


**Save the Children®**

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# School Health and Nutrition: Program Update

*Supporting school-age children to be healthy to learn and to learn to be healthy*

Dear Colleagues,

As I complete my 10th year at Save the Children (SC), I'm proud to share that in 2013 the School Health and Nutrition (SHN) community reached nearly 3.9 million school-age children with important health and nutrition services and prevention education in 39 countries. In this, also, the 10th edition of the SHN Program Update, we want to highlight remarkable results achieved over the year in partnership with global and local organizations and with children.

The Focusing Resources on Effective School Health (FRESH) Monitoring and Evaluation Guidance was completed this year. These guidelines which provide direction on how to monitor and evaluate SHN programs were completed with SC's leadership. Similarly SC in conjunction with WaterAid, UNICEF, Emory and Columbia Universities and many others are addressing the needs of girls during critical transition periods through Menstrual Hygiene Management (MHM) interventions. With support from SC/Italy and Sponsorship funding, the SHN team is developing MHM operational guidelines.

Additionally, there was much excitement in 2013 regarding the results to control malaria using SHN programming. In Mali and Malawi, SC was able to pilot and gather evidence on the positive impact of school based treatment and prevention efforts on

malaria prevalence among children. In Tajikistan, government and communities are appreciative of the positive change in knowledge and behavior among children regarding oral hygiene funded by Wrigley Foundation. With new global partner Procter & Gamble (P&G)'s support, we are exploring new areas including the impact of SHN on cognition. Corporate partners such as Wrigley, TOMS and P&G are pushing SC to continue to explore new areas and innovations.

In 2013, the SHN community also renewed its commitment to and support of the Individual Child Sponsorship which launched its 10 year strategic planning session; SHN is a Core Program for Sponsorship and plans to grow with it.

Finally, as an organization that values learning especially from each other, SC in Nepal hosted the sixth SHN Program Learning Group (PLG) meeting, bringing together more than 82 colleagues from over 30 countries. During the PLG, it was evident that our incredibly dedicated staff not only display the agency values of accountability, ambition, collaboration, creativity and integrity but they also know how to have fun and enjoy each other's company.

It is the people who make the difference and it was invigorating to celebrate the differences.

**Seung Lee**, Senior Director for SHN, July 2014

Cover photo: Students enjoying their lessons about healthy teeth brushing and self-care hygiene practices in Jalisco, Mexico. Photo credit: Save the Children

# 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 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**. This infrastructure 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 level.

## The Focusing Resources on Effective School Health (FRESH) M&E Guidance

At the World Education Forum in Dakar in 2000, international agencies agreed on FRESH as the common framework for school health. FRESH supports efficient, realistic and results-oriented implementation of SHN programs.

In early 2013, Save the Children partnered with UNICEF to pre-test and help to finalized the partnership's M&E Guidance in four of its country programs (El Salvador, Ethiopia, Nepal and the Philippines.) Save the Children also supported the dissemination of the M&E Guidance at international conferences and workshops, such as the annual Comparative International Education Society conference (CIES), the International Union for Health Promotion and Education (IUHPE) and the SHN Program Learning Group (PLG) 2013 in Nepal.

During the PLG, SHN managers from around the world were able to test the FRESH tools in schools—this included conducting facility and school observations, along with holding focus group discussions with students and teachers.



*Seung Lee explains the four pillars of SHN at the SHN PLG 2013 in Nepal. Photo credit: Sohail Azami / Save the Children*

In February 2014, Save the Children helped produce a revised version of the FRESH M&E Guidance that incorporated comments and feedback from the PLG as well as from other international development partners. This version is posted on UNESCO's FRESH site: <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/health-education/fresh/me-indicators/>.

- With Procter & Gamble's (P&G) and Sponsorship support, dissemination of this guidance has begun, which is intended to help SHN programs in low- and middle-income countries ensure their implementation is standardized and evidence-based, allowing easier comparative benchmarking and monitoring across countries.
- New questions and guidance that were added to FRESH are being incorporated into Save the Children's Quality Learning Environment (QLE) tool in Bangladesh to test and report on FRESH school indicators. Results will be useful to improve our QLE tool as well as to advocate for improved SHN with the Bangladesh government.
- The WHO has adopted the FRESH Guidance for its own school health reporting, specifically utilizing the eight core indicators outlined by FRESH.

## Menstrual Hygiene Management (MHM) Situational Analysis: the Philippines

In 2013, SCI (Save the Children International) Philippines conducted a situational analysis on MHM to inform its programs in Metro Manila and South Central Mindanao. Findings revealed that:



- Girls do not receive comprehensive information on managing menstruation in home or school.
- Biological and hygiene information is often confused with cultural beliefs and practices.
- Teachers do not have the training or resources to adequately teach on the subject of menstruation and adolescence.
- Schools lack the space, funding and resources to adequately stock or staff clinics for school based health services, denying girls access to pain medication, iron supplements or a space to rest.
- Lack of affordable and accessible menstrual management options that provide adequate protection from leaks reportedly affects girls' concentration, social behavior and experience as well as their attendance in schools.
- School environments lack clean, functional, gendered toilets where girls can manage menstrual hygiene with privacy and dignity.
- Lack of systems for operation and maintenance of facilities contributed to nonfunctional toilets and unreliable water supplies.
- Stigma and teasing related to menstruation contributes to girls' stress, embarrassment and shame, impacting social health, participation and attendance.
- Girls in both areas faced barriers of procuring sanitary napkins due to affordability.
- Girls were willing to wear cloth pads in their homes, but less likely to attend schools when cloth pads were the only option for menstrual management.

SCI Philippines colleagues are using the findings from the situational analysis to shape SHN programs to support



Girls completing their classwork in the Philippines. Photo credit: Jackie Haver / Save the Children

school health policies for girl-friendly learning environments.

Additionally, SCI Philippines is collaborating with UNICEF Philippines and the Department of Education to develop a comprehensive program addressing MHM through SHN and WASH in Schools. In Metro Manila and South Central Mindanao Save the Children program areas, MHM challenges and school-based solutions are being introduced to schools, parent-teacher associations (PTA), local government units (LGU) and the Department of Education.

*“Because she was bullied for having a stain on her skirt the first time she was menstruating, she will be afraid that the embarrassing moment may happen again. That is why some other girls don’t go to school when they are menstruating.”*

Girl, Focus Group Discussion (FGD), Manila

This activity will be a critical piece in the MHM operational guidelines under development.

## Global Celebrations of SHN

Save the Children’s SHN programs are actively participating in global celebrations. In 2013, Global Handwashing Day and World Oral Health Day were celebrated globally across our SHN programs to advocate for these two important SHN topics. The Wrigley Company Foundation-funded SHN program in Kenya celebrated World Oral Health Day on March 20, 2014. During the celebration, a mobile dental clinic visited schools and provided cleanings for more than 550 students and made tooth extractions as necessary. During the event, Wrigley employees shared messages about the importance of oral health and hygiene.

Many of Save the Children’s SHN programs also celebrated Global Handwashing Day. On October 15, 2013, SCI Indonesia collaborated with partner INGOs, UN agencies, the district government and water sanitation working groups to celebrate Global Handwashing Day. During the celebration, over 300 children learned about the importance and practice of handwashing skills.

These global celebrations serve as an excellent worldwide platform for SHN advocacy as they allow Save the Children to speak as one voice with the global SHN community.

## Very Young Adolescents

Children ages 10-14 are considered “Very Young Adolescents” and are most often found in primary school and entering junior secondary school. In some countries, they are on the verge of leaving school for marriage, informal work or to help with a family’s household tasks. This life stage comes with a special set of health needs because of the rapid physical, cognitive and emotional changes that occur with the onset of puberty. Save the

Children is developing a signature program of services that will address the special health and educational needs of these children.

This package of services seeks to improve educational attainment for children while providing health and puberty education, formulating appropriate school-based health services and laying the foundation for improved sexual and reproductive health. The interventions included are comprehensive sexuality education, menstrual hygiene management, supporting the formation of positive gender roles and norms, preventive health facility services, catalyzing parents' ability to communicate about puberty and body changes.

These services will be underpinned by the prevention of early marriage and sexual violence, as well as the creation of safe schools. In 2013, Save the Children's SHN and Adolescent Reproductive and Sexual Health group conducted a literature review and created a program results framework to guide the package development. A programming guide is being developed and we are seeking two countries to do country specific situational analyses. For more information, please email: [ASRH@savechildren.org](mailto:ASRH@savechildren.org).

## What's New in WASH?

Save the Children's Water, Sanitation and Hygiene (WASH) portfolio was valued at more than \$40 million in 2013. This portfolio is cross-cutting and can be found under a broad array of sectors – e.g. livelihoods, HIV, food security, education, health, emergency, etc. As such, WASH has been named a pillar in Save the Children's post-Millennium Development Goal (MDG) programming, with an emphasis on improving children's and mothers' health.

In 2014-2015, our WASH program will continue its gold standard of service in schools, where increased access to safe water, focused attention on sanitation and adherence to appropriate hygiene norms form a core of all Save the Children SHN programs. It will also expand its activities with a focus on evidence-based research, expanded attention on the links between WASH and nutrition, furthering knowledge on neonatal handwashing practices, bridging the gap between humanitarian and development work and exploring technological innovation and partnerships. Several illustrations of these new directions will include:

- Exploration of the role that hand sanitizer can play in both school and neonatal settings
- Exploring and contributing to the growing experience of school and household level water filtration and treatment, including the application of biosand filters and other



*Ian Moise, WASH Advisor for Save the Children US, demonstrates how to build a biosand filter at the SHN PLG 2013. Photo credit: Seung Lee / Save the Children*

filtration technologies

- Coordinated programming with Nutrition and Education teams to leverage investments
- Technical assistance to support MHM programming where appropriate
- Research on the ongoing operations and maintenance costs for School WASH services
- Furthering our understanding of what makes school WASH sustainable

By the end of 2014 and into 2015, the newly organized WASH working group, comprised of participants from various Save the Children members, will write a Save the Children Global WASH strategy that aligns the strategic objectives of Save the Children WASH programs to address the needs of children and mothers across the globe.

## Child Sponsorship: A Critical Source of Support for SHN

Child Sponsorship Funding remains a core source of support for Save the Children's SHN technical leadership and for programs globally, supporting programs in 16 countries. In the last 10 years, Child Sponsorship Funding has increased by 7%, with 2% growth in Save the Children US and 24% growth in other member markets. Support from other Save the Children members, including Save the Children Italy and Save the Children Korea, has enabled much of the growth in Child Sponsorship-funded programming and will secure a foundation of funds for SHN in the future. Child Sponsorship Funding recently expanded to Indonesia and Vietnam, with plans to add Uganda in 2014. All of these countries will include a SHN program. Child Sponsorship





*Students in Haiphong, Vietnam enjoy an interactive game in the event of Global Handwashing Day. Photo credit: Save the Children*

anticipates continuous growth over the next 10 years and aims to support children in all viable countries.

School Health and Nutrition is one of the core Sponsorship-funded programs at Save the Children, along with Basic Education, Early Childhood Development (ECD) and Adolescent Development, with HIV as a cross-cutting core program area. Child Sponsorship 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.

## **Malaria Update for Malawi**

Malaria is a major public health problem in Malawi, with school-aged children estimated to experience 0.59 clinical attacks of malaria each year, equivalent to 2.1 million attacks among Malawian school-aged children (Muula, Rudatsikira et al. 2007), which affects children's school attendance, participation and learning. The feasibility of providing treatment of symptomatic malaria cases at schools has been demonstrated in Malawi through the use of first aid kits (Pupil Treatment Kits or PTKs) containing Sulphadoxine-Pyramethamine, supported by Save the Children from 2000

to 2007.

However, government policy changes led to a requirement of clinical confirmation of malaria before providing treatment and, hence, the withdrawal of PTKs in 2007. Following a request for support to revisit the feasibility of such a strategy by the National Malaria Control Programme (NMCP) in 2011, needs assessments were conducted in schools in 2011 in partnership with Malaria Alert Centre and the London School of Hygiene & Tropical Medicine (LSHTM). These assessments led to the proposal of reintroducing PTKs that also incorporate malaria rapid diagnostic tests and Artemisinin Combination Treatment.

In April 2011, a needs assessment found that approximately 65% of schoolchildren were infected with malaria and 32% were anemic. On the basis of the survey findings, with a national level commitment to reintroduce PTKs in schools and Sponsorship funding to support the intervention in November 2012, the LSHTM received complementary funding from the International Initiative from for Impact Evaluation (3IE) to fund some of the research components of the study. The proposed study mainly aims to evaluate the impact of the Learner Treatment Kits (LTKs, replacing PTKs) on school attendance and the cost effectiveness in 29 (out of 58) intervention schools in TA Chikowi, Zomba. It is hypothesized that such an intervention will enable all schoolchildren to receive prompt treatment, allowing them to recover from the symptoms of malaria quicker and, in so, reduce absenteeism; while also supporting the broader aim of universal access for all Malawians to high quality, safe and prompt diagnosis and treatment of malaria. The other 29 schools act as the control group in the pilot study.

The intervention is now firmly established in 29 schools and implementation has been ongoing since December 2013. While routine data collection is due to start imminently in all



*Students participating in an Anti-Malaria Club in Mali. Photo credit: Save the Children*

58 schools, informal discussion meetings with LTK dispensers and head-teachers in the intervention schools have been overwhelmingly positive, with strong support for the intervention reported at both school and community levels. Furthermore, many schools have taken the initiative to create and take ownership of the intervention, investing both time and local funds in ensuring the schools securely store the LTK, creating a quiet and private location for dispensing as well as in arranging safe disposal of bio-waste. Encouragingly, many of the concerns identified during the planning stages (e.g. the enthusiasm of teachers to take on a substantial addition to their workload and the safety of the LTK to be kept on school premises) appear to have been unfounded.

This study was developed in partnership with the NMCP-Ministry of Health (MoH) and the SHN Strategy, who intend to use the results of this intervention to inform malaria control efforts and SHN strategies nationally. If shown to be effective, feasible, acceptable and cost-effective, the results of this study will be used to advocate for a SHN strategy to be rolled out nationally as a model for similar settings.

## Growing Relationships with Corporate Partners

Corporations and corporate foundations continue to be a major funding source for Save the Children's SHN programs around the globe. Coca-Cola, GlaxoSmithKline (GSK), Green Mountain Coffee, IKEA Foundation, P&G, TOMS Shoes and the Wrigley Company Foundation have been significant funding partners for many country office SHN programs. In recent years, corporate interest for these programs has continued to increase.

Sustaining this trend, SHN was awarded two major multi-country grants from corporations in 2013. The Wrigley Company Foundation awarded Save the Children US\$3.6 million for SHN programs in China, Indonesia, Kenya, the Philippines, Tajikistan and Vietnam. This two-year award provides expansion funds to Wrigley's US\$3 million award for 2011-2013. The Wrigley Company Foundation funds comprehensive SHN programming, focusing on oral health.

Save the Children has benefitted from P&G funding for many years, including, its funding for SHN programs in China and Kenya as well as Adolescent Sexual and Reproductive Health programs in Ethiopia and South Africa. With a grant of US\$2 million, Save the Children has established a global partnership, to expand comprehensive SHN programming in China and Mexico and to establish a new SHN program in Nigeria.

With their award, P&G has also made an incredible



*Austin Mtali from Malawi demonstrates how teachers test children for malaria at school and provide treatment to children who receive a positive diagnosis. Photo credit: Seung Lee / Save the Children*

investment in the expansion of Save the Children's thought leadership, allowing us to lead globally with critical tools and learning opportunities related to SHN programs. These opportunities include, among others, the early stages of development of a tool on how to measure cognitive change as a result of SHN programs, the global SHN PLG meeting in Nepal in December 2013, and the rollout of the FRESH M&E guidelines.

As an example of corporate donors expanding their role beyond traditional philanthropy, the Wrigley Company Foundation and P&G partnerships also focus on employment engagement activities within the respective countries related to these SHN programs. These opportunities exemplify the shared values of Save the Children and the private sector contributing to the overall positive impact for children.

Through multi-country support, these partnerships also encourage cross-country innovations, which offer increased program learning gains and the opportunity for deeper, more comprehensive research in SHN interventions and impact. In keeping with Save the Children's Theory of Change, the SHN team will continue to pursue partnerships in order to share knowledge, influence others and build capacity to achieve immediate and lasting change in the lives of children.

## SHN Program Learning Group, Nepal 2013

To maintain the high level of quality programming, Save the Children regularly conducts PLG workshops. A preliminary survey conducted in February 2013 indicated a high need and desire among our current practitioners of SHN for a PLG. The goal of the PLG, which was held December 3-10, 2013 in Nepal, was to ensure that our SHN programs are the most effective by sharing best practices. Simultaneously, the PLG ensured that program staff as well as staff who provide



technical assistance, members of the Save the Children global movement, key partners and donors are utilizing state-of-the-art implementation. This year was the largest workshop on SHN to date, with 82 Save the Children participants, representing over 30 countries.

The PLG consisted of presentations and hands-on activities, facilitated by participants and experts, as well as field visits to schools. The following activities occurred as part of the PLG:

**The National SHN Workshop in Kathmandu:** On the first day of the PLG, government and civil society members shared Nepal's annual SHN plan with participants, providing an opportunity to share the history of SHN programming in Nepal and plans for its scale-up across the country.

**School Visits in Bhairwara:** The purpose of these field visits was to travel to schools where ECD, SHN and Basic Education programming have been implemented by Save the Children for at least three years so that participants could observe, conduct focus group discussions and test the FRESH M&E Guidance tools to assess ease of use and offer feedback on their development.

**Four-day Capacity Strengthening Conference in Pokhara:** This series of workshops and sessions provided an exchange of best practices and innovations across global SHN programs, focused on the following technical themes:

- Approaches to Health Education:
  - Case studies from Indonesia, Pakistan and Afghanistan
- Building Hands-on Skills for SHN:
  - Testing for iodine in salt; Using a hemocue to test hemoglobin; SHN surveys using mobile technology; Building a biosand filter and performing solar disinfection (SODIS) for safe water; Identifying worms in stool samples; Vision and hearing screening
- Sustainability in School Water, Sanitation and Hygiene
- Water Quality Standards
- Neglected Tropical Diseases (NTD) and Deworming
- MHM in Schools
- Marketplace – Case Studies of SHN Programs
- Monitoring, Evaluation and Reporting of SHN
- Nutrition and Links to ECD
- Nutrition and Obesity
- Partnership
- Community Mobilization Strategies
- Urban Programming
- School-Based Malaria Control
- Fundraising



*An agro-nutritional fair in Mozambique, during which parents and teachers learn how to prepare different meals with nutritious, garden food. Photo credit: Save the Children*

## Cognition Workshop and Toolkit

The goal of SHN is to ensure that children are healthy to learn; therefore, measuring the impact of SHN interventions beyond health outcomes is critical. Save the Children has been working with education and child development experts to determine the best tools to measure changes in education and cognitive outcomes. Typical learning outcome assessments for evaluating the impact of educational interventions do not have the capacity to evaluate the impact of improved health status unless quality education is provided alongside, which is rarely the case in developing countries. Alternative assessments are needed to evaluate the impact of improved health status on learning capacity or cognitive function, independent of the quality of education children receive.

In July 2013, with the financial support of P&G and Sponsorship, Save the Children convened 30 experts in cognitive development, health and nutrition from around the world at the Institute of Education in London. Experts discussed cognitive testing in different settings and made recommendations for improving assessments of cognitive development for evaluating health and nutrition interventions in schools and preschools and population level monitoring of child development.

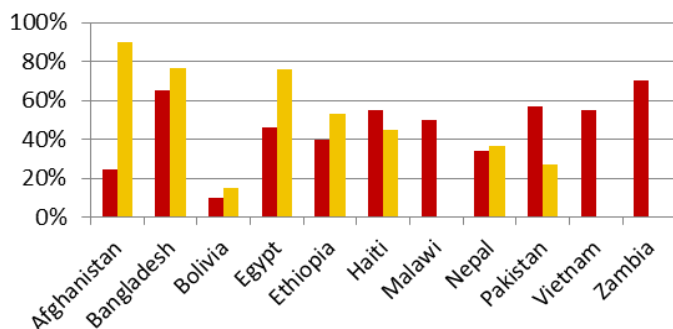
Based on recommendations from the participants, Save the Children is seeking funding to develop a cognition toolkit to evaluate ECD interventions, as well as health, nutrition and child protection programs that are appropriate for use in low-income settings. The toolkit will be made available to all implementing agencies and governments and will contribute to broader efforts by UNESCO, WHO and UNICEF to develop tools for population monitoring of child development.

# Quality Learning Environment (QLE)

The Quality Learning Environment (QLE) assessment is an annual multi-dimensional measurement of Save the Children's Basic Education (BE) and Early Childhood Development (ECD) programs. An analysis of the SHN data in the 2013 QLE assessment was conducted for countries with SHN interventions. The percentage of sampled schools in each country that met or exceeded SHN indicators are presented below. Sampled schools included those with and without SHN interventions. For example, in Bolivia sampled schools were from a baseline assessment, prior to any SHN intervention.

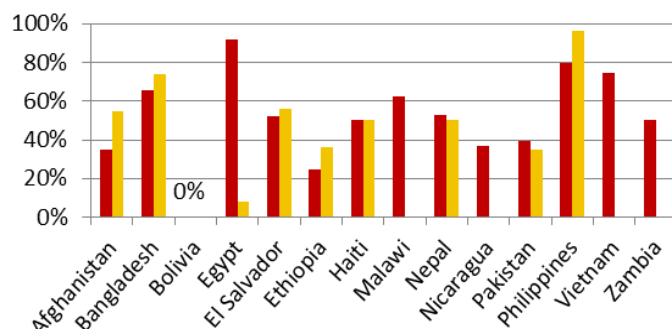
## Skills-Based Health Education

Figure 1: Percentage of **BE** and **ECD** sampled schools where participatory, skills-based health education takes place regularly and systematically



## School-Based Health and Nutrition Services

Figure 2: Percentage of **BE** and **ECD** sampled schools that consistently provide a comprehensive package of SHN services.



## Safe Learning Environment

Figure 3: Percentage of **BE** and **ECD** sampled schools with regularly available and accessible safe drinking water.

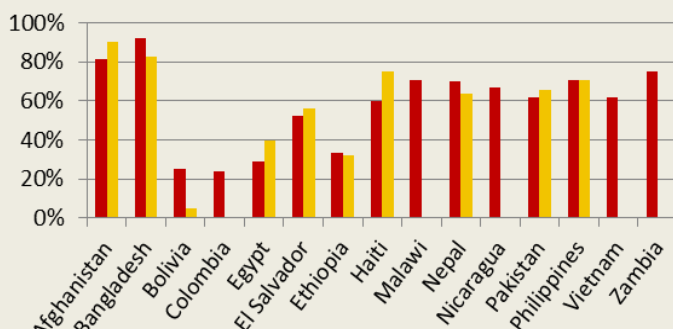
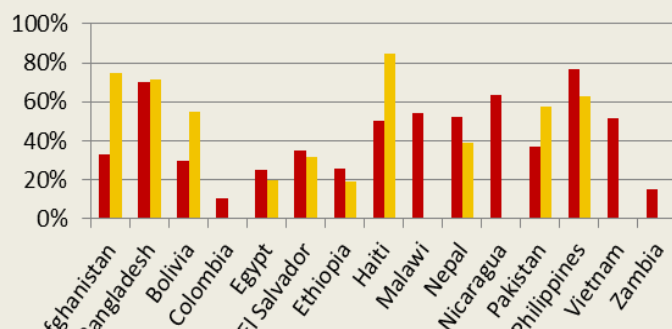
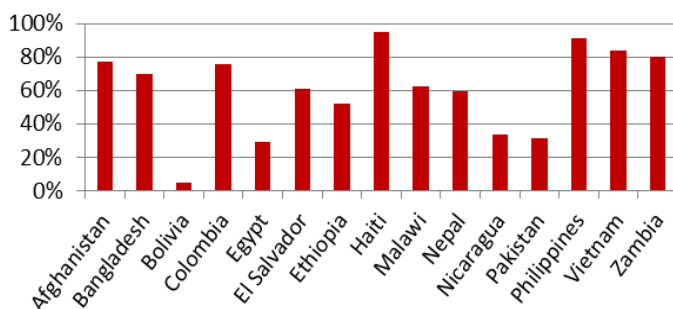


Figure 4: Percentage of **BE** and **ECD** sampled schools with well-maintained and gender separated latrines and functional handwashing facilities with soap.



## Equitable School Health Policies

Figure 5: Percentage of **BE** sampled schools with a positive and proactive code of conduct used by teachers to ensure a safe and protective environment.



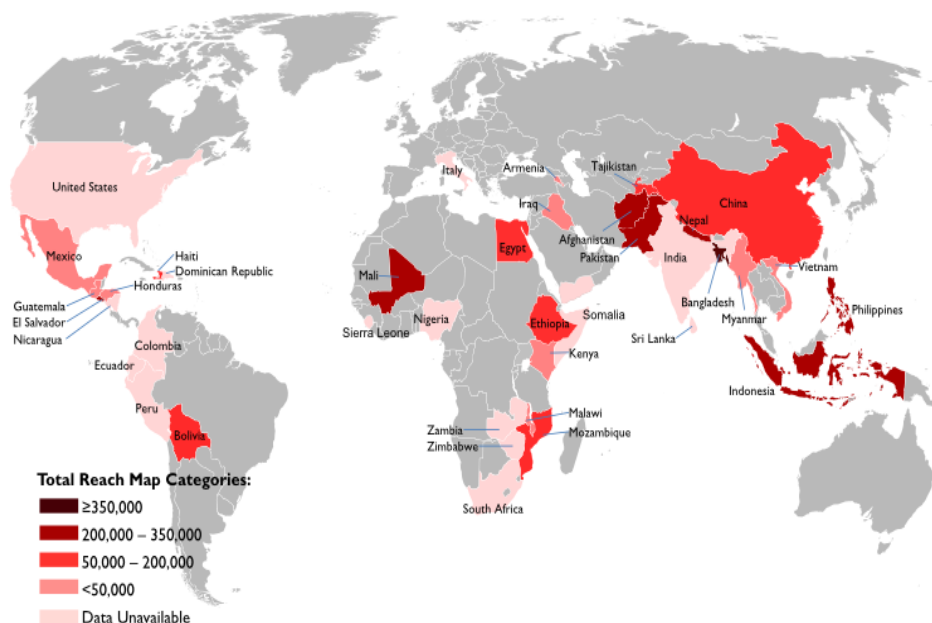
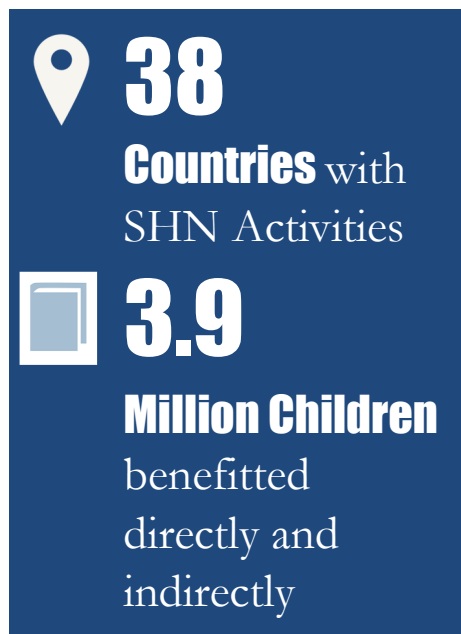
## Key Findings

- Country percentages reflect if SHN is mainstreamed in sampled schools.
- Over 50% of sampled schools in Bangladesh, Vietnam, and Malawi achieved all SHN indicators.
- Overall, countries performed better on indicators related to water and sanitation than those related to SHN services and skills-based health education.

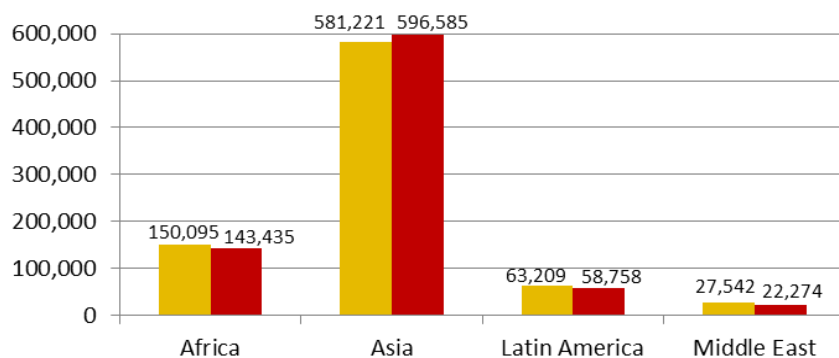


# School Health and Nutrition in Numbers:

## Summary of Save the Children's Total Reach for SHN in 2013



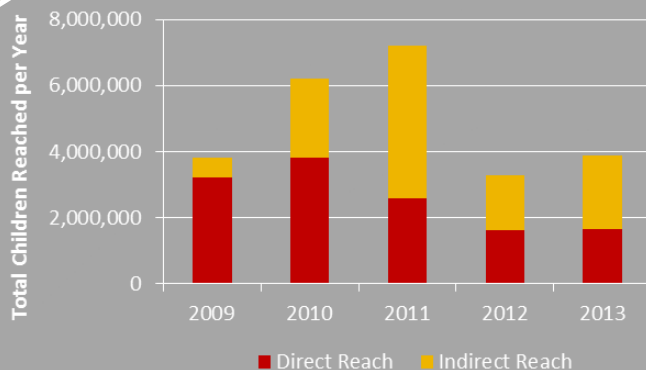
### 1.6 Million Children Reached Directly



- ◇ **821,000 Girls** and **822,000 Boys** were directly reached through SHN programs.
- ◇ A similar number of girls and boys were reached in each region.
- ◇ Direct reach was highest in Asia, due to the large program in Bangladesh.

### Trends in SHN Reach, 2009 - 2013

- ◇ There has been an increase in the number of children reached since 2012.
- ◇ The reduction in reach since 2011 is due to the completion of large scale projects in Egypt, Ethiopia, Bolivia and Guatemala
- ◇ The higher proportion of reach in recent years is due to increase in indirect beneficiaries.



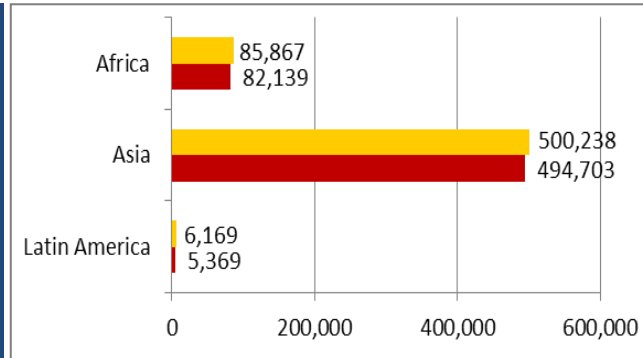
## Results from Sponsorship Countries

**1.18**



**Million Children**

were dewormed in 8 countries during the last round of treatment in 2013.



The number of **Girls** and **Boys** dewormed in 8 Countries



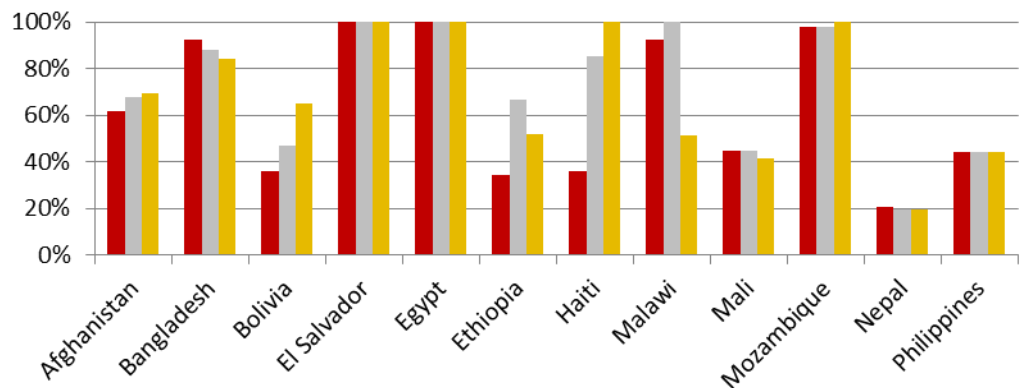
**FOUR Countries**

Ethiopia, Malawi, Mali and Nepal created a National SHN Strategy.

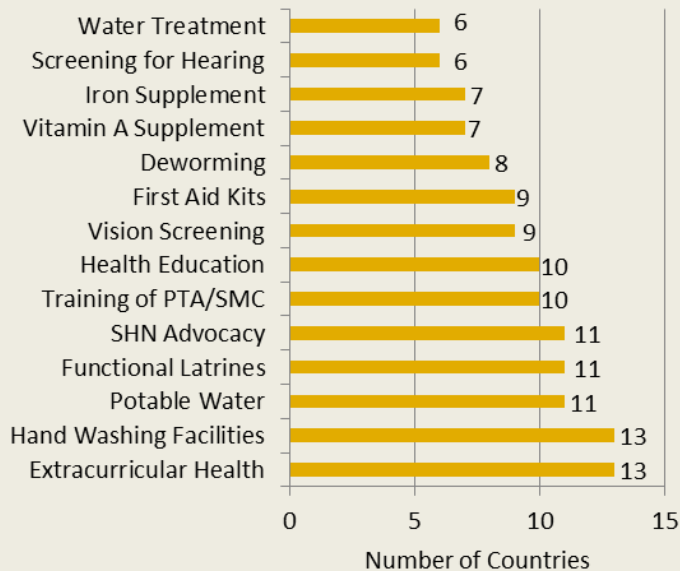
**\$3.27 Million**

**Child Sponsorship funding devoted to SHN Activities in 12 countries**

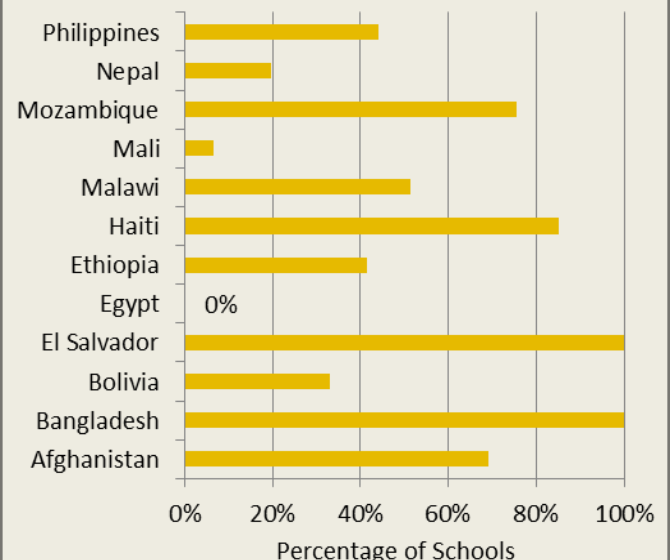
The graph below shows the percentage of Schools with SHN Support that have **Potable Water**, **Functional Latrines** and **Handwashing Facilities**.



### SHN Activities in 2013



### Percentage of Schools with School Management Committees Trained in SHN





## 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, the Ethiopian National SHN Strategy was signed after seven years of advocacy by Save the Children, in partnership with many international agencies. Endorsement of this strategy, a crucial step in moving forward the SHN agenda in Ethiopia, represents a new opportunity to advocate and build local capacity for effective implementation of the strategy at school level. In support of the strategy, Save the Children has established eight District SHN Committees comprised of different government sector offices and built their capacity to plan, implement, monitor and evaluate SHN activities at each school, including those not supported through Save the Children. These committees signify a huge advance for sustaining SHN programs across districts.

Save the Children-supported schools established SHN clubs and trained both focal teachers and club member students on SHN club management. Each school conducts a weekly classroom-based SHN education session intended to equip children with the knowledge and positive life skills related to health, hygiene and nutrition. Results from SHN programs are promising. For example: a 2 week, structured observation in West Showa revealed that 97% of children were observed washing their hands with water after using a toilet and 99%



*Girls with their lunches and water bottles for kindergarten in Tigray, Ethiopia. Photo credit: Seung Lee / Save the Children*

have used soap in schools where soap was available all the time. SHN work also has impact outside the school. PTAs report that children educate their parents on the importance of hygiene and sanitation and many have even influenced parents to establish a latrine at home. Additionally, Save the Children worked with local Health Extension Workers to support screening of 52,523 children for visual, hearing and iodine deficiency. At the beginning of the academic year, Save the Children supported schools with deworming and Vitamin-A supplementation activities for both school-aged children and children enrolled in ECD programs.

Save the Children, through its Disaster Risk Reduction (DRR) program, implemented school feeding intervention in Gubalafto, Gidan, Habru and Kobo woredas of North Wollo zone for several years. Evaluation reports of the program proved the intervention has significantly helped enhance school enrollment rate and reduced dropout and has also improved children's school performance. Evidence gathered late in 2013 affirmed this reality once again.

#### Kenya

Save the Children is also supporting the implementation of the 2009 National School Health Policy since the inception of the SHN program in Kenya in 2011. This support occurs through facilitation of distribution and dissemination of the policy to various stakeholders from the school level to the national level. Currently, Save the Children is working towards collaborating with the government to print out more copies of the policy for distribution to more schools all over the



*Nura Gayo, seven-years-old, stands with his soccer ball after exercising outside of his school, Arero Primary School in Matagafarsa, Arero District, Ethiopia. Photo credit: Gary Dowd / Save the Children*

country.

The Wrigley Company Foundation's funding supported SHN program aims to promote uptake of healthy behavior in children, including good personal and oral hygiene habits through use of child-to-child approaches (e.g. the use of school health clubs). This project directly reached 17,032 children in 25 public schools in Nairobi and Kiambu County. The project has helped the increase of children's knowledge of communicable diseases, hygiene issues including MHM and other health and nutrition related issues. Additionally, the program focuses on renovating and building new sanitation facilities in the target schools, offering health services and offering capacity building for various stakeholders on operation and maintenance of the WASH systems as a sustainability measure.

Through P&G funding, the SHN program provided over 2,000 girls with sanitary towels and underwear to manage menstrual hygiene while in school. This provision reduced reported absenteeism among the girls during their menstruation cycles. The SHN program also trained 45 teachers on first aid and facilitated the placement of first aid kits in 40 schools, which improved the management of common illnesses and injuries among children in school. This year, there has been an improved school community ownership of the project as seen through increased participation of the schools in SHN activities, including trainings and coordination of various activities at the school level. Additionally, in 2013, the SHN program facilitated deworming treatment for 7,399 children and Vitamin A distribution to 683 children under age 5 in Kiambu County.

## Malawi

In 2013, Save the Children's Sponsorship-funded program in Malawi continued its pursuit of the overarching goal to ensure that children learn and develop to their full potential. After conducting Malawi's malaria study, two training manuals have been developed, one for teachers and another for facilitators. Additionally, a pilot training was conducted with 15 teachers from a zone outside the impact area and sensitization meetings about the malaria study were completed in all 58 schools involved. During the randomized control trial, schools were randomly selected, with 29 intervention schools and 29 control schools. The 29 schools in the intervention group have received Learners Treatment Kits (LTK); and 64 teachers have been trained as dispensers of the LTKs together with 29 head teachers, 7 Primary Education Advisors, 4 District Health Office (DHO) staff, the Desk Officer Primary Education and one representative from the District Commissioner's office. In addition, 50% of



*Children and adults from a village in Sikasso, Mali, participate in a Community-Led Total Sanitation training. Photo credit: Save the Children*

schools have trained teachers to diagnose and treat malaria and other common health problems in schools.

In relation to the rigorous study on malaria, SHN focused on pit latrine construction and handwashing promotion. Save the Children has constructed 16 pit latrines and drilled 6 boreholes. Repairs were made to 69 handwashing facilities distributed in 2012. The malaria study has successfully been rolled out in the school with support from the DHO, District Education Office, National Malaria Control Program, Malaria Alert Centre and communities.

The SHN program supported the DHO during child health days in distribution of vitamin A and albendazole to children under five. The plan to distribute albendazole was agreed to be completed with the National Mass Drug Administration for Schistosomiasis in all the schools in April 2014.

## Mali

In the past year, the SHN program in Mali reached 314 schools in Sikasso and Yorosso districts, 63,466 schoolchildren and 50,237 non enrolled children. 280 school teachers were trained in school hygiene and to set up child governments, a very popular and child led approach to help ensure that schools are places of learning that are safe, healthy and protective for all children. It also promotes child participation in making decisions that affect them. Mali also scaled up Intermittent Parasite Clearance (mass treatment of malaria) combined with deworming, Vitamin A and iron to 187 schools and around 38,000 schoolchildren. 113,703 of children received deworming medication, Vitamin A and Iron. The drug administration was carried out by approximately 630 teachers who received training from Save the Children. The country leadership also shared the results from the pilot





*School farm field (machamba) in Mozambique. Schools receive seeds and tools to initiate and maintain communal gardens. Photo credit: Save the Children*

malaria project with key national partners such as USAID and UNICEF.

The Dubai Cares WASH in schools 5 year project which targeted 130 schools in Sikasso cercle is coming to an end but fortunately with funding from UNICEF, the project is extended for an additional 18 months, reaching more Sponsorship schools.

Meanwhile the UBS Optimus Foundation and Sponsorship funded Malaria/Nutrition and ECD study which combined Seasonal Malaria Chemoprevention, Nutrition education and Micronutrient powders delivered through ECD centers and Village Nutrition Committees was successfully implemented in 30 communities. A survey is being implemented in 90 communities to evaluate the impact of the malaria nutrition package and the ECD centers on malaria parasitemia, anemia, cognitive function and school readiness.

#### Managing menstrual hygiene in school in Mali: Practice, challenges and recommendations.

A qualitative research was conducted to determine the specific challenges faced by school-aged girls in Mali. Girls, mothers and teachers were interviewed in eight primary schools in urban and rural areas across Sikasso, Koulikoro and Bamako. The challenges associated with managing menstrual hygiene while in school have been shown to have a serious impact on girls' education, including lessened participation in class and lost class time. Recommendations include:

- ◇ Provide girls with information before their periods begin.
- ◇ Provide girls with proper facilities and resources.

### **Mozambique**

After 14 years of SHN programing in XaiXai, Bilene and

Incaia districts in Gaza Province, Sponsorship funded programs are gradually phasing their programs over to Nacalha Velha and Nacalha Porto districts in Nampula Province. In April 2013, a survey conducted 12 years before SHN was launched was repeated in the same 20 schools using the same methodology and tools. When comparing both surveys, we found that children are significantly healthier than they were in 1999: The prevalence of anemia has fallen from 67% to 32%, the prevalence of intestinal worms from 32% to 5% and bilharzia which was 37% has virtually disappeared. We also found that children were much more knowledgeable about health and more likely to report practicing a healthy behavior. For example, the percent of children who report using a latrine at school and home has risen from 63% to 100% and 77% to 97% respectively and the percent of children who report washing hands after using the latrines has risen from 27% to 75%.

A lessons learned workshop was held in Xai-Xai in March 2014 to discuss the findings and the main recommendations, which included: do more to address malaria in schools; do more to address nutrition, building on the experience with school gardens and agricultural fairs which was very successful; put more focus on parents, especially improving communication with children on sexual health; and improve the monitoring system and use of monitoring data for community mentoring and support.

### **Nigeria**

In November 2013, with strong support from P&G, the Nigeria country office initiated start-up programming for the first Save the Children SHN program in Lagos, Nigeria. To date, efforts have primarily focused on understanding the health and education status of children in Lagos through the collection of secondary data, key informant interviews and preliminary school assessments. These activities have contributed to a Lagos State situation analysis, coalition building to identify local partners and the development of an urban Lagos SHN program strategy.

The SHN team made great strides to gain stakeholder support for SHN in Lagos. By keying into state-level school health priorities and policies, the SHN team succeeded in formalizing strong partnerships with the Lagos State Universal Basic Education Board (SUBEB) and the School Health Unit of the Lagos State Ministry of Health. Following official authorization from SUBEB, and in collaboration with their Social Mobilization Unit, 10 model schools on Lagos Island were selected as pilot model schools. An orientation of the SHN program and upcoming activities was conducted in April 2014, with final authorization received

from head teachers in each school. Baseline surveys and school facility assessments are scheduled for May, with WASH facility improvements to follow in the summer months.

The urban Lagos SHN program is expected to have a direct beneficiary reach of approximately 6,000 children, teachers, and School-Based Management Committee (SBMC) members. The new SHN team looks forward to initiating in-school activities in September that will improve the health and hygiene of Lagos schoolchildren.

## Sierra Leone

Sierra Leone's School Health Program is implementing in close collaboration with the education and child protection sectors. Operating in 3 out of 14 districts in Sierra Leone, programming covers an approximate total population of 1,806,485, including direct and indirect beneficiaries. The School Health Program is implemented by Save the Children and its partners, including children, with the overall goal to improve children's health and contribute to a reduction of teenage pregnancy. At the national level, Save the Children is part of the National Teenage Pregnancy Reduction Secretariat and is currently in the process of developing a child-friendly manual on life skills activities targeting both in- and out-of-school children. We are pushing for life skills education to be adapted into the current national school curriculum.

Program objectives include:

- Create awareness on the roles and responsibilities of school-going children on their rights to health.
- Improve knowledge, attitude and practices on the improvement of health and prevention of diseases.
- Increase capacity of children on life skills practices.



*Cross section of children participating in our Life Skills program in Sierra Leone. Photo credit: Save the Children*

Activities conducted in 2013 such as the establishment of School Health Clubs (SHCs) with representation of children from class levels 3-6 demonstrate our effort to reach these goals. The SHCs are peer educators and focal points for health education, who conduct capacity building trainings for SHCs with regards to sexual and reproductive health, WASH, DRR, sexually transmitted infections and diseases, including HIV/AIDS, gender-based violence and child protection issues. Other activities include the rehabilitation and construction of WASH facilities in schools.

## Somalia

In 2013, Save the Children's SHN program reached 126 schools across Somaliland, Puntland and South and Central Somalia. All SCI-supported schools have been provided with access to safe water and sanitation as well as gender segregated latrines; they were also provided with child hygiene kits. Children were trained on good hygiene practices and awareness on HIV/AIDS. As a result, over 70% of children were able to practice better hygiene behavior and over 95% had access to safe water and sanitation as per the findings of Save the Children's QLE assessment. Since attending the SHN PLG in Nepal, the Somalia country office has commenced the integration of a full SHN package into all upcoming grants. Two have already been submitted to donors, such as the Educate a Child initiative for the pastoralist children and the Norway Agency for Development for Education in Emergency in very insecure areas. This integration will have a significant impact on the most marginalized children attending the SCI-supported schools. Next steps include getting ready to start influencing the different national level stakeholders (there are currently 3 different national level authorities one for each area: South and Central Somalia, Puntland and Somaliland) to define a



*School Health Club (SHC) students conduct a group discussion and SHN drawing activity in Sierra Leone. Photo credit: Save the Children*



basic package for SHN and to advocate to incorporate SHN into both the National Health Plan and the National Education Plan.

## 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 is a Department for International Development UK (DFID)-funded 3-year program, which 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 25 districts (9 provinces). To achieve this objective, Save the Children provides a technical assistance package to build capacity of the District Government to prepare 400 schools (in the 25 districts) and communities to strengthen the implementation and demand for the Integrated School Health Program (ISHP). Ultimately, best practice and lessons learned from RMCH will be shared through workshops with all remaining 27 districts lead by the provincial and district ISHP task teams.

Through the RMCH school health project, Save the Children is exploring and incubating innovative approaches to the delivery of school health and strengthening coordination, demand and access to health. The partnerships established through the RMCH consortium facilitate a channel for advocacy to the National Government, directly through the membership of Save the Children South Africa's Health Advisor in the National ISHP Task Team (comprising the National Departments of Health, Basic Education and Social Development and key implementing partners). The RMCH school health project works across all three levels of government, i.e. national, provincial and district. Partnerships have also been strengthened with the United Nations (including UNICEF, UNFPA) as well as other key ISHP stakeholders (including LoveLife and Soul City).

## Zambia

In January 2013, the ECD program, which is expected to reach around 1,600 children from 32 ECD centers (aged 3-6 years) and over 8,000 family members from 22 primary schools and catchment communities, was introduced in Lufwanyama district of Copperbelt province in Zambia. SHN is an integral part of this program and will provide valuable experience on how to integrate health and nutrition into both school- and community-based ECD programming.



*Students enjoy a nutritious meal at the Chibanga Community School feeding program in Zambia. Photo credit: Seung Lee / Save the Children*

Orientation workshops to support and maintain SHN activities were conducted for 82 participants, including 21 teachers, 10 staff and 50 members from the core groups, PTA and caregivers. In addition, Save the Children procured plastic buckets with taps for handwashing to be distributed to 41 school places (community schools and ECD centers). These will address the problem of inadequate handwashing facilities and promote good handwashing hygiene, which is lacking in most targeted schools.

We intend to work in collaboration with the Ministries of Education and Health during the upcoming national Child Health Week, which is a biannual event in Zambia that targets about 2.3 million children under the age of five. During this period, children under the age of five have access to free health services at various health centers throughout the country. We will support this event and ensure that all children in the targeted ECD centers and community schools benefit, especially those in the hard to reach areas. Moreover, Save the Children organized a provincial level stakeholders meeting from April 28-30, 2014 to review the current national policy and materials on SHN.

## Zimbabwe

With funding from the Oprah Winfrey Foundation, Save the Children provided comprehensive education programming to the community of Matau, in the Hurungwe District of Zimbabwe. The project improved access to and the quality of ECD activities; launched Literacy Boost — Save the Children's signature reading program; and supported SHN interventions. Through this partnership, Save the Children supported 64 community health clubs and 9 School Health Clubs to implement Zimbabwe's SHN policies in the schools supported by this project which will close in 2014.



## Asia

Below are 11 descriptions of School Health and Nutrition programming of countries in Asia.

### Afghanistan

Save the Children in Afghanistan is implementing Sponsorship-funded Basic Education, ECD and SHN programs in Faryab and Saripul provinces in the north of the country. These three core programs are being implemented together as a complete package in 67 schools in five districts in Faryab and Saripul provinces. In 2013, these programs reached 59,102 children and 5,584 adults.

The 67 schools include SHN program expansion to new schools and communities in 2013. The SHN program is not only covering schoolchildren, but also out-of-school children who are in need of the health education and services and are among the most vulnerable, hard to reach groups. A central element to Save the Children's SHN program in Afghanistan is Child Focused Health Education (CFHE) groups. Save the Children also established and trained school-based First Aid committees and trained teachers on vision and hearing screening. 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. Save the Children also used best practices from the Sponsorship-funded SHN programs by replicating some of the activities to other geographical areas in various districts and provinces through other funds and projects. In this way, we are scaling up and reaching more children year-by-year. In 2014, Save the Children in Afghanistan plans to open a new impact area, which will expand the program's reach to new schools and communities.

### Bangladesh

In 2013, Save the Children implemented school health activities in all its education programs in Bangladesh. Across the country, Save the Children supported the government's mass deworming program, reaching more than 614,500 primary school-age children and 5,301 schools. In its Sponsorship-funded program in Meherpur district, 87% of target children were dewormed and supplemented with Vitamin A. Other achievements of the program include:

- A high percentage of schools with a source of safe drinking water, functional latrines and handwashing facilities (93%, 88%, and 84% respectively)
- Presence of a trained teacher in each school to conduct

weekly health education sessions as part of class routines

- Presence of little doctors in each school to support their teachers during health events
- Ensuring arsenic-free water to close to 800 families in Meherpur

As the Sponsorship-funded program phases out of Meherpur between 2014 and 2016, a priority for Save the Children will be to ensure schools, with support from their community and government, continue to promote the health and well-being of children. Other priorities for 2014 include initiating relevant health services as well as WASH and nutrition interventions in urban slums in and around Dhaka. Save the Children will also share programmatic and research findings from its health education, WASH in Schools and school health monitoring activities with the government and development partners in order to inform national education and health policies and strategies.



*Children cleaning their school grounds in Tapan Brahma, Bangladesh. Photo credit: Save the Children*

### China

Save the Children began conducting SHN activities in China in 1995 and continues to promote good health practices in 38 schools, with funding from such donors as the Wrigley Company Foundation, P&G and Safeguard (an arm of P&G). China's urban program focuses on supporting children whose families have migrated to the mega-cities of Beijing, Shanghai and Guangzhou. In addition to the urban focus, China's SHN program includes implementation in the rural areas of Yunnan and Tibet. In 2013, a variety of SHN activities were used to increase children's participation and their health knowledge, attitudes and behaviors. Save the Children organized over 150 school-based health promotion events, including activities such as health knowledge competitions and health art/drawing competitions. Nearly 7,400 migrant parents attended workshops and school health promotion events. In addition, the China office organized exchange visits to promote experience-sharing among the project partners,





*Students demonstrate their handwashing skills during a SHN PLG 2013 school visit in Bhairawa, Nepal. Photo credit: Save the Children*

project school headmasters and teachers to further enhance their health awareness and create a supporting environment.

One of the project strategies in Guangzhou and Shanghai involved trainers familiar with theatre-in-education techniques that provided training sessions for homeroom teachers and conducted children's dramas. The project also developed a comic book covering topics such as nutrition, oral health, eye care and handwashing as well as a cartoon video about oral health for health education classes.

Teachers and headmasters of the project schools in Shanghai and Guangzhou indicated that children are now more careful about their personal hygiene and health. Moreover, materials developed and distributed for participating schools included: 29,800 handwashing leaflets, 24,300 Family Nutrition Books and 4,000 school health education guidebooks.

Additionally, Save the Children organized a SHN Forum in Shanghai and a seminar in Guangzhou to share key project learnings with over 300 children, adults and official leaders in attendance. One father who participated in the forum wrote, "Today is my happiest day in Shanghai after living in this city for over 10 years, because I saw my child demonstrate the health knowledge they learned in school to the audience in the forum. I'm proud of him."

## India

In late 2013, Save the Children India applied for a funding opportunity from Mondelez International to implement a comprehensive nutrition program across five states in India. The program, which is set to commence in mid-2014, will

promote SHCs as a medium for children to meet and learn about various issues related to their nutrition and health. Implemented in partnership with the Magic Bus India Foundation, the clubs will be facilitated by youth mentors who will use an activity-based curriculum to help children learn and improve their nutritional practices. The program is expected to reach 45,545 primary school children as well as 17,420 infants and young children through community health services.

## Indonesia

In 2013, Save the Children successfully completed its activities in the WISE (WASH in Schools Empowerment) program, which it jointly implemented with the Government of Indonesia, UNICEF and CARE in six districts in Eastern Indonesia. With funding from Dubai Cares and the Wrigley Company Foundation, Save the Children Indonesia supported hygiene promotion activities that reached a total of 220 schools and 40,000 children directly and 568 schools and 170,000 children indirectly. A key achievement of the program was the partnership with the local government and SBMCs to improve sanitation and hygiene in schools. As a result:

- Local education offices supported schools to budget and use 5% of their funding for WASH facilities maintenance.
- 'Little Doctor' activities that engaged children as health promotion agents were regularly implemented in schools
- Teachers included hygiene topics into the mainstream education curriculum

The endline survey of the program showed that schools had better latrine and handwashing facilities than at baseline and that there was an improvement in the knowledge and practice of hygienic behaviors among the student community.

However, much remains to be done to sustain and improve the hygiene situation in communities.

Towards the end of 2013, new funding from AusAid (now DFAT), Community Chest Korea, Hyundai, Child Sponsorship and the Wrigley Company Foundation helped Save the Children initiate school-health activities in five other districts in Indonesia.

## Nepal

Save the Children implemented the SHN Program in partnership with the DHO and DEO for a district-wide implementation of the basic SHN package in 1,236 schools and focused programs through PNGOs in 297 schools in the year 2013. Different child-led activities (street dramas, SHN global celebrations, rallies, etc.) were organized through the child clubs.

The Nepal team convinced the Government of Nepal to develop a new policy and introduced 13 weeks of iron supplementation for adolescents aged 10-19 in the communities and from grade 6-12 in schools. Key activities carried out in partnership with the DEO and DHO to achieve strategic objectives include deworming, health screening and support for effective implementation of the basic SHN components. In addition, in partnership with local NGOs, the SHN program supported the provision of potable water, functional school latrines with handwashing facilities, drinking water testing and corrective measures for coliform and arsenic, provision of waste disposal system, among others.

A total of 327,737 children have directly benefitted from the SHN program, of which 50% are girls. The total reach is found to be higher in comparison to the year 2012 (27,437), as we have also included the reach through the DEO/DHO (districtwide coverage). It is expected that the total reach in 2014 will further increase as deworming will be carried out from grade one to ten in all three working districts. Also the Sponsorship-funded programs in Nepal including SHN have adapted and finalized a delivery minimum standards and monitoring tools/checklist to be used for our programs following the principles of SCP's MEAL (Monitoring, Evaluation, Accountability and Learning).

## Pakistan

Save the Children Pakistan has integrated SHN into all of its education and child development projects, including Education in Emergencies (EiE). In 2013, Save the Children Pakistan developed the CFHE curriculum, a method that encourages active child participation, covering 14 health topics, including MHM. Child-Focused Health Education is implemented in more than 1,300 project schools and communities in four provinces of Pakistan, covering both in- and out-of-school age children as well as in ECD homes reaching younger children and their parents. Some additional country office achievements from 2013 include:

- Trained master trainers of Government Health and Education Departments and 1,500 schoolteachers on the revised curriculum.
- Started implementation of the revised curriculum in more than 1,300 schools, 120 ECD homes, 16 Madrasas (religious schools) and 14 community base centers.
- Conducted deworming activities in all the targeted schools and communities.
- Conducted several policy level dialogues with the Provincial Governments to integrate CFHE into Government schools' curriculum and to make deworming essential for school-age children.

- Implemented a six-month pilot project involving satellite technology to train teachers and community workers in the remote area of Khyber Pakhtunkhwa province.

Additionally, Save the Children submitted a proposal to the U.S. Department of State for Women's Empowerment Programs. Promoting Powerful Leaders Among Youth (P-PLAY) proposed to increase girls' educational opportunities and their right to experience childhood through recreation and play. Sports would have provided a platform for girls to enjoy a supportive and safe environment where they could recognize personal and team achievements. Save the Children would have built on the activities of an IKEA Foundation project, Improving Lives of Children in Cotton Growing Districts of Pakistan, Phase II (Cotton Project) in order to focus P-PLAY funds in girls' sports and empowerment at the community level. Save the Children was not selected for this award but is actively seeking other funding.

## Philippines

The Philippines' SHN program is funded by the Wrigley Company Foundation and Child Sponsorship and targets 110 schools in the Luzon Visayas program area and the South Central Mindanao program area. SHN in the Philippines has been focusing on management of WASH facilities in schools, and improving hygiene practices, attitudes and knowledge – including MHM and addressing nutritional food and drink sold in school canteens. Children's participation through the SHN Child Health Promoters has increased the number of schoolchildren who consistently wash hands with soap and water by 21% and brush their teeth at least twice a day by 27% (KAP survey results April 2013).



*Schoolchildren, parents, community leaders and teachers plant saplings of the fluoride-rich herbal plant "Tsaang Gubat" to promote oral health and improve the environment of a school in Antipolo, Rizal, Philippines.  
Photo credit: Save the Children*



The program aims to improve the health environment, health behaviors, health status of schoolchildren using active learning methods and workshops as well as the involvement of all partners and participants in the planning and implementation of project activities. Vitamin A distribution reaches 39,661 children in schools and 1,973 preschool children in daycare centers.

A MHM situational analysis was conducted to help map implementation of MHM in schools. SCI Philippines has trained schools, community health workers, parents and children to resolving challenges illustrated by the analysis.

A SHN technical working group (TWG) was established to spearhead the development of training designs, modules and manuals, which will be used by school clinic teachers, Health and Nutrition Coordinators, Red Cross Youth Coordinators, students, parents and Barangay Health Workers. Members of the TWG include SCI, the Department of Education Antipolo Division, the City Health Office and the Philippine Dental Association. Moreover, proposals from five schools were approved and funds were granted to implement a waste segregation program by Child Health Promoters based on the result of the Child-to-Child steps facilitated by their school clinic teachers.

### Sri Lanka

In Sri Lanka, Save the Children aims to stimulate change using both hardware and software aspects needed to make schools centers of learning, practicing and diffusion of good sanitation and hygiene practices for children, their teachers, parents and their communities at large. The School Hygiene and Sanitation Project funded by Unilever Foundation was launched on March 18, 2014 in 30 schools of the Plantation Sector, Central Province, Nuwara Eliya District and it is expected to reach 8,000 students. Project objectives include:

- To improve the hygiene & sanitation in schools where children of the plantation community are enrolled.
- To improve health seeking behavior of teachers and children towards best practices of hygiene and sanitation.
- To develop sustainable mechanisms for better maintenance of school hygiene & sanitation practices in the targeted schools.

The project will increase availability of latrines to match the student population; 10 selected schools in Nuwara Eliya will be provided with 20 toilets. This will be followed up with a training of teachers as per the SHN manual to maintain school sanitation facilities. Also, estate schools without water facilities will receive funds to obtain the water from available water sources. To further develop and improve SHN practices, school committees will be organized for

maintenance of SHN practices. Save the Children will promote a community-based program that will be implemented in partnership with the local health authorities. Finally, the project will aim to increase nutrition awareness for schoolteachers and children of the school sanitation committee, while also developing and encouraging use of educational materials in schools to disseminate information in good SHN practices.

### Tajikistan

Save the Children in Tajikistan is working to improve the health and educational status of children from poor families in Khatlon Region and the Rasht Valley by using a Child-to-Child approach to map children's priorities in schools and address those priority issues systematically. With funding from the Wrigley Company Foundation, SHN projects



*School children dressed as flies in demonstration session on how germs are spread in Rast, Tajikistan. Photo credit: Seung Leel/ Save the Children*

directly reached more than 102,000 children from January 2011 through August 2013. Save the Children, in partnership with the Ministries of Health and Education, as well as the Tajikistan University of Dentistry, developed health education booklets, teaching materials, posters and banners for use in promoting handwashing, safe water use, sanitation and oral health in 100 schools. The project developed an illustrated book on oral health for primary grades with the support of the Teacher Training Institute of Kurgan-Tube zone and Khatlon Regional Education Department. A cartoon was also developed about oral hygiene and health for children, which was approved by the Ministry of Health and the University of Dentistry for broadcast on national television.

In September 2013, Save the Children Tajikistan began Phase II of the SHN project. With financial support from

the Wrigley Company Foundation, the project is targeting 150 schools in 9 districts in the Khatlon and Rasht areas. Together, Save the Children in Tajikistan, the Wrigley Company Foundation and local partners are working to improve health knowledge, attitude and practices of some of the poorest communities in Tajikistan, using primary schools as a learning forum for dissemination and delivery.

The SHN Project conducted a survey in 74 of the targeted schools with officials from the State Sanitary Epidemiological Service, learning that the water and sanitation situation at 28 schools was actually worse than previously thought. Members of the school communities were motivated by the laboratory evidence of unsafe water to mobilize community-generated matching funds quickly as well as labor for water and sanitation projects at the schools. Furthermore, initial research was conducted on MHM, puberty and gender norms for children, for which development of training materials will continue in 2014.

## Vietnam

Save the Children Vietnam began its SHN program in June 2011 with a two-year program targeting 30 schools in Hanoi, Haiphong and Ho Chi Minh City. This work has been funded by the Wrigley Company Foundation. After being trained and provided with a Teachers' Manual and supporting materials, 300 teachers provided health education sessions for students focusing on: oral health, hygiene, eye and ear care, nutrition, food safety, reproductive health and drug prevention. During the project period, 1,433 health sessions were conducted with active participation of more than 18,600 students in 30 project schools and 35 interactive



Group activity during teacher training on SHN in Hanoi, Vietnam. Photo credit: Save the Children

activities and communication events were organized at school and provincial levels. Students' active participation ensured all the activities were interesting to each age group and fostered students' creativity and leadership skills. These events encouraged parents, community and mass media to promote healthy habits. With support from the Department of Education and Training, Save the Children conducted four advocacy workshops at national and provincial levels. This governmental attention demonstrates the commitment from the local authority to implement the policies on SHN.

In 2013, with additional support from the Wrigley Company Foundation, Save the Children increased its reach to 36 schools and more than 26,600 students. Save the Children worked with project schools for implementation of SHN policies including: routine checks of hygiene facilities by school health staff with supervision of students; safe school environments that are smoke and drug free; and 100% of schools included school health activities in their annual plan.

In 2014 (project phase II), Save the Children is working closely with local partners to focus on sustainability of the implemented interventions for further impacts; to support schools and local government to translate policies into practice, bring health services closer to children and integrate health education into extra-curricular activities; as well as to promote in-school activities. Save the Children also worked closely with the Ministry of Education and Training for development and distribution of School Health Officer Guidance: a toolkit for implementation, monitoring, evaluation, and reporting of school health activities at school level.



A student raising her voice for SHN program interventions and expectations in her school on behalf of her group work activities at school in Hanoi, Vietnam. Photo credit: Save the Children





## Latin America and the Caribbean

Below are 11 descriptions of School Health and Nutrition programming in Latin America and the Caribbean.

### Bolivia

Save the Children in Bolivia has had SHN programs for 9 years and is currently working in 192 schools. A total of 55,630 children have been reached for SHN work this year through funding from Sponsorship, the Latin American Children's Trust and Unilever. In the high altitude areas, iron deficiency anemia is common due to an increased iron need to produce more hemoglobin to capture the scarce oxygen in the air. Over 21,000 children received at least 10 doses of iron supplements, 37,000 children received vitamin A, and 750 children were provided with oral health care. Moreover, 68 schools were equipped with first aid kits, which included the training of 370 teachers. A key accomplishment has been the involvement of the Ministry of Health staff in Oruro, who will take on the supervision and follow up of first aid kits in schools, contributing to the sustainability of this intervention. Training in nutrition and hygiene was also provided to 818 teachers by the municipal school feeding administration and public health services. Another 146 government health staff were trained to improve care for school-age children, using age appropriate protocols and records.

In the city of Cochabamba, 6 schools implemented UV lamp filters for water disinfection (removal of bacteria, viruses and protozoa from water for human consumption) in



*Eva Quispe Huanca, student hygiene club leader, teaches smaller children how to wash their hands before they practice it in Caracollo, Bolivia. Photo credit: Save the Children*

coordination with partner NGO Water For People to contribute to a safe school environment. In Oruro and rural Caracollo, 22 schools received funds for sanitary infrastructure maintenance to help support the program's goals. The SHN program also accomplished a baseline study in Cochabamba that found that anemia is not a major problem in this area, only among very young adolescent girls. Iron supplements will therefore only be necessary for 5th and 6th graders in this area. Finally, over 800 child leaders were trained on promoting handwashing, consumption of nutritious food, safe waste handling, proper use of bathrooms and oral health to their fellow students.

### Colombia

The SCI office in Colombia started an ambitious education project in 2013, "Protecting Children's Education in Southwest Colombia," subsequently named "Vive la Educación". The project takes place in the Cauca and Nariño provinces, benefitting 68 schools in 21 municipalities and more than 80,000 children during 5 years. As part of this effort, school infrastructure was assessed at baseline showing that only 24% of surveyed schools have safe drinking water supply. The general minimum conditions of bathrooms (cleanliness, illumination and ventilation) are reached by 60% of the schools, while 76% of the surveyed schools did not reach even half of the necessary functionality conditions such as toilet paper and trash cans availability, functionality of washbasin taps and toilet taps and adaptability to students with special needs. Colombia presented a specific funding request for SHN to GSK and to address these issues in 2014.

### Ecuador

Save the Children has worked in Ecuador since 2004, focused on advocacy for education and opportunities for youth. Regarding SHN, SCI Ecuador works with partners in an innovative ECD program in the poor neighborhoods of the capital city Quito for children aged 1-3 years old, supporting their care, learning and development, and particularly focusing on families living in extreme poverty and vulnerability who cannot afford private care. The four SCI-supported ECD centers provide holistic care for approximately 500 children, including nutritious food, hygiene practices, medical care, early stimulation and protection against violence. By working with these public institutions, SCI Ecuador helps to guarantee sustainability and replication in other areas. It also enables Save the Children to contribute to the implementation of the country's ten-year education plan.

### El Salvador

As a very interesting initiative, Save the Children El Salvador is developing the "healthy school snack" and the "healthy



*Children enjoy a nutritious meal at an ECD center in Quito, Ecuador. Photo credit: Save the Children*

school store” initiative, which aims at reducing diarrhea due to improper food handling as well as overweight due to sugar consumption. The “healthy school snack” denotes 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” offers at least five different types of fruits for sale and no soft drinks.

El Salvador’s SHN program has completed a new baseline with the QLE instrument, which highlights that 55% of schools have safe drinking water available and only 33% have adequate sanitary facilities. SHN programs have trained 4,643 child leaders, 52 food vendors and 13 teachers on hygiene, including food handling and nutritious foods. SHN El Salvador has also been working with TOMS Shoes for 3 years, accompanying all shoe distributions with an informative leaflet about how wearing shoes provides protection from hookworm infections as well as foot injuries.

Overall, SHN programming reached 53 schools in the areas of La Paz, Sonsonate, and Ahuachapán in 2013, reaching a total number of 28,667 children, directly and indirectly. Moreover, 623 schools that are not directly supported by Save the Children, incorporated SHN elements. This includes training in hygiene, waste disposal, healthy diet (both snacks and stores) and student brigades as a Child-to-Child method. Additionally, one of El Salvador’s field implementers was trained in Save the Children Denmark in psychosocial first aid, a course designed to address abuse or trauma among students in need of support and counseling.

## **Dominican Republic**

Save the Children Dominican Republic have been implementing SHN programs ever since its start back in 1976

in the north and center border of the Dominican Republic with Haiti. This year, our program focused on school gardening. Our school gardening program, funded by the Coca-Cola Company and Unilever, is part of a homegrown school feeding initiative by which school lunch at midday is improved with fresh vegetables, both cooked and raw. Children and parents who help in the school kitchen are also taught about nutritious food and the nutritional value of each vegetable. In 2013, Save the Children Dominican Republic installed three new gardens (two in schools and one for a youth group) and gave follow up to 12 school gardens that are already producing as well as 69 family gardens. Some of the gardens use solar power for irrigation pumps. This project was able to benefit more than 4,000 children and over 500 parents. Additionally, the team distributed soap and hand sanitizers in nine schools benefitting more than 700 children.

## **Guatemala**

Save the Children’s SHN programs in Guatemala focused on two major projects in 2013: “The Guatemala Education Initiative”, which was launched in 2012, funded by Starbucks Foundation, and “Education and Care for Children in Coffee-Growing Areas in Guatemala”, which was funded by Tchibo in 2013. A total of 44 schools and 6 Comprehensive Care Centers (CCC) were reached through SHN programming. In the coffee-growing area, Save the Children provides comprehensive quality care for children aged 3-13 years old in order to prevent child labor and to prevent sick children to stay in the open or suffer accidents while their parents work in the coffee harvest. A total of 6,607 children were reached for SHN work with collaborations from Starbucks and Tchibo.

Guatemala’s SHN programs contributed to national policy in 2013 by promoting children’s right to health at different levels: the local health area, COCODES (Community Development Council), school principals, educational tips and recommendations and school governors as well as via awareness meetings hosted by the COMUSAN (Food Safety Commission) of Olopa, Chiquimula on local current food situations. In Olopa, 6 schools were provided with repair or construction of their perimeter wall to support the safe school environment. In association with COCODES, piped water service in schools was improved. Finally, materials were provided for hygiene corners in classrooms to benefit 504 children for handwashing and teeth brushing.

Additionally, 247 teachers were trained in personal care, home and school-based health education on the manual “We Are Clean and Healthy at School and at Home” prepared by Save the Children. In addition, 142 members of school





*Students practice effective teeth brushing techniques at a school in Huehuetenango, Guatemala. Photo credit: Save the Children*

governments were empowered and helped maintain a clean and healthy learning through a "traffic light cleaning" strategy, which aims to raise awareness through personal hygiene practices as part of preventive health, cleaning the classroom, garbage classification and environmental improvement. It also fosters teamwork dialogue, consensus, critical thinking, planning and decision making for the children.

## Haiti

Haiti's Save the Children Sponsorship-funded SHN program, now based in the region of D  ssalines, continues to improve SHN services, covering a total of 47 schools and benefitting close to 13,200 children in 2013. Improvements in school-based delivery of health services and nutritional status of children include:

- More than 900 children received Vitamin A.
- More than 9,600 children received iron supplements.
- Percent of school-children dewormed increased from 25% in 2012 to 38% in 2013 (together with the MoH, a total of 11,538 children were dewormed).
- 50 schools have each received a first aid kit and a hygiene kit; PTA members were trained in its use.
- 774 children educated on dental oral care.
- An agreement with the D  ssalines city hospital is being developed for free health care for students.
- 203 teachers and principals were trained on waste management in schools and implemented waste baskets and disposal mechanisms.

Save the Children trained teachers in interpersonal communication, nutrition, testing visual acuity, mass administration, hygiene, and HIV/AIDS. Jointly with the

MoH, Save the Children organized awareness campaigns on cholera prevention and better health and nutrition practices in schools and communities. Working with strategic partners, such as the MoH, was a key factor to reach more beneficiaries with less financial and human resources during the Global Handwashing Day. Involving children who transmit hygiene messages had a considerable impact because they conveyed messages in their community and to their parents and they ask for water and soap at school and at home to wash their hands. In addition, Save the Children supported the Cholera Treatment Center in its capacity to provide health care services and prevention campaigns in communities to prevent this deadly epidemic. Awareness campaigns in schools and communities also allowed a considerable reduction in cholera cases.

In another project, SCI has improved sanitation in 13 schools in the Jacmel area.

## Honduras

SHN activities, supported by Child Sponsorship, have been taking place for five years in Honduras. Working in a total of 39 schools, SHN programming has taken place in Intibuc  , Valle and Francisco Moraz  n. In 2013, 3,500 children were reached through Save the Children's SHN work. Additionally, Save the Children Honduras contributed to a national school policy on disaster preparedness, child rights governance, protection and community mobilization. This regulation will hopefully be signed in 2014. Save the Children also coordinated with the MoH so that all children were dewormed and received an iron supplement. In 34 schools, children received fluoride, toothbrushes and training in oral health. Save the Children Honduras also conducts extra-curricular classes with student governments (approximately 270 students) on hygiene, safe water, environment, waste



*Children in the new sanitary installations of Villa Francis, La Esperanza, Intibuc  , Honduras. Photo credit: Save the Children*

management and nutrition. Students then replicate these messages to the entire school during science classes, health fairs and through murals. Furthermore, Save the Children conducted parent nutrition workshops in all schools about healthy food and food hygiene.

To improve safe school environment, Save the Children Honduras contributes to operations and maintenance of several schools. Examples of such activities include:

- The improvement of three community water systems in Las Aradas, Los Olivos and Llano de la Virgen
- Construction of four sanitary infrastructures in the schools of Llano de La Virgen, La Puente, Agua Zarca and Villa Francis
- In the school of Villa Francis, Save the Children installed rain drainage so that children would not walk in the mud in the school yard.

## Mexico

In Mexico, SHN is implemented through a grant from P&G. The program operates in 8 states in Mexico, covering a total of 79 schools and benefitting more than 21,600 children. Interviews and focus groups revealed inadequate hygiene and sanitation in schools as well as the following:

*“The place we dislike the most in the school are the bathrooms. We do not have privacy and boys can see us.”*

Girl student, Focus Group Discussion

In addition, some children said that due to the poor conditions of bathrooms, they wait until getting home. The KAP student survey showed that nearly 20 percent of children claimed to “never or only once a day” brush their teeth.

Our school assessment found significant shortages in the delivery of annual deworming established by the MoH. Only 13 percent of children received deworming treatment in the past school year. Only 23 percent of schools had soap on handwashing stations the day of the survey; and 34 percent of schools did not have free or paid safe drinking water. Additionally, 47 percent of schools have sufficient sanitary facilities according to the number of students and the same percentage had adequate facilities (clean, private and safe). Finally, 33 percent of schools had menstrual pads available for students and 12 percent of surveyed girls claimed they have missed school during their menstruation.

## Nicaragua

During the year 2013, Save the Children Nicaragua with funding from Save the Children Norway, helped 28 schools in the Northern Atlantic Region with training in WASH, building 25 water tanks and pipes, giving 71 filters and building a battery of latrines in one school. In protection, Save

the Children added 12 new schools that adopted a code of conduct and now has a total of 25 schools with codes of conducts in place, out of the total of 113 schools in the impact area. Codes of conduct are aimed against violence in school, but also at taking good care of infrastructure and furniture, traffic and building security, WASH infrastructure and parents’ responsibilities for children when travelling or walking long distances.

In León, Jinotega and Matagalpa, the Nicaragua office implements HIV prevention in 35 secondary schools, reaching more than 1,000 school-age children (9-14 years) and over 500 youth (15 to 24 years) and training 166 teachers and 236 youth leaders in HIV prevention. Save the Children measured an increase from 70% to 75% of adolescents who know at least 3 ways of transmission and have fewer myths about HIV/AIDS.

## Peru

In 2013, SCI Peru, in partnership with Unilever and government entities, developed the project “Yo cuido mi salud, yo me lavo las manos...y tu?” (“I take care of my health, I wash my hands...and you?”). This project was implemented in three areas of the country and reached 37,613 children under 6 years of age; 1,001 teachers; 366 community promoters; 8,773 parents and 44 local authorities. In addition to the direct impact on childhood, the project allows strengthened collaboration between the education and health sectors as well as the promotion of health education in schools. Also, the project involved participation for children and families through a drawing and painting competition for students accompanied by their parents. Finally, the importance of school health promotion was included in the public agenda through various forms of social media.



*A young girl practices effective handwashing techniques at school in Peru.*  
Photo credit: Save the Children





## Middle East and Eurasia

The descriptions of 2 current School Health and Nutrition programs throughout Middle East and Eurasia

are listed below.

### Armenia

In 2011, Save the Children commenced a three-year project called Action for Child Health and Education, aimed at improving SHN services and practices in remote rural communities of Armenia. During the life of the project, Save the Children improved school sanitary conditions in 12 target communities through renovation; provision of 24/7 running water and functioning sewerage system in 24 school and 8 preschool toilets; improved knowledge and practices of more than 800 children; trained 305 schoolteachers and management staff on SHN; improved community knowledge and practices on SHN through conducting health seminars for more than 280 parents/caregivers of school age children; and published educational materials for children and parents.

Save the Children engaged schoolchildren in participation and dialogue with adults, parents, teachers and decision makers and empowered them to raise their voice and advocate for better health, hygiene and nutrition practices in their schools, families and communities through the introduced Child-to-Child approach. Through child-led research and interviews with other children and adults (including teachers and parents), Child-to-Child participants identified gaps, proposed solutions and implemented small

actions to improve school hygiene and promote healthy environments. The actions proposed and implemented by children varied by community and Child-to-Child groups. These included the marking of Global Handwashing Day through community and school awareness raising events, a School Hygiene Poster competition, production of newsletters and flyers and different performances. One result was the development of SHN policies by children under the leadership of Student Councils and approved by school management.

### Egypt

In 2013, in order to support the sustainability of SHN messages in schools and to improve quality learning environments, the SHN team conducted a training of 98 teachers, who will assume the role of health supervisor at their respective schools to address the need for a focal point for the health insurance referral system, a first aid champion as well as to support detection of children's health issues, raise awareness of prevention of communicable diseases, and etc.

Save the Children continued to nurture the partnership with the Directorate of Education at schools and Health Insurance– to ensure that children can access health services. In 2013, 15,497 basic education students were covered by medical checkups in collaboration with the Health Insurance Department and 27,298 children benefitted from extracurricular activities, including: camps, art workshops, sports days, health competitions and celebrations of Global Handwashing Day.

The SHN program reached 100% of Abnoub district's 97 primary and preparatory schools (61 primary, 36 preparatory schools). The program benefitted 33,600 children directly (15,980 girls and 17,620 boys for a percentage/ratio of 52.4% boys and 47.6% girls); 2,677 adults (1,671 women and 1006 men made up of social workers, BOTs, officials, inspectors, headmasters, community leaders and CDAs members) have been directly reached through SHN interventions, such as trainings and awareness raising. Additionally, 50,300 students (23,900 girls and 26,400 boys) as well as 4,000 adults (2,500 women and 1,500 men) were indirectly reached.

In 2014, the Egypt country office will examine the need for physical education at schools, especially for girls and healthy food vendors and will employ a peer-to-peer methodology to spread messages more cost effectively.



Children enjoy running water in their newly renovated school toilet and celebrate Global Handwashing Day in Jrashen community, Armavir Province, Armenia. Photo credit: Save the Children

# North America and Europe



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

## Italy

Save the Children implements a major program in Italy aimed at preventing the effect of poverty on children's daily lives. One of these initiatives is "Ready, Steady, Go!" (2011-2014), a four-year program funded by Mondelēz International Foundation's aimed at supporting children and adolescents in 10 of Italy's poorest areas, which are increasingly affected by the general impoverishment.

"Ready, Steady, Go!" 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. It also involves parents and grandparents in activities so that they can influence their children's attitudes on lifestyle and personal development, informing and advising them on various subjects related to children's well-being and health. In three years of implementation, "Ready, Steady Go!" has reached more than 70,000 children (6-14 years old) and adults. Activities are carried out in primary schools and in sports and recreational centers renovated and equipped in the initial phases of the program. Main activities are:

### Nutrition and healthy lifestyle education for children

- Teaching nutrition basics and healthy lifestyles to children in schools in collaboration with the schools' teachers and in the sports/recreational centers.
- Plays and role games on nutrition proper behavior
- Arts and drawing workshops on nutrition and health

### Active Play/Sports

- Physical and sports activities delivered by educators, social workers and sports trainers (such as volleyball, basketball, skating and soccer, etc.) to improve children's and adults' lifestyles and promote social inclusion and participation
- Role play, arts and drawing, kitchen workshops with children and parents and recreational activities for children (painting, theatre, clay, music, dance workshops, and many other creative activities)

### Community awareness (information and advice on healthy lifestyles and other topics)

- Workshops, events, seminars and private sessions to

inform and advise parents on key health messages

- Involving local institutions and enlarging the local network
- Boosting the participation of families, local associations and institutions through public events, "open days", awareness campaigns

## United States



Over the past 35 years, the childhood obesity rate in America has nearly quadrupled. This trend is even more pronounced in poor rural communities, where an astounding 52 percent of children are overweight or

obese. Our Healthy Choices program provides children living in poverty with access to regular physical activity and a healthy snack in the afterschool environment, plus enhanced understanding of how healthy eating and play shapes their lives.

Currently, Healthy Choices is implemented at 140 rural elementary schools in 13 states for more than 13,000 children. It is based on the CATCH (Coordinated Approach to Child Health) curriculum of physical activity games and nutrition education lessons.

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



Each week during "Healthy Choices" programs in the U.S., children engage in discussion and activity involving the nutrition word of the week. During Fruitti Tutti Fruits & VaVaVroom Veggies month, children learn the definition of the word "variety" as pictured above and better understand the benefits of incorporating a variety of fruits and vegetables into their daily diets. Photo credit: Save the Children



# Thought Leadership and Networking Events

## Using Mobile Technology in School Health

Save the Children's school health managers are gaining experience in using mobile technology in their activities. In 2013, the programs in Bangladesh and Indonesia conducted their SHN evaluations using mobile surveys. The survey tools were designed on a mobile data collection system, such as Tangerine (used in Bangladesh) and Magpi (used in Indonesia), and the enumerators used mobile devices such as a smart phone or tablet to collect data. The use of mobile surveys was less labor intensive, due to the time saved in data collection and cleaning and more convenient since all the entered data was easily backed up on the internet. The mobile surveys worked very well for quantitative data collection, such as school facilities inspections as well as knowledge, attitude and practice (KAP) surveys. Use of mobile surveys is recommended for future surveys and monitoring exercises for programs.

In 2014, Save the Children Indonesia will pilot test the use of SMS (text messaging) for health messaging to schools and communities. The objective of this initiative is to utilize the high mobile penetration in Indonesia to improve program delivery and communication.

## SHN Community of Practice

Save the Children continues to grow a strong SHN community of practice. This community is dedicated to sharing experiences, expanding knowledge about SHN and enhancing programming around the world.

**Program Learning Group:** The SHN PLG 2013 in Nepal (Page 7), served to enhance our community.

**Facebook Group:** The SHN Program Managers Facebook Group serves as a platform for SHN managers and other Save the Children colleagues interested in SHN living across continents and time zones to get to know each other and ask questions, give advice and/or simply share about their daily activities.

Our membership has grown to over 250 people and continues to grow monthly. There are frequent posts of photos from SHN events around the world, including SHN policy conferences and school health days. Other conversations revolve around sharing recent publications and observations of best practices for school WASH programs. Members of the Save the Children family are encouraged to join the group at [www.facebook.com/SCSHNmanagers](http://www.facebook.com/SCSHNmanagers).



*Child Health Promoter assists dentist from the LGU during the Dental Fair conducted in a partner school in the Philippines to celebrate Oral Health Month. Photo credit: Save the Children*

**Monthly Webinar Series:** The webinar series has continued to enjoy success in 2013-2014. This series is open to the global SHN community, both within and beyond Save the Children. The webinar series provides opportunities to learn about current SHN topics as well as to share experiences and learning from ongoing programs. Participants are also encouraged to continue the conversation after the webinar through the previously mentioned SHN Facebook group.

## Partnership 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 find sustainable solutions, the SHN team often attends health and nutrition events worldwide. Here are some of the events we took part in during 2013-2014:

- **Comparative and International Education Society (CIES) Annual Conference: Toronto, Canada**

The SHN team contributed to the sessions listed below at the 54th annual CIES conference in Toronto, Canada.

- ◇ FRESH M&E Guidance for School Health Programs
- ◇ Innovative Skills-Based Health Education Project in Bangladesh
- ◇ Equity in Schools: Complementary Programs for Promoting Equitable Learning
- ◇ Are Children Ready for Schools and Are Schools Ready for all Children?: The use of assessments to align children's

educational needs and the school curriculum

- **Meeting for Intensifying Integrated Efforts for Control of STH in the Region of the Americas: Bogota, Colombia**

In May 2013, Neglected Infectious Diseases Division of the Pan-American Health Organization, the Global Network for Neglected Tropical Diseases, the Canadian International Development Agency and Children Without Worms (CWW) gathered delegates from Ministries of Health and Education from 18 countries in order to promote integrated actions to control STH in the agenda of public health priorities in their respective countries.

Save the Children presented its experience in delivery deworming through schools. CWW is a partnership between Johnson & Johnson (J&J) and The Task Force for Global Health (TFGH) that supports the global control of soil-transmitted helminthes (STH)\*, commonly known as intestinal worms. CWW collaborates with partners including the WHO, GSK, government ministries of health and education, multilateral donors and NGOs including Save the Children.

- **Virtual MHM in WASH in Schools Conference: New York, USA**

The 2nd Virtual MHM in WASH in Schools Conference, hosted by UNICEF took place November 2013 in New York. Participants included experts from the WASH, MHM, health and education sectors, representing 12 organizations and 14 countries. The conference's purpose was to share MHM lessons learned across countries and organizations, focusing on tools utilized to explore barriers facing girls and to measure and evaluate interventions being trialed or implemented in various contexts.

Save the Children had a strong presence during the event and contributed significantly to the learning agenda. Presentations highlighted our research efforts and findings with Emory and UNICEF in Mali and the Philippines. Presentations reiterated the common, yet contextually-specific, challenges girls across many countries face when managing menstruation in schools. Discussion continued to identify next steps for the MHM community: the development of an MHM monitoring package; establishing a valid set of MHM indicators; and advocacy for the inclusion of MHM in post-2015 development goals.

As the need for MHM interventions becomes more apparent,



*SHN PLG 2013 participants gather for a group photo in Pokhara, Nepal.  
Photo credit: Jackie Haver / Save the Children*

practitioners, researchers and policy-makers agree that efforts require a multi-sector approach to successfully inform a comprehensive set of solutions for the challenges girls face. Save the Children is well positioned to contribute to these efforts.

- **UNAIDS Inter-Agency Task Team (IATT) on Education: Cape Town, South Africa**

In February 2014, the UNAIDS IATT on Education, convened by UNESCO, joined the University of the Western Cape (UWC), Sonke Gender Justice in South Africa, and GIZ to explore the role of the education sector in sexual violence prevention and response in schools. The extended symposium used the South African context to generate a conversation about the role of schools, both in South Africa and in other countries. The symposium identified ways to strengthen the education sector's leadership and responses to sexual violence.

The 60 participants attending the symposium included IATT members, local and national leaders, practitioners and researchers from the fields of education, teacher training, sexual violence and HIV working in government and civil society broadly, in South Africa and the region. Sue Jones from the Save the Children South Africa represented Save the Children and SHN team at the meeting and symposium.

- **Global Risk Forum (GRF) One Health Summit: Davos, Switzerland**

The 2nd GRF One Health Summit 2013 took place in Davos, Switzerland on November 20, 2013. During this four day conference, 390 international delegates from more than 70

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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/))*





A child washes his hands at an ECD center in Lao Cai province, Vietnam..  
Photo credit: Save the Children

countries addressed the complex interactions between human health, livestock, pet and wildlife health, environmental health, ecosystems services, climate, water, sanitation, food systems, energy, human development, equity and justice.

One of the panels was presented by Save the Children US SHN Advisor Natalie Roschnik, who discussed “WASH in schools: Risks and opportunities for One Health goals”. The main takeaway message is that schools provide a great opportunity to improve WASH goals (and health and education outcomes) in a holistic way, integrated with other goals (health, education, citizenship, etc.), but it can also pose a huge risk if inadequate (i.e. disease transmission, girls attendance). Hence, we should not forget schools and should invest in them because they are educating the next generation of adults, parents and leaders.

Natalie’s presentation also included discussions on:

- ◊ The link between health and education and role of schools: Healthy to learn and learn to be healthy
- ◊ International FRESH Framework: An example of integrated programming
- ◊ Schools as an opportunity to improve health behaviors and outcomes for entire community

#### • **Early Childhood Development (ECD) Measuring Results Beyond 2015: Geneva, Switzerland**

WHO hosted a meeting on population level monitoring of ECD on March 11-12, 2014 in Geneva. The aim of the meeting was to consult on the measurement framework for population level monitoring indicators for ECD (0-8y). This

was a follow up meeting from the 2013 WHO Expert meeting on ECD, which reviewed the state of the art evidence of effective interventions for ECD and their implementation across the life course, within the health sector with particular emphasis on 0-3 years of age. Participants included academics, donors (World Bank, Gates Foundation, UBS Optimus, Bernard Van Leer, CIFF, Grand Challenges), and a few NGOs (Save the Children, Plan and World Vision).

#### • **20th International Congress of Nutrition: Granada, Spain**

The International Union of Nutritional Sciences 20th International Congress of Nutrition (IUNS 20th ICN) was held Spain, from September 15-20, 2013. Save the Children US’s SHN team members participated in the 5-day congress that covered nutrition, feeding and dietetics. More than 4,000 professionals in these areas attended, bringing together different cultures, traditions and knowledge to share and discuss the new aspects of nutrition development around the world.

#### • **Child Sponsorship Conference 2013: Istanbul, Turkey**

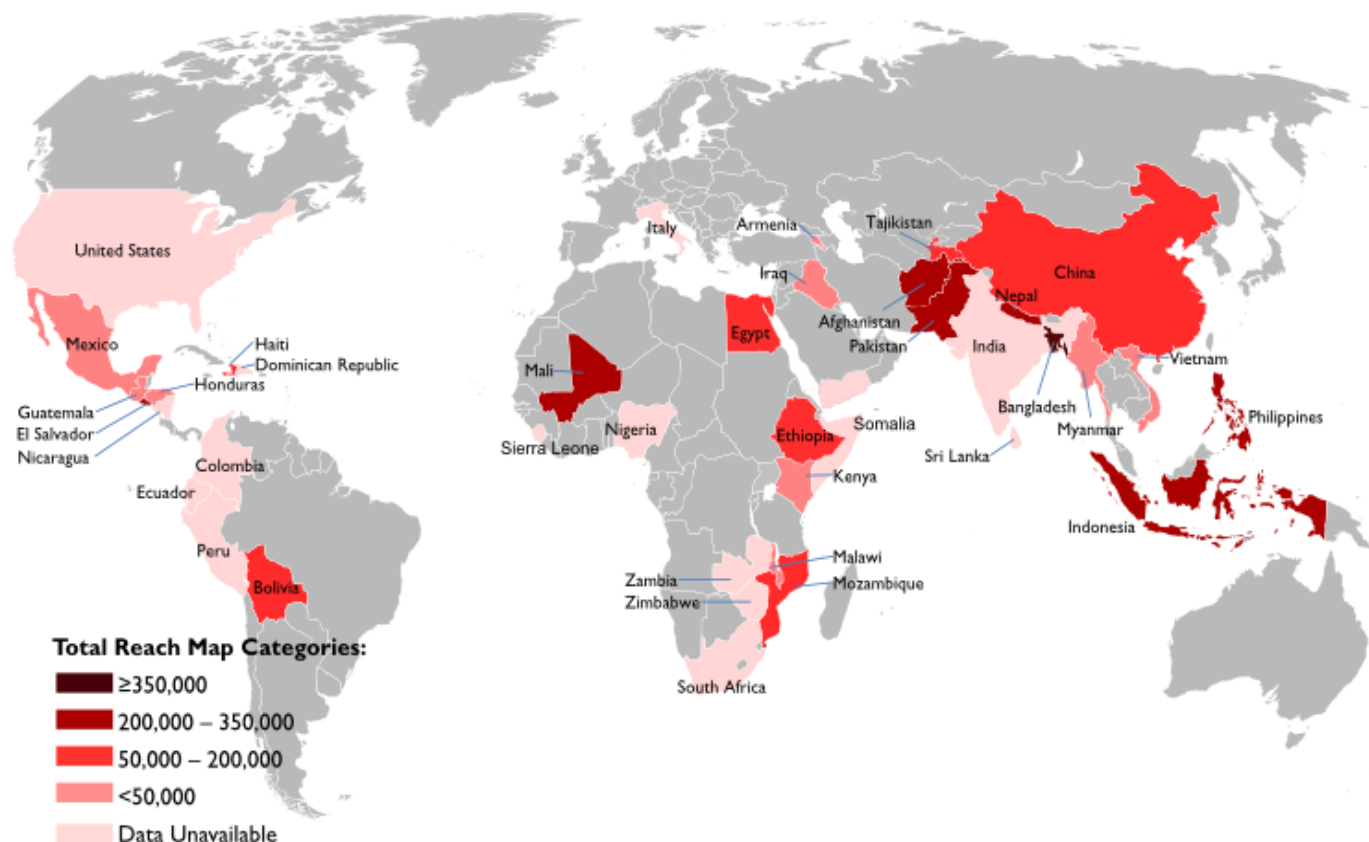
The 2013 Child Sponsorship Conference took place on November 4-7 in Istanbul, Turkey. Child Sponsorship is a pipeline for innovation, for instance, Literacy Boost and Malaria Control in Schools (which SHN has started through Sponsorship funding). Save the Children’s approach to Child Sponsorship programming is recognized by our peers as “best in class” and aligns with the new SCI Program Quality Framework and our Theory of Change. Child Sponsorship engages 140,000 donors across the Save the Children movement: from the US, Italy, Korea and more to come.

The total budgets in Sponsorship country offices are more stable and grow faster than in non-Sponsorship country offices. Sponsorship funds support a wide breadth of Save the Children’s SHN work.

#### • **Global Partners’ New Commitment to STH Control**

In 2013, Seung Lee was nominated to be a member on the Soil-Transmitted Helminths (STH) Advisory Board for Children Without Worms and STH External Advisory Board Member at the Bill and Melinda Gates Foundation. She contributed to discussions and strategy sessions that led to the recent announcement by the development community to commit \$120 million new funding to STH led by the Gates Foundation. The Foundation plans to lead global partners to utilize, more efficiently, the donated albendazole and mebendazole from GSK and J&J in order to take deworming to scale.

# Save the Children's School Health and Nutrition Program Where We Work



**Save the Children is the world's leading independent organization for children, working in over 120 countries around the world. Our mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives.**

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