



**Save the Children®**

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*Supporting school-age children to be healthy to learn and to learn to be healthy*  
**School Health and Nutrition: Program Update**

Dear Colleagues,

As I entered my 2<sup>nd</sup> decade with Save the Children, I looked back and realized the remarkable progress the SHN family has made. The first edition of this program update in April 2004 had updates for 12 countries and the SC SHN technical team was Natalie Roschnik and me. We were reaching about 400,000 children in the 5th year of SHN programming at SCUS. This year we are reporting from 47 countries with almost 3 million girls and boys benefitting directly and more than 6 million indirectly from SHN interventions with a team of 8 people (including part-time staff) at SCUS and with over 300 SHN interested members on the SHN Facebook.

Looking back also helps to look forward. In 2015, the 3<sup>rd</sup> World Education Forum (WEF) was held in Incheon, South Korea where the SHN team in partnership joined the call to ensure that education is viewed holistically, including health and social aspects and to reinforce the FRESH commitment of 2000 in Dakar. The WEF reenergized the FRESH partners including UNICEF, UNESCO, World Bank and WHO to push SHN agenda forward with SC taking a leading role. SC will engage established partners such as Wrigley, P&G, Mondelez and new

partners including USDA (US Department of Agriculture) and GPE (Global Partnership for Education) to reach more boys and girls with quality SHN interventions. SHN’s strategy is to ensure that children are healthy enough to learn and learn to be healthy in any country where Save the Children is present.

SC’s global strategy for the next 15 years includes a renewed commitment to reaching the most deprived with focus on children’s rights and attention to gender equity. SHN programming such as the school-based malaria control, access to WASH in schools, menstrual hygiene management and road safety will support these strategies. While the SHN team continues to expand and build on past approaches we are also exploring new areas such as using nudges to change hygiene behaviors and looking at using technologies such as SMS or new methods for detecting anemia or malaria.

Growth and innovations, these are exciting developments but I always come back to the people. SHN champions throughout the world keep us smiling with their dedication and humor as we address critical needs of boys and girls. Looking forward to another decade with the best colleagues ever.

Seung Lee, Senior Director for SHN, August 2015

# Introduction and Program Highlights

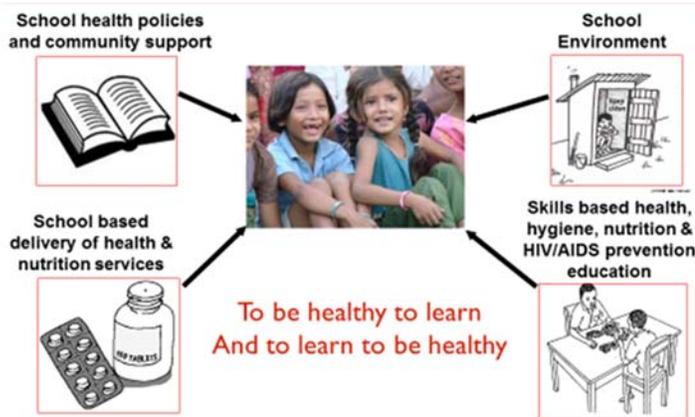
## What is School Health and Nutrition?

The essential elements of an effective School Health and Nutrition (SHN) program, as agreed upon by WHO, UNESCO, UNICEF and the World Bank at the 2000 World Education Forum in Dakar, Senegal, aim to:

- **Increase access to health and nutrition services at school**, including: deworming (neglected tropical diseases), micronutrient supplementation, malaria treatment as well as vision and hearing screening.
- **Increase access to safe water, sanitation and hand-washing facilities (WASH) in schools**. Infrastructure increases the quality of the school environment and also provides a cost-effective way to encourage positive health behaviors.
- **Promote lifelong health behaviors through skills-based health education** including HIV/AIDS prevention, hygiene and nutrition. The knowledge, attitudes, values and skills developed through this method enable children to stay healthy and safe long after they leave school.
- **Ensure basic health-related school policies and support at all levels**, from schools and communities to the national and international level.

## Monitoring and Evaluation Guidance for School Programs

Focusing Resources on Effective School Health (FRESH) is an international framework for implementing health and hygiene interventions in schools. It was launched by the



*The four pillars of FRESH.*

World Bank, UN and other development agencies at the 2000 World Education Forum in Dakar, Senegal. Nearly a decade into FRESH implementation, there was great demand from

FRESH partners, including Save the Children, for the creation of global standards and indicators for school health and nutrition. In response to this need, between 2008 and 2013, Save the Children was a lead agency in the international FRESH partnership to develop and pilot the [Monitoring and Evaluation Guidance for School Health Programs](#). This guidance, published in early 2014, provides governments with an opportunity to benchmark their programs against global recommendations, and aims to improve the quality of school health programming. With the support from private donors and sponsorship over 40 Save the Children country offices have been orientated on the global guidance and seven have used the guidance to conduct in-depth assessments of school health policies in their country. Three offices in Asia (Armenia, Tajikistan and Pakistan), and four in Latin America (Mexico, Guatemala, Peru and Bolivia) conducted government policy assessments to understand three key questions:

- What national and local policies exist for promoting the health of school-age children in their countries?
- To what extent have policies met globally recommendations, and;
- What could be done to improve the current policy and programming situation?

With the exception of Mexico and Peru, countries do not have specific school health policies or laws. Policies for ensuring WASH and physical safety in schools exist in most countries, but vary in quality and content. There is potential for introducing or expanding laws to check violence and bullying in schools and ensuring the psychosocial well-being of students. Health and hygiene education is part of curricula in countries, however there are still gaps in terms of teacher training and classroom pedagogy to implement adequately health lessons. All countries provide some school-based health screening of children (e.g. height, weight, vision and dental), but there are challenges with coverage and quality.

Moving forward, priorities identified by countries include strengthening policies and implementation of national programs. In particular, collaboration between health and nutrition departments was highlighted as a need by most countries. Save the Children looks forward to continuing its support to governments to help them strengthen their capacity to deliver quality interventions at scale for children's

health and well-being.

## Menstrual Hygiene Management (MHM) Operational Guidelines Pilot

The onset of menstruation and puberty bring several challenges to schoolgirls in low-resource settings. Challenges include biologically inaccurate beliefs and harmful practices around menstruation that are often linked to stigmatizing beliefs regarding menstruation. The water, sanitation and hygiene facilities in schools are often deficient or lacking entirely, preventing girls from accessing a safe, private and hygienic space to manage menstruation at school. Because these challenges affect girls' participation in school and their education Save the Children is integrating menstrual hygiene management (MHM) activities within its School Health and Nutrition (SHN) and Adolescent Health programming.

To integrate MHM into SHN programs, the SHN team developed a technical resource for program managers, the MHM Operational Guidelines. The Guidelines mirror the format of the Common Approach to Sponsorship Funded Programming (CASP) and provide comprehensive guidance on conducting an MHM situation analysis, designing an



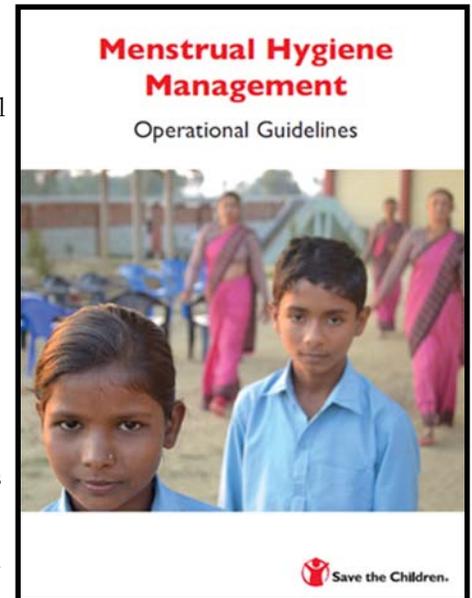
Nirnala Gurung leads a class educating girls on menstruation at the Amar Higher Secondary School in Nepal. *Photo credit: Susan Warner*

MHM program and developing and implementing an MHM Baseline. The MHM Operational Guidelines were piloted by Bangladesh, Bolivia, China, El Salvador and The Philippines, whose experiences greatly contributed to its enhancement. Several representatives from Save the Children technical teams and other external MHM experts provided comments on the MHM Operational Guidelines that were also incorporated into the resource, including individuals from:

Columbia University, Emory University, FHI 360, UNESCO, UNICEF and WASH Advocates.

The MHM Guidelines contain planning and implementation documents and tools such as template budgets, consultant terms of reference, MHM Knowledge, Attitude and Practice (KAP) survey questions, as well as qualitative research tools.

The MHM Guidelines build on previous fundamental MHM efforts, referencing and linking to resources produced by UNICEF, WaterAid, the Joint Monitoring Programme, UNESCO, Emory University and others demonstrating our commitment to work with partners to handle this very important issue.



The MHM Operational Guidelines are currently in draft form in English and Spanish, and will be widely available at the end of 2015.

## Road Safety

Every three minutes a child dies on the world's roads, accounting for 1,000 deaths of children and young people every day; 90% of casualties occur in developing countries. Additionally, road accidents are the number one threat to Save the Children staff worldwide, with vehicle accidents among the highest reported incidents for Save the Children staff every year. Casualties and injuries are expected to increase with the rapid urbanization and economic growth that allows families to acquire vehicles. However, with these staggering statistics and predictions, road safety is still often overlooked compared to other health, safety and security issues affecting NGOs and the communities we serve.

Thailand and Indonesia have taken on the challenge to reduce child injuries and death due to motorcycle crashes through comprehensive road safety programs in schools. Traffic collisions kill over 2,600 children a year in Bangkok and 10,000 youth under 15 years in Indonesia. In West Java, Indonesia, school road safety programs will reach 30 schools and 9,000 children to increase knowledge, attitudes and

practices of road safety, improve infrastructure near schools and increase public and local government awareness of the urgent need to improve road safety. In Thailand, the focus is on increasing youth helmet use through enforcement by police and schools, education of students and parents on helmet use and its life-saving benefits, changing the social norms of helmet use through social media and pop culture, as well as making desirable child helmets more accessible.

There is a clear need for road safety programs, globally. These programs will require a strong cross-sector and public-private approaches to reach scale as well as support from the global community to support evidence-based local solutions.

## Very Young Adolescents

Save the Children is a leading organization in the advancement and global focus on very young adolescent



Young girls in Kupang, Indonesia sharing their hopes and dreams in a focus group session. *Photo credit: Seung Lee*

(VYA) sexual and reproductive health (SRH). Estimates suggest approximately 600 million very young adolescents globally. These 10-14 year olds are going through significant physical, intellectual and emotional changes and are often neglected in SRH programming. Save the Children recognized this gap in many contexts and began developing and implementing projects to address the various health needs of VYAs. Successful projects have been implemented in Bolivia, Egypt, Ethiopia, Philippines, Nepal and Uganda.

Based on the critical need to reach VYA, and these program examples, the Very Young Adolescent Health Signature Program was proposed in an effort to consolidate sector specific interventions into a more robust programing

framework. Recognizing the cross-sector programming needs, common program goals, and the use of schools as a platform to reach VYAs on the younger end of the spectrum, the SHN team and adolescent health team have consolidated efforts to validate a VYA Program Guide. The VYA Program Guide directs program managers through the VYA program development process, from a situation analysis through program design and program M&E, providing key programming questions and various programming options to assist program managers integrate VYA strategies into existing youth, SHN or SRH programming, or design 100%-VYA-focused programming.

The VYA Program Guide validation process will begin in the Uganda Country Office and capitalizes on the significant VYA efforts already underway, such as the Keep It Real and GREAT programs, to leverage potential VYA programming through existing SRH programs, as well as the new Child Sponsorship programming in Wakiso District. This year the Uganda Country Office has dedicated itself to pioneering the VYA cause, not only to validate the VYA Program Guide, but use this opportunity to design and pilot a comprehensive VYA program in 2016.

## Building Evidence for Malaria Control in Schools

In 2010, Save the Children and the London School of Hygiene and Tropical Medicine (LSHTM) partnered to build the evidence for malaria control in schools. Although school age children are less at risk of dying from malaria, they are the population group with the highest rates of malaria infection. A recent systematic review (Nankabirwa J et al, 2014) of malaria in school age children shows high rates of malaria prevalence across Africa and calls for more efforts to control infection in this age group. Save the Children and LSHTM conducted two cluster-randomized trials in Mali and Malawi, to evaluate to different solutions in two different malaria setting (seasonal versus year round transmission):

- In Mali, the prevalence of malaria infection in school children was 67% and anemia 92%. The school malaria control package included malaria education promoting use of mosquito nets at home, school based distribution of long lasting insecticide treated nets and intermittent parasite clearance – treatment of all children at the end of the malaria season and start of the school year. This intervention was shown to be highly effective at reducing

malaria and anemia with effects lasting the entire school year. This intervention is being scaled up to over 400 schools with sponsorship funding and combined with deworming and weekly iron supplementation

- In Malawi, the prevalence of malaria infection in school children was 60% and anemia 32%. Building on previous experience with presumptive treatment for malaria as part of a first aid kit in Mangochi. Learner Treatment Kits were developed with malaria testing (using Rapid Diagnostic Tests) and treatment. These were introduced in 29 schools and are currently being evaluated on both health and education outcomes. This intervention was one of 25 innovations to be recognized in the 2015 Social Innovation in Health Initiative: <http://healthinnovationproject.org/save-the-children-malaria-programme/>

The SHN teams in Mali and Malawi developed these innovative interventions and conducted the evaluations in partnership with national and international partners and these same partners are helping us move the intervention through Save the Children's theory of change from evidence building to eventual scale up. Both studies were funded primarily with Child Sponsorship funded with support from 3IE and the Welcome Trust.

### Improving Oral Health Education

With funding from the Wrigley Company Foundation, Save the Children's SHN program reached over 409,000 children with the project "Improving School Health and Nutrition including Oral Health Education" in rural and urban areas of China, Indonesia, Kenya, The Philippines, Tajikistan and Viet Nam.

- To improve policy change at the district and school level in **China**, we established project management committees with the participation of government officials and school administrators, as well as professional staff from academic institutions and NGOs. The project received positive recognition when the Luogang District Education Bureau in Guangzhou accepted our health teacher training for teachers' continuous education credit. Also, in China, interactive oral health lessons and teacher trainings on participatory teaching methods enhanced the way children learn about oral health and teachers teach. Wrigley Associates in China volunteered in classrooms, bringing extra energy to lessons.

- All of Save the Children's work in **Indonesia** is aligned to strengthen the national school health program – including oral health – run by the Ministry of Education which strives to equip all schools to be able to provide basic health services. In Indonesia we provide education on oral health by training trainers and "Little Doctor" peer educators to conduct extra-curricular oral health activities in schools. The Little Doctor activities include regular promotional messaging in schools (for example, during assembly time), and encouraging children to use hand washing and tooth brushing facilities.
- Students and teachers in **Kenya** were engaged to develop interactive teaching materials for oral health, and children practiced what they learned in school health clubs. The skills they developed in school health clubs gave them



Children learning from A Little Doctor proper tooth brushing in Indonesia. Photo Credit: Dody Kudji Lede / Save the Children

confidence to promote oral health and other hygiene messages to their classmates. Children share messages learned in school health clubs about oral health with families and community, encouraging positive oral care behaviors. Children received oral care services from mobile dental clinics with Wrigley Associates.

- The program in the **Philippines** focused on oral health education and access. Children learned about oral health and hygiene and were empowered to teach peers and parents how to care for their teeth through the "Child

Health Promoter” activities. The project also coordinated with local health authorities to have oral health assessments done by local dentists in schools. The partnership between the Department of Education at the



Children celebrating World Oral Health Day in Tajikistan. Photo credit: Saodat Sangova

national and regional levels, and the School Health Technical Working Group members, including dentists from the city and municipal health offices and the local Philippines Dental Association (PDA) chapters. The members of the PDA committed to volunteer services in the regular outreach dental clinics in schools, as well as to link the schools with partners who can regularly supply toothpaste and toothbrushes.

- Save the Children is recognized by the Ministry of Health as the only organization in **Tajikistan** addressing oral health and hygiene education at the community and school levels. The Ministry of Education and Science signed a Memorandum of Understanding with Save the Children, illustrating our common objectives and shared commitment to improve oral health care education. Through school health clubs children gain confidence, learn about health and hygiene and have taught their peers how to take care of their teeth through games, plays, songs, and art – sharing messages among peers and families. Save the Children developed an oral health cartoon that aired nationally in Tajikistan.
- In **Vietnam**, Save the Children and the Department of Education and Training worked closely to develop oral health lessons for classroom learning. Schools in Vietnam held regular oral health community events, bringing the entire student body and parents together in playful

competition to learn key messages about oral health. In working toward sustainability, we have been advocating for the availability of quality health education and services in the school system. We are preparing for handover to the educational system by improving the school health and nutrition manual and producing training videos, as well as through information, education and communication materials and behavior change communication materials.

### Save the Children’s Urban Strategy Initiative

Over half the world’s population now lives in urban cities and towns, of which close to a billion are estimated to live in slums, shantytowns, and other urban spaces that lack adequate services and infrastructure. Research shows that slum residents often have poor nutrition, limited facilities for water and sanitation, health services, education and employment. The urban poor population is expected to grow, their human development outcomes are similar to and in some cases worse than their rural counterparts, especially for the most deprived. Given this situation, Save the Children is investing resources to address the needs of the urban poor, particularly the most disadvantaged children and their families. Over the last two years, the Urban Strategy Initiative has documented Save the Children’s urban programs, generated dialogue between urban champions, and developed guidance for the agency to include the urban poor in its 2016+ strategy.

Close to 350 projects across different thematic areas and in all regions currently operate in urban contexts. The thematic leaders in urban programming include Education, which



Children on a rooftop overlooking the Okhla slum in Delhi, India. Photo credit: Susannah Ireland

includes SHN; Health; Child Protection and Child Rights. The amount of these projects dedicate to serving urban children is over \$300 million USD.

In early 2015, the Save the Children's first Urban Program Learning Group (PLG) workshop took place in New Delhi, India. Participants, comprising country and regional directors and other key decision makers, discussed the agency's urban value proposition and identified next steps for the Urban Strategy Initiative and the agency's work in urban areas.

Some of the SHN programs have focused on the needs of urban children including in Bangladesh (Dhaka), India (Mumbai and Delhi), Indonesia (Jakarta), Thailand (Bangkok), Philippines (Manila), Kenya (Nairobi), Bolivia (Callaco) for many years. Differences between urban and rural settings are often minor but require special consideration such as the promotion of fresh fruit and vegetable consumption may be difficult but feasible in agricultural settings but near impossible in urban slums. Some of SHN themes that resonate even more in urban settings include road safety and obesity prevention through better nutrition and increased physical activity.

### Using Nudges to Increase Handwashing

Educational messaging is a common approach to behavior change communication in health promotion, yet, it is resource intensive to do well enough for consistent results. In 2014, Save the Children along with researchers from the Universities of Oklahoma and Buffalo piloted an alternative low-cost approach in Bangladesh where the prompts for behavior change were limited to environmental 'nudges' or cues to guide, in this case, handwashing with soap after toilet use.

Two rural primary schools were selected for the pilot; both had water access and functional latrines but without attached handwashing stations. To prompt children to wash hands with soap after latrine use, a few environmental modifications were made. These included

- building a dedicated location for handwashing – a raised concrete platform with a water storage drum, connecting latrines to the handwashing point via paved pathways painted in bright colors, and
- painting footprints and handprints on the pathway and drum to guide students to handwashing stations.

Results from the pilot are compelling and show the need for more investigation on the use of nudges in behavior change programming. Handwashing observations before the intervention found that only 4% of children washed both



Environmental nudges for handwashing after toilet use in one school in Bangladesh. Photo credit: Robert Dreibelbis

hands with soap after leaving the school latrine. Behaviors improved considerably after the intervention – 74% of children washed both hands with soap at both 2 and 6 weeks after the intervention. Save the Children is working with the University of Oklahoma and other partners to further explore the potential for nudges to change handwashing behaviors in schools.

### Cognition Workshop and Toolkit Update

In July 2013, Save the Children, in partnership with the London School of Hygiene and Tropical Medicine and the Institute of Education, and with financial support from P&G and sponsorship, organized a meeting of experts to discuss the gap in user-friendly tools to assess cognition in developing countries. Cognition is a broad term that refers to processes such as thinking and reasoning which is both sensitive to changes in health and nutrition status and predictive of learning outcomes. Cognition is therefore a good measure for evaluating health and nutrition interventions.

The main recommendation from the workshop was to develop a toolkit for assessing children's cognitive function across cultures, ages, and purposes. Since the workshop, Save the Children has been supporting global efforts led by UNESCO and WHO to develop a global tool for assessing child development for population level monitoring of child development, as well as program evaluation. We have also integrated a few cognition items into our International Development and Learning Assessment (IDELA) tool, drawing on experience from a recent nutrition, malaria and ECD evaluation in Mali.

## Study on Financing the Operation and Maintenance of WASH facilities in Schools

In 2013, UNICEF conducted a bottleneck analysis in 10 countries and found that 20% of what is required for WASH in Schools (WinS) is currently allocated by national budgets and that only 20% of schools had a budget for operations and maintenance (O&M) of WASH facilities and purchase of soap.

Building on those findings, Save the Children partnered with UNICEF in 2014 to get a global understanding of the financing of O&M costs of water, sanitation and handwashing facilities in schools. The study involved a desk review followed by country case-studies to get a deeper understanding of national and local systems and how schools manage their facilities. Fourteen country case-studies took place between 2014 and 2015 which consisted of two parts:

- Meetings with government officials to understand the national and local policies and government financing system to support schools
- Visit to schools to understand the practices in schools with good WASH O&M versus those without; the costs for O&M and how those are financed in schools.

The findings from the study will be used to draw conclusions on what is needed from governments and communities to support WinS and will help organizations, governments, and schools to consider how they must allocate and use O&M budgets for sustainable WASH in schools in 2015.

## Child Sponsorship: A Core Source of Support for School Health and Nutrition

Child Sponsorship Funding remains a core source of support for Save the Children's SHN technical leadership and for programs globally, supporting SHN programs in 17 countries. In 2014, Child Sponsorship Funding began supporting children in Uganda. In 2015, Child Sponsorship is establishing operations in Mexico and Niger, with anticipated programming beginning in late 2015. Child Sponsorship anticipates continuous growth over the next 10 years and aims to support children in all viable countries.

SHN is one of the core Sponsorship-funded programs at Save the Children, along with Basic Education, Early Childhood Development (ECD), Adolescent Development and Maternal Newborn Child Health & Nutrition (MNCH&N). In addition to these five core-program areas, in 2015, Child Sponsorship



Girls at a Kenyan school wash their hands. *Photo Credit:* Jacquelyn Haver

Funding supports community-based programs that serve all children in impact areas. These programs run for approximately 10 years in each impact area and offer an opportunity for long-term, comprehensive education and health programming.

Child Sponsorship Funding also serves as an excellent canvas for innovation in SHN programs. Interventions and programs initiated and piloted with Child Sponsorship Funding are frequently used to leverage additional funding from other sources to take these proven programs and interventions to scale.

SHN programming, through Child Sponsorship Funding, exemplifies Save the Children's Theory of Change by being the voice for better practices and policies, achieving results at scale through support for effective implementation of best practices and by being the innovator through the use of evidence-based and replicable solutions.

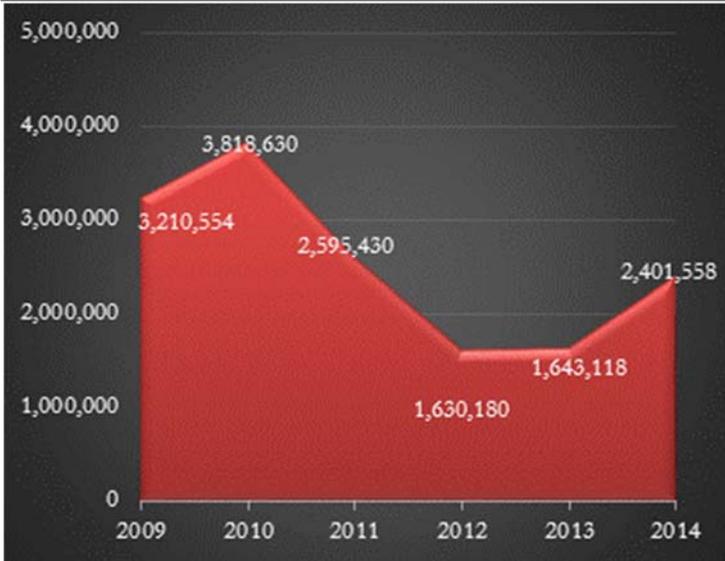


Children play at an ECCD center in Malawi. *Photo Credit:* Seung Lee



# School Health and Nutrition in Numbers

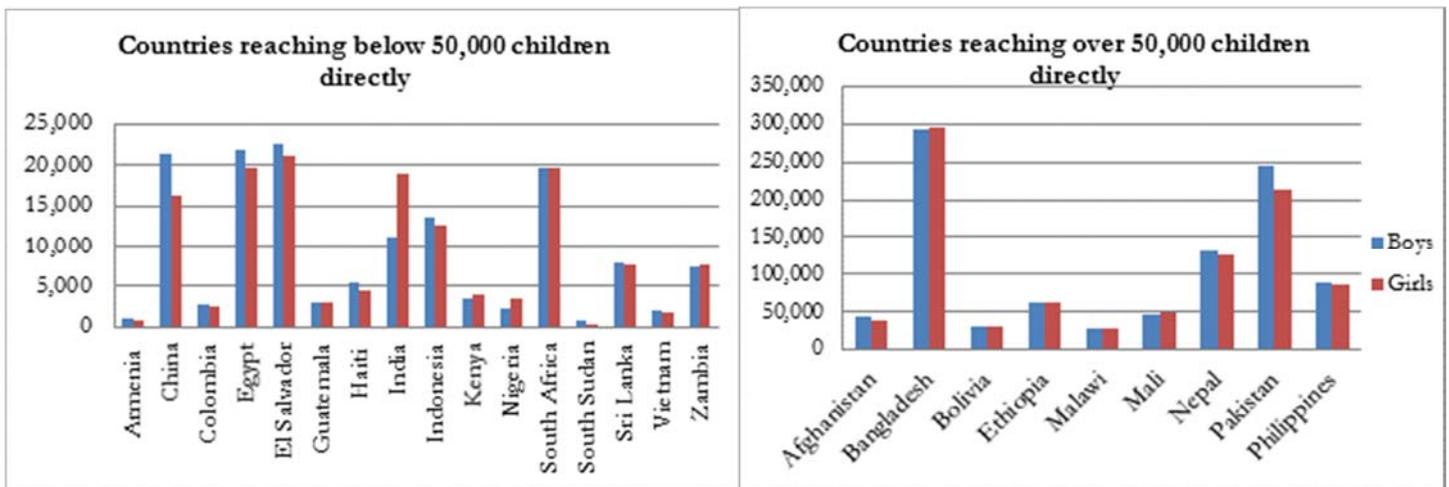
## Total number of children reached directly with SHN over the years



Male and female students work together on a SHN puberty lesson in Kenya. Photo credit: Jacquelyn Haver

Children reached directly through SHN interventions increased in Afghanistan, Bangladesh, Bolivia, China, Egypt, El-Salvador, Ethiopia, Kenya, Malawi, Mozambique, Nepal, Pakistan, Philippines, and Tajikistan, between 2013 and 2014. In FY 2014, Brazil, Colombia, Ecuador, India, Nigeria, South Africa, Sri-Lanka and Zambia newly reported SHN programming. Earlier reduction in reach since 2011 was due to completion of large scale projects in Bolivia, Egypt, Ethiopia and Guatemala.

## Total Reach of Boys and Girls by Country



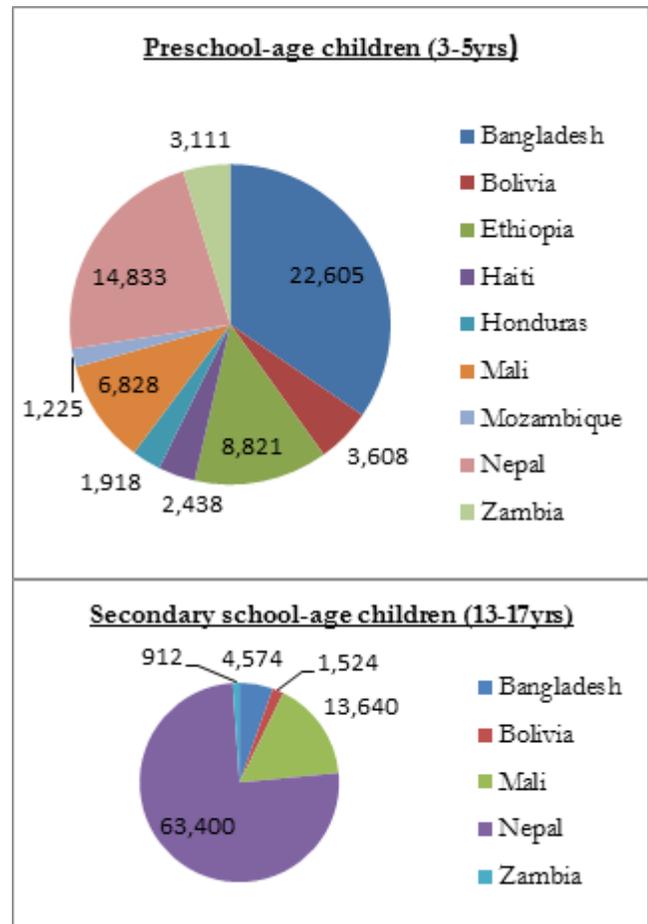
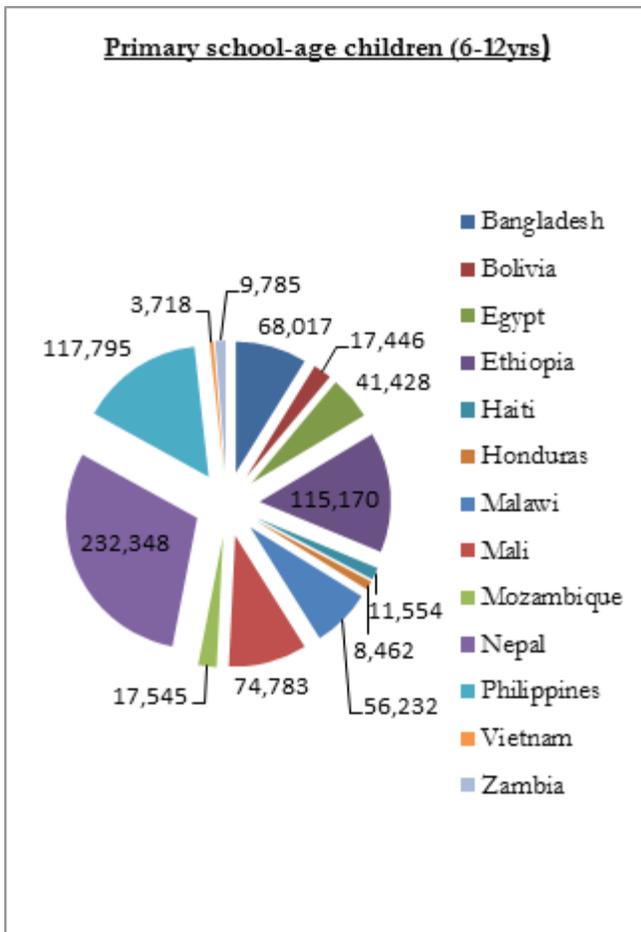
Most countries reaching over 50,000 children reached similar numbers of boys and girls. In Pakistan, the slightly higher numbers of boys may be due to low enrolment of girls which prevails across Pakistan, especially in rural areas.

Some gender disparity is evident in countries like Afghanistan, China, Egypt, El Salvador, India, and Nigeria. In Egypt, the SHN program reaches all children in the targeted schools, however, there are fewer girls attending schools than boys. In India, the large number of girls reached is due to the projects that are focused on marginalized girls. In Nigeria, more girls were reached because two of the 10 public schools with SHN interventions, were girls only. In China, approximately 20% more boys were reached than girls in urban programming due to higher enrollments of boys than girls in schools, presumably due to more migrant boys in cities than girls.

# School Health and Nutrition in Numbers

## Child Sponsorship Programming

Child Sponsorship is Save the Children's major source of long-term (10 year) funding and programming for children. In 2014, **1,003,611 children** and **283,666 adults** were reached directly with SHN interventions across Sponsorship-funded programs in 15 countries – Afghanistan, Bangladesh, Bolivia, Egypt, Ethiopia, Haiti, Honduras, Indonesia, Malawi, Mali, Mozambique, Nepal, Philippines, Vietnam and Zambia.



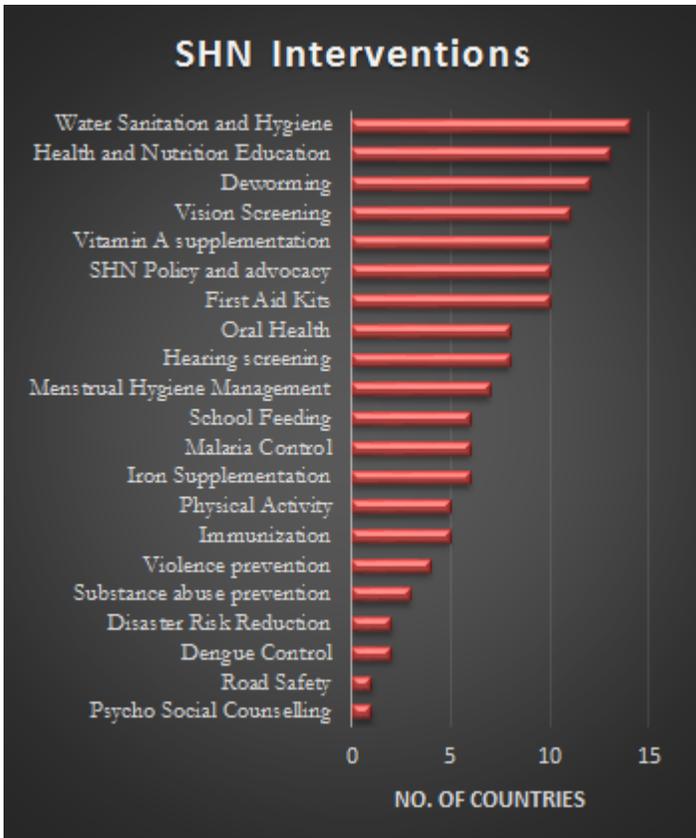
Note: Pie charts show Child Sponsorship's SHN reach across age-groups. Detailed numbers for Afghanistan and Indonesia were unavailable.

774,283 primary school-age children across 13 countries were reached with SHN interventions. The Nepal program reported the highest SHN reach, through activities in Sriraha, Pyuthan and Kapilavastu districts, followed by the Philippines in South Central Mindanao and Luzon Visayas regions, and Ethiopia. In the Malawi program, there was a 34% increase in SHN reach compared to last year, as a result of Learner Treatment Kits (LTKs) for malaria prevention. In Honduras, the program reach increased by 10% versus 2013. The Vietnam and Zambia programs had relatively smaller SHN reach because sponsorship programming started recently in these countries.

Nine country programs reported preschool interventions, such as deworming, vitamin A supplementation, vision screening, first aid; WASH; working with SHN committees; and health education reaching 65,387 preschoolers.

Five country programs reported secondary school interventions such as iron supplementation for girls; WASH and ensuring SHN policies reaching a total of 84,050 adolescents, aged 13-17 years.

# School Health and Nutrition in Numbers



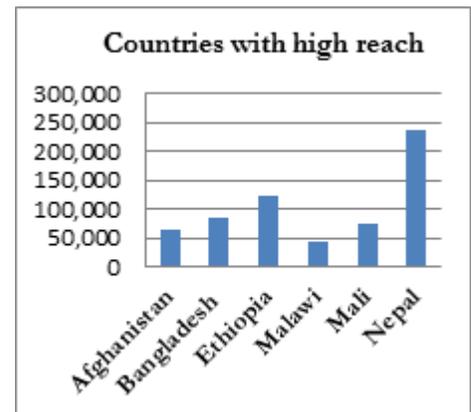
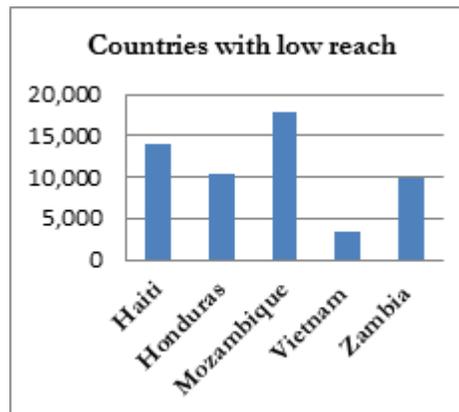
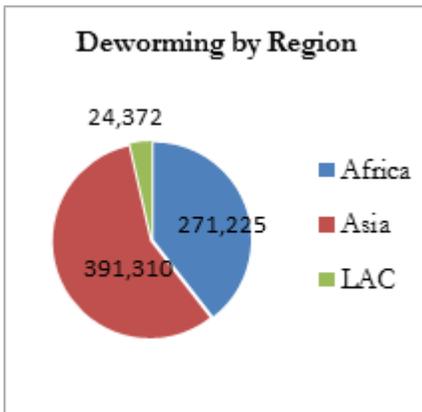
21 SHN thematic interventions were implemented across 14 countries. All 14 Sponsorship funded country offices implemented water sanitation and hygiene in schools.

The Philippines office implemented 15 of the 21 interventions, followed by Haiti and Vietnam offices with 13 and 12, respectively.

The Ethiopia country office was the only one to report psychosocial counseling, implemented in the West-Shewa region, while the Mozambique country office was the only one to report road safety.

Four country programs, Ethiopia (West-Shewa), Haiti, Honduras and Nepal reported implementing violence prevention interventions.

## Deworming Services



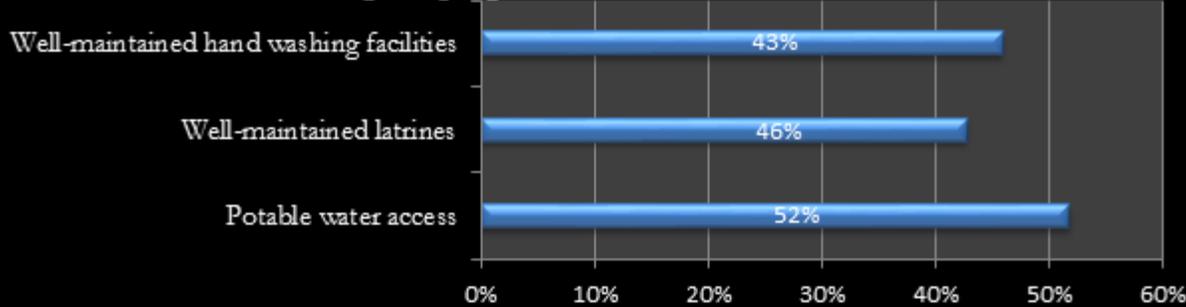
Save the Children supports government-led national deworming programs by mobilizing communities and working closely with education and health care providers and schools in preparing and implementing national deworming days. **686,907** primary and preschool age children were dewormed through support from sponsorship programming in 2014, of which **342,428** were girls and **344,479** boys.

94% of children in Nepal received deworming tablets semi-annually which was significantly higher in number and coverage than 2013 (64%). In Haiti, the number of school children dewormed increased by 24% between 2013 and 2014, while in Ethiopia there was a three-fold increase in deworming during this period between West-Shewa and Tigray. In Mali, 100% of school children in sponsorship impact areas received deworming. In Afghanistan, 79.4% of school children in Faryab and 100% of school children in Saripul were dewormed in 2014. Mass deworming is not recommended in Egypt, as the climate is not conducive to soil transmitted helminthes; so the prevalence is low and children can be treated on a case to case basis.

# School Health and Nutrition in Numbers

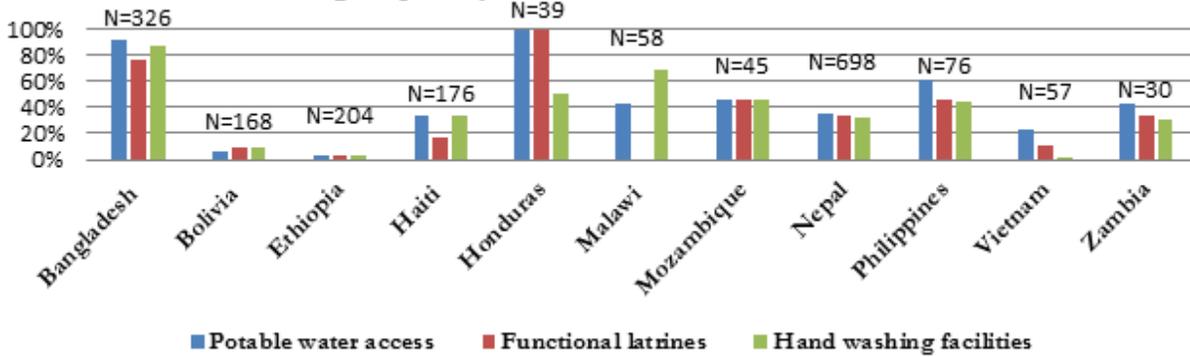
## School Environment

**Percentage of program schools with a safe WASH Environment**



Note: 'Program schools' refers to preschools, primary and secondary schools. 'N', denominator, represents the total number of schools in the impact area as provided by country offices. Information on Afghanistan, Mali and Egypt is not shown due to data issues.

**Percentage of primary schools with safe WASH environment**

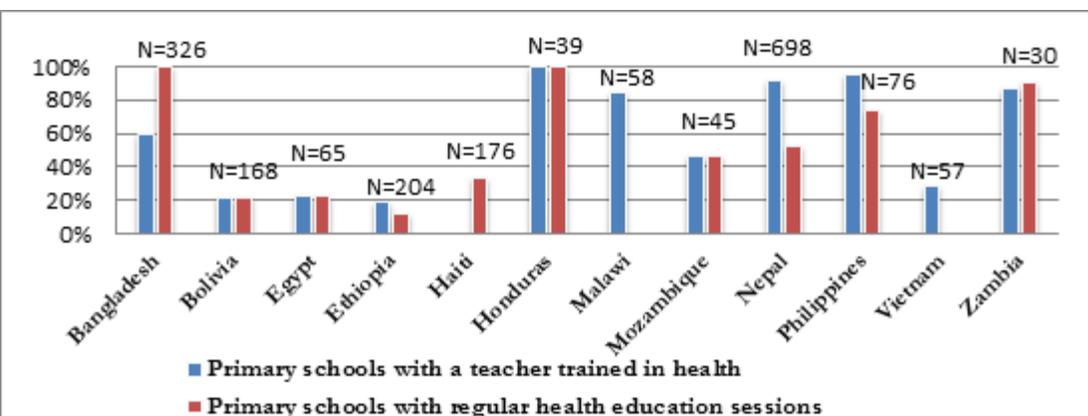


Bangladesh program reported a higher percentage of primary schools with safe WASH environment, the rise in arsenic levels in the water sources of some schools has been a problem in ensuring safe drinking water. The Vietnam and Zambia programs reported fewer primary schools with a safe WASH environment, which may be attributed to limited resources, and low participation of communities in WASH. The low numbers in Ethiopia is due to the challenge in accessing ground water in certain districts. In Bolivia, the biggest challenge is the limited availability of water in Cochabamba schools.

Programs in Bangladesh, Ethiopia, Malawi, and Honduras reported similar trends of a safe WASH environment in preschools as in primary schools. Bolivia, Haiti, Nepal and Mozambique, a higher percentage of preschools than primary schools reported having one or more elements of a safe WASH environment. There is scope for programs in secondary schools to improve the WASH environment. The Nepal and Bolivia programs reported that of the 525 and 64 secondary schools in impact area, less than 20% of schools had safe WASH environments.

## Health Education

**Percentage of primary schools with a trained teacher and regular health education sessions**



Note: 'N', denominator, represents the total number of schools in impact area as provided by country offices. Details for Afghanistan and Indonesia are not available. In Malawi and Vietnam, none of the primary schools provided health education sessions. Haiti did not report any data on the number of primary schools with a teacher trained in health. Information on Mali not reported due to data issues.

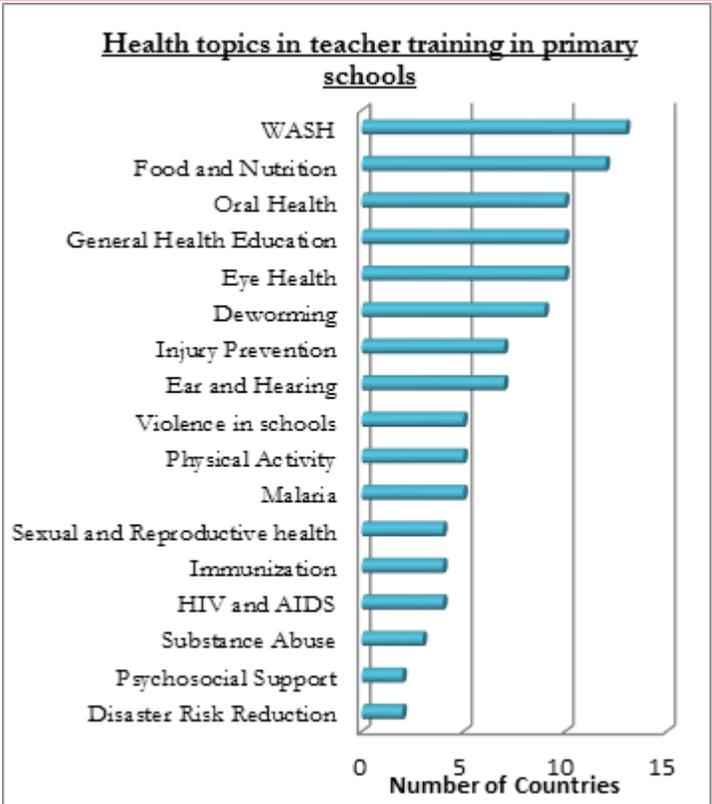
# School Health and Nutrition in Numbers

The Philippines program reported that almost all primary schools in South Central Mindanao have a teacher trained in health. In the Bangladesh and Mali programs, all primary schools provided regular health education sessions in FY14.

In some programs there was a higher percentage of primary schools with teachers trained in health than those conducting regular health education sessions.

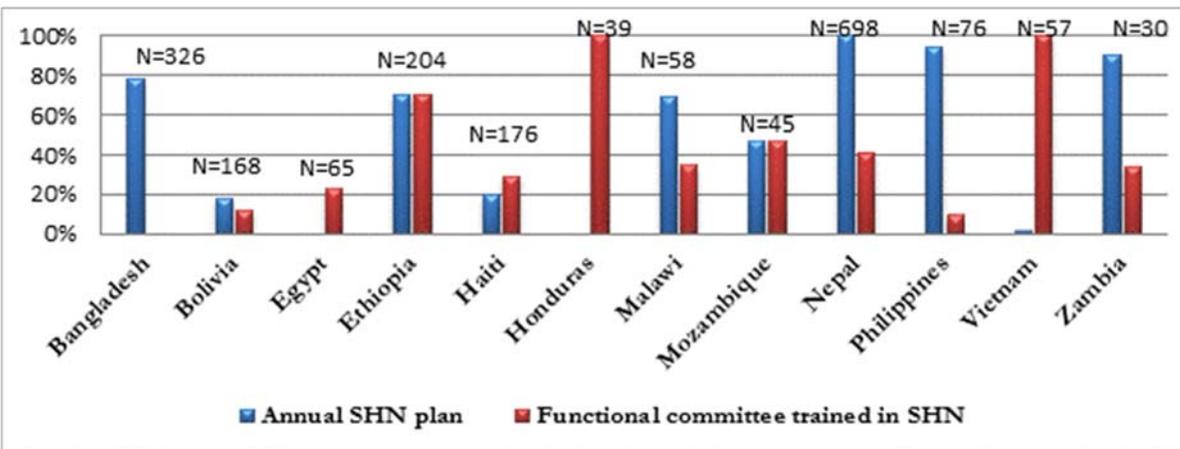
Only Ethiopia and Zambia reported training teachers in 'psychosocial support'; Philippines and Haiti covered the topic 'Disaster Risk Reduction (DRR)'. Malawi, Zambia and Philippines reported covering 'first aid' in teacher training sessions. Mali program reported training its teachers in 'Ebola' prevention.

Bolivia, Ethiopia, Haiti, Honduras, Malawi, Mali, Mozambique and Nepal reported either training preschool teachers in health and/or conducting regular sessions. Preschool data was unavailable for Zambia, Vietnam, Philippines and Bangladesh, while Egypt reported no intervention.



## SHN Health Policies

### Percentage of primary schools with annual SHN plan and functional SHN committee



Note: 'N', denominator, represents the total number of schools in impact area as provided by country offices. Information on Mali not reported due to data issues.

Schools may have an annual SHN plan as a separate document or integrated within a general school improvement plan. The Nepal program reported 100% of its primary schools with an annual SHN plan, while in Vietnam the program reported 100% of its primary schools with functional SHN committee. The Philippines office reported 95% primary schools with Annual SHN plan and Ethiopia reporting 70% primary schools with a functional SHN committee. Bangladesh reported absence of a functional SHN committee in primary schools. Forty-three out of 54 preschools in Zambia and 20 out of 25 preschools in Bolivia reported having annual SHN plan, while Bangladesh reported 221 out of 281 preschools with annual SHN plan. Egypt, Nepal and Philippines reported no SHN plans in preschools. Only 4 country programs – Zambia (3 out of 4), Bangladesh (6 out of 12), Bolivia (2 out of 64) and Nepal reported secondary schools with an annual SHN plan, of which Nepal reported 100% (525 out of 525) of secondary schools with annual SHN plan in place.

# School Health and Nutrition in Numbers

## Quality Learning Environment

### What is the Quality Learning Environment (QLE) Framework?

Save the Children's QLE framework is a program design and monitoring tool used to assess the learning environment in Early Childhood, Care and Development (ECCD) and Basic Education (BE) settings, and whether it meets four essential criteria or 'Guiding Principles' (GPs). The GPs for BE and ECCD settings are as illustrated below; each GP has items (indicators) under it to assess if the GP is met. The items directly related to SHN programming in the QLE tool for ECCD and BE settings are listed in bullets below. Country offices completing the 2014 QLE assessment scored items on a scale on 0-4, where 0 is not-applicable, 1 is not achieved, 2 is partially achieved, 3 is achieved, and 4 is exceeded expectations. To learn more about the QLE framework and tools, and view and analyze health and nutrition data across countries contact [Nitika.Tolani-Brown@savethechildren.org](mailto:Nitika.Tolani-Brown@savethechildren.org)

### ECCD Setting

### BE Setting

GP 1 – Safe and protective of children's health, well-being

GP 3 – Active learning process, improved learning outcomes

GP 1 – Emotional psychological protection

GP 3 – Active learning process, improved learning outcomes



GP 2 – Meet development needs of children

GP 4 – Close collaboration between school, parents, community

GP 2 – Physical Protection

GP 4 – Close collaboration between school, parents and community

- Safe drinking water is available for children and caregivers
- Adequate sanitation facilities are available for all children
- Children receive a minimum package of health services based on local health needs and national guidance
- Learners participate in regular skills based health education in school

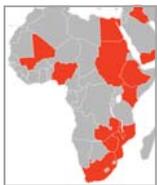
- Child safeguarding policy or code of conduct for learners and teachers ensuring wellbeing is in place
- Learning environments are free of discrimination, violence, intimidation, bullying and harassment
- Safe drinking water is available for learners and staff
- Adequate sanitation facilities are available for all learners
- Learners participate in health promotion programs
- Learners receive a minimum package of health services based on local and national needs health education in school

*Pictured above left:* Children in a ECCD center in Zambia wash their hands. *Photo credit:* Jacquelyn Haver.

*Pictured above right:* Girls in a school in Armenia check cleanliness of hands and nails after a health promotion lesson. *Photo credit:* SCI Armenia

# Country Updates

Though not all of our SHN country programs are featured in the 'Country Updates', they are all working to strengthen the relevance and effectiveness of SHN programming in order to meet the changing needs of children around the world.



## Africa

The descriptions of 11 current School Health and Nutrition programs throughout Africa are listed below.

### Ethiopia

In 2014, Save the Children directly reached 218,610 children and 34,158 adults through sponsorship-funded core programs in Tigray and West Showa. Save the Children supported schools to improve the school environment and infrastructure, expand and improve school-based health services, and build the capacity of student leaders and teachers to implement and monitor SHN activities. The program also strengthened links to Health Extension Workers and other government systems.

Save the Children worked with national and local governments to strengthen government ability to provide deworming services to school children in Ethiopia. These efforts have contributed to a 25% increase in dewormed school children as compared to 2013. The increased coverage was even higher in Save the Children impact areas, where the proportion of school children dewormed for intestinal

parasite increased from 38% in 2011 to 79% in 2014.

The SHN program in Ethiopia expanded its hygiene education curriculum at partner schools through an awareness initiative on menstrual hygiene management, which reached approximately 2,000 adolescent girls. Because soap availability is extremely important for teaching and forming healthy habits among young students, Save the Children supported ten schools in West Showa to produce soap using locally available material, in addition to training 44 teachers about local soap production. This type of training aims to sustain the practice of hand washing with soap among children by ensuring soap is available at school for low cost.

As a participatory approach to nutrition education in Ethiopia, the SHN program brought gardening tools and seeds to 30 schools and fruit trees to another 40 schools. Through this approach, students learn how to grow and harvest different types of foods, while also learning about the components and importance of a balanced diet.

### Kenya

In 2014, the School Health and Nutrition program in Kenya reached an estimated 18,900 beneficiaries in urban Nairobi and rural Kiambu schools. The SHN program increases schoolchildren's access to health and nutrition services, improves access to WASH facilities, and improves knowledge and attitudes towards health promoting behaviors.

Working with local government partners, Save the Children organized an Open Health Day hosted at a school in Nairobi to complement the government's efforts to enhance access to health and nutrition services. Over 200 community members and children were provided basic health services, including clinical screenings for conditions such as high blood pressure and diabetes, oral health check-ups, treatments for minor ailments, and referrals for follow up medical and dental appointments. In addition, Save the Children conducted first aid trainings for over 50 teachers. The objective of these trainings was to teach teachers to recognize early signs and symptoms of common illnesses and manage minor injuries among schoolchildren. The program also worked with the municipal government in Kiambu County to distribute deworming and Vitamin A supplementation.



Children washing their hands in the Honche Bote Community Based School in West Showa, Ethiopia. Photo credit: Susan Warner

Children from project schools were encouraged to express the health and hygiene messages they had learned through the SHN program in an artwork competition.

Enhanced relationships between relevant government ministries and local communities has led to an increase in access to basic health services for schools and greater involvement of community health workers on school health issues. This beneficial partnership is well-illustrated by the efforts of the Mwangaza Primary School in Nairobi. With the help of the area's Public Health Office, Mwangaza Primary has been able to place an incinerator in the school for disposing of sanitary materials, promoting good menstrual hygiene management and maintenance of the toilets in the school WASH facilities.

## Malawi

Save the Children's sponsorship-funded SHN program in Malawi reached 56,383 children in 40 schools in TA Chikowi, located in the Zomba district. One of the most innovative and exciting activities in 2014 has been the roll out of the Learner Treatment Kits (LTKs) to 29 schools. LTKs are First Aid kits with malaria testing and treatment included. Two teachers per school were trained to assess children with health problems, if showing signs of a fever indicative of malaria, test them using a Malaria Rapid Diagnostic Test and, if found positive, give them the treatment at school. The demand for this service far outweighed expectations. In just two months during 2014, there were 8,046 LKT consultations conducted at 29 schools. Of the 6,363 consultations that tested for malaria, 4,962 tested positive and were treated. This shows that 62% of all LTK consultations were malaria cases. The impact of LTKs on health and education outcomes are being evaluated through a cluster randomized trial conducted in partnership with the London School of Hygiene and Tropical Medicine, the Malaria Alert Center, the National Malaria Control Program and the SHN department in the Ministry of Education. The endline was completed in March 2015, and results are expected by the end of 2015.

In addition, the SHN program has been supporting the district to provide deworming in schools, reaching all schools in Zomba. In the 58 schools of TA Chikowi, the sponsorship impact area, 53,986 children have received praziquantel (treatment for schistosomiasis) and 44,732 children received albendazole (treatment for intestinal worms), which represents 70% and 58% of all children enrolled in primary school in TA Chikowi. The SHN program has also been



Students outside the Stephen Patrick Clayton school in Zoumayere village located in the Sikasso region in Mali. Photo credit: Save the Children

working on improving WASH services in school by introducing handwashing facilities and building the School Management Committees in all 58 schools on WASH maintenance.

Two very exciting new SHN projects have also just been launched in Malawi, the first of which is USAID funded. Called 'ASPIRE', this girls' education project links basic education, Adolescent Sexual and Reproductive Health and SHN. The SHN focus is primarily on improving WASH services in schools using low cost methods and menstrual hygiene management. The project will be implemented in 315 primary schools and 40 secondary schools across Balaka and Machinga districts. The second, funded by the DIFD and PATH is called NEEP (Nutrition Embedding Evaluation Program). This project is a cluster randomized trial focusing on ECD Center meal provision by the community. It will evaluate sponsorship's non-core livelihood program, which builds community capacity to increase agricultural production to provide more nutritious foods for the ECD Center meals and participants' homes. The study will be conducted in partnership with IFPRI and Chancellor College.

## Mali

In 2014, SHN programming directly reached over 140,000 children, in and out of school, in the districts of Sikasso and Yorosso. This was accomplished by a comprehensive package of interventions addressing the four pillars of FRESH: a safe school environment, school based health and nutrition services, skills based health education and equitable school

health policies. Save the Children scaled up Intermittent Parasite Clearance (mass treatment of malaria) to 238 schools and 44,593 children in 2013 following the impressive results from a cluster randomized trial. This trial showed that treating all children for malaria at the beginning of the school year and end of the malaria transmission season reduced the prevalence of malaria from 80% to 2%, and the prevalence of anemia from 53% to 34%. Malaria treatment was combined with deworming and weekly iron supplementation delivered by teachers, benefits that are given to 88,524 children in over 400 schools.

The Dubai Cares five-year-long WASH project ended in December 2013. This project reached 162 schools, all of which now have quality WASH facilities meeting international norms and communities with the capacity and tools to maintain water points, latrines and hand washing facilities. Child governments were also set up in every school to



Newly-graduated preschoolers in their soon-to-be primary school classroom in Mozambique. *Photo credit: Pei Ketron*

increase child participation in decision-making and help address specific concerns faced by children. Community-led Total Sanitation, a very effective social and behavior change approach to eradicate open air defecation, was piloted under the Dubai Cares program as well. It is now being taken to scale through two new projects, the UNICEF supported WASH in school project, which will reach 113 schools, and the USAID Hygiene and Nutrition project.

The SHN and ECD teams also conducted a cluster-randomized trial in community-based preschools to evaluate the impact of two WHO-recommended interventions for children under five: seasonal malaria chemoprevention and home fortification with micronutrient powders. The study

was funded by Save the Children sponsorship, UBS Optimus Foundation, Save the Children Switzerland and Sight and Life, and implemented in partnership with the London School of Hygiene and Tropical Medicine, Institute of Education, University of British Columbia and the Ministries of Health and Education in Mali. The study evaluated the impact of the two WHO recommended interventions on malaria infection, anemia and cognitive development in children under five. Preliminary results were presented at the CIES Conference in 2015 and final results are expected in mid-2015. Additional funding from the World Bank Strategic Impact Evaluation Fund (SIEF) was confirmed in November 2014 to evaluate the longer-term impact of the intervention in three cohorts of children (3y, 5y and 7y).

## Mozambique

After 15 years of SHN programing in XaiXai, Bilene and Incaia districts in Gaza Province, Sponsorship funded programs are gradually phasing their programs over to Nacala -a-Velha and Nacala Porto districts in Nampula Province. In Nampula Province, a new SHN program was developed based on results from a situation analysis led by Lurio University in Nampula. This analysis identified malaria and diarrhea as some of the main causes of school absenteeism, children feeling hungry and thirsty at school, inadequate water, sanitation facilities at school effecting girls' attendance, and poor health related knowledge and practices. Save the Children is partnering with the SANOFI "Schoolchildren Against Malaria" project to introduce malaria education in schools using SANOFI's moskikits (teaching aids and games) and participative approaches to promote behaviors beyond the schools into children's homes.

In Gaza province, Save the Children continues to support the implementation of SHN in 21 schools and 15 preschools, reaching over 17,545 school and 1,225 preschool age children. SHN interventions have included deworming and immunization, with vitamin A for children under five years, health education sessions on a range of health topics (e.g. hygiene, malaria, worms, nutrition, oral health and gender) and capacity building of teachers, school management committees and other stakeholders to sustain the SHN activities after Save the Children phases out. This included a training of 71 teachers on skills-based health and nutrition education, including HIV/AIDS prevention and sexual and reproductive health. An evaluation survey was conducted in April 2012, which showed significant improvements in

children's health and education in the past 13 years since the SHN program was first launched (see box).

### **Are children healthier 13 years later?**

Results from the 1999 and 2012 SHN surveys conducted in the same 11 sponsorship supported schools (n=536 at endline) show that children are much healthier:

The % of children...

infected with soil-transmitted helminths fell from 32% to 5%

infected with shistosomiasis fell from 37% to 0%

anemic fell from 67% to 32%

stunted fell from 44% to 30%

reporting washing hands after toilet use rose from 27% to 75%

reporting using a latrine to defecate rose from 63% to 100%

However, results from 9 comparison neighboring non sponsorship supported schools showed similar improvements suggesting broad district wide improvements resulting from a range of programs and activities.

### **Nigeria**

In November 2013, with strong support from Procter & Gamble (P&G), Save the Children launched its first SHN program in Lagos, Nigeria. By 2014, the country office reached 5,995 children and approximately 200 school staff in ten public primary schools in Lagos Island.

Provision of safe water and sanitation are essential first steps towards a healthy physical learning environment. To improve the quality of the school environment, Save the Children designed, constructed and distributed 60 low-cost mobile handwashing facilities, and 130 safe water-drinking stations to the school. In addition, WASH facilities in nine schools were refurbished and repaired to meet Save the Children and local government standards. Save the Children also partnered with a local NGO called Youth WASH to advocate for the routine removal of solid waste in schools. In response to our combined efforts, solid waste that had accumulated for three months was finally removed from the project schools.

To complement WASH improvements, Save the Children conducted trainings for teachers on child safeguarding and the integration of SHN into school management plans and class lessons. The sessions included first aid training, child

participatory and child-friendly teaching methods, health lesson development and prevention and early response to Ebola in schools.

Due to the 2014 Ebola outbreak in West Africa including in Nigeria, the distribution of soap and handwashing stations were very timely and relevant. Save the Children staff also trained teachers how to take preventive measures against Ebola by teaching basic hygiene practices in their schools.

### **Somalia**

In 2014, the SHN program reached 31,627 children in Somaliland, Puntland and South central Somalia. Save the Children has implemented SHN as an integral part of basic education since 2013. The SHN intervention aims to develop skills-based health education and improve the health status of schoolchildren in Somalia.

The program works with schools to improve WASH facilities and include health promotion activities. The overall objective of these core activities has been to contribute to the well-being and health of children. This has been done through sustainable integration of water and sanitation facilities in



Boys washing their hands at a primary school in the outskirts of Garowe, Puntland in Somalia. Photo credit: Hedinn Halldorsson / Save the Children

public and community owned primary schools. The improvement of WASH facilities has included building segregated latrines for girls and boys. This improvement has led to girls reporting they feel safer going to the toilet at school.

The program has increased children's knowledge on sanitation, hygiene practices, basic health and awareness on HIV/AIDS. The program also increases the access to health services for school aged children, as Save the Children conducts deworming twice a year.

Save the Children Somalia worked with Save the Children Kenya to share SHN programming lessons-learned. The SHN Officer from SCI Kenya provided training to SCI Somalia Education staff on how to integrate SHN across education programming. Save the Children is working closely with regional and district education offices to facilitate scale-ups of SHN programs in all schools.

## South Africa

In South Africa, Save the Children is one of the four significant partners in the Reproductive, Maternal and Child Health Framework (RMCH) consortium. This program aims to reduce maternal and child morbidity and mortality in 25 districts in South Africa by strengthening primary healthcare re-engineering. Save the Children is responsible for one output in this consortium, related to strengthening the implementation and demand for school health services, by partnering with the Departments of Health, Basic Education and Social Development in nine provinces.

In 2014, through the program of RMCH consortium, Save the



Betty drawing on the blackboard in Uganda. Photo credit: © 2012 Jordan J. Hay

Children directly reached 39,000 children and indirectly reached 2,712,811 children in 475 schools in all nine provinces of South Africa.

The RMCH school health project was designed to strengthen the implementation of the national Integrated School Health Programme (ISHP), which offers a comprehensive package of services, including basic health screening and referral and health education for learners. Save the Children developed a standard terms of reference for the task teams which strengthened collaboration, co-ordination, planning, and monitoring and evaluation of the ISHP service delivery. As

part of the RMCH school health project, 50 schools across five provinces were selected to strengthen the implementation of the Department of Health's Health Promoting Schools (HPS) initiative. Save the Children provided capacity building to District Health promoters and the District ISHP task teams to strengthen the HPS initiative.

Save the Children holds a key position on the National ISHP task team and was fundamental in coordinating ISHP task teams at National, Provincial and District level to strengthen policy implementation.

The RMCH school health baseline assessment highlighted a national issue of high teenage pregnancy rates in South Africa. In response, the District ISHP task teams aimed at strengthening the delivery of health education, focusing on sexual and reproductive health. Save the Children also supported the National ISHP Task Team in accelerating the development of a SRH health education tool for male and female learners in Grade 4 (age 9+). The tool was launched in the HPV vaccination campaign in 2015.

## Uganda

Uganda officially launched its Child Sponsorship program in December 2014. Program activities are located in four sub-counties of Wakiso, Uganda and will focus their first years on basic education (BE) and SHN in 80 primary schools. To date, the sponsorship team has successfully enrolled over 1,500 children and accomplished major program start-up milestones, including a situation analysis of their impact area, a program design workshop and, most recently, an integrated BE and SHN baseline study that used tablets for data collection.

Through the situation analysis and community mobilization activities, the sponsorship team has begun its journey to understand the complex issues that children and families face in Wakiso. With a desire to truly integrate BE and SHN, as well as ensure that sponsorship programming aligns with the larger Country Office strategy, the sponsorship team integrated components of the QLE into preliminary program research. This undertaking allowed the team to understand additional facets of their BE-SHN programming that must be addressed for girls and boys to learn and thrive in Wakiso. The team plans to first implement Literacy Boost in schools and improve school health via school WASH improvements and health education, bringing ECCD and AD programming on in the next two years. The program will also examine violence in and around schools, assess teacher motivation, and address the need for inclusive education strategies that open education

opportunities to OVCs, children with special needs, and both girls and boys.

## Zambia

The SHN program is working in 30 primary schools and 54 ECCD centers in the Lufwanyama district in Zambia.

Many common health problems student face in school can be managed effectively and inexpensively through school-based health and nutrition services. As an initiative to combat



School Head Master in Zambia demonstrating the use of a tippy tap to Save the Children Staff. *Photo credit: Seung Lee*

malaria—a leading cause of illness and absenteeism among teachers and pupils— over 1,400 treated bed nets were distributed to 43 ECCD centers. Teachers from 26 primary schools were trained in first aid and received first aid kits. In addition, 6,764 children received de-worming tablets, 7,016 children received Vitamin A supplementation, and 318 girls received tetanus vaccinations.

We improved sanitation facilities and provided clean and safe drinking water for 6,300 children by drilling 3 boreholes and constructing double VIP, age-appropriate latrines at 4 schools. In addition, plastic buckets with taps for handwashing were distributed to 41 schools and ECCD centers.

To empower individuals to protect and improve their own and others' health, safety and well-being, Save the Children provided workshops and trainings for teachers, SC staff and community members to support and maintain SHN activities. Health Education Manuals were given to 30 primary and community schools to provide teachers with the knowledge they need to teach health lessons in school. The program

hosted district-level meetings with local government partners to reinvigorate the national SHN policy at all levels.

## Zimbabwe

With funding from the Oprah Winfrey Foundation and NORAD, we provided comprehensive education programming to Mashonaland Central, Mashonaland West and Matabeleland North in 2014. The projects included ECCD, BE and SHN interventions reaching over 5,000 children.

Save the Children implemented a three-year comprehensive education project in Mashonaland West Hurungwe at Matau primary school that ended in July 2014. The project constructed age-appropriate toilets at ECCD centers and primary schools in addition to drilling boreholes. The project improved access to clean water and good hygiene practices by teaching handwashing amongst the learners, teachers and the surrounding community.

The 'I'm Learning' project was launched in 2013, supporting 12 schools in Mashonaland Central and Matabeleland North. The project aimed to improve the health behavior of children, teachers and parents through awareness workshops, drama, and the formation of health clubs which champion Menstrual Hygiene Management in schools. Also, Save the Children conducted capacity building sessions for Garden Masters. The trainings were done to ensure effective production and sustainability of low input nutrition gardens.



Children at play on the newly installed playground at the Denderedzi Primary School in Zimbabwe. *Photo credit: Tsvangirayi Mukwazhi*



## Asia

Below are 13 descriptions of School Health and Nutrition programming of countries in Asia.

### Afghanistan

Save the Children is implementing sponsorship-funded BE, ECD and SHN programs in northern Afghanistan. These 3 core programs are being implemented together as a complete package in 78 schools in 6 districts in Faryab and Saripul provinces. In 2014, SHN programs expanded to 5 schools in Maimana City, establishing and training SHN committees and First Aid committees, as well as training teachers on vision and hearing screening. We provided vitamin A supplementation and deworming services to over 63,000 children, both in and out of school. The SHN program reached 98% latrine coverage and 89% safe water access in Faryab and Saripul through construction of new wells and



Three brothers collect water from the family's well in Bati Kot village in Northern Afghanistan. Photo credit: Mats Lignell

water points. Increased water and sanitation access have created an enabling environment, accompanied by an observable increase in school children washing their hands with soap.

A central element to Save the Children's SHN program in Afghanistan is Child Focused Health Education groups. The SHN program in Afghanistan works closely with the Department of Education at the provincial and district levels and involves the government in the implementation process and trainings. Since SHN programming began, it has

contributed to an increase in school attendance, demonstrating a 2% increase in the number of children reaching the fifth grade in Faryab and a 9% increase in Saripul. In Saripul, schools have experienced a significant increase in girls' attendance and grade promotion, with 30% more girls reaching fifth grade than when the program started in 2009.

### Bangladesh

In 2014, the sponsorship-funded 'Shishuder Jonno' program successfully implemented SHN interventions in all 3 sub-districts of Meherpur, reaching 110,586 children and adults through 326 primary schools, 281 pre-primary schools and twelve secondary schools. Biannual deworming, annual vitamin A supplementation and vision screening, and weekly iron supplementation reached a cumulative number of over 86,153 children or 8% higher than the previous year.

Shishuder Jonno ensured safe drinking water by testing and marking tube-wells for arsenic contamination, installation of deep-tube wells in 22 schools, and provision of 9 water treatment plants ensuring arsenic free water to 1600-1800 families. Latrines were constructed in 17 schools, and repaired in 20 schools; as a result 93% of schools provide children access to latrines versus 84% in 2013. The program also promoted handwashing with soap through group activities or at snacks time at handwashing corners and participation in district-wide activities on global handwashing day.

Adolescents educated their younger peers, aged 5-12 years, on safe drinking water, personal hygiene, and proper sanitation. Shishuder Jonno program leveraged construction materials as 'gift in kind' from School Management Committee/Community/Community Core Group.

Other education projects that implemented SHN activities in 2014 include the Education for Youth Empowerment (EYE) program that designed menstrual hygiene interventions for adolescent girls; SHIKHON; Proteeva; Education for Refugee Children (ERC) and Daulatdia. 2014 was also a remarkable year for relations with government stakeholders. We became a member of the newly formed technical committee on SHN at the Ministry of Health. In addition, we played an active role in sharing our experience to support the government scale-up on height checks and advocated primary vision screening of all school children by teachers.

### China

In 2014, the SHN program focused on supporting children

whose families have migrated to the mega-cities of Beijing, Shanghai and Guangzhou. With funding from the Wrigley Company Foundation and P&G, we directly reached 38,000 migrant children, 10,800 parents and nearly 700 teachers.

School homeroom teachers and migrant parents have an important influence on children's health knowledge, attitudes and interests. Therefore, our project helped these two groups gain the ability to support children's health. Teachers taught regular health education classes throughout the year, and held large events for children and parents to learn together.

Teacher trainings focused on adopting innovative teaching methods to help teach in ways that correspond better to the different ways that children learn. The health trainings/ lessons and educational material provided covered the major subjects of health education: handwashing, nutrition, oral health, eye health, puberty health, and interpersonal interaction.

Save the Children built and improved handwashing stations at schools and worked with school management to ensure that soap is available. In addition, nearly 6,000 children received free oral health check-ups.

The program also began to explore menstrual hygiene management by helping schools adapt their toilets to be girl-friendly. In response to girls explaining that they were embarrassed when other girls could see them changing their sanitary pads, full-length doors were installed on each stall.

## India

In July 2014, Save the Children, in cooperation with the Mondelēz International Foundation and its technical partner Magic Bus India Foundation, inaugurated a 3 year project, '*Shubb Aarambh*'. The objective of the project is to increase knowledge, awareness and practices towards healthy lifestyles and nutrition within target communities in the states of Madhya Pradesh, Himachal Pradesh, Maharashtra and Tamil Nadu. This includes households accessing fresh foods, children playing sports, and consuming a balanced diet.

In the first 6 months, several preparatory activities took place. These included project launches in the communities, the recruitment and orientation of project staff, project planning workshops, nutrition and health education curriculum development, and initial technical trainings. In communities, several consultation and rapport-building meetings took place, and as a result 33 mothers' groups and 21 children's groups were formed. Street plays, sporting events and arts and craft

activities on nutrition were organized across the different locations to introduce the project and its activities. A total of 4,322 children and 3,612 adults were directly reached in the first 6 months.

In addition hygiene promotion and provision of safe water



Children at a government health and education center in the Okhla slums of Delhi. Photo credit: Susannah Ireland

and sanitation facilities took place in projects in schools in Delhi, and in schools for marginalized girls in Rajasthan, reaching 16,762 children and 318 adults directly.

## Indonesia

In partnership with The Wrigley Company Foundation, Save the Children implemented the *SEHAT* project in two districts of Nusa Tenggara Timur province in Eastern Indonesia. The project strengthened local coordination of school-based health services by closely collaborating with the District Education Office and the District Health Office to conduct health screenings for students. The project also provided health, hygiene and oral health education to children and conducted community wide awareness events. In 2014, the project directly reached 11,727 children in 60 schools.

In 2014, the Indonesia child sponsorship program, laid the groundwork for the remaining ten years of programming. This included a baseline survey; community mobilization and formation of community groups in each village; a formal MoU with the district government for implementing Sponsorship activities in West Sumba; and initial training activities for ECCD center and primary school staff and supervisors. A few SHN activities were initiated in 2014. This included the installation of basic handwashing

facilities and provision of first aid kits in 29 of 32 target ECCD centers and 34 of 37 target primary schools. In addition, ECCD tutors received a basic training on health and nutrition priorities of pre-schoolers. In October, the program was also able to leverage additional funds from Unilever for improving access and use of water and sanitation facilities in 21 of its schools.

Priorities for 2015 include working with the district education office to allocate a percentage of its school operation fund budget to renovation of WASH facilities in schools; parent



Indonesian school girl demonstrating how to wash hands properly using a tippy tap. Photo credit: Seung Lee

education sessions on health and nutrition; community outreach using mobile text messaging; and strengthening the linkages between community health stations (*Posyandu*) and ECCD centers.

Other projects implementing SHN in 2014 include an Australian government supported intervention in North Jakarta schools and Hyundai supported project in Aceh province. In North Jakarta, due to challenges of flooding and other hazards, as well as deficient health services and sanitation situation, we implement comprehensive school health and safety activities across 20 schools and communities. In Aceh's remote areas most households and schools lack adequate water and sanitation, and health and hygiene practices are low. We are implementing activities across 17 schools to improve the school environment and increase hygiene knowledge and practices.

## Kyrgyzstan

In 2015, SCI Kyrgyzstan in partnership with UNICEF, Kyrgyz-Russian Slavic University and Kyrgyz Academy of Education began formative research on Menstrual Hygiene Management. The study aims to generate qualitative data and analysis on MHM challenges girls experience at school. With this research, the project will develop a 'basic package of school based interventions' that can be implemented at scale across a range of school settings in Kyrgyzstan to support girls and boys experiences with puberty. The research covers 6 schools in Chui rayon in Chui oblast and in Alay rayon in Osh oblast, working with both Kyrgyz and Russian schools. Participants in the research include: adolescent girls, boys, mothers, father, teachers, and Ministry of Education and Ministry of Health officials.

## Nepal

In 2014, sponsorship-funded SHN programming directly reached 307,405 children in Nepal, including 11,657 preschool children, 232,348 primary school children and 63,400 secondary school children (adolescents) through 698 primary schools, 452 preschools and 525 secondary schools. The SHN program works with local NGOs, and the district Health and Education Offices to deliver a comprehensive package of interventions to address the main health problems which are preventing children from participating and learning fully in school. The utilization of pre-existing government structure not only reduces the cost of the intervention, but also provides a system which is sustainable and pervasive to reach marginalized children.

We supported the following school based health and nutrition services in Nepalese schools: de-worming, screening for vision and hearing problems, First Aid kits, and intermittent iron supplementation. In addition, the SHN program worked to improve the access to safe drinking water, functional toilets, hand washing facilities, drinking water testing and corrective measures for coliform and arsenic contamination, and provision of waste disposal systems. At a national level, the SHN team helped the Nepalese government develop a new SHN joint action plan and revised basic SHN program guidelines for implementing a comprehensive SHN program at school level.

Community mobilization and child participation is a foundation of the SHN program. This method uses a School Management Committee (SMC), child clubs and mother

groups as an entry point for building a strong community, school ownership of the program and child participation. To show their commitment to SHN, schools have started to allocate funds for hand soap and sanitary pads in schools. The menstrual hygiene management component of the program helps reduce female absenteeism due to menstruation.

Groups of mothers and parents were also oriented toward SHN and made tiffin boxes to carry food from home for school lunches. Students traditionally went home for lunch and did not return to school, however the use of tiffin boxes has reduced such absenteeism. Child clubs have also used the Child-to-Child and Child-to-Parent approach to train and transfer messages and skills.

The earthquake in April 2015 devastated many communities in Nepal. Save the Children has been responding to the needs of children and their families and evidence suggest that key activities such as nutrition and hygiene education contributed to the resilience of many of the community members. SC will continue to help with the rehabilitation including making sure children are in safe schools in 2015 and onwards.

## Pakistan

The Pakistan Country Office continues to ensure that SHN is integrated within all its education projects, including Education in Emergencies (EiE) programming. Two follow-on projects for the AUSAID-funded Early Childhood Care and Education (ECCE) project and the IKEA funded Children's Action against Oppression and Neglect (CAON) project were awarded; both include SHN components and will lead to expansion into other provinces, such as Punjab and Sindh. In total, the CO has reached more than 400,000 children in approximately 1,400 schools through interactive Child Focused Health Education Sessions. These sessions aim to create awareness and increase the health knowledge of children regarding their personal hygiene as well as causes and preventive measures of malaria and dengue.

The Pakistan team has also forged new partnerships that are facilitating education and SHN training. A new partnership with TeleTaleem allowed for the roll out of an ICT enabled teacher training program, expanding training to 40 schools in one district of KP.

In order to ensure sustainability of program efforts, the CO has primarily focused on strengthening of Provincial Institutes of Teacher Training (PITE), Regional Institute of Teacher Training (RITE) and other teacher training institutes by providing trainings in Early Literacy and Math, Literacy

Boost, Numeracy Boost, Peace Education, Psychological First Aid and Child Focused Health Education (CFHE), reaching over 100 people. The Pakistan team has also played a key role in forming a national MHM group comprised of INGOs, local NGOs and UN stakeholders; together they are also contributing the development of a puberty book.

## Philippines

The Philippines' SHN program is funded by the Wrigley Company Foundation and Child Sponsorship, targeting 110 schools in the Luzon Visayas (LVPO) program area and the South Central Mindanao (SCMPO) program area. The project reached an estimated 150,000 children in 2014.

The SHN program focused on management of WASH



Children playing a snakes and ladders game, designed to educate school children into the practice of good hygiene as part of Save the Children's programs in Pakistan. Photo credit: CJ Clarke/Save the Children

facilities in schools, recruitment of Child Health Promoters (CHPs) and improvement of hygiene practices, attitudes and knowledge including Menstrual Hygiene Management (MHM) and oral health. The SHN program aimed to improve the health environment, health behaviors and health status of schoolchildren and adults using active learning methods, trainings and workshops. In order to create sustainability and support, the SHN program sought the involvement of all partners and participants in the planning and implementation of project activities.

In SCMPO Vitamin A distribution reached over 23,000 children, and in LVPO, all 16 partner schools in Caloocan City conducted deworming and Vitamin A supplementation through mobilization of school clinic teachers, Child Health Promoters, parents and health workers. The SHN program in LVPO piloted MHM interventions to ensure availability of napkins, hot/cold gel packs and disposable underwear for

girls in schools. Female-friendly WASH facilities were also initiated in 2014 and are still maintained. In addition, oral health screening activities for almost 1,200 schoolchildren were conducted in partnership with the Philippine Dental Association and City Health Office. CHPs conducted 144,200 tooth-brushing activities in 103 schools, and an estimated 2,000 CHPs were recruited and trained in First-Aid, promotion of hygiene and sanitation behaviors, and health and nutrition promotion.

### **Sri Lanka**

In 2014, Save the Children reached over 11,500 children in 48 schools in Mullaitivu and Nuwara Eliya. Save the Children trained 120 teachers from 40 schools, who then extended their training to an additional 547 teachers in central Nuwara Eliya District. The teachers were shown how to help students and parents understand the close links between nutrition, hygiene and sanitation.

The School Health clubs provide children with a place to gain confidence, learn, and present their ideas to the school and community. With support from the trained teachers, the School Health clubs conducted 96 awareness activities within their schools and developed action plans to promote good hygiene and sanitation practices and healthy eating. To share these messages about health with schools and the community, the children wrote scripts and songs about good hygiene practices, such as hand washing, waste disposal, drinking safe water, safe toilet use and healthy eating.

As teenage girls are more likely to skip school if they do not have proper sanitation facilities, Save the Children worked through the Unilever project to address this issue by constructing boys and girls latrines and washing stations in 16 schools. In 2015, 13 ECCD centers will receive water through a Save the Children Hong Kong-funded ethical tea program. The program will provide over 600 latrines to the families of the children on the tea estates who attend the ECCDs.

### **Tajikistan**

In 2014, with support from the Wrigley Company Foundation, Save the Children reached more than 125,000 children in 150 project schools. In partnership with national, regional and district level governments, the SHN program addresses comprehensive school health with a focus on oral health. In 2014, Save the Children staff members trained more than 2,000 Parent-Teacher Association and Parent Committee members to provide financial contributions to

improve hygiene and sanitation infrastructure at their children's schools. Save the Children staff also trained teachers to lead 2,500 Child-Led Organization (CLO) members. After the training, CLO members helped to raise awareness of the importance of safe water and good hygiene practices for their peers.

Through the program, school administrators and parents developed School Health Improvement Plans in each of the 150 schools to ensure that schools are able to support SHN. Children and teachers participated in exchange visits with other schools and shared what they'd learned about key health topics. They also shared the ways their schools made positive changes to support student health.

Children and adults participating in the program have identified a gap around learning and teaching about puberty.



Mother and her daughter work at a water pump to wash vegetables at home in Tajikistan. *Photo credit: Chris Martin*

To address that gap, the Tajikistan SHN program conducted research on menstrual hygiene management (MHM), puberty and gender norms which contributed to the development of a book to teach girls about MHM and puberty.

Finally, with support from TOMS Shoes, Save the Children distributed winter boots to approximately 17,000 students. As a result, children were able to attend school more easily during the cold winter months.

## Thailand

Save the Children focused efforts on promoting helmet use in Thailand. 80% of road crash deaths in Thailand are due to motorcycle accidents, and yet 7% of children ride without helmets. Research demonstrates that wearing a good quality motorcycle helmet can reduce the risk of death by 40% and severe head injuries by 70%.

In October 2013, Save the Children began a research project entitled “Cracking the Kids’ Helmet Quandary” to understand the specific situation in Thailand, investigate the causes of low



Children in Thailand participating in the Road Safety Extravaganza. Photo Credit: Save the Children/Songporn Leelakitichok

helmet use, and possible solutions in terms of behavior change and communication. Based on the research, Save the Children developed the Shared Helmet Initiative for the Future of Thailand (SHIFT) Project with the goal of reducing child injuries and death due to motorcycle crashes. The hope is that the SHIFT project, coupled with helmet programs implemented by the Thai Health Promotion Foundation and other agencies, will reach national-level impact.

In addition, the advocacy goal is to make helmets part of the school uniform. We expect that, by the end of 2015, the Bangkok Metropolitan Authority and Office of Basic Education Commission will add helmets to the list of required uniform components. By 2017, we believe the Ministry of Education will have also adopted this regulation.

In November 2014, the program officially launched, including a road safety pledge signing by school principals, a concert by well-known Korean band Crayon Pop (which performed wearing helmets), and attendance by our key donors.

## Vietnam

In 2014, the SHN program in Vietnam reached approximately 35,000 children in Hanoi, Ho Chi Minh City, Hai Phong, and

Lao Cai Province.

With support from the Wrigley Company Foundation, Save the Children partnered with the Department of Education and Training (DOET) to increase and improve the frequency and quality of school-based health education sessions for children. Teachers developed their own lessons based on suggestions from DOET trainings. Key health topics included the importance of brushing teeth, washing hands, and eating nutritious foods. During the 2014 school year, a total of 369 school health sessions were conducted, including 136 sessions on oral health, in 36 urban schools.

The SHN program is encouraging the DOET in each province to scale up the SHN program into other schools by adopting SHN manuals for use in non-project schools. To support the DOET in scaling health education instruction, Save the Children has created training videos demonstrating participatory health education lessons that teachers can use to prepare their own lessons.

In the rural province of Lao Cai, sponsorship funding supported Save the Children’s collaboration with the DOET, local community and school administration, to supply access to safe drinking water, safe latrines, and places for children to wash their hands at school. Save the Children also ensured that each school had first aid kits available, and that teachers knew how to use them. In addition, we worked with schools and health facilities to develop referral systems to ensure that



Teacher demonstrating proper tooth brushing for students in an

classroom. Children with more serious health problems, which cannot be dealt with at school are referred to the appropriate services.

In Lao Cai, many children walk long distances to school. As a result, when they go home for lunch, they often don’t return. Save the Children is working with parents and schools to address this issue.



## Latin America and the Caribbean

Below are 12 descriptions of School Health and Nutrition programming in Latin America and the Caribbean.

### Bolivia

Save the Children Bolivia has SHN programming in 179 urban schools in four major cities of the country-- La Paz, El Alto, Oruro and Cochabamba-- and rural programming in 48 rural schools in Caracollo, where we started our first SHN program 10 years ago. In 2014, the SHN programs received funding from several donors, including Sponsorship, LACT/Karlsson, the Linares family and UNILEVER.

The program lobbied for municipal authorities to offer free dental service to schoolchildren 6-18 years old. Since the last quarter of 2014, over fifteen of the 30 public health clinics are delivering increased dental and health services. In addition, 105 schools have established student health brigades. These brigades, together with parents and teachers, form school health committees, who trained and conducted activities to promote health (e.g. health or nutrition fairs and cleanup days). In addition:

- 91% of the 10,800 primary level students received vision screening in Cochabamba, and over 200 teachers were trained in vision screening in the rest of the cities.
- An estimated 40,000 preschool and primary level students received Vitamin A.
- 148 schools in La Paz follow a “healthy snack” initiative, one day per week without any junk food.

As part of the new operational guidance on menstrual hygiene management, the SHN program conducted a qualitative validation of MHM research and KAP survey research in Cochabamba and surrounding areas. This allowed the program to develop puberty workbooks for very young adolescents in age-appropriate language. In health fairs, older girls explained to younger girls and boys that menstruation is a normal part of growing up and shared advice on how it could be managed.

### Brazil

Two main projects have been implemented in Brazil this year. The goal of the first project is to promote healthy eating habits for children in the North and Northeast, ranging from



Children participating in Save the Children’s “healthy snack” initiative in Bolivia. Photo credit: Save the Children.

zero to five years of age with the appreciation of regional foods on the menu. This is applied in daycares and preschools in ten municipalities with high incidence of malnutrition. School Feeding counselors, cooks, lunch ladies and community health workers are trained to promote food safety for children from participating municipalities. As a result of this project, 6,690 children have been benefited directly, 90 teachers and 172 Community Health Agents have been trained, and 13,760 adult family members have been assisted by community agents.

### Colombia

In 2014, Save the Children Columbia received funding from GlaxoSmithKline (GSK) for a SHN project in the departments of Cauca and Nariño, benefitting seven schools. The project will carry out workshops with teachers, parents and students to promote positive behavior change of hygiene and nutrition practices. Simultaneously, work will be carried out to improve existing sanitation infrastructure in schools.

A baseline was conducted in the project schools, and the result showed that general hygiene and sanitation of WASH facilities is very low. The project schools have flush toilets and hand washing infrastructure, but the unreliable water systems

and access to toilet paper and soap contributes to unhygienic facilities.

All schools participate in a government-feeding program which allows a small meal to be prepared each day in the school kitchen. However, all schools raised concerns about the nutritional value and quantity of the food received, as it is often not sufficient for the students. Four of the seven schools have a shop within school grounds that sells to students during breaks, however these shops sell junk food and high-sugar, carbonated drinks instead of drinking water, fruit or vegetables. The program will work to encourage schools to ensure access to safe drinking water, fruits, and vegetables.

In the past year, all schools have also received at least one visit from the Secretary of Health or another health provider for parasite treatment or vaccination campaigns. The program will work to further strengthen the schools' access to government provided health and nutrition services.

## **Dominican Republic**

Save the Children Dominican Republic works with SHN in ten schools spread out in five municipalities of the country: Dajabón, Loma de Cabrera, Partido, El Pino and Restauración. This year, we trained 78 teachers, 245 parents and 299 children on basic health: HIV/AIDS, sexual

reproductive health and high-risk behavior (e.g. unsafe and early initiation of sex, drug, alcohol, and smoking). There has been an evident change in behavior especially regarding personal hygiene and nutrition, as well as an increased curiosity and interest in adolescents to improve their knowledge of safe sexual practices. Special attention was given to girls' personal hygiene with regards to the menstrual cycle. Teachers were also trained to include these topics in their curriculum under the 'integral education' subjects, through which the program aims to improve children and youth's personal development.

In schools in the Dominican Republic, it was found that kitchen schedules were very unbalanced, and children showed bad eating habits. There was no fixed hour for breakfast and lunch, resulting in children starting off their day on an empty stomach and creating an adverse effect on their performance in school. In reaction, Save the Children conducted trainings on health, including topics such as inappropriate dietary practices that contribute to malnutrition. After receiving these lectures on nutrition and kitchen hygiene, children reported less gastro intestinal diseases and discomfort. SHN lectures targeted at teachers and school staff focused mainly on methodologies that would diminish malnutrition through healthier eating habits, improving their cooking and serving schedules, and kitchen hygiene. Receiving two healthy meals per day through the extended school day program has resulted in a significant reduction of malnutrition among children. We also held five peer-to-peer meetings with a total of 111 students to encourage children's participation in health education.

## **Ecuador**

In 2014 SCI Ecuador implemented SHN programs in two projects. In the capital city Quito, we support five early childhood care centers which serve 1,368 children zero to three years old with funding from GSK. Together with the government and the faculty of gastronomy at one of Ecuador's largest universities, we train the staff in hygiene and sanitation, oral health, protection and child development. We have included "nudging" to increase hand-washing practices.

In a second program area at the northern border of Ecuador, we supported research and trained 22 new educators on child development and stimulation, health, nutrition and disaster risk management. These educators will reach 3,000 pre-school age children both in ECD centers as well as in family- or home- based outreach.



Girls' bathroom facilities in Huisito school, located in the municipality of Tambo, Colombia. *Photo credit: Save the Children*

## El Salvador

In El Salvador, Save the Children implemented Child-to-Child methodology in its SHN program. The program includes “School Brigades” where the Child-to-Child methodology promotes child participation and ensures schools reach their



Students in El Salvador draw pictures of their ideal school latrines. Photo credit: SCI El Salvador

desired health and nutrition goals. There is a currently a student health brigade trained and active in all of our 69 schools. The brigadiers apply for small funding to implement nutrition and sanitation interventions in their schools, lead the M&E processes and develop accountability sessions in their districts.

To improve puberty education and WASH facilities in schools, Save the Children conducted research and held advocacy meetings. In addition, all 60 schools have a preschool teacher trained in health. Save the Children is also developing a “healthy school snack” and a “healthy school store” initiative, which aims at reducing diarrhea due to improper food handling and obesity due to sugar consumption. The “healthy school snack” is a grain/ legume mix to provide protein to children during the school day, especially because the target population lacks frequent access to protein from animal sources. The “healthy school store” also offers at least five different types of fruits for sale and does not sell soft drinks. Everyone in charge of school stores and mothers who prepare school snacks successfully completed training on food handling and storage, preparing nutritious meals and child participation.

## Guatemala

With funding from Tchibo, USAID, the Starbucks

Foundation, USDA and Guadalupe Charitable Trust, Save the Children’s SHN program was able to implement five major projects in Guatemala.

To support children while their parents work in the coffee harvest, Save the Children provided school feeding, deworming, lice control, vitamin A distribution and provision of personal and classroom hygiene kits to 725 preschool and school age children in the first two months of the coffee harvest season. School governments, parents, volunteer caregivers and teachers were trained on the importance of daily practice of hygiene to prevent disease, vaccination, deworming and balanced nutrition. In collaboration with Water for Health, Save the Children implemented water, hygiene and sanitation services in five rural communities in the Municipality of Chichicastenango. Through the construction of water tanks, hand washing stations, and latrines for boys and girls, the project benefited more than 1,100 students, and indirectly reached more than 6,000 people.

A significant SHN goal was achieved in 2014 when, after coordination and advocacy at the regional Ministry of Health office, eighteen project schools were included in the deworming and vitamin-provision program, thus providing service to all children from preprimary to the sixth grade.

In addition, SCI Guatemala contributed to *WinS O&M Case Study Data Collection in Financing Study*, which concluded that the financing mechanism for WinS O&M in Guatemala is generally decentralized to the municipality and local councils. SCI Guatemala conducted a *National SHN/Policy Assessment on FRESH*. The main recommendations are: institute and coordinate a national working group to follow up and implement the bases for the FRESH framework, implement



Nine year old girl washing her hands in school. In Guatemala. Photo credit: Jordan J. Hay



Nine year old Schneider, washes his hands in a IDP camp located in Port au Prince, Haiti. Photo credit: Susan Warner

programs with quantifiable objectives, and disseminate inter-institutional and international agreements.

In 2014, the Guatemala office won a \$25 million grant from USDA to implement a school-feeding program that includes literacy and school health. This is an exciting opportunity to integrate health and education activities in a school setting for a new donor. USDA is an engaged donor that is likely to be a source of future programming in many other countries and the work that we are doing in Guatemala is being closely monitored.

## Haiti

In 2014, Haiti's Sponsorship SHN program reached 14,800 children in 59 schools in the region of Déssalines.

Improvements in school-based delivery of health services and nutritional status of children included:

- More than 14,000 children were dewormed
- More than 12,000 students received iron and vitamin supplements
- 1,113 children's vision was screened
- Over 2,000 preschoolers received Vitamin A
- 50 schools received first aid kits (2,859 beneficiaries)
- 1,700 toothbrushes were distributed during Oral Health Week
- During the Chikungunya epidemic, we helped with distribution of over 100,000 paracetamol pills through first aid kits in schools

To provide a safe learning environment and effective hygiene education, 21 new water points and six new toilet blocks were

installed in sixteen project schools. All of the schools received chlorine for water disinfection, portable water dispensers and soap for handwashing. Twenty-two school canteens received kitchen utensils, and 56 cooks received training on hygiene and safe food preparation.

To assist students and teachers in adopting healthy behavior, 394 teachers were trained in nutrition, deworming, visual screening and hygiene/cholera. In addition, parents and teachers from neighboring schools were also trained in hygiene and nutrition. To educate children on health and hygiene, Save the Children engaged children to join health clubs in 50 of the schools, resulting in an estimated 13,000 children receiving at least one lesson on health and hygiene.

## Honduras

With support from Child Sponsorship funding, Save the Children's SHN program has been operating in Honduras for six years. The program reached over 4000 children in 2014. Working in a total of 39 schools, SHN programming has taken place in Intibucá, Valle and Francisco Morazán.

Save the Children conducted a diagnostic study in the 39 project schools that illustrated areas for improvement in SHN implementation. In order to strengthen SHN in the community, workshops for parents were carried out at the ECCD and primary school level on the following issues: health and nutrition, personal hygiene, promotion of values, dengue, chikungunya, basic sanitation, and water treatment. The workshops promoted positive changes in attitude and behavior change within the family and community. Adolescent girls were provided information on the physical and physiological changes of puberty, including menstrual hygiene management. To improve access to sanitation facilities, school WASH facilities underwent refurbishment and construction. School management committees also supported school gardens. The gardens contributed to improving the nutritional quantity and quality of school meals, as well as to increase children's knowledge of and skills on fruits, vegetables and healthy eating.

In 2014, Save the Children joined the Ministry of Health's working group for Neglected Tropical Diseases, coordinating vaccination and deworming campaigns in schools. To create sustainability in WASH facilities, Save the Children Honduras participated in a comparative study about Financing of WASH in school operation and maintenance.

## Mexico

In Mexico, SHN is implemented in 79 schools across eight states, benefitting more than 19,930 children through the support of Procter and Gamble (P&G). The P&G program focuses on school-based health, hygiene and nutrition services and education. Since the start of the program, Save the Children has delivered SHN workshops and lessons, covering a range of health topics, including: safe water, community hygiene, handwashing and personal hygiene, diarrheal illness prevention, respiratory disease, oral health and puberty. To improve child participation in school health activities, thirty-seven student-led health clubs were established, with 412 students participating; in the second school year, participation almost doubled, with 730 children participating in 73 school health clubs.

Save the Children has also been successful in mobilizing communities to support school health through their parent-teacher led School Improvement Plans. With over 800 active parents and teachers in 146 schools, adults gather to develop, implement and, in many cases, fundraise for their School Improvement Plans. These plans focus on improving water accessibility and hygiene, including the rehabilitation of faucets, plumbing, and bathroom stalls.

In February 2015, Save the Children won a 4-year award from Mondelez International to improve nutrition and physical activity in children aged two to eighteen years in Mexico's public schools. This program aims to improve the health of 17,400 children through nutrition education, increased physical activity and improved access to fresh and healthy foods.

## Nicaragua

In 2014, SCI in Nicaragua implemented the project "Reducing incidence of water-borne disease among children the Department of León, Nicaragua" financed by Christadelphian Meal-a-Day.

The objective of the project was to increase the use of safe water and hygiene practices among school children and adolescents in 34 schools, while also encouraging the use of water purification methods in León. The 1,500 homes targeted in three rural municipalities in the department of León had a high incidence of water-borne disease and chronic malnutrition of children under five. The intervention area was extended to Achuapa, Telica and Malpaisillo to be able to reach 34 schools, benefitting directly 1,190 students.

The project also reinforced community health and nutrition strategies that are implemented in the region (e.g. growth promotion, community case management, maternal/neonatal health and community-based distribution of contraceptives). Activities were implemented in alliance with the Ministry of Health (MINSA), Ministry of Education (MINED) and in some municipalities in association with World Vision.

## Peru

In 2014, SCI Peru, in partnership with Unilever contributed to improving the lives of 73 children in the preschool care center *Alecrim* in Huachipa, the urban marginal area of Lima. Fairs, demonstration sessions, and training workshops were delivered to mothers, fathers, teachers and the children themselves concerning nutrition (e.g. breastfeeding, preparation of healthy food, and eating habits) and hygiene (e.g. hygiene habits, household cleaning, and personal care) as well as child development and positive parenting. In the Andean area, SCI Peru worked within the framework of a project funded by Latin American Children's Trust (LACT) implementing workshops to promote knowledge, attitudes and practices on nutritional food in state primary schools. Thirty families participated in three workshops which were coordinated with the Regional Education Directorate of Huancavelica. Teachers and parents learned about the importance of a balanced diet prepared with local products, hand washing, healthy lunch boxes, safe drinking water and about the consequences of malnutrition in schoolchildren.

SCI Peru conducted a policy analysis on FRESH in Peru. The evaluation consisted of a review and analysis of existing policies at the national level in Peru.



Demonstrative session with parents on nutrition in Huancavelica, Peru.  
Photo credit: Save the Children

## Middle East and Eurasia



Below are 2 descriptions of School Health and Nutrition programs throughout Middle East and Eurasia.

### Armenia

In 2014, SHN's work reached over 1,800 children in the six most remote and rural communities in Armenia. In collaboration with United Nations World Food Program, free school food was provided to over 2,000 preschool and primary school children in targeted communities. ECCD center WASH facilities were completely renovated, furnished and equipped with separate bathrooms for girls and boys with running water and functioning sewage systems. Primary school sport facilities were renovated to include gender-segregated locker rooms for girls and boys, in addition to new sports equipment.

Save the Children organized in-service training on SHN topics for school teachers and management staff. The project worked with Student Councils to mobilize students and schools awareness on SHN issues. This resulted in the making of local SHN policies, approved by the school administration and Parent-Teacher Association in every target school. Health seminars were held for caregivers of school aged children to raise awareness of health issues and to improve care-seeking practices.

Save the Children initiated the revision of the State Sanitary-Hygiene Norms for schools endorsed by the government in 2002. A working group was established with representatives from Ministry of Health, Ministry of Education and Science and Save the Children staff in order to provide recommendations for improvement. The norms will include disease prevention and healthy and inclusive environment.

### Egypt

In 2014, the SHN program reached over 44,000 children in 100 primary and preparatory schools in Abnoub District. The program works closely with local communities, government partners, and school children to create a sense of responsibility and community ownership of the projects in order to ensure the results outlast Save the Children's presence in the district.

To promote children's participation at school, Save the

Children worked with Community Development Associations (CDAs) to form fifteen student health clubs. CDAs trained the newly formed clubs on topics such as disease prevention, first aid, and peer-to-peer approaches for message dissemination. The clubs performed activities at their schools to help their peers learn healthy habits and practices, especially in hygiene. They also encouraged their peers to take care of their school environment by picking up garbage on school campuses, take care of school toilets, and help to clean their classrooms. Students reported that they liked the work that the health clubs were doing and that the clubs were an effective way of conveying health messages



A girl answering a question asked at one of Save the Children's sessions in Egypt. Photo credit: Save the Children

and creating a sense of belonging in the school. As a result of this success, Save the Children plans to work with CDAs to begin school health clubs in more schools in 2015.

In 2013, Egypt adopted a national SHN policy. However, the policy has not yet been fully implemented. Save the Children is working with the Ministry of Education (MoE), Ministry of Health and Population (MoHP), and the National Health Insurance Organization understand and remove the barriers to implementation of the policy, which includes provision of health insurance and regular checkups for children.

## North America and Europe



Below are 2 descriptions of School Health and Nutrition programming in North America and Europe.

### Italy

The “Ready, Steady, Go!” program is aimed at supporting children and adolescents in ten of Italy’s poorest areas, which are increasingly affected by the general impoverishment. The program promotes healthy lifestyles, proper nutrition and physical activity among people of all ages, encouraging social integration and children’s participation in decisions that affect their lives. With funding from Mondelēz International Foundations, Save the Children Italy, in collaboration with its partners Unione Italiana Sport Per tutti (UISP) and Centro Sportivo Italiano (CSI), has been able to support more than 90,000 children and their families since 2011. The program has involved more than 2,000 professionals – teachers, pediatricians, nutritionists and psychologists – and has raised awareness of the importance of healthy lifestyles, proper nutrition and being physically active at the local and national levels.

- Ready, Steady, Go! has demonstrated its efficacy in having an impact on children’s well-being in the following ways:
- Partnering with well-rooted local partners such as UISP and CSI and being able to network with a wide array of associations, schools, local institutions and volunteers
- Creating a strong and lasting relationship with the local primary schools and carrying out activities on nutrition and active play both during school hours and as extracurricular activities in the afternoon in the sports and recreational centers
- Involving the entire community in the process, including families (parents, grandparents) and volunteers in order to catalyze the community’s human capital and resources toward a common goal
- Choosing active play, personal experiences, social inclusion and participation as the key concepts underlying each action undertaken in the program and delivering messages to all individuals involved
- Being flexible and able to listen and addressing emerging needs in a fast-changing social context
- Being ambitious, but allowing time for changes to occur thanks to four-year funding from Mondelēz International.

## United States



Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years in the United States.

This trend is even more pronounced in poor rural communities, where an

astounding 52 percent of children are overweight or obese.

Save the Children’s Healthy Choices program provides children living in poverty with access to regular physical activity and a healthy snack in the afterschool environment, in addition to an enhanced understanding of how healthy eating and play benefits their lives.

The daily program includes a healthy snack, a nutrition education lesson, and 30 minutes of moderate-to-vigorous physical activity. Child-level outcomes monitored are aerobic capacity (a key component of health-related fitness) and nutrition knowledge, attitudes, and behaviors

Healthy Choices operated in 81 sponsorship sites in in 2014, reaching 50,424 children and 74,725 adults, both directly and indirectly, through all sponsorship-funded programming.

In 2015, Save the Children expects to scale up the Healthy Choices programs with Sponsorship funding. This will be done by providing an additional opportunity to the current school district partners to participate in training and professional development. The program hopes to provide them with the knowledge and skills needed to create healthier school environments. In addition, information regarding in-classroom physical activity, integrating nutrition education into the classroom, school health committees, and school wide health initiatives will be shared with school and district administration.



Save the Children hosted a pep rally for children and school leaders in rural Kentucky in the USA to celebrate the success of the Healthy Choices program. *Photo Credit: Michael Amaditz*

# Thought Leadership and Networking Events

Save the Children is part of a global network where our SHN practitioners are experts in many different fields. In an effort to disseminate knowledge, discuss complex challenges and



Lusi, Education Advisor of SC Indonesia leading children in a fun after-school activity. *Photo credit: Seung Lee*

find sustainable solutions, the SHN team often attends health and nutrition events worldwide. Here are some of the events we took part in during 2014-2015:

## **Comparative and International Education Society Annual Conference: Washington D.C.**

The SHN team presented in the sessions listed below at the 55th annual Comparative and International Education Society (CIES) Annual Conference in Washington D.C.

- School meals and child development - Unpacking the evidence: What's on the menu? Meal provision in community based preschools in Malawi: what does it take?
- Non-formal education and school access in rural contexts: Understanding the Link between Home and School in Rural.
- Linking child health and child development - The role of preschools: What can preschools do to improve children's health?
- Malaria treatment combined with micronutrient supplementation delivered through community preschools: Findings from a cluster randomized trial in Mali
- Malaria in school children: what can schools do?

- Measuring child health, cognition and child development: A Malian experience.
- Healthy to learn and learn to be healthy - School health, an essential element of quality education: Findings from a multi-country analyses.
- Protection, Prevention, and Recovery: Conceptualizing the Relationship between Disaster Risk Reduction and Wellbeing in Education.
- Gender and education committee highlighted session: Why MHM is important to girl's education and an equitable school learning experience.

## **Virtual MHM in WASH in Schools Conference New York, USA**

The 3rd annual virtual Menstrual Hygiene Management (MHM) conference provided an opportunity to share lessons learned with the WASH in Schools (WinS) community around the world with a particular focus on MHM programming. The one-day meeting was held in New York City, with a select number of in-person participants from research institutions, international NGOs and UN agencies. Save the Children presented on three MHM initiatives:

- The development of a puberty - MHM book in Tajikistan, in collaboration with Emory University.
- The pilot of MHM Operational Guidelines for School Health and Nutrition Programs
- Developing and Utilizing Games as a Tool for Understanding MHM – implications for research and practice

## **The 2014 Water and Health Conference: Where Science Meets Policy**

Hosted by UNC Water Institute, this conference focused on drinking water supply, sanitation, hygiene and water resources in both the developing and developed worlds with a strong public health emphasis.

Save the Children's SHN shared two high-level WASH projects:

1. MHM Operational Guidelines as an innovative tool for NGOs. Save the Children presented alongside WaterAid, USAID/WASHplus, Columbia University Mailman School of Public Health, and Emory University: Center for Global Safe Water.

2. WASH in Schools – introduced an ongoing global study researching the costs associated with operations & maintenance of WASH infrastructure in schools.

## American Society of Tropical Medicine and Hygiene Conference

Seung Lee is a member of the STH (Soil-transmitted helminth) Advisory Committee and attended its annual meeting which was linked to the 63rd American Society of Tropical Medicine and Hygiene (ASTMH) meeting. The committee reiterated the need for STH control to be multi-sectoral to ensure long-term impact. Additionally, Save the Children’s work on school-based malaria programming in Mali was featured at one of the ASTMH session and SC reinforced our commitment to work on MHM at the MHM session.

## FRESH Contribution to the 2015 World Education Forum

In May 2015, Save the Children joined the World Education Forum (WEF) in Incheon, which was attended by heads of government ministries, leaders from multilateral and bilateral organizations, representatives of civil society, the teaching profession, youth and the private sector and cohosted by the Republic of Korea and UNESCO. The event succeeded the 2000 World Education Forum in Dakar, Senegal, where

Focusing Resources in Effective School Health (FRESH) was launched by UN agencies and development partners as a joint approach to ensure that children are healthy enough to learn and learn enough to be healthy.

Fifteen years on, the 2015 WEF provided a platform for global leaders in education to take stock of achievements of the Education For All (EFA) goals and education-related Millennium Development Goals and set a new vision for education by 2030. The Incheon Declaration was adopted at the Forum; it commits governments to a holistic agenda for education, captured by Sustainable Development Goal 4 to ‘ensure inclusive and equitable quality education and promote lifelong learning opportunities for all’. A draft Framework for Action was also agreed to at the Forum, and this will be presented at the UN Special Summit on Sustainable Development in September 2015 for approval.

In support of the new global education agenda and its five themes around access, inclusion, equity, quality, and lifelong learning, Save the Children along with its FRESH partners presented a two-page joint statement at the Forum. The statement captures the partnership’s achievements since 2000, and calls for increasing commitments to school based health and nutrition programming for children, from early childhood to adolescence, in order to ensure education is inclusive, equitable and sustainable in the post-2015 era.

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\*Soil-transmitted helminths infections (STH), a group of intestinal parasites that includes roundworms, whipworms and hookworms, are among the most common infections worldwide and affect the poorest and most deprived communities. They are transmitted by eggs present in human feces which in turn contaminate soil in areas where sanitation is poor. ([http://www.who.int/intestinal\\_worms/en/](http://www.who.int/intestinal_worms/en/))