secondary school in Lubombo has been trained in first-aid.

**Increasing Access to Basic Health Care Services for Primary and Secondary School Students**

By working within the Government’s existing framework and using schools as a platform to deliver health services, SHOP has reached a large number of students with basic health care services, especially adolescents. Previously, the Government School Health Program largely focused on immunizations at primary school-level and, as a result, many secondary students had never received a check-up by a school nurse. Under the first phase of SHOP, the MoH reported that Lubombo region was the only region reporting services offered to secondary schools. Under the current phase, 7,632 primary and secondary students have received an assessment from the SHOP school health team, including consultation, screening, and treatment of minor illnesses. Because the assessments target all children in schools, they have offered a cost-effective and practical means of catering to the basic health needs of a large number of children, providing primary health care and maintaining basic levels of health that allow children to consistently attend school.

Most students interviewed remarked on the benefits of having health check-ups at school. According to Siphelele Shongwe, 14, school health check-ups provide students with services that some would otherwise be unable to afford. Before she was recently adopted by a family, her mother was unable to meet even basic health costs. She confides, “It’s very helpful to get medicine here [in school]. Before I was adopted, it was difficult for my mother to pay.”

In several cases, referrals for further care have also resulted in the early identification and treatment of illness requiring more serious attention.

Health education sessions facilitated by the nurses have also served to incorporate important health related themes and have provided an opportunity for students to access valuable knowledge to improve their health status and strengthen their life skills. Several students and teachers alike noted that the discussions created an environment of confidentiality, enabling students to speak more freely with adults about sex and other health-related issues in a way that otherwise would be a challenge.

*Having health sessions and treatment at school is a good idea because it helps you even if you don’t have money. Without it, if you fall sick at school, you go to reception. If they have medicine, they give it to you. If not, you go to the clinic and have to pay for it yourself.*

— Nothando Matsebula, 17, Mhlume High School
LWAZI’S STORY

Lwazi, 18, recently received health screening by the SHOP team at Malinza High School. When the team conducted their scheduled visit, Lwazi reported to the nurse that he suffered from swollen joints. He was given appropriate medication and referred for follow-up treatment. A week later, Lwazi was taken to Mbabane Government Referral Hospital by the SHOP health outreach team where he tested positive for HIV. He states:

“I don’t have someone to take care of me. My mother died a long time ago and I live with my Aunt. This organization has really helped me because I wasn’t able to do anything. It’s difficult to tell my Aunt. It’s a big family. I am ashamed. So I have decided to keep quiet and take my ARVs. But I am happy that now I know myself.”

After testing positive, Lwazi was referred by SHOP for antiretroviral (ARV) drug treatment. During each of these initial visits, Lwazi was escorted by the SHOP nurse to ensure that the full cycle of care was provided, including free transportation and free treatment for services. Through the support of the program, Lwazi is currently receiving treatment and says he feels confident that he will be able to take his medicine and continue moving forward with his life.

According to Thabo Mangwe, 16, of Mhulme High School, that feeling of trust is very important. “You can tell them everything,” he said when speaking about the SHOP nurses who facilitated the education and treatment sessions. Another student noted of the topics in the education session, “Us, as youth, we don’t think before doing something and you may find that at home there is no-one there to teach us about these things.”

Given that evidence and best practices from international research demonstrate unequivocally that open discussions around health, sex, and sexuality are critical in reducing STIs, HIV infection, and teen pregnancy, the good rapport developed between SHOP nurses and students is believed to be instrumental in actively engaging students around health and sex-related issues, thereby increasing the likelihood of message absorption and allowing students to personalize the information they have received.

Promoting Safer Schools for Improved Student Learning and Development

Ideally, schools are meant to be safe, child-friendly environments that enrich the cognitive and emotional development of students and promote their overall wellbeing. According to UNICEF, unsafe and unsanitary school conditions can increase the likelihood of injury and illness, and may undermine student participation.

SHOP has made schools safer by ensuring that teachers are trained in first aid and universal precautions. Prior to SHOP, no secondary school in Lubombo had a teacher certified in first aid and universal precautions. Currently, 114 secondary school teachers and 18 primary school teachers nationwide have been trained in first aid and universal precautions and first aid kits procured by SHOP have been distributed to schools by the Government. By the end of 2013, every secondary school in the country will have at least one teacher certified in first aid as a result of SHOP.

In addition to first-aid training, the procurement of the SHOP vehicle has meant that the Lubombo Regional Health Outreach team’s environmental specialist is able to conduct school inspections on a regular basis, evaluating schools for overall safety, hygiene, availability of safe water and sanitation facilities, and other basic requirements (such as desks and chairs). These inspections are a key aspect of assessing and ensuring the overall safety of learning environments.

Outside of classroom areas, the school health outreach team assesses schools to ensure that there are gender-separated toilets, adequate water supplies and soap for hand washing, hygienic food storage and kitchen areas, and other elements that
AN ENVIRONMENTAL SPECIALIST WITH RENEWED PASSION

Glory Simelane has been working for the MoH for 12 years as an Environmental Specialist. For the past year, she has been a member of the Lubombo Regional Health Team under SHOP and has noted that the availability of regular and reliable transportation through the program has made all the difference. Now, she is able to put her skills to practice through field visits to schools, identifying potential health risks and making recommendations to improve the learning environment for students. She notes:

“In one school, children were sitting on the floor. They improvised by using a pallet board for students to sit and write on. Sitting on the floor when it’s cold for hours at a time can cause respiratory infections. The teachers themselves did not even have a desk or a chair and there were no chalk boards.”

Classroom environments such as the one described above may compromise a student’s ability to learn and pose threats to their overall wellbeing. Glory was able to make recommendations to the head teacher at the school and improvements were made. When she went back for a follow-up visit, Glory found a table and chairs for the teachers and some desks and chairs for the students. While limited resources mean that not all students were provided with desk and chairs, Glory says it was a clear step towards ensuring basic minimum standards are in place.

Strengthening Inter-Sectoral Coordination for Improved School Health Programming

Despite the initial collaboration between Swaziland’s MoH and MoET in the development of the School Health Program, prior to SHOP, there was little communication between the two ministries around coordination and implementation. This has resulted in inefficiencies and gaps in service provision.

The SHOP team has enhanced communication between the MoH and MoET, facilitating not only regular stakeholder meetings and joint information sessions, but also contributing to improved national-level service delivery and systems strengthening. Under SHOP, improved collaboration -- matched with the high demand for services created by the consistent quality of the school health program in Lubombo -- enabled SHOP and school stakeholders to spotlight ongoing medicine stock outs. The regional health outreach team then worked with the MoET and MoH to advocate for a specific ordering code for school health teams to order directly from suppliers, thus avoiding the delays of working through the public health department.

SHOP has also supported and strengthened national health systems. Due to previous emphasis on immunizations at the primary school level, the MoH would only report on services to children ages 0 – 5 years. During the first phase (2009-2011), the MoH began to update data reporting to accommodate students aged 6 – 17 years who are now accessing school health services. The MoH has reported that Lubombo is the only region reporting services offered to secondary schools. Furthermore, the MoH and MoET, along with WHO and other stakeholders are currently finalizing a national School Health Policy, a process in which the SHOP team and Bantwana program officers, along with other partners, have contributed inputs.

SHOP has enhanced services in the Lubombo region.

- Mildred W. Xaba, School Health Service Program Manager, Ministry of Health
program and have strengthened ongoing school outreach:

- Both the MoET and the MoH have expressed their interest in national scale up of SHOP to the other three regions. Already, under the current program phase, teacher first aid certification will reach all secondary schools nationwide, with training and facilitation led by the MoH’s emergency response unit.

- Due to the advocacy initiated by the SHOP team, the government has agreed to keep the first aid kits supplied to schools fully stocked – an arrangement that significantly improves student health and safety.

- Through enhanced reporting to include students aged 6-17, national-level school health data has been enriched. This represents a vital step towards improving services for adolescents.

These striking examples clearly illustrate the profound impact and benefits SHOP has had on the country’s school health program with small amounts of funding.

VI. Challenges & Lessons Learned

Even with several notable achievements and contributions to the country’s school health outreach efforts, the case study revealed several ongoing challenges that affect the implementation of SHOP and its ability to reach all Lubombo students with quality services.

Ongoing Challenges and Unmet Needs

- **Human Resources:** Despite the fact that the Lubombo team has been bolstered by the BSIP nurse, the team would benefit from the specialized skills of a counselor (for psychosocial support), an eye specialist and a dentist. While vehicle procurement under SHOP has greatly improved the team’s ability to reach students, with a high number of schools, far distances between schools and finite amount of time, the addition of a second outreach team would alleviate the high demands on the current team who are currently overstretched.

- **Lack of adequate supplies:** The team noted that they face stock-outs from time to time in the central medical stores.

- **Lack of health clubs:** Aside from the health education sessions, students do not have a regular platform to discuss health issues. Health clubs at schools could be a way to reinforce issues and topics discussed with the health outreach teams, leading to longer term life-skills development around health issues.

- **Poverty:** Even with the services provided by SHOP, poverty still impedes students’ access to healthcare as many require basic treatment that the Lubombo team is unable to provide due to lack of specialized staff (i.e., dentist, eye specialist). Often, students and their parents/caregivers cannot afford these specialized services and/or the transportation costs to access the service.

Lessons Learned

- SHOP has demonstrated that the commitment and close collaboration between nurses, teachers, and students has increased demand for services and has improved efficiency of the program.

- Enhancing the skills of teachers through training in first aid has boosted teachers’ morale and confidence, and has made schools safer spaces for students.

- Referrals initiated by the school health outreach team have ensured that most students referred for treatment receive the full cycle of care they require.

- Close partnership and coordination with government stakeholders has increased the sustainability of the program and enriched national level systems.
• Bringing services to schools has addressed a critical barrier to access – transportation - and thus paved the way for almost 8,000 students to receive health care services.

• Large numbers of children can have access to primary health care at low cost, decreasing days of school missed and improving basic health and wellbeing.

• A functioning school health outreach system is particularly important for a country with extremely high HIV prevalence and a high number of vulnerable children.

VII. Future Direction

The future success of Swaziland’s School Health Program will require the ongoing commitment, participation, and resources of multiple partners, including government, schools, students, parents, communities, and other stakeholders. As SHOP has demonstrated, building effective and functional relationships at each level not only strengthens program implementation, but is invaluable for program sustainability. Based on the results of the case study, the following recommendations are offered:

• A comprehensive school health team would be able to provide more assistance at the school level, thus minimizing the need for referrals. All partners should advocate for increased funding and investment from government to ensure that regional school health outreach teams are equipped with an adequate complement of staff that are able to meet the great demand for services and the basic health needs of students.

• There is a need to ensure that the regional health team has the means necessary to reach their targets and effectively deliver services without compromising quality due to time constraints and far distances between schools.

• School safety should be prioritized and further spotlighted. The school health program offers an ideal entry point to scale-up school safety efforts so that students benefit from child-friendly learning environments. Aside from training in first aid and school inspections, health education sessions should be enhanced by incorporating a more holistic approach to school safety that includes all aspects of students’ physical, emotional, and cognitive wellbeing and topics such as child rights, physical abuse at school, gender-related issues, etc.

• Health education sessions can be enhanced through the use of innovative methods that further engage students in participatory ways. For example, students could be encouraged to co-facilitate sessions. The use of improved resource materials and techniques, such as role-playing, demonstrations, and games would also increase interaction, student participation, and student confidence.