

DRAFT REPORT

**SCHOOL HEALTH AND PHYSICAL EDUCATION
SERVICES (SHAPES) PROGRAM**

AN IMPACT ASSESSMENT

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1. EXECUTIVE SUMMARY

1.1. Background:

School Health And Physical Education Services (SHAPES) Program was inaugurated in “February 1999 as a multi-ministerial program to address health education and improve the accessibility of health services in schools including nutrition and food safety. It aims to promote Physical Education and Sports in both primary and secondary schools. In addition, the program strives to promote healthy school environment” (refer to terms of reference for consultancy, Annex A). SHAPES is therefore, an integrated approach to “target pre-primary and primary school children in the country, especially those most vulnerable to poor health and poor health conditions” (SHAPES Strategic Plan, “Target Group”, p. 13). SHAPES’ program strategy is to employ “a multi-sectoral and multi-disciplinary” (ibid) approach in the execution of its four main components, comprising, Services, Environmental Health, Health Education and Physical Education and Sports.

The Office of the SHAPES (under direct supervision from the MOE) was charged with the responsibility of coordinating and bringing together caregivers and service providers in a systematic manner to reduce “the risk of duplication of effort and resources as well as enable a pooling of the knowledge and experiences of these different sectors” (refer to SHAPES Strategic Plan, 5.0, “Program Strategy”, p. 13). SHAPES has been largely funded by the UNICEF (refer to inventory of expenditure), supported to an extent by PAHO, and marginally by the MOES and others. The support of the other signatories (MOH and MHD) to a Ministerial Commitment to the Program Strategy Plan has been absent due to weakness in the coordination of SHAPES’ activities (refer to Annex B, the section on Findings).

1.2. Summary of Findings:

- 1.2.1 There have been no follow-up meetings of the tripartite Ministers (MOES, MOH, MHD) or their representatives since the signing of the Ministerial Commitment.
- 1.2.2 There has been no meeting of the stakeholders to specifically determine the success, limitations and failure of the strategic plan since SHAPES’ inception in 1999.

- 1.2.3 Some of the expected outputs based on measurable indicators that should come out of the MOE may not be achievable due to problems associated with data collection and management (which in most cases is not disaggregated).
- 1.2.4 Total coverage of the programs countrywide may not be feasible based on logistical problems, lack of manpower and inadequate financing of all the programs.
- 1.2.5 Weak coordination and supervision of strategic planned programs by SHAPES. SHAPES has not been able to network with the agencies responsible for the provision of services (this was established by the survey) and the link between SHAPES and the other agencies has been missing.
- 1.2.6 Public awareness campaigns have not been systematic.
- 1.2.7 The verification exercise proposed based on Annual Reports cannot give an accurate picture of the state of SHAPES' programs in the schools.
- 1.2.8 SHAPES is perceived by some of the partners as competing and taking away what they consider to be rightly or wrongly theirs.
- 1.2.9 Lack of monitoring and evaluation machinery with respect to all programs (some monitoring and evaluation is done but on ad hoc basis).
- 1.2.10 Physical Education and Health Curriculum has been integrated into the curriculum under Healthy Lifestyle, Health, and Physical Education from pre-primary to all levels of primary.
- 1.2.11 It is difficult to assess the success of the health education program because pupils' responses to such questions have been mixed (refer to survey report).
- 1.2.12 SHAPES has worked closely with QADS, MOH (particularly with the Public Health Bureau, the Maternal Child Health, and the Nutrition Unit) and with the Human Rights Commission in the development of the integrated curriculum for Primary Schools. SHAPES has also worked closely with some NGO's.
- 1.2.13 Teachers nationwide are still struggling with the actual implementation of the curriculum due in part to the speed with which the project was implemented, and partly due to the fact that the idea of change and new concepts together with the philosophical orientation of some teachers run counter to the ideals of the new curriculum.
- 1.2.14 Teachers try to cover what is in the curriculum but not many of them have received training. "Some of the teachers know what they are doing and others don't."

- 1.2.15 Training in the new curriculum is deemed inadequate (based on the survey result). According to some of the respondents, "Some of the instructors did well and others did very poorly and this has accounted for poor implementation at the classroom level." Some teachers have not been trained in P. E. Other teachers have relied on the minimum training that was offered to them while studying at the Teachers College (the training on P. E. provided by Teachers College appears inadequate. When teachers are not properly trained, they may conduct exercises that may injure pupils unintentionally). Many teachers do not know that P.E. includes warm up, stretching, etc. (refer to survey data). And yet others simply follow the curriculum. Others improvise as they lack recommended tools and equipment. Pupils on the other hand, want more time allotted for P. E. and Sports. Teachers lack skills in P.E. and equipment to engage pupils in a structured manner. Many teachers perceive P.E. to be essentially playing football etc.
- 1.2.16 Teachers are neither equipped nor do they have the resources to implement some aspects of the curriculum. For example, not many teachers are adequately trained/prepared to teach sensitive subjects such as Aids/HIV, sex education and sexuality. The same holds to subjects such as drugs, crime and violence. Schools tend to rely on resource persons on sensitive subjects: the police visit schools during Police week, NDACC has been very active in schools, and NOPCA is mainly concerned with the "Rights of a Child" and only visits when invited.
- 1.2.17 Most schools do not have teachers that are trained to identify pupils with minor clinical, psychological and physiological problems. Schools rely on teachers trained in Special Education where such teachers are available. Those outside Special Education cannot identify problems as easy as those trained in Special education.
- 1.2.18 Weak communication between SHAPES and service providers/care givers. Poor coordination between SHAPES and service providers/care givers. For example, SHAPES has minimal contact with Sports Council even though the two are under the same ministry.
- 1.2.19 One of the criticisms leveled against the feeding program has been the view that managers of the program have viewed it as a business venture rather than a model – i.e., the provision of nutritious meals. Should the feeding program be a non-for-profit or a profit-making venture? Currently the Principals manage donations (cash and kind) and there are

- accusations of abuse and profiteering. There are accusations of personal profits being made and teachers made to prepare and serve meals and wash dishes.
- 1.2.20 In most of the schools sampled, either the principals are directly involved in selling junk food (snacks) and beverages (ideal and soft drinks) or encourage their sale within the school premises.
- 1.2.21 Variety, especially Seafood (fish) is practically absent on all the menus of the schools sampled and surveyed (one school observed that this is because seafood has a tendency of leaving smell on pupils and since pupils do not have a place to rinse their mouths the best thing is to omit fish altogether).
- 1.2.22 Most of the food handlers have not received training and have no manuals or menus to follow (many simply provide the typical Belizean Creole, Maya/Mestizo cuisines).
- 1.2.23 The feeding program is excluding majority of needy pupils due to lack of, or misinformation that the program is designed for the "poor", and in many other cases, due to lack of finance to pay for the meals.

1.3. Recommendations:

- 1.3.1. Appoint a representative national advisory committee (comprising experts from the key providers) to ensure implementation, evaluation and monitoring of SHAPES' strategic objectives as proposed in the strategic plan (p. 15).
- 1.3.2. Provide SHAPES with adequate (well-trained) manpower (personnel) to enable it to execute its highly specialized strategic plan. Provide SHAPES with a core technical team to effectively implement the Strategic Plan.
- 1.3.3. SHAPES requires a good, efficient and effective manager, whose credibility would not be in question, and supported by highly technical persons as coordinators of the 4-point program. The manager's responsibility should be to ensure access to resources through sustained contacts with key stakeholders and international agencies; and also supervise the work of the coordinators through quarterly assessments of their work. SHAPES 4-point plan should either be in phases or implemented all at the same time as pilots in selected schools and districts before countrywide coverage.

- 1.3.4. SHAPES should request for 4 coordinators (with the requisite skills and knowledge of the specific areas) for the 4-point program (1. health education and promotion, 2. health services, 3. physical education and sports, and 4. monitoring and evaluation) from the public service on secondment; and each of these coordinators be accountable and responsible for the implementation, execution, monitoring and evaluation of the individual program and liaise closely with the different care givers and service providers, and other responsible ministries and agencies.
- 1.3.5. SHAPES should be concerned primarily with managing, coordinating, monitoring and evaluation – not with providing services to avoid clash of interest as many service providers and caregivers are very jealous and overtly protective of their turfs/interests.
- 1.3.6. SHAPES needs to develop a monitoring and evaluation instrument (with technical assistance from QADS) to measure performance of its programs in schools (ask the curriculum coordinators, community health nurses, and other relevant officers in the districts to assist in conducting periodic monitoring and assessment).
- 1.3.7. Develop a database and employ the services of experts to conduct evaluations of programs periodically.
- 1.3.8. There is need for closer coordination between the Nutrition Unit, the Public Health Bureau and SHAPES to optimize the latter's strategic objectives. SHAPES needs to network (and follow up) with the care givers and service providers (have a backbone) and shift away from meetings. SHAPES should be coordinating with BCVI (and others) to ensure effective and efficient coverage of the strategic objectives. SHAPES needs closer coordination with all the providers to ensure complete commitment to the program execution.
- 1.3.9. SHAPES needs to regularly monitor and evaluate the actual implementation of P. E. and Health Education in schools.
- 1.3.10. SHAPES Needs to produce relevant and culturally sensitive teaching and learning materials.
- 1.3.11. SHAPES needs to help (assist) caregivers and service providers with the promotion of programs, staff development, workshops, and fairs on different aspects of the curriculum.
- 1.3.12. SHAPES should ensure closer and sustainable cooperation between BCVI and SEU to cater specifically to school pupils and also ensure successful implementation of the

- strategic objectives of the Strategic Plan. SHAPES needs to support, coordinate and monitor closely the work of BCVI in the area of screening.
- 1.3.13. Sex education, drug education, dental health and personal hygiene (healthy lifestyle) of pupils need closer attention (many pupils in St. Peters have been found with condoms, crack and marijuana in the school).
 - 1.3.14. SHAPES needs to institute kitchen gardens in all rural schools that have feeding program. Belize needs a statutory instrument to protect domestically produced foods such as flour that are found to be superior in nutrients to imported items.
 - 1.3.15. SHAPES should develop an instrument to evaluate teacher, pupil and community involvement in the kitchen gardens. Extension workers need to spend more time in the schools to ensure that both pupils and teachers acquire the skills and knowledge necessary for implementing kitchen gardens. Model the feeding program after REAP. Give parents a list of nutritious foods and menus together with book list upon admission. There is need for sustained workshops with parents under the auspices of the PTAs.
 - 1.3.16. The feeding program needs to be addressed in such a way that will address the needs of those who need feeding most as the present system of pay-per-service is alienating this very important group. Provide breakfast in schools with need free of charge (Since the introduction of breakfast at Sacred Heart Primary, attendance has improved concomitantly).
 - 1.3.17. The whole concept of the feeding program needs an overhaul. More sessions on healthy lifestyle including hygiene, food nutrition and nutritious meals. SHAPES should go beyond supplying equipment for the feeding program to include clinics on special education, P. E. and Sports, and other areas that teachers are still struggling with. There is need for sustained awareness campaign by SHAPES on the new curriculum and programs. Select and include maybe one teacher per district on SHAPES' committee who would liaise with teachers/colleagues during Saturday meetings. There is need to produce and circulate local materials on P.E. to schools. Make available to all schools SHAPES promo video clips and other materials – and also, embark on public awareness campaigns via radios, newspapers, and television.

- 1.3.18. SHAPES needs to work more closely with teachers in the implementation of the curriculum especially in the area of healthy lifestyle. There is need to adopt an integrated approach to ensure that teachers, pupils and parents are on the same page. Currently there is a weak link between the three, particularly where reinforcement is not coming from parents especially in areas such as hygiene, balanced and nutritious meal, among others. Bring in the services of COMPAR in this regard. Parents need to be educated and made more aware of the intrinsic and extrinsic benefits of the new curriculum (specifically) and concepts (in general) in a more positive way (not only through donations and volunteer service).
- 1.3.19. Need for a follow up on some aspects of the curriculum – especially those areas that deal with sex education and sexuality, child abuse and child neglect, drug use and drug abuse, and P. E. Select and train teachers in health education and physical education to ensure sufficient and adequate attention on these important aspects of education. Or train one teacher per school to handle P. E. and Sports alone.
- 1.3.20. Service/care providers need to visit the rural schools as frequent as they do in urban schools.

1.4. **The Main Objective of the Consultancy:**

“To conduct an impact assessment that will document the activities of SHAPES, using the Strategy Document as a point of reference to determine the extent to which the program has been meeting its objectives” (Terms of reference, Annex A).

1.5. **Scope of Consultancy:**

1. “Review the program strategy with a view to determine if the four program components: (1) health education and promotion (2) health services (3) environmental health (4) physical education and sports have been implemented and evaluate the impact on the school population” Terms of reference, Ibid). 2. Examine the role of stakeholders and determine whether these agencies have met their obligation under the agreement. 3. Identify strengths and weaknesses of the program and

make recommendations for improvement. The consultancy was for two months beginning 19th September 2001 (there was a disruption of one week due to Hurricane Iris).

1.6. Evaluation and Impact Assessment Method:

In order to accomplish an impact assessment of the implementation of the SHAPES program, the consultant adopted an integrated approach that included reviewing documents associated with SHAPES to determine the scope of the program, minutes of meetings, reports and other relevant documents. The consultant went on to divide the assessment into: input, process, and output indicators to evaluate and measure the impact of the program on the school population.

An examination and evaluation of the Input Indicators was necessary to determine how SHAPES' Strategic Plan was designed to achieve the four point objectives contained in p. 15 of the Strategic Plan. This allowed for the determination of whether or not the specific programs put in place are measurable.

Process Indicators allowed for the evaluation of how the program is actually operating at the schools' level. By interviewing most of the stakeholders and caregivers/service providers, and conducting semi-structured interviews with principals, teachers, pupils, food handlers, and parents in a sample of 12 pilot schools, the consultant was able to determine the level of implementation of the four point program objectives in schools.

Cluster probability and stratified random sampling of schools countrywide was adopted to evaluate how the four program components of SHAPES are being implemented in the selected schools on one hand, and measuring the impact of the four program components in the selected schools on the other. Cluster sampling enabled the consultant to select groups (units or elements) within the districts of the country. By selecting units within the six districts of Belize and then working with the elements in each of the representative units, a fair assessment of the whole population has been achieved. Cluster probability sampling, was also aimed at reducing the cost and time.

Stratified random sampling on the other hand, afforded the researcher to divide the population into strata based on the following characteristic variables: location - rural/urban, school size, type of funding available, number of meals per week, and other variables that were deemed important to the impact assessment. Additionally, this approach guaranteed the inclusion of all the subgroups in the whole school population.

Output indicators on the other hand, involved a two-tier approach: Crosschecking and verifying the outputs earmarked in the School Health and Physical Education Services Program Strategic Plan against records (where available) and on-site evaluation in the schools and conduct of oral interviews with key informants (refer to fieldwork report in Annex B for a detailed analysis of the data collected).

1.7. Input Analysis

At the inception, the project apparently received maximum support from all the partners and this manifested in the timely development and delivery of the Health and Physical Education Curriculum, and the concomitant series of trainings provided to teachers in workshops. Some of the initial difficulties the project encountered after the development of the integrated curriculum were in the areas of implementation, monitoring and evaluation. Three reasons are accountable for these difficulties:

1. SHAPES Office was understaffed right at the inception (and has remained in the same situation) whereas the Strategy Plan was and is still overtly demanding.
2. The Strategic Plan practically either neglected or omitted to provide an organogram necessary for management and coordination of SHAPES' Strategic Plan.
3. SHAPES was and is still perceived as a competitor and rival, and this is reflected in a view expressed by one of the service providers as follows: "Why would SHAPES want to buy eye charts when BCVI has more than enough? SHAPES should not be doing other organizations' jobs."

2. Relevance of SHAPES' Goal, Purpose, and Objective

2.1. SHAPES' Goal:

"To contribute to comprehensive human development through improved health conditions of the school population and the environment." The goal is too ambitious. It should reflect specifically the targeted population, i.e. the school population in an integrated manner, i.e. linking the health improvement of schools' population with that of the communities in which they live.

2.2. SHAPES' Purpose:

"Establish a comprehensive school health program, which would prepare the school population for life within a safe and healthy environment. The program would consist of three essential components, namely, Health Education and Promotion, Health Services, Physical Education and Sports and Environment." The purpose reflects the focus of SHAPES programs.

2.3. Suitability of SHAPES' overall Objectives:

This component has not been articulated in the concept document. Nevertheless, it might be appropriate to suggest the elimination of duplication of duties and functions of the different service agencies and the strengthening of collaboration among the designated agencies in the provision of Physical Education and Health Education and Services as constituting SHAPES' general objectives. SHAPES is a very good concept, it has a very useful and comprehensive program that is capable of providing a better lease of life for pupils – in terms of early detection in children with nutrition and food problem, these will benefit the less fortunate in the society. By pulling all resources together as SHAPES program suggests, children have the possibility of eating quality meals. Where failures have been recorded, these are due mainly to lack of financial and human resources. Above all, SHAPES has a very ambitious program that needs more effective coordination. The director/manager or coordinator of SHAPES must be provided with adequate staff and other inputs to facilitate more efficient and effective coordination with the stakeholders and service/care providers/givers.

2.4. Stakeholders' Commitment to SHAPES' Program

Bearing the limited resources at the disposal of PAHO and UNICEF both have lived up to their commitment as stakeholders whereas Government has failed to supply necessary inputs such as a vehicle and equipment to execute the proposed programs.

2.4.1. PAHO:

PAHO's commitment to SHAPES' program has come by way of assisting in the conduct of the Needs Assessment, the development of promotional materials including audio-visual and brochures. PAHO has also facilitated SHAPES' programs through technical cooperation in areas such as healthy school initiative and workshops. PAHO has not provided an inventory of its expenditure to the consultant.

2.4.2. MOES:

Even though the MOE has not honored its commitment, which is to match the grants provided to SHAPES by UNICEF, it has more or less taken the lead and lived up to other commitments (such as payment of salaries, etc.). The three Ministries need to know their individual roles. Government is responsible for the emphasis on the Feeding Program (the politicians have not seen the picture beyond the feeding program). Notwithstanding the emphasis on the feeding program government still lacks commitment to its execution as the survey of 12 schools revealed (refer to Annex B). It is important to note that the budgetary allocation from MOE for 2000-2001 was BZ\$ 11,200:00 excluding personal emolument.

2.4.3. UNICEF:

UNICEF has provided SHAPES with support (1999 – present) by initially paying for the cost of hiring and training the Coordinator, for the training of Teachers in Nutrition, and the actual purchase of equipment. Beside, UNICEF also committed itself to the funding of SHAPES' programs, especially the component concerning child nutrition (which appears to be UNICEF's major concern). UNICEF also made monies available (for travel and subsistence in the districts) to SHAPES for monitoring and evaluation (which has been the weakest link based on the sample survey of 12 schools) of its programs. UNICEF was involved in the development of curriculum

through its provision of funds for the organization of workshops for the training of teachers and food handlers.

The main contribution of UNICEF to SHAPES is mainly through financial assistance (the provision of funds to pay the coordinator), and inputs for the programs. UNICEF has contributed to the development of promotional materials (video tapes, manuals etc) in the area of Nutrition. It has also supplied equipment to schools to facilitate the schools feeding program. UNICEF has been providing funding – in-kind contributions and procurement of equipment. The total expenditure on SHAPES by UNICEF from 1999 to the present is BZ\$ 273,337:26c.

One of the major drawbacks in achieving the strategic objectives has been a combination of the immediate needs of children and political considerations– which have led to more emphasis being placed on the schools feeding program; thereby distorting the larger picture that SHAPES was supposed to fulfill. UNICEF was not supposed to be involved in the schools feeding program. UNICEF was not to be directly involved in the day-to-day activities of SHAPES. It was not supposed to monitor and evaluate SHAPES' programs (here refer to the strategic document on the role of stakeholders including UNICEF). The steering committee was responsible for monitoring SHAPES but has not lived up to its responsibility. UNICEF's involvement with community and parent empowerment made cooperation with SHAPES a logical step. Monitoring and evaluation has not been effective because the Steering Committee has been inactive.

2.4.4. MOA:

MOA was not involved as much as would have been expected because, the period coincided with the restructuring at the Ministry. Due to this, MOA's involvement with SHAPES was minimal and fragmentary and tended to depend on the abilities and priorities of the Agricultural extension workers. In the Cayo and Toledo districts, MOA was able to work with few schools – 2 in Cayo and 3 in Toledo in the development of kitchen/backyard gardens. With respect to working with rural households, the program never took off. The extension workers also started the modified hydroponics system for the production of vegetables in the rural communities and among the rural population. This initiative was at the instance of the UNDP (and was carried out in Orange Walk

and Corozal where the women were introduced to fruit and vegetable processing and preservation) and extended to Stan Creek by International Institute for Cooperation in Agriculture (IICA). The Ministry has continued to work with the rural communities in the production of crops, fruit trees and vegetables.

BCVI:

BCVI does eye-care and screening of children on a yearly basis. A couple of years ago, BCVI cooperated with SHAPES to conduct screening of children in the Belize District (Sight for Children). The statistics were forwarded to PAHO because it was PAHO that funded the project (January 21 to June 1999). In the same period, teachers were selected and trained to conduct screening for vision defects and impairment. Even though BCVI has been providing training sessions on screening to teachers, it found out that teachers do not have the time to assist with screening. This is the only area that BCVI always require additional help. If SHAPES can facilitate this service, effective coverage of schools will be the result.

MOH:

Dr. Martinez chaired the multidisciplinary committee, which made a series of recommendations including construction specifications of buildings, sanitary conditions, lighting and ventilation. These recommendations were submitted to the CEO and Director in the MOH. As a follow up on some of the recommendations, nurses participated in a series of workshops where they were trained in various areas (the areas were not specified). Besides this training, there has been no further development.

NDACC:

The NDACC began working with SHAPES at its inception. We were very involved and helped to develop SHAPES' Strategic Plan. Much of our input in the plan reflected our national commitment on drug education and rehabilitation. NDACC was not happy the way SHAPES sidelined it in the implementation of its plan and practically withdrew from participating in the meetings (it was at the interview session that Mr. McNabb saw SHAPES Strategic Plan for the first time). The initiative is

to be applauded and an assessment will certainly correct some of the mistakes that befell the noble objective and also put things in their proper perspectives.

It is important that SHAPES liaise more closely with all service providers/care givers and stakeholders and maintenance of sustained contact with the committee is the surest way to ensure better performance. As a hub, SHAPES must maintain face-to-face contacts with those that provide critical services and also provide up dates. Communication and timely delivery of programs will convince both stakeholders and other partners that the agency is serious. NDACC is very much involved in organizing workshops on drug abuse. NDACC has too many commitments to attend SHAPES meetings but is still committed to SHAPES programs. NDACC still wants to be a part of SHAPES in the implementation of their strategic objectives.

NDACC has a 3-year program involving school drug education liaison officers (who are teachers in the schools). The program prepares them to integrate schools based programs. NDACC also has other school based intervention programs. NDACC has no audio-visual instructional aids but is in the process of acquiring them. It is mindful of culturally sensitive materials. NDACC has not been collecting statistics or referrals, even in the treatment centers, there are no statistics. It is however setting up a National Grid Alliance (to be house by NDACC and can be accessed by all through the internet) whereby different stakeholders who collect drug abuse related statistics would be able to feed the data into a common database. The National Grid is at the pilot stage. Piloting has started with the following departments: forensic, the police, and the National Aids Commission. It should be functional by the 1st quarter of next year.

With respect to identifying children at risk, NDACC believes that the National Grid Alliance would take care of this. Besides, NDACC is also proposing to conduct a national survey of all secondary schools. It has already conducted a survey of primary schools in two districts – Belize and Stan Creek (1998). There are no plans at the moment to introduce drug-counseling services in schools – and there are no institutions that perform such services.

3. SHAPES' Technical and Organizational Capacity

SHAPES' weakness has been in the area of management, administration, and reporting (there is no paper trail at SHAPES' office to determine performance indicators). This institutional weakness was worsened by the departure of Regina Neal at a critical period, i.e., at the implementation stage of the program. Since the program was based on one individual, it meant a temporary suspension of all activities. (The proposal for four coordinators will obviate this problem in the future). There is a view that the Director was a hands-on person, a go-out-and-do-it kind of person, who could not be bogged down by bureaucracy. She is said to be result-oriented administrator who achieved a lot by way of putting the structure in place – but failed to move to the next level, i.e. implement, monitor and ensure that all programs designed were meeting the desired expectation.

SHAPES has been constrained by lack of a consolidated budget. It has continued to rely on ad-hoc budgetary allocation and ad hoc donations, which has made it difficult to plan ahead. SHAPES currently shares a budget with Communication skill and Education Support Services.

The overall concept has received a mixed blessing. Whereas both stakeholders and caregivers/service providers remained committed to the ideals of SHAPES' Strategic Plan, some have acknowledged the difficulties with both the actual implementation and monitoring and evaluation of the programs. SHAPES is a fantastic idea that needs to be strengthened to achieve all the strategic objectives. Implementation has been difficult due to logistical problems. Not sufficient efforts have been given by all the stakeholders and service providers to convert ideas into concrete results. An informant does not think that SHAPES' Strategic Plan is too ambitious. He also does not think that the 4-point plan should be implemented in phases. Rather, that the 4-point plan could be implemented all at the same time albeit in selected schools and districts as pilots before countrywide coverage. The Director of SHAPES, according to the same informant, was frustrated with PAHO and UNICEF's bureaucracy and also constrained by lack of adequate support from MOES (these included untimely disbursement of money and provision of transportation to achieve some of SHAPES' strategic objectives).

Others have out-rightly conceded that the program is too ambitious and not mindful of the dearth of human capacity and financial resources – which are all critical to the success of the Strategic Plan. What is needed, according to an informed informant, is “greater force (manpower and materials) than what we currently have at SHAPES to achieve the otherwise ambitious strategic objectives.” According to another informant, SHAPES is a whole new concept to the partners and needs time to sink in. The informant however averred that due to constraints in financial and human resources providers are hard-pressed to incorporate SHAPES’ program into their already tight schedule of activities and inadequate staff position. “No extra-budgetary allocation and additional staff to coordinate with SHAPES to achieve the latter’s strategic objectives... SHAPES is an additional weight on the service providers,” he observed.” He however insisted that the benefits of SHAPES programs far outweigh the liabilities and went on to recommend the services of a consultant to conduct some of the monitoring and evaluations earmarked in SHAPES’ strategic objectives. He also recommended the selection of a large but representative body (comprising experts from the key providers) that would ensure implementation, monitoring and evaluation of the different activities of the programs.

3.1. Recommendations:

There is need to upgrade and strengthen the coordinator’s (manager’s/director’s) position and provide additional support staff to oversee the implementation of SHAPES program. The District Officers do not understand SHAPES program and yet they are supposed to supervise the program. There is need to appoint coordinators at the district level to supervise the program. There is need to set realistic time frames for the execution of the programs and redesign the project to reflect short, medium and long-term objectives. Institutionalization of SHAPES has to take place. Replace the current activity based management system with result based management.

SHAPES Office should be concerned primarily with managing, coordinating, monitoring and evaluation – not with providing services to avoid clash of interest as many service providers and care givers are very jealous and overtly protective of their turfs/interest – SHAPES is perceived as competing and taking away what they consider to be rightly or wrongly theirs.

SHAPES should request for 4 coordinators (with the requisite skills and knowledge of the specific areas) for the 4-point program (1. health education and promotion, 2. health services, 3. physical education and sports, and 4. monitoring and evaluation) from the public service on secondment; and that each of these coordinators be accountable and responsible for the implementation, execution and monitoring and evaluation of the individual program and liaise closely with the different care givers and service providers, and other responsible ministries and agencies. The manager's responsibility should be to ensure access to resources through sustained contact with key stakeholders and international agencies; and also supervise the work of the coordinators through quarterly assessments of their work.

4. Results of Evaluation and Assessment of SHAPES' 4-Point Programs

4.1. Improved Health Conditions of the school Population:

- 4.1.1. Based on the survey results from the 12 schools sampled, school children are not benefiting from daily provision of nutritious meals (refer to Annex B for a detailed result of the views of school pupils with respect to the feeding program). None of the schools sampled follow the recommended menu provided by SHAPES. Few of the food handlers have been trained. And the meals prepared are based on pay-per-plate, which majority of those in need cannot afford. PHB and Nutrition Unit are understaffed and cannot perform all its functions. They would need to be reminded and assisted by SHAPED to ensure compliance by schools. The coverage of specific health services such as immunization, ear, eye, and dental care in the primary schools is selective. Some districts are receiving better services than others – especially the northern districts. Urban schools are better served than the rural ones. Of the 4 health services, immunization is rated as receiving the most attention in all the districts (Statistics for immunization coverage in the country is impressive. Refer to National Immunization Coverage According to Biological, 1979-2000). Dental care coverage is more evident in the urban areas than rural, according to survey results (Annex B). With respect to eye and ear screening, these have not been given the type of attention required (refer Annex B

for both the views of service providers and schools). SHAPES needs to network more closely with and also support all the service providers, especially, BCVI and SEU to carry out these functions periodically.

- 4.1.2. Growth monitoring and nutritional assessment has not been implemented since the initial one. SHAPES needs to liaise more effectively with the relevant service providers.
- 4.1.3. There is increased participation in Sports at the instance of the National Sports Council without the support and coordination from SHAPES. With respect to Physical Education, this is being carried out in an unstructured manner in some schools, and in others, there is total neglect. A teacher and the pupils in one school confessed to have participated in P.E. only once since the beginning of the term (refer to Annex B for a detailed report from both teachers and pupils concerning both the curriculum as it related to P.E.). There is need for training and follow up training for teachers in P.E., and also supply of equipment in schools. There is need for closer coordination between SHAPES and NSC with respect to Sports.
- 4.1.4. Not many teachers have an understanding of the importance of P.E. and Sports and its relation to health, both physical and mental. This is because many of them have not been trained in P.E. and others “do not want to sweat”, as an informant revealed to the consultant. Train teachers the intrinsic and extrinsic values of P.E. and Sports and they relate to the concept of wellness.
- 4.1.5. Whereas there are many opportunities for positive outlets for Sports (as provided by the NSC), there are few outlets for exercise. Many teachers cannot improvise in the absence of standard equipment and ideas. Some of the schools sampled occupy small spaces and need to transport pupils or cross the highways to gain access to facilities (refer to survey results in Annex B).
- 4.1.6. The result on this is mixed. Some pupils sampled were well informed on subjects including sex education and sexuality, drug use and drug abuse, and crime and violence. However, their knowledge does not seem to reflect practice as in the case of one of the schools where incidences of drugs have persisted despite the

efforts of NDACC and NOPCA. In other schools education on these subjects are deemed religiously and culturally sensitive (other studies and surveys have continued to reveal high incidents of teen fertility and pregnancy, criminal behavior, and contraction of Aids/HIV).

4.2. Health Education and Promotion Programs established in Schools

- 4.2.1. Apart from the Education Act of 1991, no other legal enabling environment exists. As rightly observed by a representative of one of the stakeholders, Belize needs a statutory instrument to protect domestically produced foods such as flour that are found to be superior in nutrients to imported items.
- 4.2.2. One of the major achievements of SHAPES was to successfully integrate health education components into the new Integrated Curriculum. The next step is to closely monitor and evaluate periodically the implementation of these components.
- 4.2.3. Since the feeding program is voluntary, not all schools have implemented it. In schools that the program has been implemented, there is need to emphasize the nutrition component, and also find a formula to educate both parents and pupils on the merits (both intrinsic and extrinsic values) of the feeding program. This will help disabuse the current pervasive view that the feeding program is for the poor. There is also need to find a way to pay for those pupils whose parents cannot afford the meals (all schools are able to determine the socio-economic status of parents).
- 4.2.4. There is need to specify what is meant by food and nutrition security. Currently it is a vague concept. Perhaps this explains the new signing of an MOU on food security and nutrition between the Ministers of Health and Agriculture. The program under SHAPES has not been able to ensure food and nutrition security due to lack of finance (partly due to weak coordination). The proposed Food Bank has not been implemented and the hitherto Belize Canteen Association that probably could have achieved this object faster than SHAPES has been integrated into latter, thereby compounding the problem of multi-sourcing. The establishment of a Food Bank is the only way to ensure food and nutrition security. Besides, the

kitchen gardens if properly implemented and managed (particularly in the rural areas) will go along way to ensuring food and nutrition security.

- 4.2.5. Health services packages are not operational in some of the schools sampled. In an extreme case, even the First Aid kit was found empty. According the principal, "Despite the support from the health worker, the First Aid kit has been empty for quite some time now."
- 4.2.6. Public awareness campaigns have been practically non-existent in most of the schools sampled. Pupils and in some cases, teachers were not familiar with even the name, SHAPES. If SHAPES will have an impact in the schools, publicity of its programs must be sustained using both print and non-print media, beside periodic workshops with teachers, pupils and parents. These workshops could be jointly conducted with district officers of the various caregivers and service providers to reduce the cost of travel, subsistence and sundry expenditure. Here, the proposed appointment and secondment of officers in the 4 program areas will obviate overburdening the manager/director with the day-to-day running of the individual programs and concentrate on coordinating with stakeholders and service providers on issues of policy and management.
- 4.2.7. Ongoing Parenting programs constitute a major weak link in the implementation of health education and healthy lifestyle among pupils. Through a sampling of pupils, the consultant found out that reinforcement from parents is not consistent. COMPAR that should have been responsible for implementing this component has not lived up to expectation. It has not been easy to determine the cause or causes for lack of coordination between SHAPES and COMPAR. Three reasons have been determined by the consultant based on interview sessions with some of the officials from the Ministry of Human Development: 1. The high turn over of representation from MHD. 2. The fact that at the time of this assessment SHAPES' file had been closed by COMPAR is indicative of its priorities. 3. SHAPES tried to draw COMPAR closer to its scheme of work but to no avail (refer to SHAPES' Minutes of meeting held April 24, 2001). Whatever may be the reason for the weak coordination between SHAPES and COMPAR is beside the point. The Ministry of

Human Development has not lived up to its commitment regarding the objectives of SHAPES despite being a signatory to the Ministerial Commitment.

- 4.2.8.** As revealed in the survey report (Annex B), appropriate training for parents is on ad hoc basis and not structured to reflect SHAPES' Strategic objectives as drawn out in the Strategic Document. In some cases, parents are simply notified of programs during PTA meetings, and in others, parents are left to figure out on their own. Not all teachers have received appropriate training on the Strategic objectives and more particularly in the implementation of the new integrated curriculum. Those who have received such trainings are desirous of follow up. Only about 3 out of the 12 schools sampled have handlers that have received appropriate training. And among those handlers that have received training, their observation of health and sanitary rules is far from satisfactory (they were found with no hair nets, nursing little kids while preparing meals, selling junk food in the canteen, etc. Monitoring and Supervision of the food handlers will help change this current situation. There has been no visitations to school canteens by the PHB officers, the Nutrition Unit, and the Community Health Nurses to see the conditions under which meals are being prepared and served.

4.3. Healthy School Environment Established and Promoted

- 4.3.1.** None of the persons interviewed is aware of "Healthy School Policy."
- 4.3.2.** To determine whether school facilities and environment has been improved thereby rendering them more conducive to students' safety is difficult in an evaluation of this nature, particularly without a monitoring and evaluation mechanism put into place. Verification through Annual Reports is problematic, and the agencies that could provide such data do not collect and analyze such data systematically. SHAPES has to liaise with the Ministry of Housing and Works to develop a criteria for this type of assessment. Nevertheless, apart from three or four of the schools surveyed, the rest have fences around them, and those by the

Highways have speed breakers on the roadway. Regarding facilities, many of the schools sampled did complain of lack of facilities.

- 4.3.3. All the schools sampled have "adequate" toilet facilities except in some cases, the pupils themselves complained about the sanitary conditions in the toilets (refer to Annex B). Only one maintained a permanent cleaner at the service door of the toilet.
- 4.3.4. Through simple observation, it was observed that few of the schools surveyed would pass a rigorous test in food handling practices. In some cases, even personal hygiene was a problem. In others, the canteens looked untidy and in disarray.
- 4.3.5. All the schools surveyed had garbage disposals and the compounds were very clean. Since the consultant had announced his visit beforehand, he cannot rush to the conclusion that this is always the situation. Nevertheless, pupils interviewed were very mindful of littering and attributed their consciousness to both teachers and parents. Drinking water quality control is a problem in most of the schools sampled. One school in particular complained about pupils' preference for tap water as most can ill afford the cost of purified water.
- 4.3.6. NDACC must be applauded for the work it is doing on its initiative in the schools. NDACC has a 3-year program involving school drug education liaison officers (who are teachers in the schools). The program prepares them to integrate schools based programs. NDACC also has other school based intervention programs. NDACC has no audio-visual instructional aids but is in the process of acquiring them. It is mindful of culturally sensitive materials. NDACC has not been collecting statistics or referrals, even in the treatment centers, there are no statistics. It is however setting up a National Grid Alliance (to be house by NDACC and can be accessed by all through the internet) whereby different stakeholders who collect drug abuse related statistics would be able to feed the data into a common database. The National Grid is at the pilot stage. Piloting has started with the following departments: forensic, the police, and the National Aids Commission. It should be functional by the 1st quarter of next year. Beside NDACC, the schools

depend on the services of resource persons in the different agencies to deliver and promote non-violence, crime and drug free environment. The results of all these efforts are hard to determine in an assessment of this nature. Only one school volunteered information on the drug problem and added that in most cases, schools not report.

4.3.7. Not all schools have access to adequate facilities and other resources for the development of physical education and sports. This is an area that deserves maximum attention. The NSC in the course of this assessment indicated willingness to liaise with SHAPES in ensuring adequate training of teachers and access to facilities in the districts.

4.3.8. Not even the schools in Belize City have embarked on beautification projects. Communities have assisted through donations to build toilets and other facilities. There is no doubt that they will be willing to assist if approached in the beautification of the schools. If COMPAR and SHAPES jointly embark on publicity campaigns on cleanliness and beautification, there is no doubt that parents would buy into the project.

4.4. An Established Mechanism for Monitoring the Implementation of SHAPES

The scorecard for the former coordinator is good because of the way and manner in which she was able to mobilize all the relevant departments on board SHAPES' programs (and more especially, the way she was on everybody's back to carry out various functions. However, she did not fare too well in the actual implementation of the program, did not institute an efficient and effective monitoring and evaluation mechanism. Most of the Service Providers have complained that their human and financial resources are extremely stretched and cannot effectively cover all the schools nationwide. The PHB for example, at present has only 5 to 7 staff and can only deliver minimum services. Nevertheless, SHAPES has been able to collect data on nutrition and growth monitoring in the southern districts with schools serving in the feeding program. The data has been forwarded to PAHO for analysis.

- 4.4.1. So far there is no indication that the School Health And Physical Education Services (SHAPES) Program is being implemented according to a comprehensive plan. All the teachers interviewed in the 12 schools surveyed stated as much. The stakeholders too have observed lack of coordination between them and SHAPES is to blame for this lapse. For a detailed review of SHAPES' activities since inception in 1999, refer to Annex B of the Assessment Report. SHAPES' Annual Reports have not revealed much and the Minutes of meetings have not been systematically maintained. SHAPES must develop a new culture of systematic record keeping. This will enable monitors and evaluators to track changes occurring and lack of changes thereto.
- 4.4.2. SHAPES has not networked with agencies responsible for the implementation of the Strategic Plan. Rather it has tried to implement some of the programs itself, which has led to accusations that SHAPES is duplicating and competing with the agencies. SHAPES must seek to collaborate with competitors. Refer to the interviews (in Annex B) with key service providers for a clear picture of how they perceive the role of SHAPES.
- 4.4.3. SHAPES has failed woefully in its inability to publicize its work among the target groups, teachers and pupils. It has not equally involved communities in a systematic manner in the implementation. Actually, in the schools sampled, some of the parents interviewed were only aware of SHAPES' feeding program. There is therefore need to develop stronger networking with communities, civic organizations and NGO's.
- 4.4.4. SHAPES has not embarked on public awareness campaigns but rather has depended on PTA meetings, fairs and FESTS as well as competitions. The audio-visual promotional materials that were developed are not being circulated as revealed by the survey. One therefore wonders why SHAPES is developing new promotional materials (2 tapes).
- 4.4.5. SHAPES has not been promoted locally and therefore might be problematic to expect it to be promoted internationally. SHAPES should develop a quarterly newsletter to inform the public of its activities. Increase media coverage of the

activities of SHAPES. Publicity is a vital component of ensuring that communities know what the stakes are in their commitment, and ownership of some of the programs is essential in ensuring success or failure.

- 4.4.6. A well-established process for evaluation of the impact of SHAPES' program can only be achieved with a pre-test post-test or test-retest method by administering the same instrument twice to the same group of individuals under equivalent conditions after some time interval (and treatment has been introduced) has elapsed. Since this was not done at the inception of SHAPES, it might be expedient to use the 1996 "Closing the Gap" as a baseline data with which to compare and contrast latter data to determine the degree of agreement or variability in the selected schools. As noted earlier, the establishment of an MIS is a must.

5. Effectiveness and Efficiency of SHAPES:

Whereas project efficiency deals with the relationship between costs and activities completed, effectiveness is concerned with results (outputs, outcomes and overall impact) achieved. As already noted above, SHAPES as conceptualized in the Strategic Plan cannot be measured in terms of outputs or outcomes as the measurable indicators (Refer to SHAPES, Strategic Plan, 7.1: Goals and Purpose, and OPERATIONAL PLAN, pp.21-37. Use of Annual Reports, Schools Reports, receipts, general reports, minutes of meetings, etc) are in themselves problematic as data collection by the relevant agencies are either non-existent or still largely haphazard, and where systematically collected and managed are not specific to SHAPES' targeted population. In terms of budget, it is equally problematic to assess the overall budgetary allocation and expenditure to SHAPES after the design was completed. The feeding program accounted for more than 90% of SHAPES' budgetary allocation and expenditure (refer to UNICEF' inventory of expenditure on SHAPES).

Based on the survey results, SHAPES has failed to increase the flow of information on its different programs. It has also failed to stimulate and enhance the capacity of the caregivers and service providers in their provision of services to SHAPES' targeted population – i.e. teachers, school pupils, and parents. And above all, SHAPES has not provided sufficient training sessions, workshops and materials, beside kitchen utensils, specific to the needs of the school population. It

needs emphasizing that the purpose of SHAPES is to coordinate and enhance the capacity and improve the quality of services given to school pupils. For the most part, it can be concluded that this has received a mixed review and blessings. Achievement measured against output indicators are uneven and in most cases, impossible (refer to Annex C).

6. Lessons Learned so far and some Recommendations

1. Issues of trust, cooperation and political consideration are integral to the success or otherwise of SHAPES. These issues must be addressed before taking SHAPES' program to the next level.
2. Planning an organization like SHAPES must involve a clearly designed institution building mechanism – and not anchored on the potential qualities of an individual – individuals come and go, but institutions remain. An institution building mechanism where a chain of command and functions of the different officers and offices are clearly spelt out will bring back the enthusiasm that SHAPES witnessed at the inception of its programs.
3. Record keeping by SHAPES has been abysmal. This component must be addressed immediately.
4. Lack of confidence in SHAPES had marred the implementation of its programs. Confidence building measures must be adopted immediately.
5. Budgetary allocation to SHAPES did not receive the kind of attention deserved. This component must be addressed by the funding agencies in a timely and orderly manner.
6. The previous Manager/Director burned herself out due to lack of support staff and cooperation from the funding agencies and service providers. As proposed, a manager/director must be assisted by a team of hardworking and efficient coordinators in the main office and district officers in each of the 6 districts to optimize delivery of services in a timely and orderly manner – with the ban on hiring, secondment of appropriate officers is suggested.
7. SHAPES set realistic targets in its attempt to provide services to 234 primary schools. SHAPES should either adopt the three-tier approach of – short-term, medium-term, and long-term coverage – or phase-in as per district in a manner that reflects need (there is no need to fix that which is already working).
8. Acquire a new vehicle for SHAPES to enable it perform more efficiently and effectively.

9. Institute a legal framework (Act) to give SHAPES the necessary teeth to regulate schools' health.