

Role of NGOs in integrating NTD control



School Health and Nutrition (SHN) **healthy to learn, learn to be healthy**

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ISID-NTD, Boston, Massachusetts



Save the Children International

Where we work



Lasting positive change for children in need
27 SC members in 110+ countries

What is SHN?



To be healthy to learn
and to learn to be
healthy

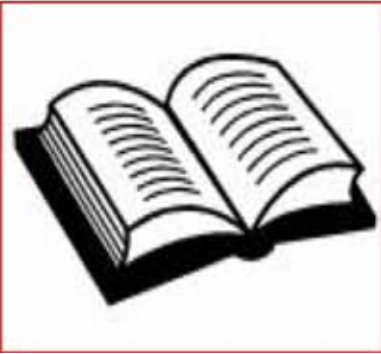
**School health
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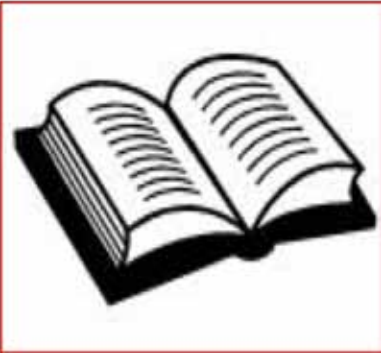
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**Water and
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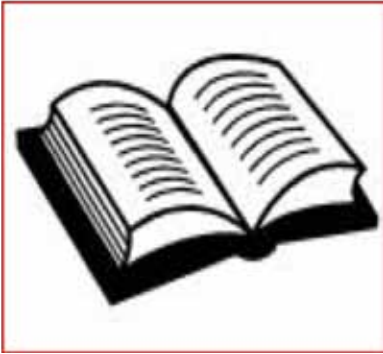


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School health policies and community support



Water and Sanitation



What is SHN?

School based delivery of health & nutrition services



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School health policies and community support



Water and Sanitation



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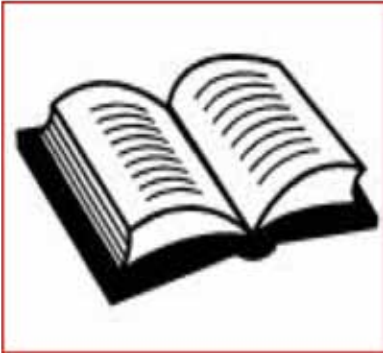


School based delivery of health & nutrition services



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School health policies and community support



Water and Sanitation



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School based delivery of health & nutrition services



Skills based health, hygiene, nutrition & HIV/AIDS prevention education

To be healthy to learn and to learn to be healthy

School health policies and community support



Water and Sanitation



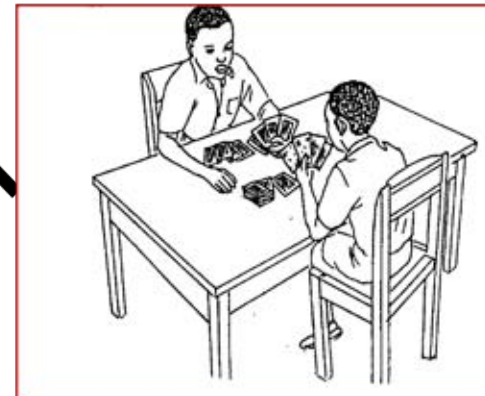
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Where are the NTDs?



To be healthy to learn
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Parental
support, Open
Health Days

Where are the NTDs?



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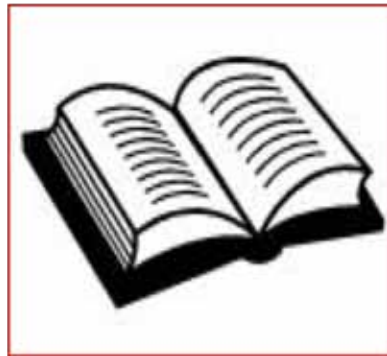
**Clean
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Parental support, Open Health Days



Clean latrines

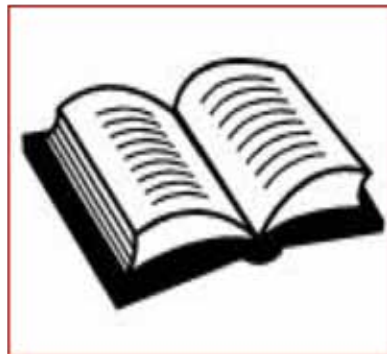


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Parental support, Open Health Days



MDA for STH, Schisto

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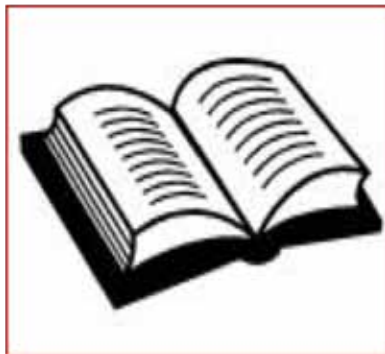


To be healthy to learn and to learn to be healthy

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Parental support, Open Health Days



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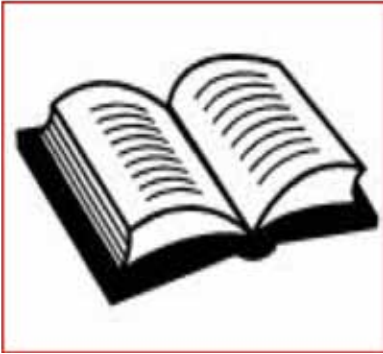
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Hygiene, face-washing, avoiding contaminated water

Parental support, Open Health Days



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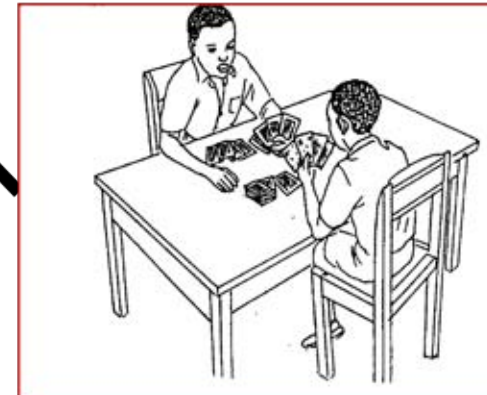


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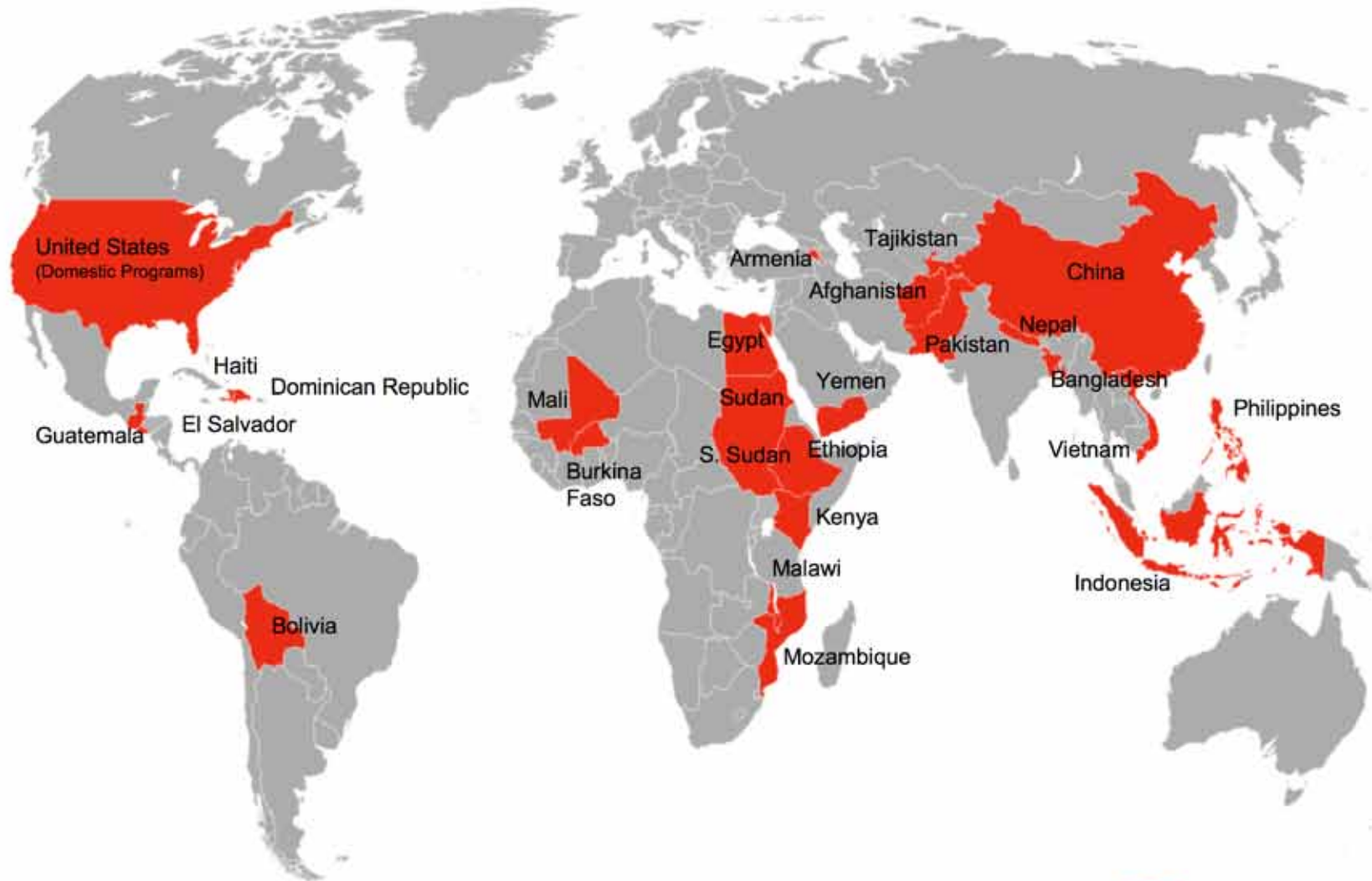
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Where we work in SHN (WASH in Schools)



Global SHN framework

- UNICEF's Child Friendly Schools (WinS, SWASH)
- WHO's Health Promoting Schools
- UNESCO FRESH
- World Bank's SHN

- 2000 World Education Forum recognized that Education For All goals cannot be achieved without SHN interventions launched the International FRESH (Focusing Resources on Effective School Health) Framework

- Synergies between interventions lead to larger impact
 - Behavior change and enabling environment
 - Long-term vs. short-term improvements (wat/san and deworming)

- Policy component enable sustainability and scalability

- Interventions are cost-effective with proven impact on education outcomes.



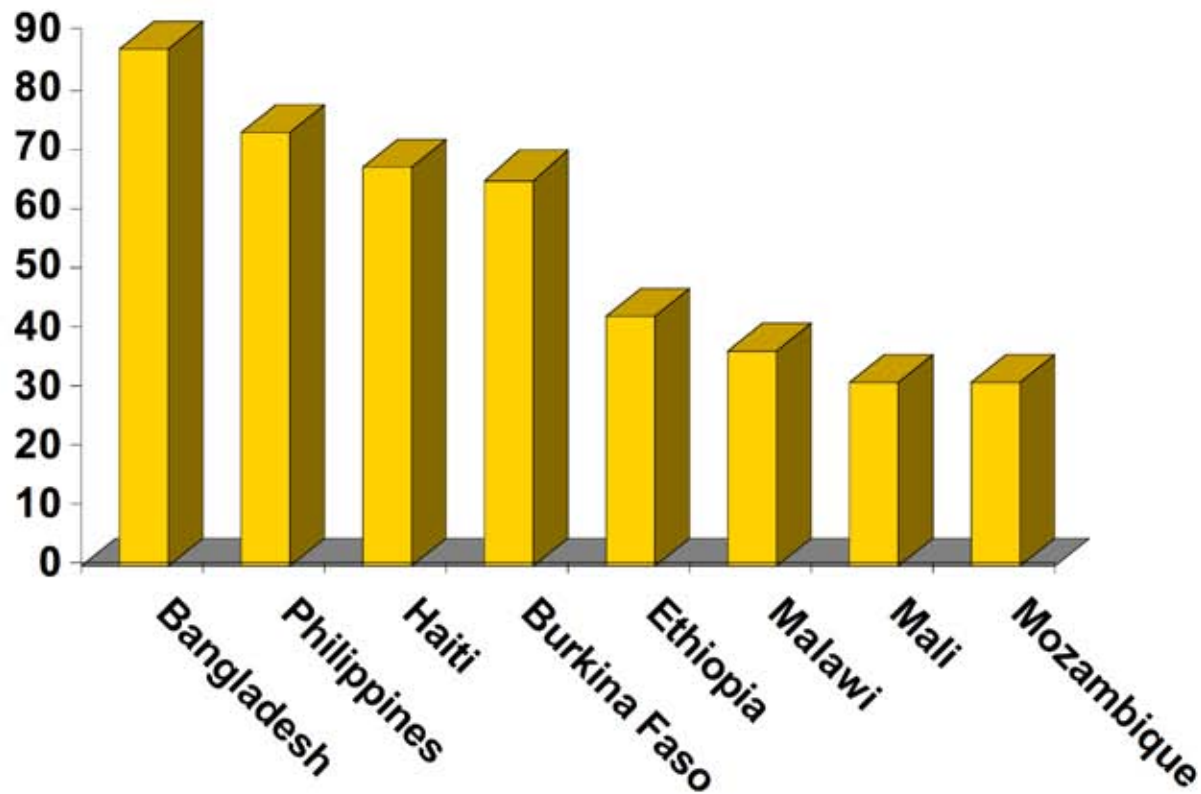
BANGLADESH Photo by Michael Bisceglie

The Need – SHN

- Poor health and malnutrition prevent children from attending school and from learning while there.
- Children lose 272 million school days each year due to diarrhea.
- Malaria accounts for 50% of all deaths among African school-age children per year.
- About 400 million school-aged children in the developing world have worms
- 53% of school-age children suffer from anemia
- 2 out of 3 schools lack decent toilets in the developing world

- Health systems often do not address the needs of school-age children.

Parasitic infections among school-children



Ref: Save the Children/US baseline surveys for SHN

Government Collaboration

- Creating partnerships with government at national, regional, district, local level
 - MOU including roles and responsibilities with Ministries of Health, Education, Water, etc.
- National working groups to promote national programs. (Donors, NGOs, UN agencies, Foundations, Gov't)



ETHIOPIA Photo by Jenny Matthews

Community Involvement

- Work with community structures (PTAs, LGUs, SMCs) to ensure contribution/buy-in (e.g. material and labor)
- Train committees to maintain and repair facilities; assist in drug distribution
- Train village health committees/agents, parents, teachers, and district Ministry of Education staff on health education



MALAWI Photo by Humphreys
Kalengamairo

Child Participation

- Involved in design of health education materials
- Peer educators
 - Share lessons with others and siblings
- Monitor activities, student behaviors and school environment



THEORY OF CHANGE : how SC work to create impact for children

... be the voice

advocate and campaign for better programmes and policies to fulfil children's rights at national, regional and global level; promote child participation and ensure that children's voices are heard – particularly those children most marginalised or living in poverty

... be the innovator

develop and prove new, evidence-based and replicable breakthrough solutions to problems facing children, through policy, research and programme activity

build partnerships

coordinate and collaborate with children, civil society organisations, communities, governments and the private sector to share knowledge, influence others and build capacity to ensure children's rights are met

... achieve results at scale

support effective implementation of best practices, programmes and policies for children, leveraging our knowledge and working to ensure sustainable impact at scale through advocacy, direct support and capacity-building



National SHN program in Nepal

- Started with pilot with sponsorship funding in 1999
- Used evidence to increase funding
- Partnership with other NGOs
- 2006 National Strategy developed
- 2009 SHN Network developed
(<http://schoolhealth.org.npa> and national SHN newsletter)
- http://www.youtube.com/watch?feature=player_detailpage&v=GIN1-KB2EQA

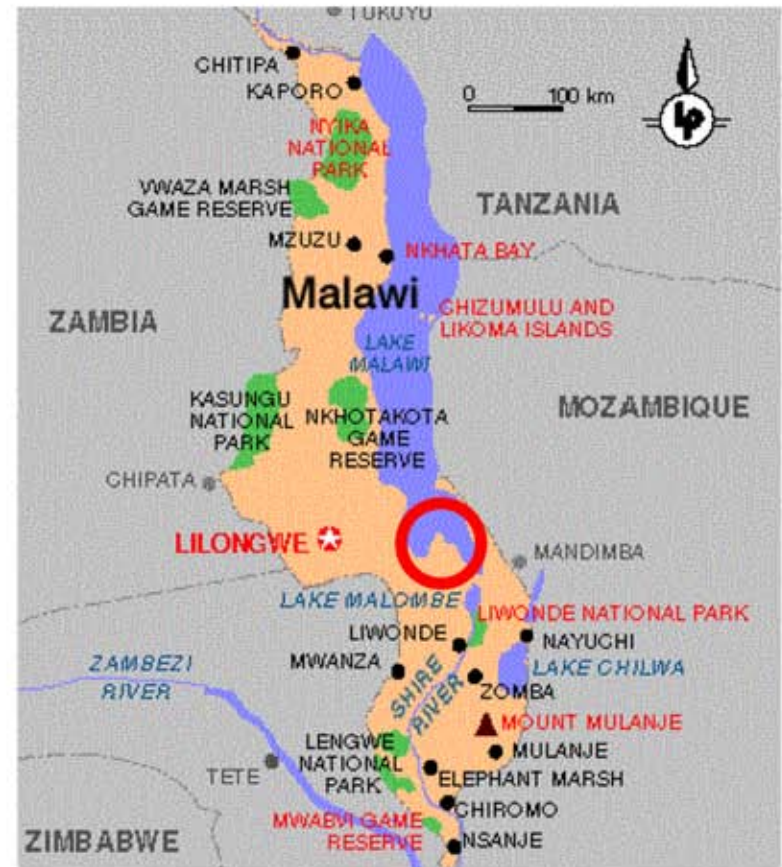


Situation in Mangochi

Malawi statistics	
HDI index	160/182
Life expectancy	52y
Adult literacy rate	72%
Gross enrolment ratio	62%
National SHN program launched in 2007	

Mangochi:

- High levels of bilharzia on lake Malawi coast
- High prevalence of HIV/AIDS



SHN interventions in Mangochi

School-based health services

- Deworming
- Vitamin A (and iron) supplementation
- Vision and hearing screening
- Presumptive malaria treatment

Safe school environment

- Safe drinking water
- Latrines for girls and boys
- Hand-washing facilities

Promotion of healthy behaviors

- Cool parent guides
- Teacher peer counseling
- Teacher led health education
- Extra curricula behavior centered communication

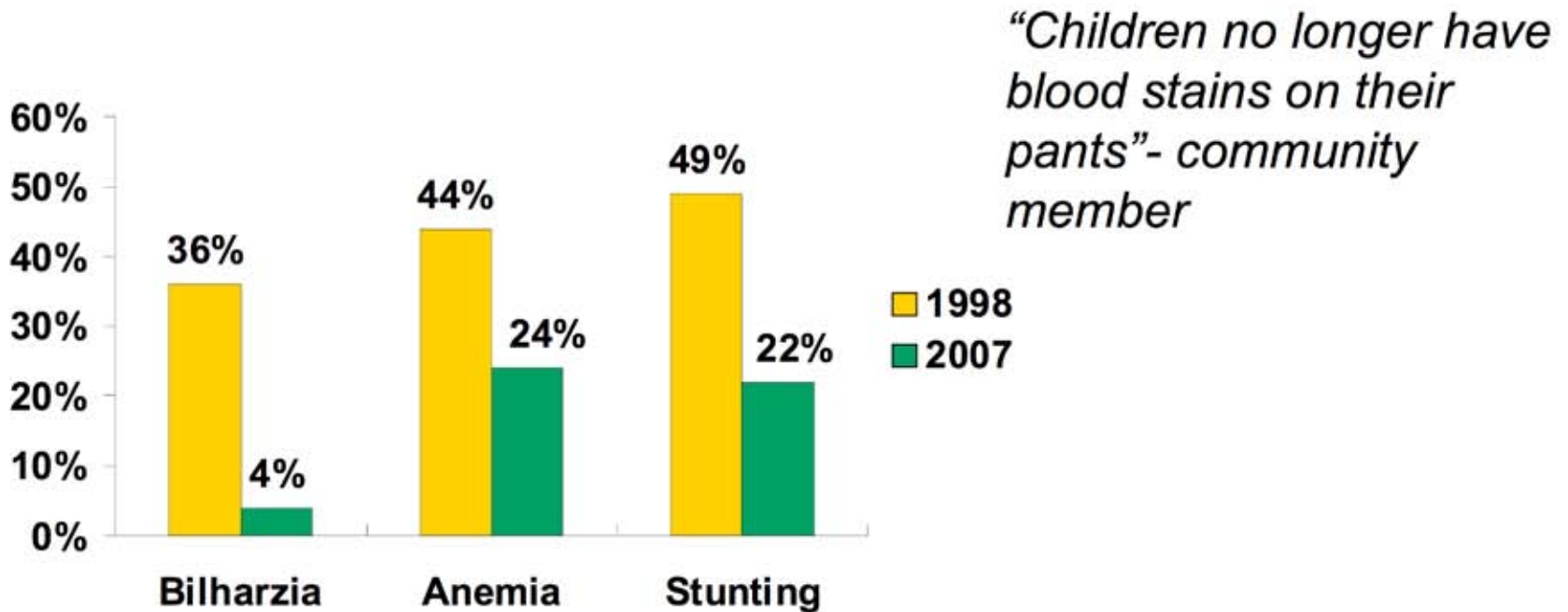
Community support

- Capacity building of school and community committees to support these activities

Evaluation design in Mangochi

	Baseline (1998)	End line (2007)
Sample	n=1200	n=1200
# schools	12 (5 upland and 7 coastal)	Same as baseline
# children	100 children/school: 50 from standard 3 50 from standard 6/7	Same as baseline
Indicators	Hemoglobin, heights, weights, schisto, KAP, school observation	Same as baseline (same questionnaires and methods)
Qualitative	Yes	Yes

Improved health status



“Treatment of bilharzia has boosted pupils’ zeal to be in school”- Teacher from Mpale school

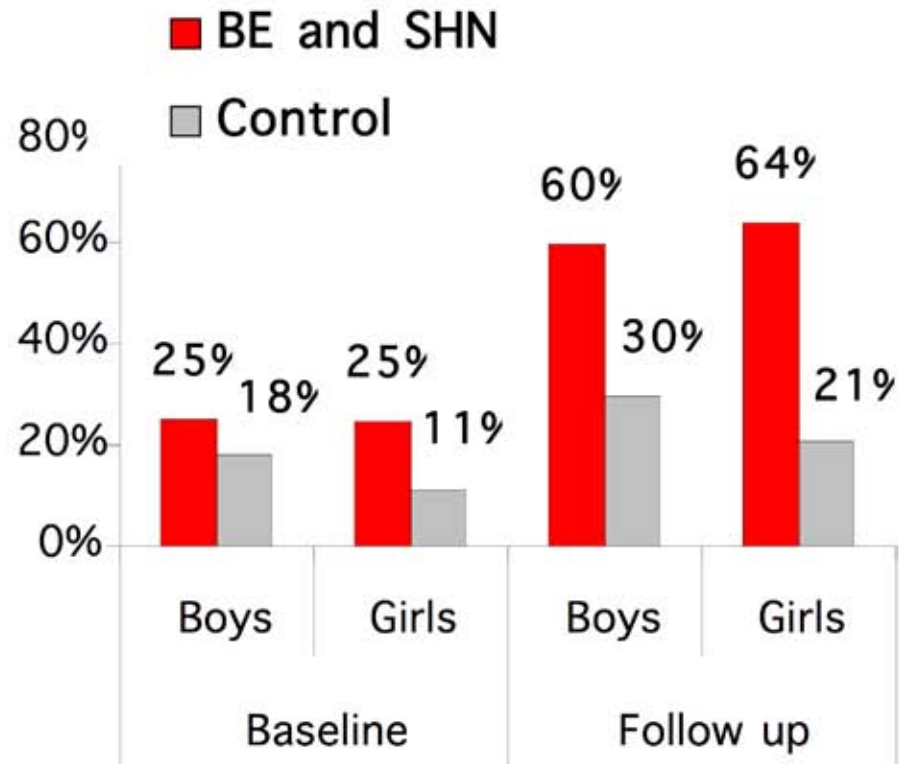
Improved school performance

Student achievement data from 39 Sponsorship schools versus 63 non sponsorship schools suggests

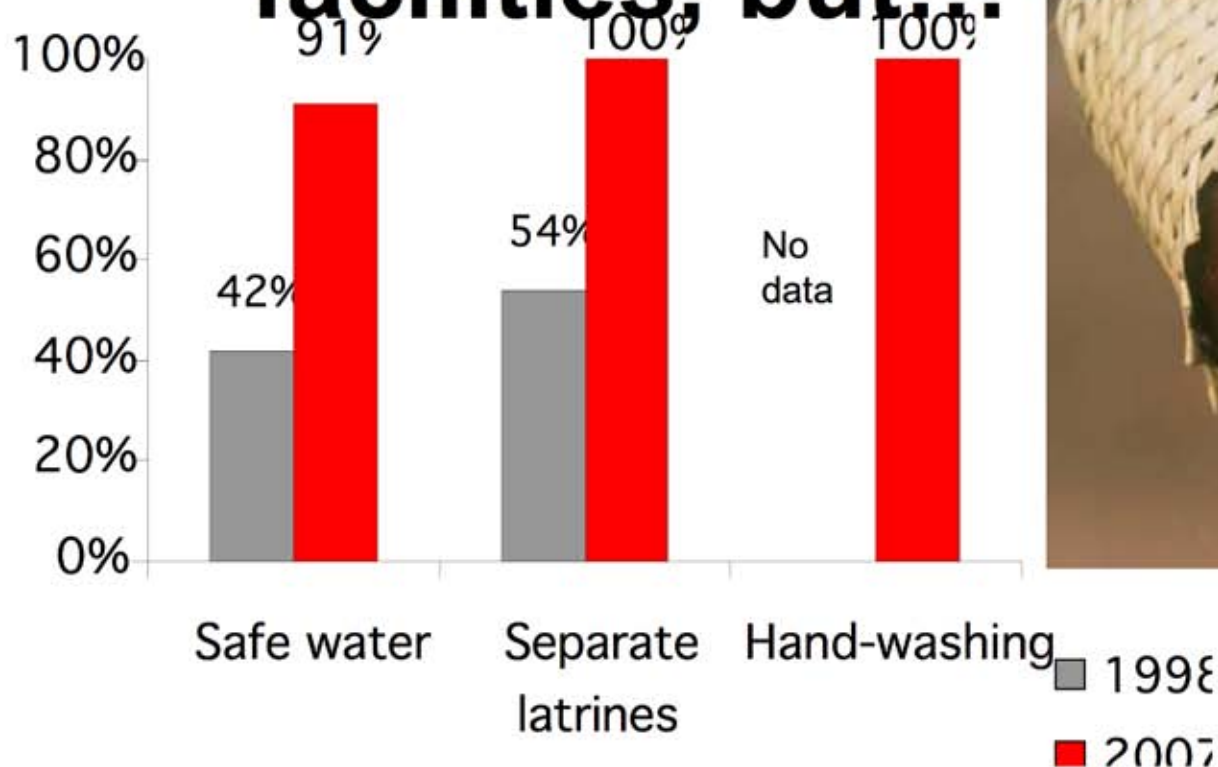
Positive impact from BE and SHN on school performance.

Similar findings for drop out and repetition but less obvious

Reading test pass rates



Increased access to water and sanitation facilities, but...



But only 33% of hand-washing facilities were functional and none had soap or ash

Only 41% of children report washing hands after using the toilet

MDG Targets and SHN

GOAL 1: ERADICATE EXTREME POVERTY & HUNGER

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

**GOAL 3: PROMOTE GENDER EQUALITY AND
EMPOWER WOMEN**

GOAL 4: REDUCE CHILD MORTALITY

**GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER
DISEASES**

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY