

NGOs scale up School Health & Nutrition in Burkina Faso

The Government of Burkina has considered children's health as an essential element of quality education for decades, however it did not implement any school health programs because it did not feel that it was able to do so. Today, half the country's school children are benefiting from a comprehensive School Health and Nutrition (SHN) program, which will soon be scaled up to the entire country. The presence of NGOs with experience implementing SHN in Burkina, combined with the government's willingness to use that expertise were central to this achievement.



In 1995, the Ministry of Education requested support from Catholic Relief Services (CRS) to implement school health including deworming, in 1300 schools across 14 Provinces. In 1999, Save the Children USA (SC/US), now Fondation de Développement Communautaire (FDC) and Helen Keller International (HKI) began piloting School Health and Nutrition interventions in their respective provinces (Bazega and Kourwéogo) and gathering evidence to highlight the need for and impact of comprehensive SHN programming:

“Entrusting the SHN program to NGOs allows us to focus on other things. As they are obliged to produce results, we are convinced that the work will be done well”

Director of Allocation of School Materials, Ministry of Education, March 2007.

In Bazega district, SC/FDC found that 29 percent of children were stunted, 54 percent were anemic, 29 percent had goiter (an advanced sign of iodine deficiency), 18 percent were infected with bilharzia, and 67 percent were infected with one or more species of intestinal worms¹. Meanwhile, Burkina Faso's primary school enrollment rate was one of the lowest in the world at less than 40 percent, with high rates of repetition and dropout. HKI and SC/FDC then showed that with simple low cost SHN interventions, children's health and education could be significantly improved^{2,3}.

These findings astonished the Ministries of Health and Education who asked the three NGOs with experience in SHN (CRS, HKI and FDC), to help draft the health and nutrition element of their 10 year Education Plan⁴ and roll the program out across the country.

The government adopted its **Faire-Faire** outsourcing approach and contracted a consortium of NGOs to roll the program out across the country.

In 2004, the three NGOs joined together as a consortium and developed a common program (see box, next page) and an implementation plan. After a number of administrative delays, the contract was finally signed by the Ministry of Education in 2006 and phase I of two three-year phases began (see map, next page). The MOE was funded by the World Bank.

The program has since been rolled out across 25 of Burkina Faso's 40 Provinces, reaching more than 4,000



Common elements of the SHN program:

- deworming,
- vitamin A and iron supplementation
- promotion of healthy behaviors

Funding was not sufficient to improve water and sanitation facilities in schools.

Other elements have been added by NGOs with other funding e.g. School feeding in CRS provinces.

schools and 650,000 school-children in the first phase. The program is coordinated by the NGOs, with oversight by a Ministry of Education Consortium Coordinator, but implemented entirely through the district level Education structures, with support from the district health authorities and town councils. National level Ministry representatives are actively involved at every step of the program to ensure that the capacity is transferred to the government as the program is implemented.

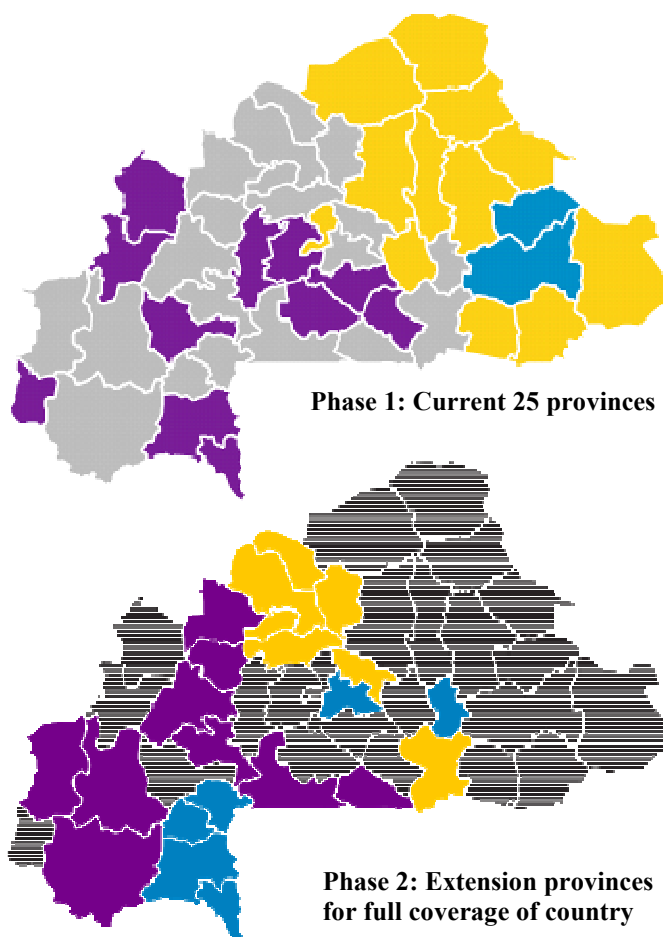
A baseline survey was conducted by HKI in November 2006 in 130 schools across 13 regions to assess children's health and nutrition status and health related knowledge attitudes.⁵ The survey will be repeated in a few years to evaluate the entire program.

In March 2008, the consortium submitted the planned second plan to expand the program to the remaining provinces, targeting over 1.5 million school children. At publication of this document, approval was still pending.

Before launching the second phase of the implementation plan, the NGOs will harmonize their implementation approaches drawing on successes and lessons learned in their respective provinces, to create a uniform program which can eventually be taken up by the government.

An increasing number of countries around the world have developed national SHN strategies. Funding is available to implement such programs, but because

Provinces by NGO, Phases One and Two



- Catholic Relief Services
- Helen Keller International
- Fondation pour le Développement Communautaire

SHN is often a new program area relying on both the health and education sector, many governments struggle to implement these programs effectively. NGOs with experience implementing SHN in-country provide an alternative structure that can help bring the two Ministries together and implement the program quickly and effectively while building the Ministries' capacity at district and national level.

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