

# School Health and Nutrition 2008 Program Update



Supporting programs for school-age children to be healthy to learn and to learn to be healthy



Bangladeshi children washing hands with soap on Global Hand-Washing Day 2008. (Photograph courtesy of Bangladesh Country Office)

## What is School Health and Nutrition?

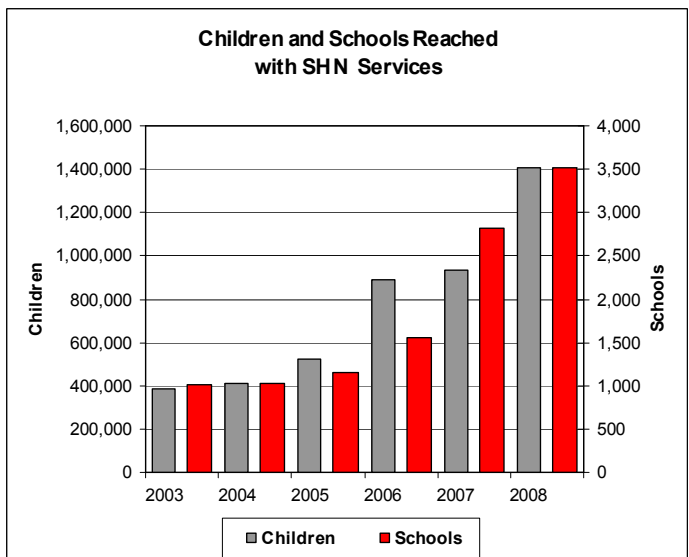
SHN addresses the critical health and nutrition factors that keep children out of school and reduce their ability to learn effectively when in school. The essential elements of an effective SHN program were agreed on at the 2000 World Education Forum in Dakar, Senegal by WHO, UNESCO, UNICEF and the World Bank.

The core interventions are to:

- **Increase the use of health and nutrition services at school** including: deworming; micronutrient supplementation; malaria treatment; and vision and hearing screening.
- **Increase access to safe water, sanitation and hand-washing facilities in schools.** This infrastructure is the enabling environment for healthy behaviors.
- **Promote life-long healthy behaviors through skills-based health education including HIV/AIDS prevention.** The knowledge, attitudes, values and skills developed through this method enable children to stay healthy and safe long after they leave primary school.
- **Ensure basic health-related school policies and support at all levels from individual schools and communities to the national level.** The policies should ensure provision of health services, health education, and access to water and sanitation.

## SHN and Quality Basic Education

Recognizing that School Health and Nutrition (SHN) is an essential element of quality Basic Education (BE), the SHN program is now working within the Department of Education and Child Development (DECD). Aligning SHN and BE programs has allowed Save the Children to remain a global leader while increasing our impact. By working with existing BE programs, SHN programs have been able to reach additional children. We also initiated new programs allowing us to reach more than 1.4 million children in more than 3,500 schools in total. SHN has four key elements (see box). In 2008, extra effort was made (continued on page 2)



Source: Reporting from SHN programs and Global Education Indicators.

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to create partnerships that focused on strengthening the Water, Sanitation and Hygiene (WASH) components of our SHN programs:

- Dubai Cares awarded multi-year grants to Bangladesh, Sudan and Yemen to provide access to quality BE programs, which include a large SHN component. Recognizing the large impact WASH can have, Dubai Cares announced a focus on school WASH in their programs in 2009.
- Save the Children expanded its collaboration with H<sub>2</sub>O for Life linking schools in the U.S. to 31 partner schools in 11 countries to provide water and sanitation facilities in schools as a part of the WASH in Schools Initiative.
- Save the Children is collaborating with the Center for Global Safe Water at Emory University and other institutions interested in school WASH to improve program learning around sustainability and scalability of the WASH component of SHN programs.

## Country Updates

### Latin America and the Caribbean

#### Bolivia



*Students in Caracollo demonstrate solar disinfection of drinking water. (Photograph by Daniel Abbott)*

The Bolivia program dramatically scaled-up programs with the assistance of GlaxoSmithKline (GSK) and USAID/Global Development Alliance (GDA) funds. The program increased its total reach to 182,823 children by expanding its service from 68 schools in 2007 to 530 schools in 2008. The program is now operating in La Paz, El Alto, Cochabamba and rural and urban Oruro. In 2009, the program will expand to the city of Santa Cruz. An evaluation in 2008 showed that after three years of

programming, the anemia rate among children in second to fifth grades in Caracollo, Oruro dropped from 51% to 29%. The program in Caracollo also produced a video on SHN, which can be viewed at [www.YouTube.com](http://www.YouTube.com) by searching: “Improving Our Lives.”

#### Dominican Republic

The Dominican Republic SHN program is part of “The Batey Community Development Project,” a new USAID-funded 2-year community development project, which works in former sugar cane work camps in the eastern part of the country. The schools and communities have inadequate WASH facilities, high rates of intestinal parasites and poor health and hygiene knowledge. The SHN program aims to improve hygiene practices by incorporating its programs into primary school curricula and through community care-taker groups. It will also improve school sanitation infrastructure. With these interventions and bi-annual micronutrient supplementation and de-worming, this project will contribute to health and education outcomes.

#### El Salvador

El Salvador launched its SHN program in October 2008. The project, “Alliance for a Healthy Start,” is funded through a USAID/GDA grant from RTI International. It is a small program being implemented in 14 schools in high-poverty municipalities in the department of Ahuachapán. This program focuses on improving the school environment and the quality of food available at the schools.

In order to improve sanitation and waste management practices at schools, Save the Children provides toolkits and educational materials on healthy and hygienic habit promotion. Save the Children technical staff also trained a core group of student leaders on



*Newly built pit latrine in El Salvador. (Photograph courtesy of El Salvador Country Office)*



*Haitian school-children in Maissade showing off their reading books. (Photograph by Seung Lee)*

latrine use and maintenance, proper hand washing and waste management to improve school sanitation and waste management practices. Food Agriculture Organization's 'Healthy Snack Shop' materials are used to improve nutrition and hygiene conditions at school snack shops. Also, the program seeks to strengthen local capacity related to health, nutrition and hygiene by working with school management committees to include SHN activities in their long-term strategic plans.

### **Guatemala**

Guatemala received funding from USAID/GDA and RTI to integrate SHN programming into an existing BE program, using the Child-to-Child (CtC) model. The CtC model is based on teachers guiding children through a six-step process to investigate key health topics in their communities and homes and then create activities to promote healthy practices. CtC trainers are trained in facilitation and



*Teachers being trained in nutrition education using Child to Child methodology. (Photograph by Seung Lee)*

communication on health topics such as proper hand washing techniques, water treatment, and the prevention and treatment of diarrhea. School health events, posters, and sharing of results of behavior adoption will help reinforce these messages. The SHN work will begin in eight schools in 2009 and may continue to grow through additional funding sources and through the sponsorship funded programs.

### **Haiti**

The Haiti SHN program is continuing the phase over<sup>[1]</sup> process. In 2008, Haiti reached 20,970 children and worked with all the of primary schools in the commune of Maissade. The Case Study for Haiti's SHN program was completed and will be featured in the Emergency Education Toolkit. In 2009, Haiti will add important new elements to increase quality of its programming including Malawi's Cool Parent Guide that parents and school age children use to talk about and prevent risky behaviors that can lead to HIV/AIDS.

### **Africa**

#### **Burkina Faso**

Burkina Faso completed its end-line evaluation in October 2008. The report highlighted the program's successes including the impressive scale-up in SHN activities. In 2004, 23,000 students were dewormed and in 2008, 35,751 students received treatment. Micronutrient supplementation

<sup>1</sup>Phasing Over refers to the process that Save the Children/USA sponsorship-supported projects go through to transfer operations (including SHN) from one impact area to a new one. This is done after we have worked in a community in an area for some length of time and have largely achieved the development goals of the communities.



*School Health and Nutrition Day. (Photograph courtesy of Burkina Faso Country Office)*

was also successful, showing a reduction of anemia from 48% to 32% in one year. Health education using CtC approach proved to be successful with the vast majority of students (70-80%) of children learning about diarrhea, malaria and HIV/AIDS at school rather than at home or through other media. In 2008, half of Burkina Faso's children received comprehensive SHN interventions through the national SHN program implemented by NGOs and it is expected that this program will be scaled up to the entire country in 2009.

Fondation de Développement Communautaire, Save the Children's implementing partner along with Catholic Relief Services and Helen Keller International, were the implementing agencies and also provided technical expertise and facilitated coordination between the Ministry of Education and Ministry of Health to make the national scale-up possible. Burkina Faso's SHN provides a model of successful scale-up to the national level through a national program using NGOs.

### **Ethiopia**

The USAID Community-School Partnership Program (CSPP) started in 2008, and will support 1,800 schools in eight regions of Ethiopia that are remote and have poor health and education services. The program will combine health, water and sanitation and education resources to have impact in both education and health sectors. Integrated within the existing school and health systems, services will be linked to schools to provide HIV awareness, immunization, hygiene, nutrition interventions and treatment for malaria, trachoma and diarrhea.

A large private donation from Michael Kremer and Rachel Glennerster of Deworm the World was given to the

Ethiopia Country Office to support the deworming of over one million school age children in 1,400 schools in five regions with the highest prevalence of worms (Gambella, SNNP, Benishangul Gumuz, Amhara and Oromiya). The funding covers the additional cost of training teachers and transporting deworming tablets to the schools and other costs. The deworming is implemented by Save the Children USA and its partners, World Learning and Tigray Development Association.

Existing sponsorship-funded programs are also ongoing in Woliso and the newer impact area in Tigray. Save the Children is also providing significant input and leadership to the government's final national SHN which is based on the findings of the national SHN baseline carried out by Save the Children in 2007.

### **Malawi**

The Malawi SHN program phased out of its impact area in Mangochi after 10 years of service. In 2008, SHN reached 130,000 children. Save the Children is integrating SHN into the BE program in its new impact area in Zomba, where it will continue efforts to address all key health and nutrition problems that hinder children's full participation in school.



*In Malawi, 15-year-old Luka receiving malaria treatment from his school's trained Pupil Treatment Kit (PTK) teacher-dispenser. (Photograph courtesy of Malawi Country Office)*

A series of briefs on Malawi's experience with SHN in Mangochi are available at [www.schoolsandhealth.org](http://www.schoolsandhealth.org) and include: (1) An Overview (2) Controlling bilharzia in schools (3) Cool Parent Guide (4) Presumptive malaria treatment in schools (5) Teacher Peer Counseling on HIV/AIDS (6) Vision and hearing screening (7) Vitamin A and iron supplementation, and (8) Improving water, sanitation and hygiene behavior.



*A 9-year-old Malawian boy drinking water from borehole installed by Save the Children. (Photograph courtesy of Malawi Country Office)*

### **Mali**

Mali's SHN program is continuing the phase-over process. After 20 years of sponsorship programming in Kolondieba, the programs are being phased out of that district and into two new districts – Yorosso and Sikasso. An end-line evaluation of sponsorship-funded programs in Kolondieba is taking place. Children in the schools in the Yorosso and Sikasso districts benefited from some SHN interventions in 2008, receiving some deworming pills, iron and vitamin A, at the time of the situation analysis. With its experience in Mali, Save the Children will be able to help improve the implementation of SHN in the new districts and to play an active leadership role at the national, regional and district level.

### **Mozambique**

In August/September of 2007, the *Ku-Bunbetana* program, a follow-on to the *Chuvus* program was launched and SHN interventions continue to be a key component of



*Pit latrines in schools in Gaza Province, Mozambique. (Photograph by Seung Lee)*

41 schools in four districts.

The Mozambique Country Office received almost \$25,000 in gifts from H2O for Life in 2008 to provide water and sanitation interventions in at least three schools. SHN will also increase its efforts through education activities in 10 schools in the Nampula Province. Nampula will use the SHN approach in Gaza Province as a model including baseline evaluation design, data collection and basic training of teachers. Continued coordination between the *Ku-Bunbetana* and the Nampula Province will increase SHN's success in Mozambique. Mozambique's SHN Program Officer will represent Save the Children in the National Working Group on SHN led by Helen Keller International.



*Children enjoying drinking water in school in Mozambique. (Photograph by Seung Lee)*

### **Strategy 3: Support Effective Implementation At Scale**

As the importance and effectiveness of the various interventions of SHN are recognized by communities, national partners and donors, programming of SHN is increasing and reaching more children. In several countries, Save the Children is working with these various partners to adapt and adjust programming to ensure effective services at scale.

#### **Bolivia**

Our Bolivia Country Office leveraged private funding from GSK to obtain funding from USAID-GDA that increases coverage of SHN to reach over 200,000 children in five urban centers and 13 new municipalities. The funding from GSK was acquired based on the success of sponsorship-funded SHN programs in Oruro.

#### **Burkina Faso**

The national SHN program is being implemented by a consortium of NGOs and is successfully reaching 50% of the districts, with goal of 100% reach in 2009.

#### **Ethiopia**

Ethiopia Country Office launched the Community-Schools Partnership Program (CSPP) project, ensuring that over one million children in several regions of Ethiopia will receive basic SHN services.

#### **Nepal**

The Nepal Country Office is providing SHN services to all children in three districts with support from sponsorship and Save the Children Italy, reaching over 250,000 children in these districts which serves as a model to the government on how to scale up SHN interventions.

#### **South Sudan**

Since its official launch in November 2007 in Mvolo and Wulu counties, the South Sudan SHN program has reached 32,598 children in 20 schools. Details of the program design are based on the school calendar because of rainy and dry seasons. Children are not in school from December through April because during the dry season, students and families must search for water. The SHN curriculum for South Sudan has been adapted from Nepal's curriculum, which includes 16 lessons on sanitation, personal hygiene, household/environmental sanitation, diarrhea, nutrition and worm infection. South Sudan recently has received a large donation of deworming pills that will be distributed in May and June 2009. Additionally, a SHN intern has written about the "Nodding Disease" which exists only in this area and afflicts mostly school-age children. Research is needed to discover the causes and a cure for this fatal disease.

#### **Sudan**

Through new funding from American Idol's "Idol Gives Back" show in 2007, implementation of SHN activities began in 2008. This program covers 40 schools in South Kordofan State. In 2008, Sudan also secured new

funding from Dubai Cares to reach 115,000 children with BE and SHN over 5 years. In March 2009, Save the Children was one of 13 international aid organizations to have their registrations revoked. As a result, Save the Children's programming has been suspended, but we have recently reached an agreement with the Government of Sudan to transfer programs and assets to our colleague organization, Save the Children Sweden.

#### **Asia**

##### **Afghanistan**

SHN in Afghanistan is expanding despite a declining security situation. Our Child Friendly Health Education (CFHE) is having positive effects on children and their parents. Children attend class more regularly, are more active in the classroom and are showing leadership as well as faster learning. They are sharing their knowledge with others in their communities. The success of CFHE is being picked up by many other organizations. In 2008, we drafted a training manual on how to implement CFHE to allow other organizations to start a CFHE program where community-based health education can complement school-based health education. The Afghanistan Country Office is discussing SHN with the Ministry of Education

(MoE) so that best practices from CFHE/SHN can be incorporated into the health education.

The government of Afghanistan currently deworms all school-aged children. Save the Children noticed, however, that some children were not getting dewormed in the national campaign. Upon contacting UNICEF and MOE, 30,000 deworming tablets were provided for Fayarb districts and all children, regardless of enrollment status, received deworming treatment (enrolled through MOE and non-enrolled through UNICEF).

Also, teachers were trained in Child to Child (CTC)'s six-step methodology and sessions were taught after school in four pilot schools. The methodology was found to be effective and UNICEF introduced school clubs that will also the CTC.



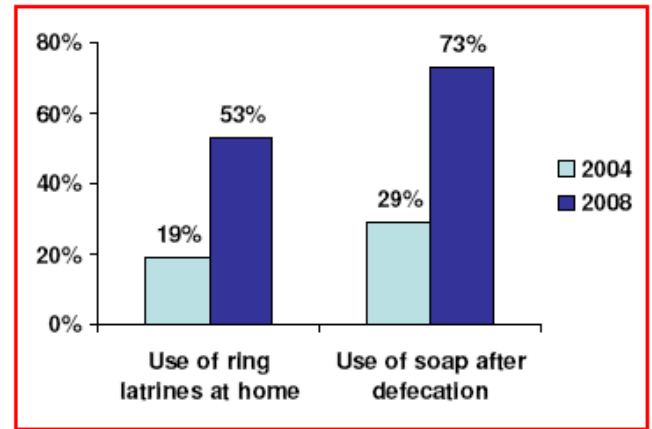
Members of PTA discussing importance of SHN and Early Child Clubs in Afghanistan. (Photograph by Seung Lee)

### Bangladesh

In 2008, Bangladesh secured new Dubai Cares funding for SHN and BE. The sponsorship and GSK-funded SHN program completed phase-out of Nasirnagar sub-district (active from 2002 through 2008), and phased into the Meherpur District. In June 2008, Save the Children and its partner, NGO Forum, conducted an evaluation in Nasirnagar repeating the school and community-based baseline surveys. The endline data showed that the school and household water, sanitation, and hygiene improved greatly during the life of the project. Nearly all schools

now have safe drinking water and separate, child-friendly latrines. In 2006, only 5% of schools had hand-washing facilities while in 2008, 97% had such facilities. Behavior change was also successful through SHN programming with dramatic increases in percentage of households that understood and practiced safe hygiene behaviors.

The success of the SHN program has received national



Source of data: 2004 and 2008 school-based survey.

attention, securing commitments from government ministries to promote school health on the national agenda. The SHN program in Nasirnagar delivered health services as well, which included deworming, vitamin A and iron supplementation, first aid kits, and vision screening with referral and treatment. The coverage of deworming and iron supplementation was close to 100 percent in 2008. Worm loads decreased from 66% in 2004 to 0.1% in 2008. As programs in Meherpur pick up, coverage has increased from 127 schools in 2007 to 280 schools in 2008 and children reached with SHN services increased from 47,642 in 2007 to 56,039 in 2008. A series of briefs documenting Bangladesh's experience, achievements and lessons learned from SHN programming in Nasirnagar can be found at [www.schoolsandhealth.org](http://www.schoolsandhealth.org).

### Indonesia

Indonesia's GSK-funded SHN program in Nias Island, Indonesia, is phasing out in 2009. The program is having greater success than initially expected. It is now reaching a total of 266 primary schools and exceeds the goal of more than 128 schools that was set for the two-year program. A total of 53,497 children were reached, up from the 8,000 children reached in 2007. The program received support from the district-level government and implemented the distribution of vitamin A, deworming tablets and iron;

establishment of Usaha Kesehatan Sekolah – School Health Unit (UKS) rooms; training programs about UKS systems; Personal Hygiene And Sanitation Education (PHASE) training sessions for teachers; “Little Doctor” peer educator training sessions; PHASE school health campaigns; radio talk show; latrine construction, establishment of UKS Advisory Boards, and teachers’ working group meetings. SHN also facilitated healthy school festival in two districts and learning visit of UKS board and teachers to West Sumatra as the winner of healthy school festival in national level.



“Little doctor” personal hygiene and sanitation campaign in Nias Island School, Indonesia. (Photograph courtesy of Indonesia Country Office)

### Nepal

The Nepal SHN program co-sponsored a national workshop in September 2008. The workshop was hosted by the Ministry of Health and Population and the Ministry of Education in partnership with Save the Children, JICA, CCS Italy, and Helen Keller International. Representatives from all organizations currently implementing SHN activities in Nepal were present, to share successes, and strategize on future challenges. Successes in Nepal to date include: development of a National SHN Strategy, development of a National SHN Program Implementation Guideline, creation of a National



Hand washing stand in front of newly painted girls’ latrines in Nepal. (Photograph by Seung Lee)

Advisory Committee under the chairmanship of Ministry of Health and Population and the Ministry of Education, and the initiation of a SHN Network formation at a central level. Having all the stakeholders together helped coordination and identification of gaps in the SHN program in Nepal. The total number of children reached increased from 110,089 in 2007 to 359,057 children in 2008. Coverage increased dramatically from 322 schools in 2007 to 1139 in 2008 with additional support from Save the Children/Italy.

### Pakistan

The Pakistan program continues to expand its reach despite the security challenges in Northwest Frontier Province (NWFP). The program expanded from the Allai sub-district into the Batagram sub-district in Batagram District in NWFP. A baseline in Batagram was completed and the SHN program is now reaching 27,792 children, up from 6,000 in 2007. The program has increased its coverage from 80 schools in 2007 to 150 schools in 2008.



Older school girls helping to provide iron tablets to other school children in Pakistan. (Photograph by Seung Lee)

### Philippines

SHN in the Philippines has nearly completed phase-out of programs in West Visayas, and continues to phase into a new impact area in South-Central Mindanao. Programs in urban Metro Manila are also ongoing. As the program in West Visayas closed, the number of beneficiaries fell. However in Metro Manila, the number of beneficiaries is 35,074, and 24,711 in South Central Mindanao. Baseline results for South Central Mindanao partner villages show prevalence

rates for intestinal parasitism ranging from 20% to 70%. Iron deficiency anemia was low at 7-8%.

The endline results for West Visayas showed only slight improvement in hygiene behaviors among school children implying that home-based interventions should be established and sustained to reinforce these behaviors. Results of a cognitive testing research project in West Visayas showed that there was a significant change in concentration skills of children who were dewormed and received iron supplementations. The research also showed that it is possible to administer a classroom-based cognitive test which is cheap and effective. The results will be shared with communities in West Visayas and the general population in 2009.

## Middle East/Eurasia

### Egypt

Supported by Save the Children sponsorship funding, the Egypt SHN program is phasing over to a new area from Minya to Assuit Governorates. Additionally, SHN is being integrated into UNICEF-funded community health programs in two new Governorates. SHN continued to increase in its impact and coverage – from 101,000 children in 204 schools in 2007 to 131,800 children in 248 schools in 2008. The SHN curriculum has been adopted by the government for use at the governorate levels.

In November 2008, Kevin Gee, a Doctoral Candidate at Harvard Graduate School of Education, completed a report, *School Health & Nutrition (SHN) and Basic Education (BE): Improving Educational Achievement for Children Across Samlout District, El Minya, Egypt*. His report found that SHN and BE interventions were very effective when implemented together. Sixth and third grade pass rates on district-level exams and attendance rates, were higher in SHN/BE intervention schools than in comparison schools. SHN's health education sessions enhanced overall academic environments of schools through active learning, and peer-to-peer learning. These sessions also increased student knowledge of diseases prevalent in the area, increased healthy behaviors and this knowledge improved academic performance. On days with Health Environment Sessions, fifth and sixth graders attended 98% of time, whereas average school attendance rates are 89%.

## New Tools

### SHN Monitoring Toolkit:

Save the Children has developed a monitoring toolkit with input from the UN Standing Committee on Nutrition. This toolkit provides program managers with tools to collect and summarize data for monitoring comprehensive SHN projects. It provides forms to be used by teachers at the school level to track and report SHN activities.

### SHN KAP Survey:

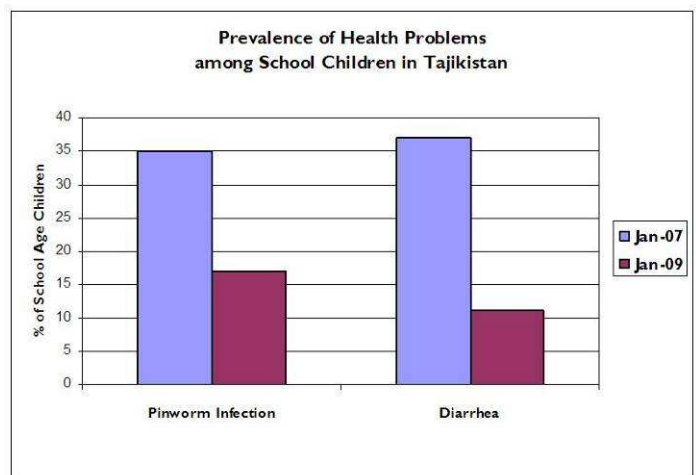
A model Knowledge, Attitudes and Practices questionnaire for SHN has been created based on existing internal and external tools. Program managers can adapt this tool to their specific settings. It will serve as a useful starting point in the design of baseline and endline evaluations.

### Contributions-in-Kind (CIK) Policy and Procedure:

Save the Children received a generous donation from Vitamin Angels for the second consecutive year. In order to standardize and facilitate the process of accepting CIKs, a Policy and Procedure manual for the agency was developed based on the experience with Vitamin Angels.

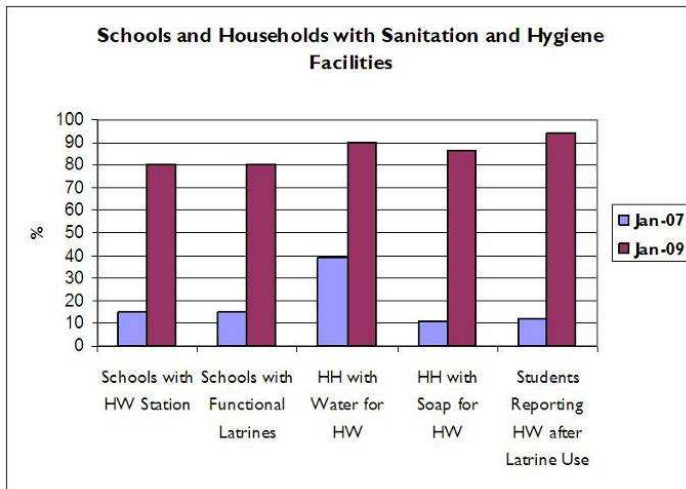
## Tajikistan

Tajikistan secured funding from USAID/GDA to match the GSK funding for the PHASE program in Khatlon Region. This allowed the country office to expand WASH hardware, as well as teacher training and engagement of Village Development Committees. The final evaluation was carried out



Source: Tajikistan PHASE Final 3-year Report.

and the program will close in early 2009. The evaluation revealed impressive results, with incidence of diarrhea decreasing from 37% to 11%. Hand-washing behavior changes showed great improvements as well: children who wash hands after toilet use increased from 12% to 94%, households with soap near toilets went from 11% to 86%. Children's health improved as pinworm infection decreasing from 35% to 17%. In 2008, Tajikistan SHN reached 40,297 children in 80 schools.



Source: Tajikistan PHASE final 3-year report.

## Yemen

In its first year, the Yemen country office used funds from Dubai Cares to launch a new BE/SHN program. The baseline was completed in November 2008. A Knowledge Attitudes and Practices (KAP) survey of youth 10-18 years old in Al Safia and Khafji Districts of Sanaa' was conducted. Of 348 interviewed youth, 79% said they were enrolled in school while 88% of children not enrolled had dropped out. 69% of children mentioned between 3-5 answers of how to prevent disease. Older children mentioned avoiding smoking and alcohol. Most children mentioned that they have their own toilet in their homes and 96% mentioned that soap was mostly or always available for use. Most children mentioned washing their hands before eating food, but only 22% mentioned washing hands after using the bathroom. 37% had heard of vitamin A, 44% had heard of dietary iron and 41% had heard of iodine. 46% of children had heard of intestinal worms and 86% of children were aware of washing hands and food while less knew the importance of using a latrine (16%) and wearing shoes (12%). In 2008, Yemen's SHN program reached 7,476 children in five schools.

## Partnership and Networking Events

### Global Health Council

Washington, DC. May 27 – May 31, 2008

Dan Abbott presented a poster *Children Take Action to Change Behaviors in the Community* describing the PHASE program in Tajikistan on behalf of Mavzuna Burkhanova of the Central Asia office.

### 35<sup>th</sup> UN Standing Committee on Nutrition on “Accelerating the reduction of maternal and child undernutrition”

Hanoi, Vietnam, March 3 – March 6, 2008

Natalie Roschnik was co-chair for the Working Group on Nutrition of School-Age Children (SAC). The Working Group made several recommendations and statements to the SCN including:

- SHN interventions are key elements in enabling countries to achieve *Education for All (EFA)* and the *Millennium Development Goals (MDGs)*. Complementary efforts aid in fighting long-term undernutrition.

The full report of the session can be found at:

[www.unscn.org/Publications/AnnualMeeting/SCN35/REPORT%2035th%20SESSION.pdf](http://www.unscn.org/Publications/AnnualMeeting/SCN35/REPORT%2035th%20SESSION.pdf)

### Global Water Challenge, WASH Learning Forum: Sustaining and Scaling School WASH

Washington, D.C. October 30, 2008

Dan Abbott presented a case study from the West Visayas SHN program in the Philippines. The conference brought together donors, implementers, researchers and government representatives.

### American Society of Tropical Medicine

New Orleans, LA. December 7<sup>th</sup> – 11<sup>th</sup>, 2008

Seung Lee and Humphreys Kalengamaliro, from Malawi, presented *Malaria Treatment in Schools: the Pupil Treatment Kit (PTK)*. The PTK implemented in Malawi is the only school based malaria treatment administered by teachers and has proven effective in reducing mortality among school age children and increasing school attendance.

The final program for the meeting can be found here:

[www.astmh.org/documents/ASTMH08FinalProgram.pdg](http://www.astmh.org/documents/ASTMH08FinalProgram.pdg)

### UNESCO

Bangkok, Thailand *Postponed from November 2008 to March 24-March 26, 2009*

Hari Rana from Nepal will present *“Working Together to Address the Needs of Children Holistically: School Health and Nutrition Program for Educational Success in Nepal,”* discussing the problems, interventions and implementation of SHN in Nepal. More details and the full presentation can be found here: [www.unescobkk.org/education/apeid/apeid-international-conference/apeidconf08/papers/](http://www.unescobkk.org/education/apeid/apeid-international-conference/apeidconf08/papers/)

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Children playing with Save the Children staff in Yemen.  
(Photograph by Seung Lee)

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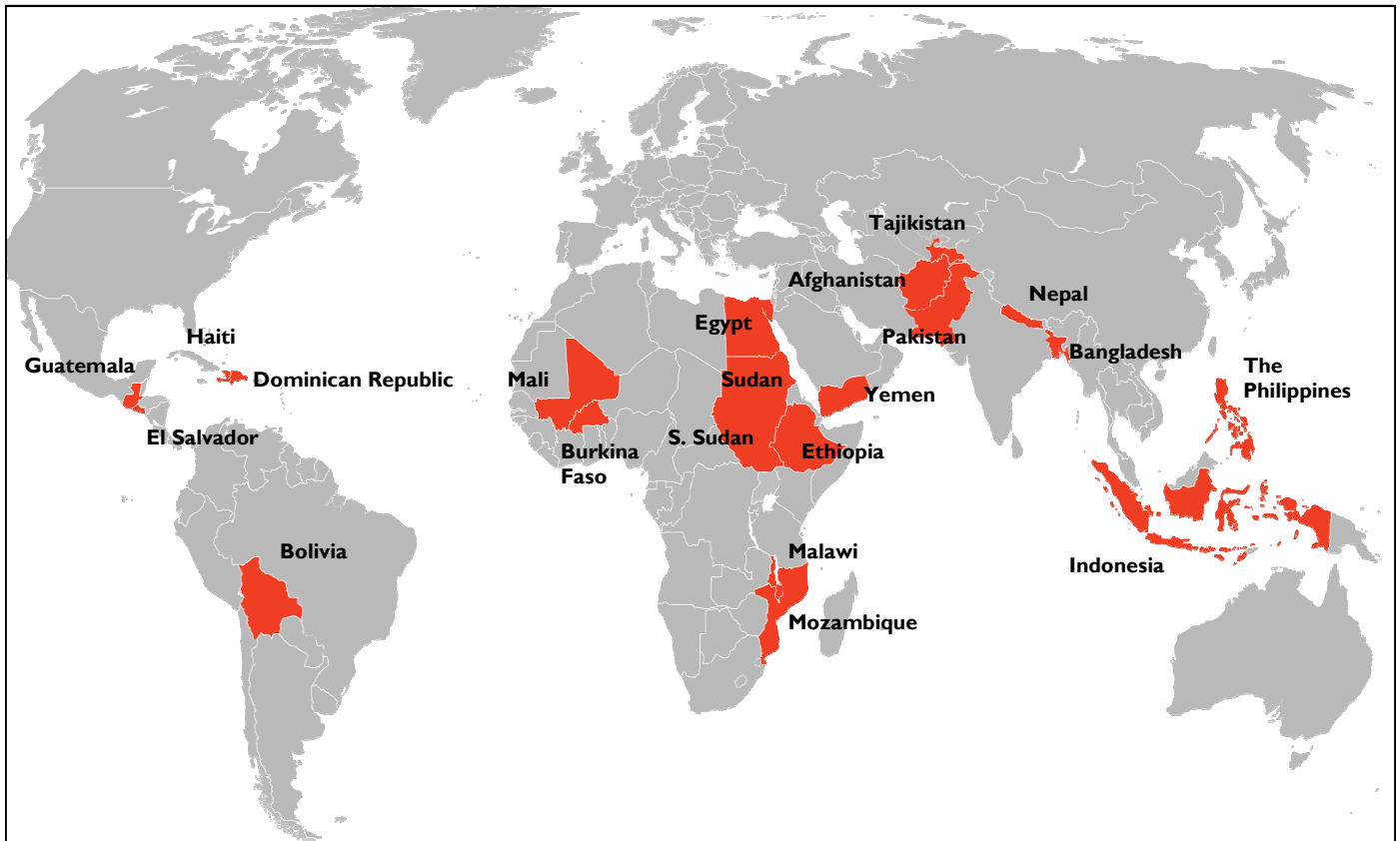
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## School Health and Nutrition Program Where We Work



Save the Children is the leading independent nonprofit relief and development organization helping children in need in the United States and in more than 50 countries around the world. Save the Children/USA is a member of the International Save the Children Alliance, a network of 27 independent, national organizations working in more than 120 countries to ensure the well-being of children everywhere.

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