

ECD Term 2, 2024 Report.



School Health Assessment at ST James primary School as caregivers accompany their Children.

Key Achievements during 2nd term 2024

- ❖ JF Kapnek Zimbabwe piloted the provision of medications during the health assessments at 52 schools in Mhondoro Ngezi District.
- ❖ A total of 3 districts were reached during the term which are Mhondoro- Ngezi, Zvimba and Chegutu. The 3 districts have a total of 11827 respectively and JF Kapnek Staff together with MoHCC and MoPSE managed to reach a total of **10531** (students for health assessments).
- ❖ During the period under review a total of **30MT** of Corn Soya Blend was purchased and distributed to 152 schools in the following districts (Mhondoro-Ngezi, Zvimba and Chegutu).
- ❖ A total of 11827 **ECD** children from the 3 districts benefited from the supplementary feeding programme.
- ❖ Health Assessments (HA) were conducted in the 3 districts of Zvimba and Chegutu and Mhondoro Ngezi. These were done by MoHCC in conjunction with MoPSE. supported by JF Kapnek Staff, reaching out to a total of **10531** (94%) of ECD children and **314** non ECD siblings.
- ❖ Additionally, the health assessments platform provided for health and nutrition education to **7420** caregivers who attended on the day of the health Assessment.

- ❖ Enrolment, attendance (**90%**), retention (**100%**) and progression (**100%**) rates remain high in the supported districts due to the “CSB effect” which acts a pull factor for ECD children as well as the continued health monitoring.

Link to Photos [Medications](#)

[Link to Video ECD Program Video - Term 2 .2024.mp4](#)

Section 1: Summary of Activities conducted

This report highlights the activities that were carried out from May to July 2024. It covers successes that were achieved, and challenges experienced during the reporting period and possible best practices, success stories and solutions that can be implemented to counter these challenges.

Key Activities conducted in Term 2: May – July 2024

1.CSB PROCUREMENT AND DISTRIBUTION

During the period under review HERZ foundation purchased a total of **30 MT of Corn Soya Blend** which was distributed to 152 schools in the following districts (Mhondoro-Ngezi, 440 bags, Zvimba. 380 and Chegutu 380).

2. Supplementary feeding

A total of **11,827** ECD children from the 3 districts are benefitting from the supplementary feeding programme (Mhondoro – Ngezi 4120 Chegutu 3747 and Zvimba 3960) Enrolment, attendance (**96%**), **retention (100%) and progression (100%) rates remain high in the supported districts due to the “CSB effect”** which acts a pull factor for ECD children as well as the continued health monitoring.



Sarah a student from USA dishing out the CSB to pupils as the teacher looks on.



Sarah poses for a photo with pupils eating porridge



Samantha, a student from USA checking the height of the child during Health assessments

3. HEALTH ASSESSMENTS. The Herz foundation is supporting Health Assessments (HA) in the 3 districts of Mhondoro Ngezi Zvimba and Chegutu. These were done by MoHCC in conjunction with MoPSE supported by JF Kapnek Staff. A total of 10,531 (93%) of ECD children were assessed in addition, 118 non ECD siblings were reached with assessments and immunizations. Additionally, the health assessments platform provided for health and nutrition education to 6200 caregivers who attended. In addition to that, 52 Mhondoro Ngezi schools had a pilot test on on spot treatment to ECD children and these were highly welcomed by both the nursing community and the caregivers themselves.

4. Medications Pilot Programme Mhondoro Ngezi District

Key Highlights

- Medication project welcomed by the District Medical officer (DMO)
- Procurement of medications done in conjunction with the district pharmacist
- A total of 52 medical boxes for each school procured, being administered by 18 local clinics
- A total of 2,320 (55% of total enrolment) ECD children provided with medications during the health assessments

Analysis of data collected during health assessments indicated that most of the children diagnosed of different ailments had no access to treatment owing unavailability of medications at local clinics, exorbitant prices at private pharmacies at district level as well as reluctance by caregivers to procure medications for children due to competing demands. This situation has been worsened by the current El Nino drought which has eroded caregiver capacities and increased household expenditure on food procurement. JF Kapnek Zimbabwe piloted the provision of medications during the health assessments at 52 schools in Mhondoro Ngezi District. Caregivers in Mhondoro Ngezi District Applauded JF Kapnek Zimbabwe for a job well done on medications because now their children get treated of all the ailments and they as parents have more to do other household chores than taking their children to medical facilities which do not have the medications.

Section 2: Detailed Report

INTRODUCTION

JF Kapnek is implementing the -Integrated Inclusive Early Childhood Development Support Programme that aims at increasing access to early childhood development care and education services through combination of different interventions that are addressing the multiple barriers hindering access to ECD services in rural province of Mashonaland West. The interventions provide a holistic inclusive early childhood development package of school feeding in form of Corn Soya Blend (CSB),

health and nutritional assessments and on spot treatments, and mainstream parenting education and child protection. The project targets children of ECD going age (3-6 years) from 152 schools from 3 districts of Zvimba (50 schools), Chegutu (48 schools) and Mhondoro-Ngezi (54 schools) reaching to over 11000 ECD children in each school term. A combination of stakeholders including school authorities (Headmasters, Teachers in Charge (TICs), ECD teachers, School development committees), Nurses, Caregivers/parents and local leadership are engaged to enhance sustainability.

The project aims at achieving the following outcomes:

- Improved access to inclusive quality ECD learning environment that enhances the cognitive, social, physical, spiritual, and emotional abilities of children.
- Parents and caregivers acquire the necessary skills to raise their infants in a stimulating and nurturing environment.
- Improved health, on spot treatments (Mhondoro Ngezi) reduced hunger, and malnutrition for all child attending ECD in the targeted centers.
- Empowered community members who can provide a protective environment for children to grow in safe and secure communities.

Key Activities

- Procurement and distribution of supplementary feeding to ECD children from 152 schools in the 3 districts
- Conducting health and nutrition assessments to ECD children with the assistance of MOHCC specialist and technical staff and MoPSE officials
- On spot medical treatments to Children in Mhondoro Ngezi 52 Schools
- Community engagement and awareness raising on importance of ECD and child protection.

1: ECD Supplementary Feeding

During second term of 2024, a total of 30 Tons of CSB was procured with support from the Herz Foundation and was distributed in 152 schools in Chegutu, Zvimba and Mhondoro Ngezi Districts. CSB preparation is being done daily with caregivers utilizing a rotational schedule to prepare the CSB porridge. Caregivers present during school feeding days showed great appreciation of the school feeding initiative and there was a positive up take of the porridge by the ECD children.

CSB preparation has acted as a motivating factor on ECD pupil. Their school attendance levels have improved while cases of absenteeism have reduced. School feeding programs have a major impact on children's health and education. Hence CSB is a pretty nifty way to pack a nutritious punch, especially for children in our 3 districts who might not be able to get enough nutrients in their regular diet.

Caregivers in Mhondoro Ngezi, Zvimba and Chegutu have applauded JF Kapnek for the school feeding program that is being carried out in the schools because school attendance of their children has improved, and they are now able to attend to other businesses in order to fend for their children while the children are in school. The caregivers also cited that due to CSB their children are showing great signs of improved cognitive development because most children are able to learn and retain information more effectively.

The table below shows the amount procured according to districts and the total number of children who were fed.

District	# Schools reached	CSB procured (Tons)	CSB distributed (Tons)	Total # of ECD children fed
Zvimba	50	9.5	9.5	3960
Chegutu	48	9.5	9.5	3747
Mhondoro-Ngezi	54	11	11	4120
Total	152	30	30	11827

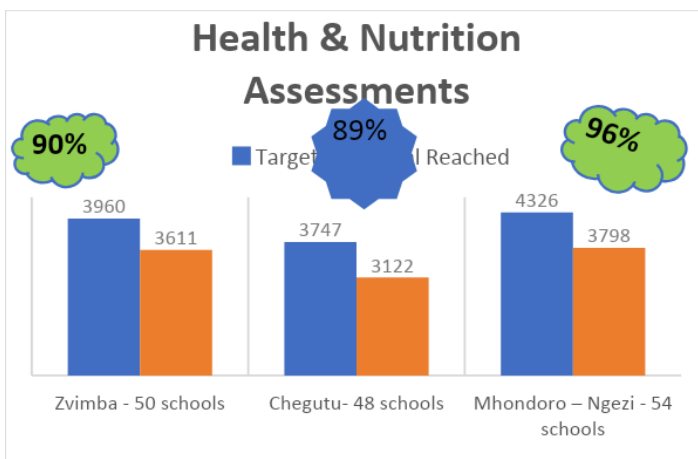
A total of 30 tons was procured and distributed to the 3 districts according to enrolment. However, the CSB was not enough due to budget constraints. Hence the feeding could not cover the whole school term for other schools with huge enrolments.

2. Health and Nutritional Assessments

Health and nutrition play a pivotal role in ensuring quality learning is achieved through reducing non-attendance due to sickness and promoting a healthy mind that improves learning. Many children lack access to health and nutrition services as health centres are far away and caregivers lack financial capacity to access these services. In support of the school health Policy, the JF Kapnek provides logistical and technical support to community health personnel to conduct health and nutrition assessments each term aimed at:

- Screening for common communicable and non-communicable diseases, mental health, malnutrition, and developmental challenges by qualified health personnel.
- Provision of preventive, diagnostic, care, treatment and support services for common diseases, chronic conditions and in emergency situations.
- Immunization
- Growth monitoring and assessments.
- On spot treatment for various identified ailments
- Referral for further case management

The graph below shows data shows summary reach from the health assessments.



On average 88% of the enrolled ECD children were assessed. The main reason for lower reach in Chegutu district was due to absenteeism on the day of assessments. Feedback collected revealed that the reasons for absenteeism included low health service seeking behaviour among some religious sects as well as non-attendance due to non-payment of school fees. The health assessment programme is being appreciated by caregivers as alluded by one caregiver below:

“As caregivers we see light in the education of our children, thanks to Kapnek which is ensuring holistic development of our children. No more infant deaths in our region. Thank you”

Screening for non-communicable diseases

471 cases of Ringworms were the most observed and these are common ailments that are affecting children in all the districts. Ringworm is a contagious fungal infection and often spreads by direct, skin-to-skin contact with an infected person thus there is always a need to treat and control it. Other health conditions observed with low prevalence were ear, nose and throat, dental and eye conditions constituting an average of 3.1%. In most cases, the nurses referred for treatment as most local clinics do not have medication. Follow ups on the identified children were done to ascertain if they were able to procure the medication and most of the caregivers indicated financial constraints. It is therefore prudent to find ways of supporting local clinics with health boxes that contain essential medications for treatment of common ailments.

Immunisation status

Immunization is of paramount importance among the ECD age children as it is one of the basic methods of preventing disease which is key to public health. It works by triggering the immune system to fight against certain diseases. The analysis of the data indicated that majority of the children (95%) were fully immunised whilst a lower proportion of 5% were not fully immunised. Of those not immunised, available vaccines were administered during the health checks when caregivers were present.

Nutrition Assessments through Anthropometry

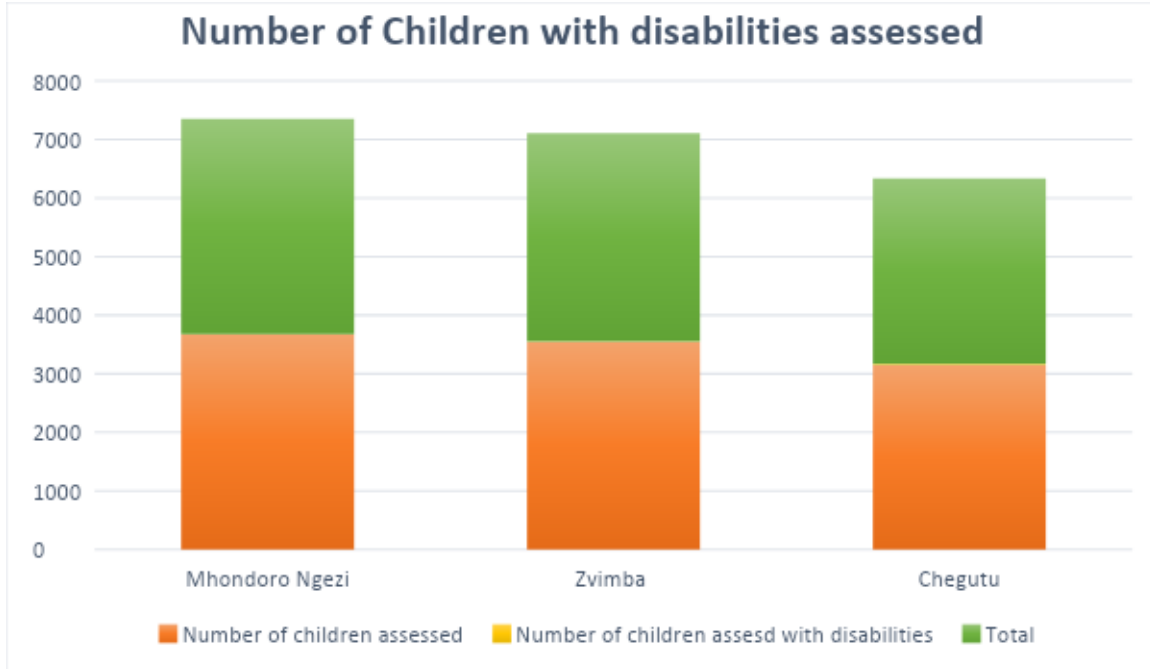
The 2019 MICS report indicated that on average 27.6 % of children between 0-8years were stunted whilst 11% of the same age group were underweight. Early detection of nutritional deficits in children is vital to prevent long term impacts and adopt corrective measures. Nutritional assessments are done by nurses using anthropometry (height, age and weight). Weight-for-height calculations were collected for the children assessed as an indicator of national status of children. Under nutrition among this age group also determined by household food and nutrition security which is influenced by seasonal variations, socio-economic and household demographics.

The table below shows the anthropometric results for the 3 districts for the 2nd term 2024

District	GAM	MAM	SAM
Mhondoro Ngezi	6.78%	5.24%	1.54%
Chegutu	5.32%	3.5%	1.82%
Zvimba	5.42%	3.6%	1.63%
Average	5.84%	4.11%	1.66%

There was a general reduction on the level of malnutrition this term as compared to the previous term. The level of SAM cases reduced to 1.65%. Although there was a reduction, the percentage remains higher since there is zero tolerance to this type of malnutrition among the children due to its life threatening nature. The presence of supplementary feeding is justifiable to prevent the deterioration of children to severe acute malnutrition (SAM). The global acute malnutrition also reduced to 4.11% down from 8.15% among the reached people but still not satisfying because it is higher than 4.5 recommended threshold by Zimbabwe Vulnerability Assessment Committee (ZimVac 2020) which

has a zero tolerance to any forms of Malnutrition and above the WHO recommended threshold (<5%). This justifies the existence and relevance of JF Kapnek Trust feeding project in the operational areas.



The graph above shows that a total of 38 children with disabilities were assessed. Children with disabilities are assessed to ensure that they easily access education : As JF Kapnek Zimbabwe we advocate for and provide accessible educational opportunities, including special education services and assistive technologies to children with disabilities across the 3 districts and also create programs that include children with disabilities, promoting social inclusion and reducing stigma, During Health and nutritional visits to schools JF Kapnek Team with the help of MoHCC provides medical and therapeutic services, as well as social and emotional support, to help children with disabilities thrive.

Children with disabilities



Mrs Shumba residing in Mhondoro Ngezi has an 8-year-old daughter whom she is quite proud of despite her disability. The little girl is showing signs of mobility improvement. Thanks to JF Kapnek Zimbabwe which is supporting a disability program that her daughter is leading a normal life. The mother has another child at ST James Mamina and brings them both for Health Assessments.

Birth certificate ownership

As part of mainstreaming child protection, information on birth certificate ownership was collected. 67% of the children in Mhondoro Ngezi and Zvimba have birth certificates and a significant 28% of the children do not have a birth certificate. Referrals were made to child protection committees to assist in obtaining a birth certificate.

Financial Summary

Budget	Approved Budget	Total Cumulative Expenditure	Variance	% spent
Nutritional support	30,020.00	29,885.00	135.00	100%
Health Assessments	6,420.00	6,319.00	101.00	98%
Mileage recovery	7,200.00	8,559.10	- 1,359.10	119%
Personnel Costs	4,500.00	4,500.00	-	67%
Admin Costs				
Rent contribution	1,500.00	661.40	838.60	33%
Bank Charges	450.00	165.50	284.50	37%
Total	50,090.00	50,090.00	0.00	

Herz Foundation Contribution	\$35,000
JF Kapnek USA Contribution	\$15,000

Challenges

- ✓ Enrolment statistics from schools are not accurate, making it difficult to supply adequate resources because teachers fail to fully balance School attendance registers termly.
- ✓ Male caregivers' participation in HA is still very low.
- ✓ Budget constraints as complementary funding was exhausted.
- ✓ Cooking and feeding utensils are now very old and need replacement.
- ✓ Drought situation threatening home grown school feeding initiatives

Recommendations

- ✓ There is need for the continuation of child supplementary feeding to both treat and prevent acute malnutrition during the current drought period



- ✓ Identification of various projects to gradually move to sustainable home-grown school feeding programmes.
- ✓ Spreading parenting programs to all districts to ensure program goals are met in all districts.
- ✓ Procuring cooking and feeding utensils to all 3 districts

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