



SCHOOL HEALTH AND NUTRITION FOR EVERY CHILD

School Health and Nutrition Program Learning Group
Hanoi, Vietnam, June 20-25, 2016 – Technical Report

School Health and Nutrition for Every Child

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School Health and Nutrition for Every Child

Introduction

This report summarizes the key messages from the global learning conference for School Health and Nutrition (SHN), held in Hanoi in June 2016, along with links to further information on key topics and core SHN literature. This is a simple, technical reference document aimed at Save the Children SHN programmers – both those who attended the conference and those who did not – or anyone else interested in the subject.

Save the Children hosts a global learning workshop about every three years for practitioners worldwide. This year, the event brought together staff from Save the Children's members and country offices, representatives from governments, donors, and other partners.

Support from Wrigley Company Foundation, the World Bank, Save the Children's Individual Child Sponsorship and other grants permitted the participation of 70 people from 30 countries. It was hosted by Save the Children (SC) Vietnam and Save the Children US (SCUS).

Participants engaged in a community of practice that allowed them to share and learn about SHN programming worldwide. They visited pre-schools and took part in a market place of innovations, as well as a number of interactive exercises and social events.

At the conference, participants agreed that SHN continues to be a cross-cutting field, which, through its integrated and holistic approach, responds to many global and organizational priorities. Gender mainstreaming and Menstrual Health Management (MHM) were central to these discussions, as was evidence generation through monitoring and evaluation, research and innovation, and the application of new technology for those purposes.

Debate centered on the evolving mandate of SHN and how to balance global versus local concerns, and explored topics such as violence in schools, mental health issues and environmental degradation. Sustainability and partnerships were key themes throughout the week.



Children at the Save the Children supported Sung Do Primary school. First grader Van Thi Trang raises her hand in class.
Photo Credit: Karin Kuhns, Save the Children

School Health and Nutrition for Every Child

1. Learn to be healthy, be healthy to learn

What is School Health and Nutrition?

Across the developing world, millions of school-age children are affected by illnesses, many serious yet easily treatable and preventable, which inhibit their ability to learn. Healthier children stay in school longer, attend more regularly, learn more and become healthier and more productive adults.¹ Save the Children is a global leader in the field of SHN with programs reaching 4 million children in 44 countries according to the latest [program update](#).

Participants enjoyed lively group discussions that revealed a great number of definitions of SHN. Yet, consensus remained around the old slogan: 'Learn to be healthy, be healthy to learn'. Similarly, the concept of 'healthy bodies, healthy minds' was used to capture the link between physical and cognitive abilities, and how SHN, working collaboratively between Ministries of Health and Ministries of Education, aims to improve both health and educational outcomes of children.

See the video footage of workshop session
<https://youtu.be/aYbVMYD0NzM>.

Why invest?

Seung Lee, Senior Director at SCUS, highlighted the main reasons to invest in the health of school-age children. Despite lower levels of mortality, school-age children tend to suffer from many chronic and 'invisible' diseases such as micronutrient deficiencies, parasitic infections, undernutrition, vision and hearing problems, and poor menstrual hygiene management. They also tend to have very poor knowledge about how to be healthy.

Whilst most health investments focus on children under 5 years, SHN addresses the needs of those who survive to school age. Children in this age group tend to have low mortality rates but high morbidity.

The positive news is that as primary school enrolment increases it becomes easier than ever to reach children through the educational system. Many interventions are cost-effective² and there is a well-accepted international framework from which to work.

The Save the Children US School Health and Nutrition Programs are recognized as a global model and are in

alignment with the UN and World Bank framework for school health and nutrition called FRESH (Focusing Resources on Effective School Health). Another key resource is the CASP (Common Approach to Sponsorship Programming) that provides guidance to Country Offices to successfully design, implement, monitor and evaluate their child sponsorship-funded programs. The CASP is produced by SCUS for all programs financed through Individual Child Sponsorship. Moreover, SHN programs are also cost-effective and complementary to Save the Children's Early Childhood Development and Basic Education efforts, helping children, especially girls, be healthy to learn and learn to be healthy.

In a nutshell, the goal of SHN Programs is 'improved education achievement through health and nutrition programming'. Yet, SHN interventions are inherently cross-thematic and therefore help fulfil many of the UN Sustainable Development Goals (SDGs), particularly goals 1-6 on reducing poverty, hunger, promoting health and well-being, education, gender equality and clean water and sanitation. The next chapter explores the role of SHN for the SDGs further.

School Health and Nutrition refers to interventions that aim to improve the health and nutrition status of 'school-age children', their related behaviors and skills, and consequently their participation in schooling and education outcomes. Schools are the venue to reach this captive audience, although SHN activities also reach children outside school settings, particularly those most vulnerable and deprived.

With the focus of governments and the international education community on extending education opportunities to early childhood and expanding basic education to secondary schooling the definition of the school-age child is changing. Apart from 6-12 year olds, SHN interventions now encompass both preschoolers (3-5 years) as well as older adolescents (15-18 years). The Very Young Adolescents (VYA) (10-14 year) have always been part of SHN but there is a new emphasis on them. This also shifts our definition of what comprises a school for SHN interventions – apart from a primary school, it may be a pre-school or ECCD center, a community learning and resource center, or a secondary school or institution (CASP 2016).

¹ See <http://www.schoolsandhealth.org/> for more

² PCD (2015) Costing Analysis of School Health and Nutrition Interventions. The ESHI Case. Study 2014. Dec 2015. PCD Working Paper 4

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2. Get engaged with the SDGs

What are the SDGs?

Mohini Venkatesh, Advisor at SCUS, led an interactive session on the role of SHN in addressing the United Nations Sustainable Development Goals (SDGs) including its 17 goals and 169 targets. Following on from the Millennium Development Goals, the SDGs are broader in scope and address root causes. Whilst not legally binding, countries are expected to take ownership.

How can SHN contribute?

Mohini Venkatesh presented a concrete example of how SHN works to achieve the SDGs: the upcoming inter-agency agreement on indicators for WASH in schools for national and global monitoring of the SDGs. Moreover, Louise Banham from the Global Partnership for Education stressed the importance of applying internationally approved and standardized frameworks to promote and capture the role of SHN in addressing many of the SDG goals and targets.

Some targets within these SDGs are directly relevant to SHN. For example, Target 1.3 on nationally appropriate social protection and systems, and Targets 1a and 1b on mobilization of resources to implement programs, and presence of sound policy frameworks which are pro-poor and gender sensitive, respectively, link to the first pillar of the [FRESH framework](#) (The FRESH framework is an inter-sectoral partnership to Focus Resources on Effective School Health).

Globally, Save the Children has an Ambition for 2030 (see next chapter) that is in line with SDG-4 for 2030, which states that 'all children learn from a quality basic education'. As such, quality basic education is the common platform for government and other stakeholders to directly contribute to the national and global target of SDG 4. However, given the multi-component nature of SHN, this field can contribute to several other SDGs too.



The UN Sustainable Development Goals (SDGs) were adopted by 193 countries at the UN Summit in September 2015. The SDGs are an intergovernmental set of aspiration Goals with 169 targets. The 17 Goals are contained in paragraph 54 United Nations Resolution A/RES/70/1 of 25 September 2015. Source: www.un.org

The relevance of SHN in the “post 2015 era” is captured in a 2-page Joint Statement produced by the FRESH coordinating group and presented at the World Education Forum in 2015 (see Resources).

Resources

- FRESH (2015) School Health Matters Beyond 2015 World Education Forum, S Korea 2015. (<http://bit.ly/2c1Vn4n>)
- Common Approach to Sponsorship Programming (CASP 2016) SHN Module Chapter A.3. Why Invest in School Health and Nutrition (<http://bit.ly/2c4L4LE>)
- Save the Children (2016) School Health and Nutrition Program Update 2015-2016. <http://bit.ly/2deb2Ak>
- The Future Starts Now YouTube video (<http://bit.ly/2cEfrY3>)
- SDG calendar (<http://bit.ly/2chHDok>)
- Websites: <https://sustainabledevelopment.un.org>; <http://www.un.org/sustainabledevelopment>; <http://unstats.un.org/sdgs>
- See video footage of workshop session (https://youtu.be/pYlTyblRb_s)

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3. Link up to the global strategy

What is our “Ambition for 2030”?

Across 100 countries and more than 25,000 staff, the current “Ambition for 2030” global strategy guides what we collectively work to achieve. Dan Stoner, Associate Vice President of the Department of Education and Child Development, from SCUS talked through the three breakthroughs outlined in the strategy:

- **Survive:** no child dies from preventable causes before their 5th birthday),
- **Learn:** all children learn from quality basic education
- **Be protected:** violence against children is no longer tolerated

There are also five global themes (child poverty, child protection, child rights governance, education and health and nutrition) and two cross-cutting themes (gender and resilience).

Dan explained the new shift in focus to reaching the most marginalized groups of children, recognizing that until and unless we reach the most marginalized and deprived

children, we will not be able to change the world for all children. We will focus especially on girls, the urban and rural poor, and displaced or refugee children. We will look at those who are at risk of being left out or left behind and develop new approaches to ensure that we all put their needs front-and-center, where they belong.

How does SHN take part?

Save the Children is developing a new strategic direction for Education as a whole, and SHN forms part of that process. The challenge is to reach those not in school through new approaches, for example through non-formal education. We also need to recognize that it is not enough that children attend school, they need to be learning too. The reality is that many of the children attending primary school around the world cannot read or write by the time they leave. That is why the global strategy emphasizes ‘quality learning’ over ‘schooling’, and SHN feeds into quality education by ensuring that children are healthy, safe and thriving.

In addition to the ‘learn’ breakthrough, SHN contributes to “survive” through improved hygiene practices and health knowledge that school-age children transmit back to their

families with vulnerable under-five children. SHN also contributes to ‘be protected’ by addressing violence as a public health issue within SHN programs.

The presentation made it clear to participants that SHN feeds into several of the themes within the global strategy. The best way for us to catalyze impact at scale for children is to put our [Theory of Change](#) into practice. We need to pair delivery of our innovative and high-quality programs with targeted advocacy and strengthen our knowledge base. Our knowledge is the engine of our work, it drives everything we do. We must use that engine to amplify our experience and influence.

OUR 2030 AMBITION: INSPIRING BREAKTHROUGHS FOR CHILDREN

We will do whatever it takes to ensure by 2030 all children survive, learn and are protected.

We won't inspire breakthroughs for children on our own. We will work hand in hand with children and their communities, our partners and our donors. Only then will we transform the lives of children and make a real difference.

There are currently 2.2 BILLION children in the world.

5.9 MILLION CHILDREN under the age of 5 die from preventable causes each year

59 MILLION CHILDREN are not in school. Of children in school, 250 MILLION are not learning the basics in reading and mathematics

Up to 1.5 BILLION children experience violence each year

OUR THREE GLOBAL BREAKTHROUGHS FOR 2030.

SURVIVE

NO CHILD DIES FROM PREVENTABLE CAUSES BEFORE THEIR FIFTH BIRTHDAY

LEARN

ALL CHILDREN LEARN FROM A QUALITY BASIC EDUCATION

BE PROTECTED

VIOLENCE AGAINST CHILDREN IS NO LONGER TOLERATED

BREAKTHROUGH: a remarkable and sustainable shift from the current trend in the way the world treats children.

Ambition for Children 2030 is our new global strategy. It has been developed collaboratively across Save the Children.

Resources

- Save the Children (2016) Ambition for 2030 (<http://bit.ly/2d6XDv1>)
- Common Approach to Sponsorship Programming (CASP 2016) SHN Module Chapter A.3. Why Invest in School Health and Nutrition (<http://bit.ly/2c4L4LE>)
- See video footage of workshop session (<https://youtu.be/ALcF5InQMe4>)

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4. In an emergency, start with minimum standards

What is education in emergencies?

Sarah Bramley, Director at SCUS, led a discussion on Save the Children's commitment to working 'in all contexts' and how that applies to SHN. Although SHN programs have historically focused on development contexts, SHN is also relevant in crisis situations, such as natural environmental disasters, political conflict or war, or in an epidemic disease outbreak. When children in emergencies are asked what they need the most, they invariably answer "education".³ At school, children can access health care and food, and they may feel safer there, too.

Save the Children is committed to Education in Emergency programming and SHN supports this. However, because SHN programs are already so contextual, it has been difficult to identify one set of recommendations for SHN in emergencies.

So how do we do SHN in emergencies?

Just as in development programs, SHN programmers should use the FRESH framework (the four pillars) as guidance in emergencies and be responsive to the specific emergency context. It is also important to reference available minimum standards created specifically for emergency contexts. We should follow the existing minimum standards as identified in the Sphere Standards and the International Network for Education in Emergencies (INEE). The Sphere Handbook establishes shared principles to be used in emergency

response and recovery and provides a set of universally acknowledged minimum standards in four life-saving areas of humanitarian response: water and sanitation, food, shelter, and healthcare. The International Network for Education in Emergencies (INEE) launched a handbook in 2010 to support education initiatives in emergency situations to provide a solid and sound basis for post-conflict and disaster reconstruction.

Education in Emergencies (EiE) is the provision of uninterrupted, high quality learning opportunities for children affected by humanitarian crises.

During an Emergency Response, schools are often used as evacuation centers for populations at the early days of displacement. SHN interventions support EiE interventions by ensuring that safe water is available and separate toilet facilities for girls, boys, men, and women in schools are safe, accessible, adequate and user-friendly. In relevant contexts, girls' and women's latrines should be within safe distance of a designated safe space. SHN interventions may also introduce health and nutrition education with appropriate

IEC materials in makeshift schools or Child Friendly Spaces. Especially during disease outbreaks, SHN programs can teach children hygiene, including a peer-to-peer approach to reach out-of-school children. Similarly, schools can play a role in providing adequate WASH facilities during the Relief/Recovery Phase.

In this session, participants shared their experiences of working in Nepal after the 2015 earthquake, and others raised the concept of "slow onset emergencies", such as the food security situation in East Africa and armed violence in Latin America.

Resources

- Common Approach to Sponsorship Programming (CASP 2016)
- SHN Module Chapter D.10 Disaster Risk Reduction and SHN in Emergencies. (<http://bit.ly/2c4L4LE>) Save the Children (2008).
- Delivering Education for Children in Emergencies: A Key Building Block for the Future (<http://bit.ly/2cFOhSt>)
- The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (2011). See pages 121, 129 and 133 for guidance on WASH in schools (<http://www.sphereproject.org/handbook/>)
- International Network for Education in Emergencies – INEE (2012 Minimum Standards for Emergency: preparedness, response, recovery. (<http://bit.ly/2dmqLhd>)

³ According to 16 studies from eight organizations covering 17 different emergencies – ranging from conflict to protracted crises and disasters – reflecting the voices of 8,749 children, 99% of children in crisis situations see

education as a *priority* (Save the Children 2015 "What Do Children Want in Times of Emergency and Crisis? They Want an Education."

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5. Rally around the global campaign

What is the global campaign?

“Deprivation and exclusion are a toxic mix of poverty and discrimination” explained Rob Doble, Head of Education Advocacy and Communications at the Education Global Theme. Rob presented Save the Children’s Every Last Child campaign that is designed to remove the barriers to exclusion, particularly in relation to girls and refugees. The global campaign calls on leaders to make three guarantees for children: fair finance, equal treatment and accountability (see table). It promotes broad system change whilst building on the skills in the country offices, as well as civil society, in programming for children. Our joint challenge is to ensure our SHN work at the national level contributes to, and benefits from, the global campaign.

“Over the next three years Save the Children will do whatever it takes to help ensure that every last child survives and thrives.” Save the Children (2016) Every Last Child.

Why the focus on exclusion?

The Campaign report explains why ‘exclusion’ is the problem: “When we examine in more detail which children are being left behind, an uncomfortable truth emerges. Increasingly, the children dying needlessly and missing out on basic education are not just poor. They also belong to groups whose identities have been culturally devalued, or who live in disadvantaged regions of their countries, or who lack political representation. And when these group identities intersect, children facing multiple forms of discrimination are often the furthest behind”. Rob explained how new findings from analyses of the Child Development Index (CDI) and Group-based Inequality Database (GRID) have helped Save the Children identify which groups of children are most excluded by countries (Take a look at the Country Spotlights in the report annex).

1. Fair Finance	2. Equal Treatment	3. Accountability
1a. Increased national and international public revenues, collected and spent equitably	2a. Laws and policies to remove discriminatory barriers to services	3a. Better data disaggregation
1b. Remove cost barriers to service	2b. Public campaigns to challenge norms and behaviors	3b. Governance at all levels includes children
1c. Minimum financial security for all children	2c. Every birth registered	3c. Budget transparency and monitoring

How can SHN link with the campaign?

We have a responsibility to spell out how SHN affects the survival and learning of excluded groups; the specific barriers they face and possible solutions we might try.

Although the global focus of the campaign is on refugees and girls, there are a number of additional regional or national focus groups we need to consider.

SHN has a wealth of experience in targeting children living remotely, focusing on girls, including children with disabilities, and reaching those not able to come to school. This experience is the foundation for moving forward.

See the video footage of workshop session: <https://youtu.be/hswr6rqRhgo>

How to reach the most marginalized?

Caroline Hilari, Advisor with Save the Children US, talked about how to reach the most marginalized children and led a group exercise to help everyone identify the most excluded children in their countries. This was followed by three country examples

- El Salvador: working with schools plagued by community violence, making them hard to reach. See video: <https://youtu.be/t4PTheslPJ4>
- Bangladesh: working the most marginalized children in a poor urban slum of Dhaka. See video: <https://youtu.be/HSq1bpfOR8c>
- Vietnam: working with children with disabilities who are often “hidden” from sight and have poor access to services. See video: https://youtu.be/m0Zg4wDU_Kw

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6. Apply the Gender Toolkit

Girls' access to schooling is increasing in almost all countries, but overall girls continue enrol in school at lower rates than boys.

Education in general protects girls from risky behaviors, delays their sexual debut, decreases early pregnancy, prevents HIV/AIDS and improves girls' overall health. SHN programs help ensure that girls are able to complete schooling and improve their educational performance.

WASH is important when discussing girls' participation in schools. It has been shown that improvements to sanitation facilities in schools, such as separate latrines for boys and girls, attract more girls to school since schools are perceived as safer and more adapted to their needs, encouraging parents to enrol and keep their daughters in school.

Striving to be transformational

Jackie Haver, Senior Specialist at SCUS, explained general concepts including gender versus sex, gender norms versus gender roles, and equality versus equity. She then explained how programs can range from being gender exploitative and gender unaware to gender sensitive and gender transformative.

It is important that SHN programmers are aware that Save the Children is aiming to ensure all programs are 'gender sensitive' at a minimum, and 'gender transformative' ideally.

The biggest difference between gender sensitive and transformative is that the latter identifies the root causes and they work with stakeholders to try to address them. A case study exercise demonstrated to participants how hard it can be to draw lines between the categories and how easily programs can slip into being 'gender exploitative' without us realizing.

What can SHN do?

Gender is a cross cutting theme in Save the Children's new global strategy and is important in our work for many



reasons: to avoid doing harm, to improve the quality of the program, and to promote inclusiveness. In fact, Save the Children has six principles for gender equality:

- Equality as a Right
- Addressing Root Causes
- Holistic Approaches
- Independent and Crosscutting
- Meaningful Participation
- Collaboration and Learning

Program managers are encouraged to read and apply the new gender toolkit.

Resources:

- Save the Children (2016?) Engendering Transformational Change: Save the Children gender equality, program guidance and toolkit (<http://bit.ly/2cJJ1z1>)
- Arial advert from India You Tube video (<http://bit.ly/2cZlrMy>)
- See video footage of workshop session (https://youtu.be/weg_R2RNTt8)

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7. Remain rooted in SHN basics

Kicking off the second day of the conference, each member of the SHN SCUS team presented a sales pitch for a SHN theme, including WASH, malaria, violence, injuries and road accidents, vision and hearing, immunizations, and health risks in emergencies.

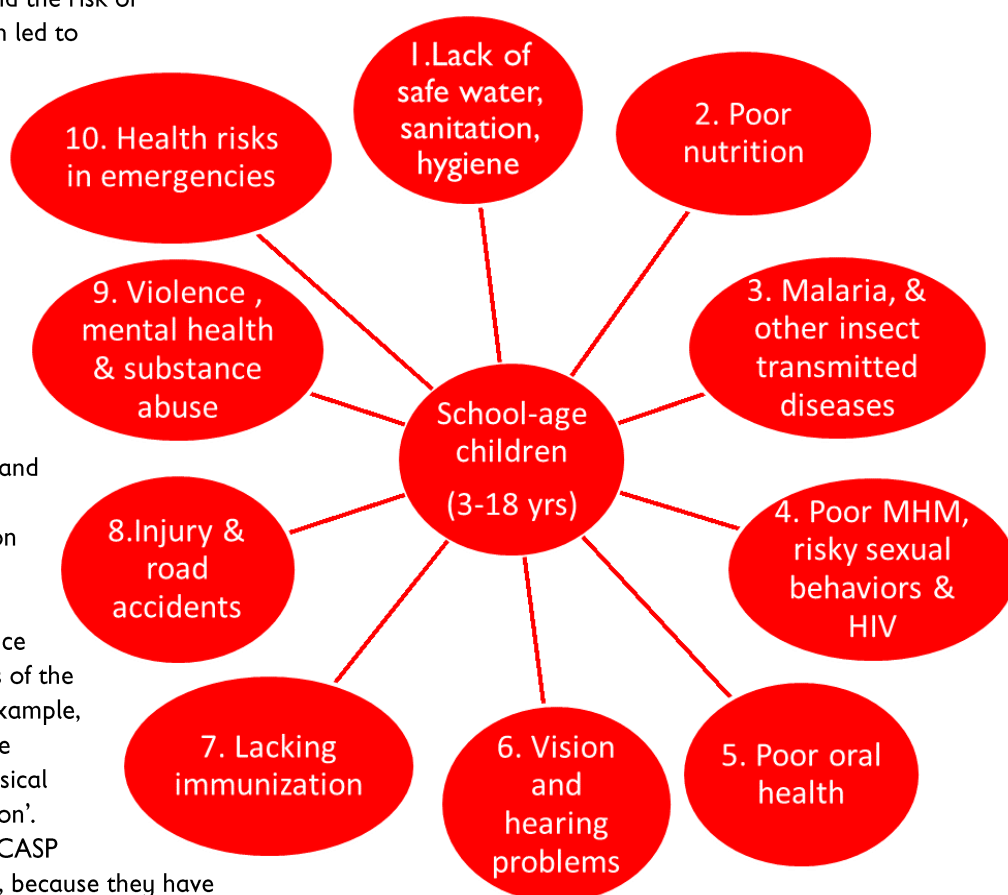
In groups, participants discussed what we know and what we need to know in order to make a difference. Many questioned the role of teachers and the risk of overburdening them, which in turn led to discussions on how to ensure a comprehensive approach and how to follow the four pillars of FRESH as well as the 2016 edition of the CASP (Common Approach to Sponsorship Programming).

FRESH and the CASP Refresh

Mohini Venkatesh revisited the FRESH framework and the CASP and shared the good news that the latest edition of the CASP will soon be available to all. She also explained how all of the 15 topics within the FRESH thematic guidance are subsumed within the 10 topics of the CASP (see diagram below). For example, deworming falls under 'lack of safe water/sanitation'. Meanwhile, physical activity comes under 'poor nutrition'. Some topics are expanded in the CASP compared to the FRESH guidance, because they have received more attention in recent years, such as MHM (Menstrual Hygiene Management). There are some topics that are new in the upcoming CASP, such as road accidents and mental health.

In practice however, the choice of topics tackled in a particular setting depends on the patterns of local morbidity and mortality, health-related behaviors, knowledge, attitudes and practices, risks and unmet needs.

The SHN team announced the launch of the new pre-school guidance on SHN, which has been adapted from CASP and FRESH to pre-school contexts.



Health issues affecting school-age children that can be addressed through schools. Based on CASP 2016.

Resources

- Focusing Resources on School Health and Nutrition (FRESH):
 - Thematic indicators (<http://bit.ly/2d41XZl>)
 - Evaluation Appendices (<http://bit.ly/2coGU0Q>)
- Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter A.3. Why invest in School Health and Nutrition (<http://bit.ly/2c4L4LE>)
- Save the Children. Preschool health and Nutrition. Guidance for Program Managers. SHN in Preschool Guide (2016) (<http://bit.ly/2d77AJc>)
- See video footage of workshop session (<https://youtu.be/KPdJH3ByqA0>)

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8. Always enjoy your MEAL

What is MEAL?

Monitoring, Evaluation, Accountability and Learning (MEAL) is an integral part of SHN programming. Helen Moestue, Advisor at SCUS, reviewed basic definitions and explained how data collection fits into the program cycle. She explored the essence of evidence based programming: the idea that our understanding of the problem, and our plans for how to act, are not based on personal opinions or hunches – but rather on robust, objective evidence.

Why are programs evidence based?

There are many ways in which such evidence can be generated. Whilst randomized controlled trials are the gold standard, there are alternative approaches that lend themselves to SHN topics. Qualitative and quantitative methods were also reviewed.

Although evaluations are the back-bone of evidence based programming, if and how to conduct an evaluation requires careful consideration. Whilst all programs should be monitored, few need a process evaluation, fewer still need an outcome evaluation, and only a handful warrant an impact evaluation.

Children at the center

There are many innovative ways in which we can include children and young people, not only for data collection, but for designing evaluations too. Helen provided an overview of innovative participatory methods that can be used with children to collect data for MEAL.

MEAL internationally

Mohini provided an overview of Save the Children's MEAL priorities, referring to the three levels of monitoring where SHN data is captured: global, national and project level.

This was followed by a description on quality benchmarks; a set of technical and process standards for how to implement

MEAL

Monitoring: the continued measurement of implementation

Evaluation: assessment of an ongoing or completed program.

Accountability: being accountable or responsible to beneficiaries and stakeholders

Learning: learning from what we do to inform improvements

Quality Benchmarks: Measures to ensure interventions are implemented in line with a set of agreed quality standards



programs of quality in a given context. They serve as a job aid for field staff, and a means for managers to assess program quality. Mohini explained how quality benchmarks differ from minimum standards. Sarah Naikoba, PDQ director from SC Uganda, shared her experience developing and using quality benchmarks for programming. Quality benchmarks are a set of shared, agreed quality standards which SC programs in a Country should strive to achieve.

Resources:

- Save the Children (2012) Evaluation Handbook. (<http://bit.ly/2cOq9T0>)
- Common Approach to Sponsorship Programming (CASP 2016) SHN Module/MEAL (<http://bit.ly/2c4L4LE>)
- Save the Children UK (2013). Program Accountability and Guidance Pack. A Save the Children Resource. (<http://bit.ly/2d7csQj>)
- Save the Children (2013) Save the Children International Country Office Essential Standards
- Quality Framework: Operations Quality (<http://bit.ly/2crdLqF>)
- See video footage of workshop session (<https://youtu.be/yjhVYg-OL58>)

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9. Take advantage of new technology

A digitally advanced SHN?

The world is becoming increasingly interconnected, both economically and socially, and technology adoption is part of that. To that end, there has been a noticeable rise over the past few years in the percentage of people in the emerging and developing nations who say that they use the internet and own a smartphone.

The SHN community is harnessing mobile and digital technology in multiple ways, for example:

- data collection, e.g. digital survey tools
- health messaging, e.g. SMS or voice messages
- modeling software e.g. Cost of the Diet software for nutrition projects
- campaigning, e.g. social media
- ensuring accountability through more efficient, confidential and regular reporting, e.g. telephone hotlines, digital onsite monitoring, quicker feeding back to communities

This session provided a quick overview of new tools being promoted or used by Save the Children for data collection, such as Tangerine, Open Data Kit, Kobo Toolbox and MagPi. Many innovative tech-based projects were also presented at the market place. There was much interest in the potential of Kobo for SHN programming.

What has been SHN's experience so far?

This session explored the PRIME database (Project Reporting and Information Management and Evaluation) currently being piloted. There is much anticipation in the use of PRIME after the Indonesia and Philippines roll-outs in 2016, with other countries following suit.

Dileesh Varghese, the MEAL Coordinator for SC India, shared their locally developed Management Information System called BRISK (Bal Raksha Information System for Knowledge). This is being tested in an SHN project in India to improve project management and monitoring at a large scale.



The world is increasingly interconnected. How can SHN take advantage? (Source: iStockphoto).

Overall, participants found it useful to know about the latest in Save the Children's thinking and work around MEAL and the role of technology within it, especially in terms of enhancing transparency and information sharing, as well as accountability to donors, stakeholders and beneficiaries. The potential of geo-tagging projects and onsite monitoring (e.g. digitizing SHN checklist) were highlighted.

Resources:

- Tangerine: <http://www.tangerinecentral.org/>
- Kobo tool box: <http://www.kobotoolbox.org> (see video on the website)
- Open Data Kit: <https://opendatakit.org/>
- MagPi: <http://home.magpi.com/>
- See video footage of workshop session (<https://youtu.be/0xqdl0pAgM0>).

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10. Try this for Sustainability

Everyone agrees that our programs should be “sustainable”. But how can we ensure a continuation of services and long-lasting change for children, even after Save the Children has left? The use of two innovative approaches in SHN programming are relevant here, the Outcome Mapping approach and the Program Impact Pathways evaluation (PIP). Both approaches actively recognize the complexity of programs and the need to think in non-linear ways in order to understand how impact happens and how to promote the type of impact we want. Both lead to a better understanding of the program in order to more adequately plan and ensure that the target population is getting the best service. Whilst the PIP focuses on the processes, Outcome Mapping is more focused on the outcome (which for SHN is usually behavior change).

Outcome Mapping

Dr. Ramendra Mallik, Manager of the Adolescent Development and School Health and Nutrition program from Bangladesh, shared the outcome mapping approach and stressed the importance of assessing behavior change of beneficiaries and partners too. He explained how a three-stage process is used to assess: what you would expect to see, what you would like to see, and what you would love to see. Referring to the SHN program in particular, Dr Mallik explained that this approach was applied first during a workshop in 2016 and led to a greater appreciation in the role of government and other stakeholders for sustainability, and ultimately confirmed

Save the Children's reliance on the commitment of the government.

Program Impact Pathways evaluation (PIP)

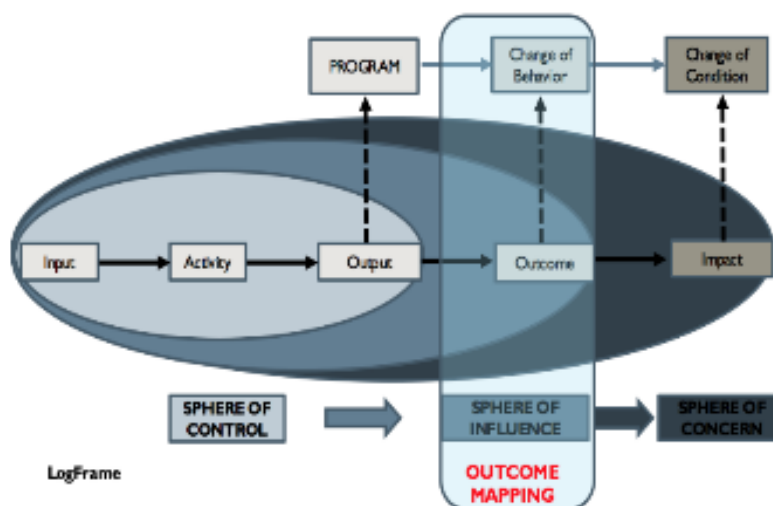
The PIP has been utilized by the projects funded by Mondelēz International Foundation in India, Italy and Mexico. Jeanne Long, Senior Specialist at SCUS, led a group work exercise to show that by drawing a diagram of a program, and carefully examining its logic, we can identify critical control points to measure and monitor programs. For example, if we are doing a deworming program, it is not just about buying the tablets and distributing them, but it is about the

training and scheduling, as well as influencing factors that are not often in the proposals or implementation plans, such as the weather, stakeholder perceptions of deworming, school schedules (official and unofficial), attendance, etc.

A PIP evaluation recognizes all the program steps and how they link together, and should be developed through interviews and discussion with implementing staff and

beneficiaries. As programs can evolve over time, the PIP can be revisited every 6-12 months to see how processes and influencers have shifted.

With the PIP, the aim is to identify the inputs and goals, the target population, how the goals will be achieved and measured and what other factors affect the program's ability to reach its goal. By understanding the larger landscape of the program, down to its nuts and bolts, staff can make meaningful changes that will help to achieve program goals.



Source: International Development Research Centre (2001) Outcome Mapping

Resources:

- International Development Research Centre (2001) Outcome Mapping Building Learning and Reflection into Development Programs (<http://bit.ly/2d87u3M>)
- Rafael Pérez-Escamilla, Sofia Segura-Pérez, and Grace Damio. Applying the Program Impact Pathways (PIP) evaluation framework to school-based healthy lifestyles programs: Workshop Evaluation Manual. Food Nutr Bull. 2014 Sep;35(3 Suppl):S97-107 (<http://www.ncbi.nlm.nih.gov/pubmed/25902579>)
- See video footage of workshop session (<https://youtu.be/jpokj6MbJeY>)

School Health and Nutrition for Every Child

11. Ask the right questions

How to ensure age-appropriate questioning?

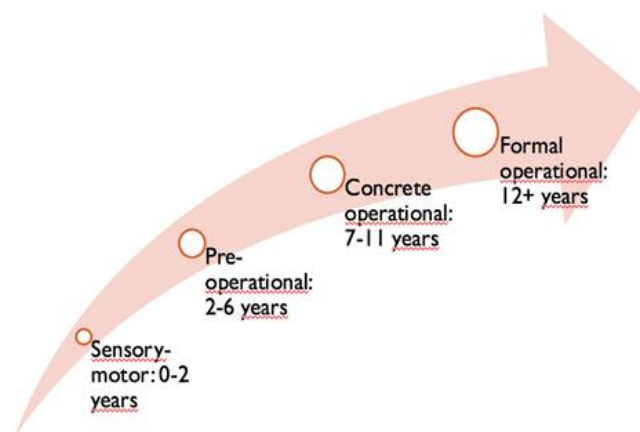
Health education, as one of the four pillars of FRESH, is an important element of most SHN programs, yet the questions we ask children in surveys may fail to detect change if they are not designed well. It is important to remind ourselves of the key stages of cognitive development in young children (see diagram on the right), and to make sure we pose age-appropriate questions. Caroline noted that, whilst it may seem that children are growing up faster in today's world (due to urbanization and the technological boom), this perception is not necessarily supported by science. Children generally follow a similar trajectory of cognitive maturation now, as in previous generations.

Let's be aware of our audience as well as the style of questioning we use, and how this will affect the results we get. For example, open and closed questions yield very different responses. This was demonstrated by Jeanne who conducted an anonymous survey about menstruation on conference participants using open and closed questions.

Better connections between health education messages and the questions we ask

Most important of all, perhaps, is the content of the question. What are we asking? Through a group exercise, participants learned how to spot the links between what is learned in a situation analysis, how the program is designed, the indicators we develop to capture change, and the Knowledge, Attitude and Practice (KAP) questions we apply when we survey children.

Participants learned that one indicator may require several questions. For example, the indicator 'hygienic menstrual hygiene practices' means that we cannot just ask one question – because "hygienic" involves multiple facets and perceptions of hygiene can vary between



Jean Piaget's 'ages and stages' of Cognitive Development Theory.

contexts. Also, to define what is hygienic and to identify what habits girls need to change, we need to refer back to the program design and situation analysis.

Health Education (HE) and Promotion: Documenting SHN approaches and developing assessment guidance

HE is central to Save the Children's SHN interventions and is implemented globally using many different approaches. Called 'Skills-based health education' by the international FRESH framework to emphasize skills-oriented learning, it can be implemented in schools as part of a classroom subject or as an extracurricular activity. Out of schools it can be used as a child-to-child activity.

Programs have developed additional outreach interventions, e.g. events and celebrations, 'nudges' or visual cues to induce behavior change, as well as mass media, mobile technology and social media. The SHN team is now reaching out to SHN programs across the world to create a global resource bank that captures the approaches to health education in different countries and contexts. The goal is to create evidence and guidance on health education programming.

Cognition:
*mental activities
related to thinking,
knowing, problem
solving,
remembering and
communicating.*

Resources:

- Jacquelyn Haver and Jeanne Long (2015) Menstrual Hygiene Management Operational Guidelines and Program Implementation resources. (<http://bit.ly/2cqkk93>)
- GREAT Scalable Toolkit, Institute for Reproductive Health. <http://irh.org/resource-library/great-scalable-toolkit/>
- Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter A.3. Why invest in School Health and Nutrition (<http://bit.ly/2c4L4LE>)
- See video footage of workshop session (https://youtu.be/ApdKHwCcA_o)

School Health and Nutrition for Every Child

12. Innovate through research and evaluation

What is 'research' and how does it differ from 'evaluation'?

The terms 'research' and 'evaluation' are often used interchangeably. And there's a good reason for that – because they are sort of the same. But they are different in two crucial ways, their aims (starting point) and their outputs (end point).

Research aims to generate new knowledge whilst evaluations seek information for decision making. While they may use the same social research methods – qualitative or quantitative – to generate the data, they diverge again when it is time to report on the outcomes or processes under study. Research studies are often published in academic journals and evaluations prioritize reporting back to stakeholders.

What is the global SHN research agenda?

Innovation is core to our theory of change and has been driving advances within SHN in recent years, particularly in relation to malaria control through schools and MHM.

There are many new sources of information on SHN available online. Three top examples are sites managed by the Partnership for Child Development pictured at the right.

The current global research agenda covers three themes: the role of health interventions in improving cognition, the role of MHM interventions for educational outcomes, and KAP survey development (cross-country analysis and digitization) (see the table below).

The SHN team encouraged country representatives to consider how their work and innovation contributes to this broad agenda. They also drew attention to core ethical principles and reminded participants that SCUS is instituting an Ethical Research Committee.

See video footage of workshop session:

https://youtu.be/zdNI6_V5q9w



School Health and Nutrition for Every Child

13. Shout out for oral health

What are the recent gains in oral health programming?

Dental toothache is one reason children do not fully participate in school in many countries. With the support of the Wrigley Company Foundation, programs in China, Vietnam and the Philippines have succeeded in improving the oral health of children, as well as developing materials and partnerships that can be adapted by SHN programs.

Throughout the week the Wrigley Company Foundation funded oral health videos from programming in Tajikistan, Vietnam, China, and Philippines were highlighted. In this particular session on oral health, two presentations highlighted innovative new approaches, especially with regards to communication strategies currently in use in China and Vietnam. Much animated debate followed, ending with a practical demonstration of how to brush teeth!

How can we learn from experience in Asia?

In China, Save the Children is working with migrant children who live on the edge of society, attend poorly equipped schools, with teachers that are under-qualified and inadequately trained. Knowledge about health is low among teachers, parents and children, and dental cavities are a big problem. In response, Save the Children developed a comprehensive program according to the FRESH framework, including a diverse range of communication materials.

As in China, rates of tooth decay is high in Vietnam (85% of children have milk tooth decay according to the Ministry of Health in 2011), and the majority do not get treatment. Save



Oral health program with Save the Children in China. Source: Save the Children

Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity. The World Health Organization http://www.who.int/topics/oral_health/en/

the Children is undertaking a program (2011-2017) covering 55,000 children in 60 schools in urban areas. In the Philippines, Save the Children partners with the Philippines Dental Association and the Department of Education to encourage access to preventive dental services.

The program strengthens school- and local government-based recordkeeping for oral health services, encouraging regular dental screenings and treatments. The program also works to ensure every child screened has dental records that are properly recorded and filed by the school.

Resources:

- WHO Oral Health through Health Promoting Schools (http://www.who.int/oral_health/action/groups/en/)
- See video footage of workshop session (<https://youtu.be/DANIILNBLJ0>)

School Health and Nutrition for Every Child

14. Ensure safety through clinical governance

What is 'clinical governance'?

Clinical governance is a framework or systematic approach to ensure organization such as Save the Children continually improve the quality of their clinical services and safeguard high standards of care.

Drawing on several examples from around the world, John Gaffney, Medical Director at SCI, emphasized how we all have a common interest in the governance of clinical programs in order to keep them both safe and effective.

John explained that clinical programs involve the administration of pharmacologically active medication, penetration of the body by needle or surgical instrument or skilled intervention by a health professional.

John warned that wherever an intervention takes place to improve health and well-being it is possible to do harm. Whilst most SHN programs are not clinical, those that involve the administration of medicines are, such as anti-malaria programs that involve drug distribution, de-worming and immunisation.

Clinical governance is a systematic approach to maintaining and improving the safety and quality of care in clinical programs.

The Global Clinical Governance Framework

The program types that include clinical activity are a priority for the Global Clinical Governance Initiative that will be led by the Medical Director. The Clinical Governance Framework is based on the 5 key questions: Is it safe? Is it effective? Is it caring? Is it responsive? Is it well led?

The framework, which is currently being tested, will be integrated into MEAL and PDQ systems shortly.

It is important to assess the level of risk, and to empower country staff to report successes and areas of concern. With increased transparency and ease of reporting, we aim for continuous improvement and learning.

See video footage of workshop session: <https://youtu.be/liy4AMpFI9w>

The 5 Key Questions

- **Safe?**
 - protected from abuse and avoidable harm.
- **Effective?**
 - care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
- **Caring?**
 - staff involve and treat you with compassion, kindness, dignity and respect.
- **Responsive?**
 - services are organised so that they meet your needs.
- **Well-led?**
 - the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

School Health and Nutrition for Every Child

15. Think horizontally

What is integrated programming?

Sarah Bramley talked about the importance of working together with different sectors for a common result. The reality is that a single sector cannot bring the sustained changes required to improve the lives of people living in poverty. Horizontal rather than vertical programming provides an opportunity for a more integrated approach that mirrors people's lives.

“Let's look at children as children, rather than children in different programs.” this was a key message of this session. To move away from strictly sectoral thinking, participants drew, glued, stuck, pinned and used a lot of string for an exercise that demonstrated the interrelatedness of children's needs and abilities across different ages, and how those needs are not limited to a particular sector.

Despite recognizing that children's needs are complex and don't fall neatly in sector-specific siloes, integration is often difficult to demonstrate, and donors can be reluctant to support it.

The 'integration continuum' (USAID 2016) that includes co-locating, sharing tools or approaches, and joint planning and implementation can be used to identify the level of integration programs utilize and help us to predict the effectiveness of the integrated program.

Sarah referred to the example of WASH, which integrates water, sanitation, and hygiene into one entity. WASH replaced the term WatSan when hygiene was recognized, a

Integrated programming promotes multidisciplinary and cross-sectoral cooperation between sectors.



The Life Cycle Approach activity: a method useful to use with colleagues to explore potential for cross-sectoral cooperation.

critical element to achieve positive health impacts. Adding additional layers and sectors makes it even more holistic. Despite the name change, keeping hygiene front and center is a struggle—and is an example of the need for and challenges around integration. SHN is another example of an integrated program.

Resources:

- USAID (2016) WASHplus Brief. The power of integration to multiply development impact (<http://bit.ly/2crXrpw>).
- Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter A.5. How to link SHN with other programs? (<http://bit.ly/2c4L4LE>)

School Health and Nutrition for Every Child

16. Combat malnutrition and hunger

Everyone was asked to remember what they, as children, used to eat in school, where the food had come from, and who had paid for it. It was surprising how many participants had benefited from free school lunches. Caroline Hilari referred to this exercise when she later spoke about school feeding.

Caroline then reviewed the five most common nutritional problems among school age children; anemia, iodine deficiency, hunger, overweight and vitamin A deficiency. They affect children's educational performance through reduced cognitive function, less ability to concentrate and lower immunity to infectious disease.

What can we do?

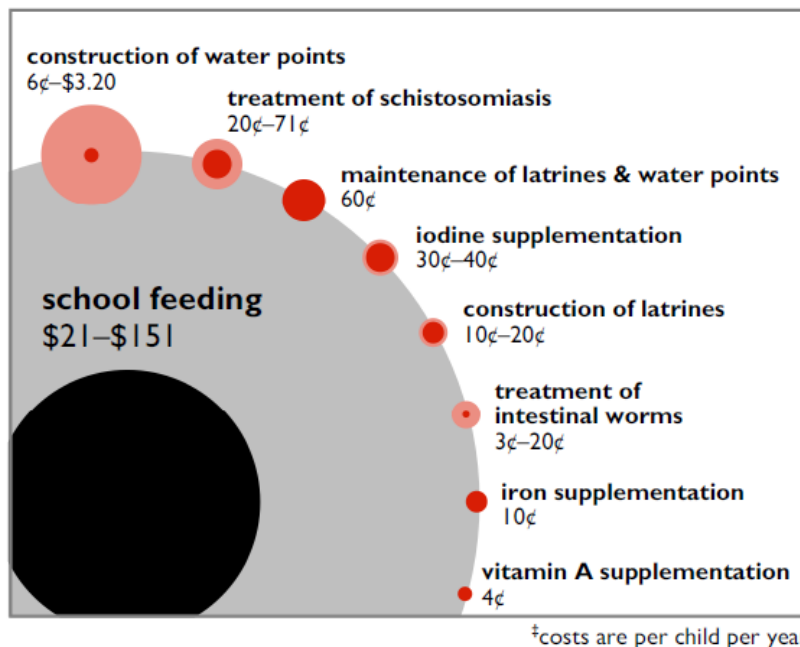
There are five ways in which school-based interventions can address nutritional problems:

- Improve what food children bring to school
- Improve what food they get at school
- Improve what food they buy at school
- Improve what they learn at school
- Improve how they move at school

School feeding can take many forms: dry/take home rations, snacks, fortified snacks, wet (cooked) rations, and community donations. It is one of the most expensive SHN interventions (see diagram).

Three presentations from around the world demonstrated innovative ways in which the problem of hunger can be addressed through SHN activities. These included the use of tiffin boxes for school lunches in Nepal, a Food For Education program in Guatemala and school gardens in the Dominican Republic (see next chapter).

Relative costs of school health interventions[‡]



Source: Graph elaborated by Save the Children, data from Don Bundy: Rethinking School Health. A Key Component of Education for All, 2011, The World Bank.

Seung Lee reminded participants to consider both the benefits of school feeding programs and gardens as well as the challenges that come with these projects, including issues of sustainability and potential distraction from learning. She also noted that Nepal's approach is likely to be the most generalizable to other settings, as it requires asking parents to give food to children to take to school. There is conflicting evidence on the impact and cost of school feeding programs on education attendance, performance, nutritional status and health. Other avenues may have a greater impact on learning at a lower cost and with fewer logistical challenges: deworming, micronutrient supplementation, and the abolition of school fees.

Resources:

- Drake L, Woolnough A, Burbano C and Bundy D (2016) Global School Feeding Sourcebook : Lessons from 14 Countries. London: Imperial College Press. (<http://bit.ly/2deSbqG>)
- The School feeding brief: SCUS. School based food distribution. The education perspective. Draft.
- Kristjansson EA (2016) Costs, and cost-outcome of school feeding programmes and feeding programmes for young children. Evidence and recommendations. Int J Educ Dev. Vol 48: p79-83 (<http://bit.ly/2cH2X3J>)
- Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter D.2. Poor Nutrition (<http://bit.ly/2c4L4LE>)
- See video footage of workshop session (<https://youtu.be/shYKwhgg7Tk>)

School Health and Nutrition for Every Child

17. Check out these new examples of school feeding

Below are three very different approaches to school feeding that are currently being tested within SHN programs around the world.

Tiffin lunch box distribution in Nepal

In Nepal, Save the Children noticed that many pupils would go home before the school day was over, around 1pm. Save the Children decided to encourage parents to provide a more nutritious home-made food for a mid-day meal. Following advocacy, awareness training and community mobilization, tiffin boxes were distributed to students to enable them to bring a meal to school.

The government is involved too, providing oil to families to encourage girls especially to participate in school. So far, early indicators suggest a decrease in the dropout rate and increased in retention rates and learning achievements.

School feeding in Guatemala

Guatemala has highest rate of chronic malnutrition in children under five in Latin America. With support from USDA, Save the Children has been providing food at school to children as part of a comprehensive Food For Education program. So far more than 40,000 students benefit in 261 schools. 25% of schools now provide breakfasts and a snack, 58% mid-morning meals, and 17% snack and lunch.

The program relies on a strong coordination between the Ministry of Health and Ministry of Education, and has involved training teachers (more than 1,800), deworming



Children receive nutritious meals at school in Guatemala.
Source: Save the Children Guatemala.

children, and constructing locally made ovens. To improve the program, Save the Children is aiming to begin testing different school recipes using local and organic ingredients, enhancing sanitation and access to clean water, and increasing the involvement of local government in the building and maintenance of school infrastructure.

School gardening in the Dominican Republic

Despite recent increases in public spending on education, malnutrition is still a serious problem among school children in the Dominican Republic. Save the Children initiated a school gardening program, where the produce is used in children's meals or distributed to take home to their families.

Children actively participate in the preparation and maintenance of the garden, with teachers, school health committees and staff from the Ministry of Education involved too. Workshops and training on nutrition are also provided by this program.

The ultimate aim is to improve the nutritional status of children by improving food supply, using school gardens as a teaching tool, encourage participation of children to be advocates for the own health, and fostering support among parents, communities and local government. Save the Children emphasizes the importance of child and stakeholder participation to ensure sustainability.

See video footage of workshop session here:

Nepal: <https://youtu.be/korqSu8JKfU>

Guatemala: <https://youtu.be/juripSMPJAc>

Dominican Republic: <https://youtu.be/fcjt7R962KQ>



Children eating from their tiffin boxes in Nepal. Source: Save the Children Nepal.

School Health and Nutrition for Every Child

19. Overweight children and obesity

Eating healthy food in school prevents under-nutrition as well as over-nutrition. This session highlighted the growing problem of obesity among school-age children and how SHN can respond.

Obesity or over-nutrition is a condition due to the lack of balanced diet. It is increasing worldwide, including in some developing countries with previously very low rates of obesity. This is due to changes in both dietary habits and physical activity, triggered by urbanization and increased consumption of junk foods and the general trend towards sedentary lifestyles.

Many countries represented at the conference are facing the double burden of under-nutrition and obesity, and overweight children often have micronutrient deficiency at the same time.

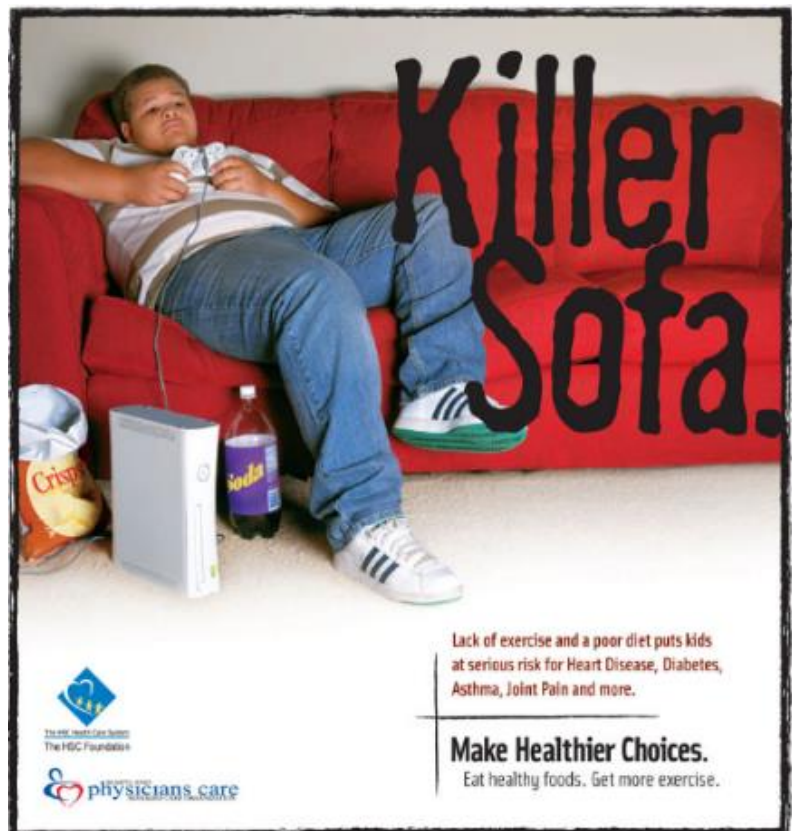
The World Health Organization (WHO) describes childhood obesity as 'one of the most serious public health challenges of the 21st century'.

The Body Mass Index

The degree to which a person is overweight or obese is measured with the Body Mass Index (BMI), which is the ratio of one's height to weight ($BMI = kg/m^2$). For children and teens, BMI is age and sex specific and is often referred to as BMI-for-age.

WHO provides the following definition of overweight and obesity for children aged 5 to 19:

- overweight is BMI-for-age greater than 1 standard deviation above the WHO Growth Reference median; and
- obesity is greater than 2 standard deviations above the WHO Growth Reference median.



Source: The HSC Foundation, US

Why should SHN practitioners care?

Obesity can harm nearly every system in a child's body: heart and lungs, muscles and bones, kidneys and digestive tract, as well as the hormones that control blood sugar and puberty. It is correlated with health outcomes like heart disease, diabetes, cancer, and overall mortality. Also, obese children are much more likely to become obese adults. The next chapter will explore more what SHN program can do in practice.

Resources:

- Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter D.2. Poor Nutrition (<http://bit.ly/2c4L4LE>)
- WHO (2009) Forum on population-based prevention strategies for childhood obesity (<http://bit.ly/2ddJkRC>)
- <http://www.worldobesity.org>
- See video footage of workshop session (<https://youtu.be/R-MfEcKYSgQ>)

School Health and Nutrition for Every Child

20. Pay attention to physical activity and added sugar

Get Moving

In this session, participants learned about how physical activity can take many forms: physical education and sports, physical activity that can take place in classrooms and during recess, and extra-curricular sports outside the



Children play with hoola-hoops in Bolivia demonstrating how kids can get physical activity at school. Source: Save the Children Bolivia.

regular school day. Physical activity is not only important for healthy living and growth, but (perhaps surprisingly for some!) it is also important for math skills, attention and behavior as well as 'visual acuity', which means the capacity to see.

Caroline Hilari recommended that, where possible, schools should be required to hire physical education teachers, health education teachers, and nutrition staff who are certified and appropriately prepared and trained to deliver quality instruction, programs, and practices.

Schools also need to provide regular professional development for staff members that includes physical and health education. Children need at least 60 minutes of physical activity as part of the daily routine. This can take the form of short breaks (5-20 min) or integrated dance and movement, as well as active play during recess or sports. Teachers should avoid using physical activity as punishment.

Similarly, they should avoid using food items to reward students.

The sweet truth about sugar

Children's consumption of added sugar in the form of drinks or processed foods is a major contributor to obesity. Growing scientific evidence shows that too much added sugar, over time, is linked to diabetes, heart disease and liver disease. Too much fructose in added sugar can damage your liver just like too much alcohol. Evidence suggests that sugar consumption causes the brain to release dopamine, a neurotransmitter that helps control the brain's reward and pleasure centers and a chemical that is known to play a role in drug, alcohol and other addictions.

A new WHO guideline recommends adults and children reduce their daily intake of added sugars to less than 10% of their total energy intake. The most recent recommendation from the American Heart Association is no more than six teaspoons for children 2-18 years. Save the Children Mexico has extensive experience in physical activity programming in schools to reduce overweight and obesity.

Participants conducted an exercise that involved calculating the amount of added sugar in a children's school lunch. Then literally spooning the sugar into bottles, everyone was shocked to see how easy it was to exceed the daily recommendation children.



Recent recommendations regarding sugar intake for children in the US, by the American Health Association.

Resources:

- Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter D.2. Poor Nutrition (<http://bit.ly/2c4L4LE>)
- Sugar Science <http://www.sugarscience.org/>
- See video footage of workshop session (<https://youtu.be/7ccQrH5RP9A>)

School Health and Nutrition for Every Child

21. Power up through partnerships

Example: Menstrual Hygiene Management

This session highlighted the critical importance of partnerships for SHN, using MHM as an example. The particularly sensitive nature of this topic requires the buy-in and support from government and other partners.

While MHM is not different from other school health interventions in its requirement of careful planning and collaboration, this topic is sometimes stigmatized due to the link between menstruation and sexual and reproductive health – and therefore becomes harder to talk about.

A male champion can be particularly helpful in making everyone feel comfortable talking about menstruation. To demonstrate this, Jonathan Valdez, WASH Advisor from the Philippines, spoke candidly about the topic. He explained how his active participation in meetings with partners helps remove barriers to communication.

Through various presentations and discussions, this session highlighted achievements in the Philippines, Bolivia and Kyrgyzstan in particular.

Save the Children Philippines presented on a national WASH in Schools policy that includes MHM. This policy was developed by the Philippines WASH in Schools Technical Working Group, led by the Department of Education and co-chaired by UNICEF. This TWG includes a number of NGOs, including Save the Children.

In the Philippines, Save the Children has also contributed to strengthen the evidence base on MHM programming through the SHN Sponsorship funded program. Through the WASH in Schools partnership the Philippines has been able to approve a policy that outlines minimum standards for WASH facilities in schools, including providing guidance on MHM to schools.

Global MHM Activities



Menstrual Hygiene Management: Women and adolescent girls use a clean material to absorb or collect menstrual blood, and this material can be changed in privacy as often as necessary for the duration of menstruation. MHM also includes using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials. (UNICEF and Columbia University 2012)

Save the Children Kyrgyzstan proudly described their recent national stakeholder meeting and collaboration with the Ministry of Education, Health, Finance and Parliament, along with UNICEF and the first lady of Kyrgyzstan.

Save the Children Bolivia has developed new communication materials on MHM in partnership with UNICEF – including diaries, puberty books for boys and girls and even a short video (<http://bit.ly/2ddJWqm>). Much of the materials are built on the girl character Rosita. Most of the materials have been approved by the government, an important step to sustainability and integration of MHM into the formal education system.

Resources:

- Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter D.4. Menstrual Hygiene Management (<http://bit.ly/2c4L4LE>)
- Jacquelyn Haver and Jeanne Long (2015) Menstrual Hygiene Management Operational Guidelines and Program Implementation resources. (<http://bit.ly/2cqkk93>)
- UNICEF, and Columbia University (2012). WASH in Schools - Empowers Girls' Education - Proceedings of Menstrual Hygiene Management in Schools Virtual Conferences. UNICEF and Columbia University (<http://uni.cf/2ddKPPK>)
- FSG (YEAR) An Opportunity to address Menstrual Health and gender Equity (<http://bit.ly/2crYTZd>)
- See video footage of workshop session (<https://youtu.be/BjR4n-tWRHl>)

School Health and Nutrition for Every Child

22. Move from evidence to action

This session explored how to use data to shift policy (referred to as 'technical advocacy'). Malaria is a great example because Save the Children initiated large and robust trials to test the efficacy of these approaches and the results are now ready to be used.

Example: Malaria

Mali and Malawi have been hot spots for evidence generation on malaria control through schools. Rigorous data has been generated in these two countries. Now the question is how to use the data to move policy forward, potentially with scale up from small research studies to national level programs.

Seybou Diarra, SHN Coordinator from SC Mali spoke about the study on intermittent parasite clearance (IPC), and Pickmore Parson Smart Swira, the Principle SHN Officer, Ministry of Education, Malawi, spoke about the Learner Treatment Kit (LTK) for teachers to diagnose and treat malaria. These countries opted to try somewhat different approaches because of contextual factors, largely seasonality. In Mali malaria is highly seasonal, so IPC (a form of mass treatment) is done at the end of the peak season. In Malawi, malaria is less seasonal, so they opted for an approach that requires diagnosis before treatment.

In both countries we see how strong evidence from of randomized controlled trials is starting to feed into national policy, and the importance of advocacy and partnerships for that to happen.

Intermittent Parasite Clearance in Mali

In Mali, like other countries in central and southern Africa, malaria is endemic with intense transmission for 6-7 months of the year. School-age children are at high risk of getting the disease, with implication for their participation in school. A cluster randomised trial (2010-12) showed the benefits of malaria control in schools on children's health and learning using IPC, bed net use and malaria education.

Seybou Diarra explained how the Mali SHN program is now fully engaged in fund-raising and advocacy to scale up the

Malaria control through schools: In malaria endemic countries, schools have an important role to play in the prevention and control of the disease – be it bed net dissemination, health education, referral or treatment.

IPC approach. Results have been disseminated nationally and internationally at conferences and dissemination workshops, and evidence briefs and academic papers are being published in English and French. A short film has been made about the program and is available here: (https://www.youtube.com/watch?v=Ga4U7dx_Val&feature=youtu.be)

The LTK in Malawi

The LTK is a first-aid kit available to all school children during school hours for basic illnesses and injuries, including uncomplicated malaria. At each school, between 2 and 4 teachers are trained in how to use the LTK, and schools collect supplies from the local health facility.

Preliminary results suggest that two-thirds of the teacher consultations included testing for malaria using the rapid diagnostic tests. This grew to three-quarters of the consultations during the rainy season, when malaria transmission is the highest. During 2015, the number of schools using LTKs doubled from 29 to 58 schools in the Chikowi Traditional Authority.

Save the Children's innovation brought this pilot program to life, and we are taking the next steps to bring the promising results to scale throughout Malawi, explained Pickmore Parson Smart Swira. To do so, we are exploring specific feasibility issues, such as how to manage the medical supply chain and take it to scale.

Whilst the final results are yet to be published by the London School of Hygiene and Tropical Medicine, preliminary findings have been shared at local and national levels. The aim now is for the Ministry of Education and Ministry of Health to work together to establish a taskforce to review malaria control for school-aged children in a comprehensive manner.

Resources:

- Brooker S (2010) Malaria Control in Schools: A toolkit on effective education sector response to malaria in Africa. Partnership for Child Development (<http://bit.ly/2d8oarM>)
- Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter D.3 Malaria and other insect transmitted diseases (<http://bit.ly/2c4L4LE>)
- See video footage of workshop session (<https://youtu.be/IRsnea4vDK4>)

School Health and Nutrition for Every Child

22. Scale up with government counterparts

How can we successfully partner with the government to push SHN forward?

‘Partnership’ was a thread throughout the conference and the theme of the last session, addressing the questions: “What does it take to make partnerships successful for SHN? Please can you cite any achievements that your partnerships had in SHN?” The following government officials provided their answers as part of the final panel discussion:

- Pickmore Parson Smart Swira - Principle SHN Officer, Ministry of Education, Malawi
- Catherine Chiwaula – SHN Focal Person, Ministry of Health, Malawi
- Amadou Samake – Deputy Director of Fundamental Education, Ministry of Education, Mali
- Kassim Traore – Head of SHN, Ministry of Health, Mali
- Vijay Kumar Jha – Senior Public Health Administrator, District Public Health Office Saptari, Nepal
- Hari Gautam – District Education Officer, Ministry of Education, Nepal
- Vincent Assey – Assistant Director, Ministry of Health, Community, development, Gender, Elderly, and Children, Tanzania
- Said Moh'D Said – Planning Officer, Ministry of Education and Vocational Training, Zanzibar
- Irene Mwenyango – Senior Medical Officer SHN, Ministry of Health, Uganda
- Ismail Mulindwa – Assistant Commissioner, Ministry of Education, Science, Technology, and Sports, Uganda

- Faith Nchito – SHN National Coordinator, Ministry of General Education, Zambia

Other key partners were invited to take the stage representing Uniting to Combat NTDs (Thoko Pooley), the Global Partnership for Education (Louise Banham) and FRESH and SABER (Andy Tembon – World Bank). A lively debate ensued.

“The government is in the driving seat”

“The government is in the driving seat, but when you are driving you need to look both in front and to the sides” said Andy. One of the purposes of organizing this workshop was to bring officials together to hear lessons from other countries. It is always encouraging to see that others have similar problems to ourselves and have found ways of solving them.

An interesting distinction was made between ‘technical advocacy’ and ‘political advocacy’ through policy work, advocacy and campaigning. It is clear that SHN is an area where there where technical advocacy – advocacy based on data from high-quality research and evaluations – can have a sustained impact since it involves governments adapting their policies and curriculums and schools doing the same.

Everyone agreed that we need a ‘critical mass of SHN supporters’ in each country in order to move forward, and this conference has proven that the critical mass is there. The week came to an end with a pub-quiz, an awards ceremony, and some final serious words about Save the Children’s official policy for child safeguarding.

Keep up the good work!



Attendees at the SHNDIG in Vietnam, 2016.

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Annex 1: The Market Place

“Selling” innovative SHN ideas and practices from around the world

Vision & Hearing Screening (worldwide)

How can teachers use simple techniques to assess children’s ability to see and hear? Participants learned to use the Snellen chart for vision screening, simplified by focusing on the threshold level of 20/40 visual acuity. It should take just 1.5 minute per child. Identifying low visual acuity is recommended for all children at Primary level entry, because > 80% of the cases can be resolved through glasses. Participants also learned to perform a “performance” audition test while distracting the other ear through a soft noise. Hearing screening is recommended particularly at preschool age or as early as possible, so that children can be referred for hearing aids or sign language support.

Presented by: Caroline Hilari, Save the Children US, chilari@savechildren.org

For more information: Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter D.6 Vision and Hearing Problems (<http://bit.ly/2c4L4LE>)

Nudges (Bangladesh): How can we use visual clues to influence children’s behavior, in this case handwashing, at almost no cost? Nudges is a unique approach of changing the hand washing behavior of primary school children without conventional hygiene education in Bangladesh – primarily by painting footprints on the floor between the toilet and the handwashing station. Nudges uses environmental cues to trigger desired behavioral outcomes. Nudges changes the context in which decisions are made rather than changing the decision making process. The approach triggers automatic mental process rather than goal-oriented, rational decision making. Save the Children’s “Nudges” won the Civil Society Innovation Award in May 2016 at the WASH Futures Conference in Brisbane, Australia.

Presented by: Md. Abdur Raquib, Save the Children Bangladesh, abdur.raquib@savethechildren.org

For more information: <http://bit.ly/2aAwRVE> (winning video submission)

Very Young Adolescents: GREAT materials (Uganda): The Gender Roles, Equality and Transformation (GREAT) Project aims to promote gender-equitable attitudes and behaviors among adolescents (ages 10-19) and their communities with the goal of reducing gender-based violence and improving sexual and reproductive health outcomes in post-conflict communities in northern Uganda. Adolescence, early adolescence in particular, represents a window of opportunity to promote positive and lasting gender equitable attitudes and behaviors. It is during these early years that gender norms and identities begin to coalesce, laying a foundation for adult relationships and sexual and reproductive health.

Presented by: Sarah Naikoba, Save the Children Uganda, sarah.naikoba@savethechildren.org

For more information: http://irh.org/projects/great_project/

Community health events (India): The Mondelēz International Foundation-funded *Shubh Aarambh* project in India aims to improve children’s health through nutrition education, active play and kitchen gardens. The project employs a range of innovative and participatory approaches to engage community members of all ages, including sessions for children, mothers, youth groups on health and active play. In the last six months of 2015, the program held over 1,030 school sessions with children, 2,860 community sessions, 800 adolescent sessions, and 2,300 mothers’ sessions. Save the Children has generated a vast range of IEC materials in several languages, tailored to topic and audience.

Presented by: Sumita Kirti, SC India s.kirti@savethechildren.in

For more information: <http://in.mondelezinternational.com/newsroom/shubh%20aarambh>

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Curriculum-based health education (Indonesia): In Indonesia, Save the Children is working to integrate SHN content into the national curriculum, facilitated by peer-educators called “little doctors”. Save the Children has developed IEC materials on hygiene and nutrition messages for 37 primary schools and trained teachers and Little Doctors to employ them. The Little Doctors—children engaged as health promotion agents—disseminated health and hygiene messages to their peers by giving puppet shows, demonstrating daily handwashing using soap, displaying proper tooth brushing techniques, and separating organic and inorganic waste.

Presented by: Jhon Purba, Save the Children Indonesia, jhon.purba@savethechildren.org

For more information: <http://www.savethechildren.or.id/about-us/media/press-releases/melania-little-doctors-to-promote-health-and-hygiene-behaviors>

Child Health Promoters (Philippines): This project looks to support children to take responsibility for promoting good oral health at their schools, along with personal hygiene and hygiene in general. The project is child-led and children take part on a voluntary basis. Training and learning sessions are necessary to build their knowledge and skills to assertively contribute to other SHN activities also, such as deworming and Vitamin A supplementation. They are provided with materials like books and hygiene kits which they can use during health awareness sessions and thereby pass their knowledge onto other students.

Presented by: Maria Fe Guilalas, Save the Children Philippines, Fe.Guilalas@savethechildren.org

For more information: <http://www.savethechildren.org.ph/about-us/stories-from-our-programs/stories/case-studies/let-healthy-mouths-do-the-talking>

Hemoglobin testing (worldwide): How can we use a Hemocue machine to assess haemoglobin levels in the blood and determine if a child has anemia? Participants learned why it is important to determine anemia levels in populations, that weekly iron supplements are recommended if prevalence is $\geq 20\%$, that anemia is best determined by measuring haemoglobin levels, that haemoglobin threshold levels for anemia depends on age, altitude, sex and smoking. Participants tried to measure their haemoglobin level with the Hemocue machine, obtaining one drop of capillary blood and using appropriate biosafety measures for the procedure.

Presented by: Caroline Hilari, Save the Children US, chilari@savethechildren.org

For more information: Common Approach to Sponsorship Programming (CASP 2016) SHN Module. Chapter D.2 Malnutrition (<http://bit.ly/2c4L4LE>)

“Learner treatment kits” for Malaria (Malawi): Following the positive results from Save the Children and LHSTM’s randomized control study conducted between 2010 and 2014, teachers in Malawi continue being trained to use a rapid diagnostic test to identify and treat schoolchildren for malaria infections using Learner Treatment Kits (LTKs). Save the Children’s innovation brought this pilot program to life and is taking next steps to increase the scale of the intervention. In 2015 it scaled up from 29 to 58 schools. The LTKs are essentially wooden first aid kits that include supplies to treat minor injuries and ailments, apart from malaria.

Presented by: Alexander Mwanonde, Save the Children Malawi, alexander.mwangonde@savethechildren.org

For more information: http://socialinnovationinhealth.org/portfolio_page/save-thechildren-malaria-programme/

Child Health Brigadiers (El Salvador): In El Salvador, children are taking the lead in identifying and addressing health problems in their schools. If given the appropriate structure and support, it has been shown that children can lead all the stages of the program cycle. SHN school clubs are composed of 5-15 children aged 9-15 years and a supporting teacher. They

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conduct 'diagnostics' around SHN themes, develop annual plans, implement them and evaluate the process and results. The 'child to child' methodology provides a structures, safe and friendly space for children to participate. Brigadiers are trained on sanitation, nutrition and health topics and given support to develop communication and leadership skills so they can better lead the program themselves.

Presented by: Margarita Franco, margarita.franco@savethechildren.org

For more information: <https://elsalvador.savethechildren.net/what-we-do/school-health-and-nutrition>

Sexual Reproductive Health (Easter and Southern Africa): The project explores how to use a process orientated approach (POA) to engage with children and youth in a positive and non-judgemental way on issues relating to Sexual and Reproductive Health and Rights. The POA is a methodology that is used to train adults (parent, guardians, care givers and community members) for them to be able to teach children and adolescent about sexuality education that is relevant and age-appropriate. Key to this approach is changing mind-sets regarding issues of sexuality and gender, to internalise thinking about these issues and to challenge entrenched ways of thinking. The aim is to promote positive and healthy sexuality.

Presented by: Tafadzwa Madondo, Save the Children ESARO, Tafadzwa.madondo@savethechildren.org For more information: http://resourcecentre.savethechildren.se/sites/default/files/documents/poa_brief_0.pdf

Health Boost – technology (Bangladesh): Save the Children participated in and led many community based health education projects in Bangladesh. Specifically, the SHN team piloted Health Boost, a new mobile voice messaging system for promoting health to parents in Meherpur. They conducted a small study to explore the change in reported knowledge before and after the use of the voice messaging, and have showed an increase in hygiene knowledge. For example, the percentage of parents and caregivers who know the critical times for washing hands increased from 67% to 96% after just one month. This intervention is extremely low cost.

From: Kazi Asadur Rahman, Save the Children Bangladesh, Asadur.rahman@savethechildren.org

Innovations in WASH (worldwide): Innovations in WASH (worldwide): WASH intervention is central to SHN and this stall highlighted the importance of low-cost WASH solutions in schools. When considering cost, it is not just the technology that needs to be calculated, but also the cost of maintenance and use. For example, the advantages of “arbor loos” was demonstrated – shallow pits with removable platforms in which a tree can be planted upon filling.

Presented by: Sarah Bramley, Save the Children US, sbramley@savethechildren.org

For more information: World Health Organization. 2009, Water, sanitation and hygiene standards for schools in low-cost settings, ed John Adams, Jamie Bartram, Yves Chartier, Jackie

Sims, http://www.who.int/water_sanitation_health/publications/wash_standards_school.pdf

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Annex 2: Visits to Kindergartens in Ha Dong District

On Wednesday, July 22nd, workshop participants were divided into four groups to visit kindergartens supported by the SC Vietnam in the Ha Dong District. The purpose of the visits was for participants to observe the availability, accessibility and quality of the kindergarten's health facility, WASH facilities, kitchen, school environment and classrooms. In addition, the participants were also able to see first-hand the oral health, handwashing, nutrition, and eye health programs funded by the Wrigley Company Foundation in an urban setting. The goal of the comprehensive SHN program is to make improvements to the national curriculum. Moreover, the urban programs in Hanoi have yielded benefits to SHN programs in other areas of the country especially in the Sponsorship area of Lao Chai in the North of Vietnam, with many of communication materials have already been adapted to these more deprived areas. Participants greatly enjoyed the beautiful displays of hand-washing and tooth-brushing by the young Vietnamese children and for many it was a great insight into a new thematic area and new context of working.



Above: The kindergartens visited included clean, beautiful, and inspiring spaces for children to be, play and learn. Above right: Two-year olds in Ha Cau Kindergarten perform group work on WASH by identifying positive healthy behaviours through visual aids.

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Annex 3: Agenda

Monday, June 20, 2016

Global Strategy and Reaching the Deprived and Marginalized

8:00 am	Registration : All participants check in with Alicia Hurlburt
8:30 am	Security Briefing Vietnam Country Office Staff Welcome and Opening Remarks Gunnar Andersen, Country Director of Save the Children Vietnam Ngu Duy Anh, PhD, Director General, Department of Student Affairs, Secretary General of Vietnam University Sports Association, Ministry of Education and Training of Vietnam Review of Agenda and Rules of Engagement Seung Lee
9:15 am	Get to Know Each Other Facilitator: Seung Lee
10:00 am	What is School Health and Nutrition and Why Invest In It? Facilitator: Seung Lee
10:30 am	Break
11:00 am	What do the SDGs Promise for Children and How Does SHN Contribute to it? Facilitators: Mohini Venkatesh and Seung Lee
11:30 am	Save the Children's Global Strategy and Ambition for 2030 Facilitators: Dan Stoner and Sarah Bramley
12:30 pm	Lunch
1:30 pm	Campaigning for Every Last Child Facilitator: Rob Doble
2:00 pm	How does SHN Reach Deprived and Marginalized Children? Facilitators: Caroline Hilari, Margarita Franco, Phan Thi Thu Huong, Asadur Rahman
3:00 pm	Break
3:30 pm	Challenging Gender Norms for Truly Transformative SHN Programming Facilitator: Jackie Haver
5:30 pm	End of Day
6:00 pm	Depart Hotel for Puppet Show
7:30 pm	Walk to Restaurant
8:00 pm	Special Group Dinner

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Tuesday, June 21, 2016

Measurement, Evaluation, Accountability & Learning

8:15 am	Review of Day 1 (Optional) Facilitator: Seung Lee
8:30 am	SHN Basics: SHN topics and a review of the FRESH framework Facilitators: Mohini Venkatesh and SCUS SHN Team
9:45 am	MEAL in SHN: MEAL Stages in a Program and Approaches to a Fulfilling MEAL Facilitators: Helen Moestue, Mohini Venkatesh, Sumita Kirti, Dileesh Varghese
10:30 am	Break
11:00 am	MEAL in SHN (continued)
11:30 am	SHN Programming: Approaches to Effective and Sustainable Programming Facilitators : Jeanne Long, Mohini Venkatesh, Asadur Rahman
12:30 pm	Answers from Question Box
12:35 pm	Lunch
1:30 pm	Strengthening Connections Between Program Design, Content Delivery and Assessment Facilitators: Jeanne Long and Caroline Hilari
3:00 pm	Break
3:30 pm	The SHN Research Agenda and Principles of Conducting Research Facilitators: Jeanne Long and Helen Moestue
5:00 pm	Introduction to the Field Visit Facilitators: Hoang Thi Tay Ninh and Sarah Bramley
5:30 pm	End of Day
6:00 pm	Gift Exchange (Optional) – Hai Phong Room in Mezzanine level
7:30 pm	Evening is free

Wednesday, June 22, 2016

Field Visit

Field Visit	Facilitators: Sarah Bramley and Vietnam Team
7:30 am	Group Photo – Terrace (near pool) and Board Buses
7:45 am	Depart Hotel for Ha Dong Province
9:00 am	Arrive at Schools
9:30 am	Classroom Observation
10:00 am	School Observation
10:45 am	Q&A with School Heads
11:45 am	Depart Schools – Drive to Van Phuc Silk Village
12:00 pm	Tour the Village and Go Shopping
12:45 pm	Travel to the Hotel (Lunch is NOT included)
1:30 pm	Arrive at the Hotel

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Annex 4: List of participants

Name	Title	Organization	E-mail
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