



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research
Vol. 10, Issue, 06, pp.70888-70894, June, 2018

**INTERNATIONAL JOURNAL
OF CURRENT RESEARCH**

RESEARCH ARTICLE

HEALTH –PROMOTING SCHOOLS PROGRAM-ZAMBIA [MINISTRY OF HEALTH]

***Emmanuel Kooma**

Texila American University, USA

ARTICLE INFO

Article History:

Received 04th March, 2018
Received in revised form
07th April, 2018
Accepted 24th May, 2018
Published online 30th June, 2018

Key Words:

Awakened Ethyl Coma, Neurology
Antananarivo, Madagascar.

ABSTRACT

The Zambian government through the Ministry of Health and Ministry of General Education has a responsibility to ensure that conditions for schooling are the best to achieve through establishing health-promoting schools and structures. World over, there has been substantial evidence, which indicates that the health of children and young people has been a major factor affecting their capacity to learn. Similarly the level of individual's education influences their health. This document provides a framework for supporting the growth and development of health-promoting schools in Zambia. Its purpose is to support the national, regional and district structures in developing their actions for health promoting schools in the country. The document is not prescriptive in nature and offers freedom of interpretation while upholding the cornerstones of health promoting schools in the country. Greater detail on how to carry out activities will be contained in a health –promoting school strategy.

The “Health-Promoting School Concept” has been found to offer some advantages such as:

- The concept utilizes a holistic model of health that includes the interrelationships between physical, social, mental and aspects of the environment
- It encourages participation of communities and families in the development of knowledge and health skills of their school going children
- It addresses the significance of the physical environment such as school buildings, safe water, sanitation, play grounds and these contribute to the health of the children
- The importance of the social ethos of the school becomes recognized in supporting a positive learning environment and one in which healthy relationships and the emotional well-being of the pupils/students is strengthened.
- The concept links the national, regional and local health service delivery with the learning institutions addressing specific health concerns, which affect school children and teachers [health concerns, diseases, events and medical conditions].
- Finally, the concept enhances equity in education and health in raising competencies in health of girls, boys, men and women in the school and community through the provision of a positive and supportive school/home working environment.

The Ministry of Health, Ministry of General Education and their Collaborating Partners are dedicated and focused to ensuring successful execution of the health-promoting school “Concept Note”. I therefore request that all the stakeholders involved in health –promoting schools program have a focus and make the concept initiative a reality for the country.

Copyright © 2018, Emmanuel Kooma. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Emmanuel Kooma. 2018. “Health –promoting schools program-zambia [ministryof health].”, *International Journal of Current Research*, 10, (06), 70888-70894.

INTRODUCTION

In the 21st century, many schools world over, school personnel, pupils, parents and community members work together to help their schools become “Health Promoting Schools”. In so doing, these contribute to two goals: The United Nations Education Scientific and Cultural Organization (UNESCO) and World Health Organization’s (WHO) Health for all.

The efforts by the two organizations help to bring about the vision of Health that WHO has fostered in the first quarter of the century and provide a better understanding platform of our world and individual nations. “Health” has been defined as a complete state of physical, mental and social wellbeing and not merely the absence of a disease or infirmity (WHO, 1978). Efforts to promote health lack commitment dimensions by all actors including beneficiaries. The World Health Organization Concept of Health Promoting School has been an example of the strengthening of health promotion in schools and the idea has been to embrace a holistic vision of health considering positive as well as negative influences on health environments of the schools.

***Corresponding author: Emmanuel Kooma**

Texila American University, USA

DOI: <https://doi.org/10.24941/ijcr.29899.06.2018>

The Health – Promoting Schools need to go beyond the prevention model aspect, through the full organization potential of schools to be healthy environments in which to live, learn and operate. The intention of creating Health Promoting Schools brings about a sense of well-being and reduces preventable health problems and diseases in schools. Members of the community and the school have to work together to set up health priorities and play health actions. Through these actions, Health – Promoting Schools acknowledge the value of promoting physical, mental and social well-being along with efforts to reduce health problems and the health risks. Health-Promoting Schools serve as models in our world today to provide positive qualities that many individuals and communities can support. Individual schools and communities can do much on their own and for this to succeed many schools will need to model the kind of healthy and caring Zambian society that the country envisages to achieve. The purpose of Health Promoting Schools has been to enhance educational outcomes and to facilitate actions for health by building health knowledge and skills in the cognitive, social concept and behavioural domains This concept paper aims to provide the general information on strengthening Health Promoting Schools in Zambia and seek the impacts and recommendations particularly in terms of strengthening partnerships and also who can be potential sponsors supporting the Health Promoting School preference in Zambia.

Problem Statement: Health-promoting schools concept in Zambia has faced an inadequate approach by organizations to help build an infrastructure that supports the development of health-promoting schools that can enhance health promotion efforts. The approach enables students/pupils, staff, families and community members to: care for themselves and others, make healthy decisions and take control over their own health and create conditions that are conducive to the health of individuals. Many organizations have been found to provide various resources to our schools for various projects and not many have provided resources to support holistic health efforts to promote health through individual school learning environment. There have been no integrated efforts to reduce important health problems in schools and prevent health risks that have been found to result in intentional and unintentional injuries, conditions such as communicable and non-communicable diseases, conditions and events such as unintended pregnancy, tobacco use, alcohol and other trends of substance abuse. Inadequate water and sanitation, poor waste disposal and non-existing health promotion activities have been experienced in most of our schools. No Healthy-Promoting School monitoring has been formally implemented and conducted effectively and no official reports so far have been made between Ministry of Health (MOH) and Ministry of General Education (MOGE) to ascertain the healthy environment for schools. Worldwide it has now been accepted that good health occurs when human beings and their environments are in harmony (UNESCO/UNDP, 1995). Therefore, Zambia needs to start implementing Health – Promoting School strategies

Justification and Rationale: According to the World Health Organization (WHO), the school health promoting programs can increase the efficiency of the educational system and can reduce common health problems in a school setting. The health promoting school programs can further advance passive health education and social-economic development. Healthy children have been found to have a greater learning capacity and better

school attendance and are likely to be healthy. Those students and pupils who have a positive connection with their school and significant adults are less likely to participate in risky behaviours and are more likely to have positive learning outcomes. The pupil/student educational attainment has been positively linked to long-term economic prosperity and health outcomes. The promotion of health and wellbeing of school staff lead to reduced staff absenteeism and higher work satisfaction. By actively promoting healthy schools, staff will have the potential to be positive role models to pupils and communities in the neighbourhoods. It has been found that promoting health in schools can support in reaching schools education, social and staffing objectives as well as influence the healthier lifestyles of the whole school community. There has been overwhelming growing evidence across the world that health and education are inextricably linked to each other and to other issues, that also include poverty and income level. This has been evident in the importance of the Sustainable Developmental Goals (SDGs) attack to education and health in setting out the development targets. It has been proven that education has the power to improve not only economic prosperity in a country, but that it has a major effect on health outcomes for the current and future population. A holistic, positive (salutogenic) and socioecological model of health promotion takes account of the dynamic interaction between personal and wider environmental factors in determining health and recognizes that the settings in which people live, work and play have a key determining role in their health.

Main Objective: The main objective of Health-Promoting Schools is the prevention of illness as well as the promotion of health and healthy school environment and well-being of the students/pupils, teachers and the community at large.

Specific Objectives

- To detect diseases and take care of pupils/students and teachers with health problems
- To develop health attitudes and healthy behaviours by pupils/students and teachers
- To ensure a healthy environment for children and teachers at school
- To prevent communicable and non communicable diseases, events and conditions at school

Thematic Areas for Health Promoting School

The health promotion and modern concepts of education have been found to share a participative approach through the following thematic Areas:

Healthy School Policies: The Zambia National Health Strategic Plan (NHSP) (2017 – 2021) describes health promotion in schools as one of the major components of primary health care and community health. The components enable individual households and communities realize the highest level of health and development irrespective of age, race, income, geographical location, or education level. Health promotion in schools calls for integration of activities across sectors and encourages multi-sectoral collaboration. The healthy school policies are clearly defined in the NHSP and Health Policies of Zambia or in accepted practices that promote health and well-being. Many policies promote health and well-being e.g. the Food and Drugs Act, Cap 303 and the Public Health Act Cap 295 of the Laws of Zambia provide

protection of pupils from being supplied with unwholesome food and also encourages schools to have strengthened healthy environments.

The School's Physical Environment: The Public Health (Building Regulations, Section 75 and 114 of the Public Health Act, Cap 295 of the Laws of Zambia describes clearly that a physical environment includes the buildings, grounds and equipment and the surrounding of the school. The building design and location; provision of natural light and adequate shade; the creation of space for physical activity and facilities for learning and healthy eating provide needed school environment standards.

The School's Social Environment: The School's social environment has been a combination of the quality of the relationships among and between staff and students. It is influenced by the relationships with parents and the wider community. It has been about building quality connections among and between all the key stakeholders in a school community environment.

Individual Action Competencies and Health Skills: These are formal and informal school curriculum and other associated activities where pupils gain age-related knowledge, understanding, experiences and skills that enable them to build competencies in taking action to improve the health and well-being of themselves and others in their community and that enhances their health outcomes.

Links With Communities: The connections between the school and the students' families, plus the connection between the school and key local groups and individuals provides strong community links. The appropriate consultation and participation with the stakeholders enhance the health promoting schools and provide students and staff with a contextual support for their actions.

Health Service Delivery in Schools: Regional, district and local school-based services or school-linked services that have a responsibility for a child and adolescent health care and promotion through the provision of direct services to students/teachers including those with special needs.

What is a Health-Promoting School?: A Health-Promoting School can be characterized as a school that is constantly strengthening the capacity as a healthy serving facility for hiring, learning and working. It is a school that fosters health and learning with all the measures at its disposal. It engages health and education officials, students, Parent Teachers Association (PTA), health providers, stakeholders and community leaders (political and traditional) in efforts to make the school a healthy place. The Healthy-Promoting School strives to provide a healthy environment, WASH activities, health education and school health services along with school/community projects and out-reach health promotion programs for school staff and students, nutrition and food safety programs, opportunities for physical education and recreation, and programs for counselling, social support including mental health promotion. The school implements policies and practices that respect an individual's well-being and dignity, provide multiple opportunities for success and knowledge, good efforts and intentions as well as personal achievements. It strives to improve the health of the school personnel and teachers, families and community members as

well as pupils and works with community leaders to help them understand how the community contributes, or undermine health promotion.

Principles of Health Promoting Schools

It has been found that a health-promoting school should have the following principles:

- Promote the health and wellbeing of students/pupils and teachers
- Enhance the learning outcomes of the students/pupils and teachers
- Uphold social justice and equity concepts
- Provide a safe and supportive environment
- Involve students/pupil participation and empowerment
- Link health and evaluation of issues and systems
- Address the health and well-being issues of all school staff
- Collaborate with parents and the social community in each catchment area
- Integrate health concepts into the school's going activities, curriculum and assessment of school standards
- Set realistic goals built on accurate data and sound scientific evidence
- Seek continuous improvements through ongoing monitoring and evaluation

Establishing Health Promoting Schools

There are proven elements that have shown to be necessary to support investment in Health Promoting Schools (HPS):

- There is need to develop a support structure for Health-Promoting Schools that will ensure policies are in place to support the concept (Bottom up policies)
- The School Administration and Senior Management Support is paramount as such need to have ongoing support and commitment from head-teachers or any school manager or administration.
- Facilitate the creation of School Health Teams (a membership of 10 would be ideal to actively engage the leading and coordination actions including teachers, non-teaching staff, pupils/students' parents and community members. Health promotion in schools begin well if the work load is being shared and all key groups are being involved in decision making and implementation. It has been found essential to have a good number of students and parents participating and that their ideas are respected. The recruitment team should think about sustainability of the membership and program
- Conduct a current situation analysis and research of the current health promotion actions in schools according to the six essential Thematic areas:

Healthy School Policies: These have been clearly defined in MOH and MOGE National Strategic Plans (2017 – 2021) or in accepted policy practices that have been found to promote school health and individual well-being. For example, policies that enable healthy food practices to occur at school such as policies discouraging bullying, gender violence, and alcohol abuse etc.

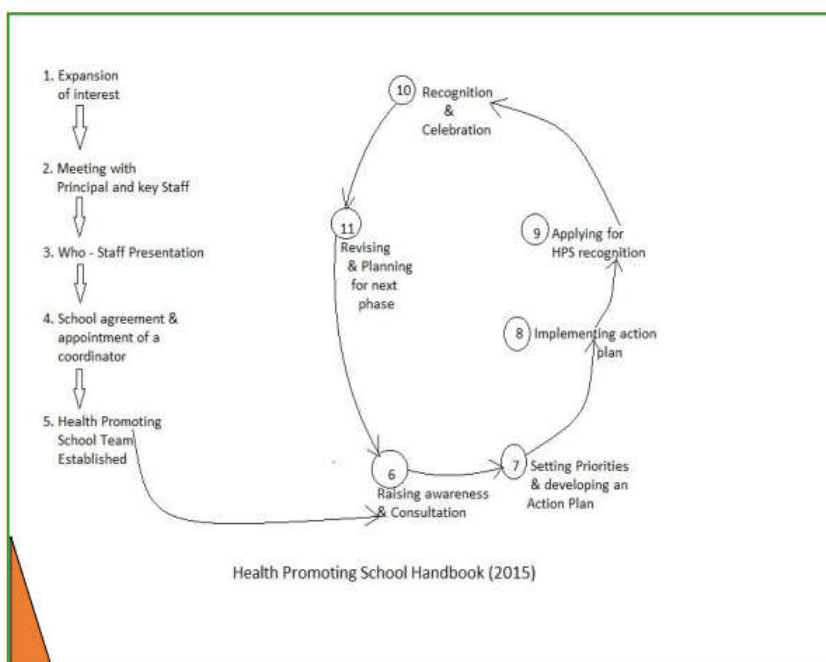


Fig. 1. The Stages of Health Promoting School Process

BOX 1 PHASES IN ROLLING OUT THE HEALTH-PROMOTING SCHOOLS MODEL	
Initial experimental phase	
<ol style="list-style-type: none"> 1) Early innovators (mainly from the health sector) raise the issue of health promotion with colleagues in the education sector. 2) The education sector at first tends to perceive health in biomedical terms rather than as a social model, resulting in a deficit of partnership work between the education and health sectors. 3) School health services primarily operate in a traditional prevention model. 4) Nongovernmental agencies work with individual schools and individual education authorities on specific health issues. 5) Early sporadic or short-term developments occur that may be driven (and resourced) by political concerns about specific topics such as cholera out-break. 6) The education sector does not perceive related initiatives such as Community Schools and Eco-Schools to have anything in common with health-promoting schools because of the prevalence of the biomedical model of health within the education sector. 7) Education policy-makers adopt some health-promoting schools terms. In the early stages, this apparent adoption of terms may not be matched by real changes in practice. 	
Strategic development phase	
<ol style="list-style-type: none"> 1) The education sector starts to perceive the benefits of health-promoting schools in meeting social and educational needs in their schools and communities. Authorities start to build capacity through training and staff development. 2) School health services embrace a wider health promotion role. 3) A strategic approach gradually builds through partnership work at the national (government) level and/or education authority or regional level. 4) Trial and error and working together reduces antagonism between the education and health sectors and slowly and gradual increases mutual understanding between the sectors. This includes clarifying priorities, values, language and concepts. 5) Some shared posts develop between the education and health sectors, with education contributing resources. 6) More sophisticated research and monitoring of progress is developed as the political profile and the expectations rise. 7) Models are developed to map links between education and health in relation to school health (St Leger & Nutbeam, 2000). 	
Establishment phase	
<ol style="list-style-type: none"> 1) Policy statements at the national level that initially tend to be in the health sector feed into the education sector. 2) Policy statements on specific school initiatives relating to health are increasingly placed in the context of health-promoting schools, such as curriculum policy statements on Water, Sanitation and Health Promotion and food and nutrition provision policy in schools. 3) The education sector takes on greater responsibility for health promotion in schools and integrates health promotion into mainstream education. 4) At the level of the individual school, health promotion becomes institutionalized: that is, it becomes integral to the school's core values and normal ways of working. 	

Health Promotion Technical Working Group Timeline

Task	Date	Responsible Officer	Partners
Develop Standardized District HP guidelines	2 nd Qtr 2018	Rose Masilani -MoH	BTA, PATH, MCSP
Partners to submit profiles to MoH DHPESD	19/02/2018	MoH Secretariat	All partners
Completion of pending strategic documents:			
HP Strategic Framework	3 rd Qtr 2018	MoH	SBH, BTA
NHC Guidelines	1 st Qtr 2018	MoH	UNICEF
Leadership and Governance- Printing, launch and dissemination – share the budget with partners	1 st Qtr 2018	MoH	SBH
Community Capacity Assessment Tools – Finalization	1 st Qtr 2018	MoH	SBH
Community Planning Guidelines Finalization	1 st Qtr 2018	MoH	SBH
Meeting to validate the TORs HP TWG	1 st Qtr 2018	MoH	SBH
Communication and External Relations Strategy		MoH Communication	TBA
RMNCAH/N Communication Strategy Finalization	2 nd Qtr 2018		
NHI Communication Strategy	2 nd Qtr 2018		
NCDs Strategic Document	2 nd Qtr 2018		
HiAP Strategic Framework	2 nd Qtr 2018		
Develop a” Concept Note” for Health Promoting Schools	1st Qtr 2018	Task Team Dr.Emmanuel .H Kooma, Mr Answell Chipukuma, Mrs Winfridah Mulenga , Mrs Purity Simasiku Mr Maybin Luulu	Ministry of Health Communication & Eduaction

The School’s Physical Environment: Apart from the building and the built environment, physical environment includes also basic amenities such as maintenance and sanitation practices that prevent transmission of diseases, safe drinking water availability, waste disposal and cleanliness; as well as environmental, biological, or chemical contaminants detrimental to health.

The School’s Social Environment: There is need to have good quality of the relationships with parents and the wider community catchment area with the school to promote health

Action Competencies and Individual Health Skills: These are formal and informal curriculum and associated activities where students gain age-related knowledge, understanding skills and experience that enables them to build competencies in taking action to improve the health and well-being of themselves and in their community and that enhances their learning outcomes.

Link to the Community: This is the connection between the school, student families, the local stakeholders, business community and individuals. There is need for appropriate consultation and participation with stakeholders to enhance the health-promotion in schools and to provide students and staff with a context and support for their actions.

Health Services: The health services include those that have direct and indirect impact for the child and the adolescent health care and promotion through the provision of direct services to pupils including those with special needs:

- Water and Sanitation and health promotion including waste disposal and food safety in schools

- Medical screening and assessment by Ministry of Health Practitioners
- Mental Health Services (including) counselling to promote students’ social and emotional development to prevent or reduce barriers to intellectual development and learning; to reduce or prevent mental, emotional and psychological stress and disturbances, and to improve social interactions for all pupils.
- There is a need to establish agreed goals and strategy to achieve them with the capacity of the school’s resources. The goals need to be realistic.
- Health Promoting School Charter

The development of a Charter has to be prioritized in every school as it symbolizes the commitment of the school and embeds the locally developed principles into the school’s policies. A school charter has been helpful in setting out targets and principles and it enables the school community to always celebrate their achievements in health promotion. The “Health-Promoting School Charter” has to be placed in a prominent place to reinforce all those features on it. Ensure appropriate staff and community partners undertake capacity building programs and that they have opportunities to put their skills into practice. Health Promoting School activities require staff to think about them outside the classroom, as this is equally important. It is very essential that they have ongoing opportunities to attend to professional development programs and to be able to present and discuss their school’s initiatives with others.

Celebrating Milestones: Health Promoting Schools have certain milestones for example creating the Health Promoting School Charter, student’s topics presentation to the local community, a new food policy, etc.

Celebration of these, serves to affirm the concept of Health Promotion School in the minds of the school and the catchment area community and other senior citizens.

Time frame of three (3) – Four (4) yrs to complete specific “Goals”

The Establishment of a Health Promoting School has not been a time-limited project but a process of change, development and evolution that builds a healthy school community. Not everything can be changed at once and if the goals and strategies are realistic, then the substantial change can occur in 3-4 yrs period.

Sustaining health promotion activities in schools: So many factors have demonstrated to be necessary for sustaining the efforts and achievements over a long period. Facilitators of Health Promoting Schools have to ensure there is continuous active commitment and demonstrable support by governments and relevant jurisdictions to the ongoing implementation, renewal, monitoring and evaluation of the health promoting strategy through an existing Memorandum of Understanding (MOU) signed in partnerships between MOH and MOGE ministries. This has an effective way of formalising this commitment to successful Health-Promoting Schools. There is again a need to establish and integrate all elements of actions of the health promoting strategy as core components to the working of the school and seek and maintain the recognition for health promotion actions both within and outside the school. Financial resources have to be available for appropriate capacity building of staff and key partners and plan to renew activities with the coordination team in order to drive the strategy with continuity of some personnel and the addition of new staff. All ongoing initiatives should involve most of the staff and the learners to better the consultation efforts and implementation. The planned and implemented activities to be monitored by use of indicators. The monitoring of services in the education sector has to view health promotion as an integral part of the life of the school. Health promotion indicators have to be part of the other monitored school curriculum indicators. It is also important to integrate health promotion in schools strategy with other relevant strategies relating to the health, welfare and education of the school-going learners. According to researchers of Health Promoting Schools, there are certain parameters that need to be observed, implemented and monitored for the success of a health promoting school:

- Developing and maintaining a democratic and participatory school community
- Developing partnership between education and health sector policy makers
- Ensuring students, staff and parents feel they have some share of ownership in the life of the school
- Implementing a diversity of health learning and teaching strategies
- Providing adequate time for class-based health activities, organization and coordination and out of class activities.
- Exploring health issues within the context of the student’s time and community.
- Introducing health strategies that adopt a whole school approach rather than primarily a classroom learning approach.

- Providing ongoing health capacity building opportunities for teachers and associated staff.
- Creating an excellent social environment which fosters open and honest relationships within the school community catchment area.
- Ensuring a consistency of approach across the school and between the school, home and wider community.
- Developing both a sense of direction in the goals of the school and clear ambiguous leaderships and administrative support.
- Providing resources that complement the fundamental role of the teacher and which are of a sound theoretical and accurate factual base.
- Creating a climate where there are high expectations of students in their social interactions and educational attainments.

Expected Outcomes of Health Promotion Schools

- Better learning outcome
- Improved staff and pupil well-being
- A more co-ordinated approach to social, physical and environment health needs
- Increased pupil Esteem
- Lowered gender violence and bullying
- Safer and more secure school health environment
- Better understanding of school’s health aims, goals and strategy.
- Improved relationships within the school learning environment
- Better use of external funds and donations for school health improvement.

Monitoring and Evaluation Indicators for Health Promotion School

General Indicators for the Success of Health Promoting School

- **Health Education** = The presence of the School Health Team, with number of teachers who have undergone Health Promotion Orientation Course
- **School Environment** = How much students influence was taken into account in the design of programs of activities, asked whether students liked the school, what did they feel about the class atmosphere and their relationship with teachers
- **Collaborating with families** – Teachers to be asked about how much they talked about health communities and at what fora.
- Collaborating with communities

Indicators for Health Promoting Schools at National Level

- Number of Provinces moving from pilot to policy for Health- Promoting Schools as proportion of the total # of provinces
- Number of Schools working within the Health Promoting Schools Concept.
- Extent of cooperation between government strategies, financial support and allocation of personnel.
- Proportion of teachers attending annual in-service training and attendance rate

- Proportion of participants (School Team and PTA Members) perceiving the training as useful and of good quality
- Percentage of staff actively involved in implementing the Health-Promoting Schools Concept
- Percentage of students actively involved in implementing Health-Promoting School Concept
- Percentage of Policies on Health Education in the Curriculum
- Number of Relevant Policies on aspects of ethos and environment, water quality, food safety, gender based violence, bullying, discipline; tobacco alcohol and drugs.
- Number and type of action as undertaken by schools to encourage parental involvement in their child's learning and school life.
- A national set of indicators operating at the school level has been developed and tested.

Core indicator for water, sanitation and health education

Proportion of schools with basic drinking water

Definition: Proportion of schools (including pre-primary, primary and secondary) with drinking water from an improved source available at the school

Proportion of schools with single sex basic sanitation

Definition: Proportion of schools (including pre-primary, primary and secondary) with improved sanitation facilities at the school, which are single sex and usable

Proportion of schools with basic hand washing facilities

Definition: Proportion of schools including pre-primary, primary and secondary with hand washing facilities which have soap and water available.

Conclusion

Based on the principles of the Ottawa Charter (WHO, 1986) and recognizing the importance of supportive settings for health, the health promoting schools concept has a paradigm shift of focus set in towards health –promoting schools programs and frame works that follow a holistic approach aimed at creating health promoting environment. The aim is to achieve whole of school implementation thereby addressing all stakeholders and realizing health promotion as a school wide coordinated activity. The areas of intervention being existence of school health policies on: the physical and social environment, the formal and informal curriculum that promotes individual health skills, actions, competencies and that strengthen community links and health services. There are factors that remain to the success of health –promoting schools such as an extended timeframe for effective change, political and financial support and involvement of critical partners. Consequently, the literature in this document points to the need for more research on the implementation of health-promoting schools program under real life conditions and on key barriers and the action of facilitators to high quality implementation.

REFERENCES

- Antonovsky, A. 1987. *Unraveling the mystery of health*.
- Antonovsky, A. 1996. *The Salutogenic Model as a theory to guide health promotion*. *Health promotion international*.
- Baric, L. 1993. *Evaluation and monitoring of outcomes*. In: *Health Education Authority, ed. Health promoting hospitals: principles and practice*.
- Bunton, R. and Macdonald, G 1992. *Health promotion: disciplines and diversity*.
- Department of Health 1996. The Republic of the Philippines. Factors affecting Female Schooling in Sub Saharan Africa 1984. *A Literature Review*. Final draft(2007):DFID Preference Group, Sanitation Policy Paper
- Global strategy for health for all by the year 2000. Geneva, Health for all targets – The health policy for Europe(1993). *Copenhagen, WHO Regional Office for Europe*. *Health Promoting Handbook* (2015).
- <http://www.hygiene central.org.uk/index.html>
- <http://www.who.int/water sanitation-health/en/>
- Hygiene Promotion Strategy, 2010. *Cholera Response in Haiti*.
- Katz, J. and Peberdy, A. 1997. *Promoting health: knowledge and practice. Local Action: Creating-Promoting Schools*.
- Max E., Wooley, S. and Northrop, D. 1998. *Health is Academic: A Guide to coordinated School Health Program*. New York: Teachers College Press
- Naidoo, J. and Wills, J. 1994. *Health promotion: foundations for practice*.
- National Health Strategic Plans-MOE and MOGE 2011-2017.
- National Strategic Plan for School Water, Sanitation and Hygiene (SWASH) (2011-2015)
- Nutbeam, D. 1998. *Health promotion glossary. Health promotion. Ottawa Charter for Health Promotion (1986)*.
- Penthiasarm, C. 1996. *Helping School Children to help themselves. World Health: A Magazine of the World Health Organization*.
- Public Health Act, Cap 295 of the Laws of Zambia and The Food and Drugs Act, Cap 303 of the Laws of Zambia.
- Regional Guidelines for the Development of Health – promoting Schools (1996). *A frame work for Action-Regional Office for the Western Pacific*.
- UNESCO, 1998. *International Science Technology and Environment Education New letter vol XXIII, No 2* WHO(1997). Primary School Physical Environment and Health
- World Health Organisation, 1966e. *Health Promoting Schools: Regional Guidelines. Development of Health Promoting Schools. A Frame work for Action. Regional Office for the Western Pacific*.
- World Health Organisation, 1996d. *Improving School Health Programs. Barriers and strategies. General Health Organisation*.
- World Health Organization, 1981 “Health For All”
- World Health Organization, 1996. *Child Friendly Schools Initiative. Geneva: WHO: A Magazine of the World Health Organization*.
