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It is clear that school health and nutrition (SHN) programmes are increasingly looked upon as a key strategy in achieving equitable Education for All (EFA). These programmes can go a very long way to improve the health, nutrition and education of children around the world.

At the heart of our work lies the development of effective cross-sectoral partnerships between all SHN stakeholders. We collaborate with governments, development partners, communities and schools around the world to improve the health, nutrition and education of school-age children... and together we are making this happen.

Reflecting upon our work over the past year, it never ceases to amaze me, whether speaking with teachers and children from rural schools, with senior government colleagues, or with global partners, how much can be achieved when we all work together.

Central activities of PCD are providing technical assistance and strengthening the evidence base and I would like to draw particular attention to three key areas – deworming, school feeding and eye health – where exciting developments have been made in the past year.

The global momentum that is now behind school-based deworming is striking. Many countries are now scaling up their efforts to implement strategically targeted and sustainable national programmes. PCD has been at the centre of this momentum. An example has been seen in Bihar, one of the poorest states in India where in early 2011 PCD, through the Deworm the World Initiative, supported the State Government to implement the largest ever school-based deworming programme treating 17 million children. The recent announcement by pharmaceutical giants, and PCD partners, GlaxoSmithKline and Johnson & Johnson, in now increasing their donation to 600 million deworming treatments every year for the next 5 years, will further turn the tide. We live in exciting times. Worms do not.

Eye health is an area of growing significance in SHN. PCD continues to explore how eye care services can be delivered to children in an affordable, cost-effective, systematized and sustainable way. Around 40% of all visual impairment is caused by uncorrected vision, a condition that can be easily diagnosed and corrected with spectacles. PCD is expanding the evidence base on the use of affordable technologies including adjustable spectacles which could potentially be used in situations where access to eye health professionals is limited.

In terms of our organizational growth, this year has also been exciting, especially as our regional-base has grown significantly. This is particularly true in sub-Saharan Africa, where PCD’s presence is growing through our new regional and country offices in Ghana, Kenya, Mali and Nigeria. This has further enabled PCD’s ability to effectively respond to government/programmatic SHN needs.

Our achievements this year could not have been realized without the dedicated support and collaboration of our many partners, the Regional SHN Focal Point Networks, our outstanding International Advisory Board and Technical Advisory Group. I also want to acknowledge the passion and commitment of our global PCD team, and the Department of Infectious Disease Epidemiology at Imperial College London, in which we are based.

I am proud of the work that PCD has achieved this year. I hope that all those reading this report become similarly inspired by our cross-sectoral efforts to address the learning and health needs of children globally. To those who share our dream, we thank you for your tireless support without which our work would not have been possible.

Lesley Drake
Executive Director
The Partnership for Child Development

A Unique Position in Development

School health and nutrition (SHN) programming necessitates working across the education, health and nutrition sectors. The Partnership for Child Development (PCD) adopts a cross-sectoral approach to develop the most effective, scaled and sustainable programmatic solutions to improving the education, health and nutrition of school-age children and youth in low and middle income countries. Critical to PCD’s work has been the ability to appreciate the concerns, priorities and cultures of both the education and health sectors and to enable effective partnerships between the two. PCD also promotes a gender-aware life cycle approach and includes programmes on pre-school children, school-age children and youth in its portfolio. Essential to our activities are partnerships formed with many different groups, including governments, bilateral and multilateral agencies, non-governmental organizations (NGOs), communities and schools.

PCD consists of a global consortium of civil society organizations, academic institutions and technical experts with a coordinating centre based at Imperial College London. The role of the centre is not to act as an implementing agency, but to engage specific experts, in specific countries, on specific issues, as and when required. In this way, PCD brings together a distinct combination of academic excellence, technical expertise and high level networks to governments and international organizations, resident in many different countries.

The work is constantly evolving as PCD examines potential new ways to improve school-age children’s health, nutrition and education. PCD is recognized internationally for its focus on quality science in development and its work has shown how simple health and nutrition interventions, implemented through schools, can improve not only children’s physical wellbeing, but also their education and life choices; both in the short- and long-term.

Goal

The goal of the PCD Global Programme is to improve the educational achievement of children, especially girls, through national programmes that enhance the health, nutrition and psychosocial status of children in low and middle income countries.

Objectives

To achieve this goal, PCD has identified four key objectives:

1. **To strengthen the evidence-base**: Leading to promotion of good practice of cross-sectoral SHN programmes.
2. **To strengthen the capacity of the education sectors in low and middle income countries**: Leading to the implementation of large scale, government-led sustainable programmes.
3. **To improve, collect, share and disseminate knowledge**: Promoting the evidence for cross-sectoral SHN programmes.
4. **To strengthen global, regional, national and local partnerships**: Facilitating consensus and supporting effective programme coordination and implementation.

Our Approach

Rapid and flexible

The combined resources of in-house experience and partner cooperation at all levels enables PCD to respond rapidly to provide considered and robust guidance and support anywhere in the world.

Experienced

PCD is among the world’s foremost authorities in SHN programming with expertise ranging from design, through implementation to evaluation.

Collaborative

PCD harmonizes the response of all sectors and stakeholders, drawing on the expertise and resources of each, to ensure that the objectives of all are met.
Highlights of 2010

Strengthening the Evidence Base

PCD was founded, and remains embedded, within the academic environment of Imperial College London, in order to bridge the gap between the latest academic research and the needs of countries standing to benefit from the application of such knowledge. The use of evidence-based approaches ensures that programmes are more likely to succeed. PCD continues to produce high quality research, both academic and operational, in diverse areas informing SHN practice. The research spans the impact of school feeding, low cost vision technology, cash transfers and SHN programmes on children’s health, school attendance and cognitive abilities; and the cost benefit and economic analyses of SHN activities.

Building the evidence base for Home Grown School Feeding

School feeding programmes are ubiquitous – yet globally, coverage is weakest where the needs are greatest. A revolution is underway, where innovative programmes linking farms to schools are being scaled up across the globe. PCD has been at the forefront of this revolution, developing standardized frameworks for operational research on the costs and benefits of the different implementation models. In 2010, this included the development of over 15 working papers and operational support toolkits in partnership with leading research institutions spanning across agriculture, health, nutrition, education, accountability and governance. PCD also brought together policymakers, researchers and programme implementers to help shape global research priorities that will focus on a number of impact evaluations and other operational research, over the next 5 years.

The recent food, fuel and financial crises have highlighted the importance of school feeding programmes, both as a social safety net for children living in poverty and food insecurity, and as part of national educational policies and plans. Today, every country for which we have information is seeking to provide food, in some way and at some scale, to its schoolchildren. However, where the need is greatest, in terms of hunger, poverty and poor social indicators, the programmes tend to be the smallest. Past experience shows that countries do not seek to exit from providing food to their schoolchildren, but rather to transition from externally supported projects to nationally-owned programmes. Countries that have made a successful transition have often explored linking school feeding programmes to agricultural development – an approach also known as “Home Grown School Feeding” (HGSF).

In 2003, African governments included locally-sourced school feeding programmes as a key intervention within the food security pillar of the Comprehensive Africa Agriculture Development Programme (CAADP). That same year, the New Partnership for Africa’s Development, launched a pilot HGSF programme. Many countries, including Côte d’Ivoire, Ghana, Kenya, Mali and Nigeria, are now implementing national programmes, and other countries are currently seeking to develop or strengthen scaled and sustainable HGSF. In response to this demand, PCD, the World Bank, the United Nations World Food Programme (WFP) and other stakeholders have been working together since 2008 to help governments develop and implement cost-effective, sustainable national school feeding programmes.

HGSF programmes exhibit different, context-specific configurations, for example, in individual states in Brazil and India HGSF implementation is owned by decentralized institutions, but in places like Ghana and Kenya agencies like WFP are complementing the national HGSF programmes. Different approaches can even co-exist in the same country.

HGSF provides an integrated framework with multiple benefits across agriculture, education, health and nutrition, but even with recent efforts, there are several important gaps in the knowledge on optimal implementation and measures of effectiveness of HGSF, especially given the complexity of the system. There is a need to answer research questions operationally, building the evidence base to help policymakers manage the trade-offs across multiple school feeding objectives. These questions include: How best can the potential of school feeding be maximized to support multi-sectoral integrated frameworks linking agriculture, education, health, and nutrition? How can HGSF be a win-win for agriculture, education, health and nutrition?
As a first step in the PCD-HGSF programme, PCD has been undertaking an analysis designed to develop a better understanding of the HGSF system in its different, context-specific configurations. The analysis was developed by engaging stakeholders working across the traditional disciplines of agriculture, education, health, and nutrition, including policymakers, practitioners, researchers, civil society from different countries and continents. The analysis followed a standard approach to examine school feeding programmes, namely design and implementation, policy frameworks, institutional capacity and coordination, funding, and community participation. The scoping analysis also provided the basis to understand the key gaps in the evidence base and shape a structured research agenda.

The emerging policy consensus amongst the different stakeholders involved in the scoping process suggested that HGSF in sub-Saharan Africa is a key tool in the transition towards nationally-owned school feeding programmes. Three distinct target groups were identified in this exercise, including not only schoolchildren, but also smallholder farmers and community-based groups delivering support services to school feeding. At impact level, HGSF had the potential to improve food security for smallholders and other community groups, however, in order for this to happen an explicit component, other than food procurement, was required to support agriculture and community development. This requires, at a minimum, sensitization campaigns on improved production practices, income-generation activities, and improved nutrition practices. This finding confirms the key role of the Ministries of Agriculture, the relevance of HGSF as a key intervention within Pillar 3 of the CAADP framework, and the importance of mainstreaming HGSF within country level CAADP compacts.

The analysis by PCD has provided the time and space to strengthen multi-sectoral partnerships and catalyse action on the ground at regional and country level. The work is continuing. This framework is providing the basis for the design of the HGSF impact evaluations and feeds into the integrated country level assessments of gaps, needs, and constraints that led to the development of technical assistance country plans. As the trade-offs associated with the different HGSF models become better understood, the PCD-HGSF programme will work to feed this new knowledge to improve the scaling-up of national programmes.
Improving the vision of children across the globe

Globally, an estimated 815 million school-age children require some form of vision correction to see clearly. Poor vision among school-age children can lead to reduced participation in education leading to increased absenteeism, increased dropout rates, reduced ability to learn and poorer career prospects.

The 1st Oxford Conference on Vision for Children in the Developing World was funded by PCD in 2007 to bring together leading international child vision experts, development specialists and government representatives from low income countries.

A key question: How can vision correction be delivered to children in developing countries in an affordable, cost-effective, systematized and sustainable way? was under discussion during the Oxford Conference which concluded that innovative new solutions, such as ‘self-refraction’ with adjustable spectacles had the potential to dramatically increase the coverage of vision correction programmes in resource-poor settings. However, further research was deemed necessary to assess the efficacy and safety of the use of such spectacles among children. The need for further research formed the basis of the PCD-funded ‘Child Self-Refraction Study’ which ran from 2008 to 2010.

Child Self-Refraction Study findings

The study comprised of three studies of self-refraction with adjustable spectacles among teenagers in Boston (USA) and in urban and rural China in 2009 and 2010.

Using self-refraction, excellent vision was achieved on average by 95% of children in urban and rural China and Boston, compared to 99% with refraction by an eye care professional in all three centres. Using their current spectacles, only about one-third of children were found to achieve such excellent results.

In the two Chinese centres, the average value for self-refraction was closer to the “gold standard” of refraction by an eye care professional than automated refraction which requires expensive machines. In both Chinese centres, inaccurate refractions occurred in less than 10% of children using self-refraction.

The study found that the overwhelming majority of children with poor vision in these settings could obtain excellent vision and good accuracy with self-refraction. Self-refraction may allow school eye health programmes to reduce dependency on scarce, highly-trained personnel and expensive machines that are out of reach to so many of the world’s children.

Success in addressing poor vision will depend on both scaling up the training of appropriately skilled and adequately supported personnel capable of delivering effective eye care services and affordable technology including spectacles. Overall, the cosmetic acceptability and ongoing use of adjustable spectacles with children needs further research; it is hoped that further studies will be performed to follow-up and address the challenges raised from the CSRS findings.

The complete results of the study are set to be published in the Journal of Ophthalmology and the British Medical Journal in 2011. A 2nd Conference on Vision for Children in the Developing World is planned for early 2011 to present and discuss the complete results of the study with development specialists, academics, child vision experts, NGOs and representatives of the private sector.
Evaluating the impact of school-based health interventions on the cognitive abilities of Sri Lankan schoolchildren

As SHN becomes a key strategy towards achieving equitable “education for all”, efforts toward evidenced-based policymaking have focused on developing comprehensive monitoring and evaluation (M&E) tools. In conjunction with our work, in developing a generic M&E framework with our FRESH partners (see page 23), PCD researchers are piloting cognitive assessment tools to monitor the educational impact of SHN.

Following on from studies by Harvard University examining the impact of school-based deworming interventions on the cognitive abilities of schoolchildren, PCD have been developing cognitive assessment tools that can be mainstreamed as part of national M&E systems.

As such, PCD undertook a study during 2009 and 2010, to evaluate the impact of school-based deworming and iron supplementation on the cognitive abilities of schoolchildren in the plantation sector of Sri Lanka, and to test the sensitivity of a cost-effective classroom level cognitive assessment tool designed to monitor the educational impact of school-based health interventions. Sri Lanka, with its long history of effective SHN interventions, provided the perfect research environment to pilot the M&E tools.

Together with the University of Kelaniya, PCD implemented a trial in 98 primary schools spread across four districts in the plantation sector; one class per school from Grade 4 were chosen (approximately 15 to 20 children per class). Primary interventions were deworming and 20 weekly doses of iron supplementation. Schools were randomized for receiving either treatment or no treatment. Follow up was conducted 6 months post-intervention. The primary outcomes looked at were educational achievement, worm infection and anaemia.

Educational achievement was examined using two tests already applied in Kenya and the Philippines – a cognitive test (concentration ability) and an educational test (mathematics and a first-language). The tests were administered at classroom level to assess short-term changes in cognitive abilities. Follow-up showed that treatment decreased the prevalence of worm infection, but did not change the haemoglobin status of treated children. However, while no differences were found in concentration ability, differences were found in mathematics between groups (after controlling for maternal education). While the findings presented challenges, particularly related to cognitive function necessary for follow-up, the study provided opportunities to pilot M&E tools and how they could be mainstreamed into national M&E systems to assess the impact of SHN programmes.
Other Selected PCD Activities on Strengthening the Evidence Base

Chlorine dispensers

Almost 2 million children die of diarrheal disease each year and contaminated water is often to blame. Treating water with chlorine could substantially reduce this toll. Chlorine dispensers installed at communal water sources have been shown to dramatically increase the amount of chlorine found in drinking water within study communities. PCD has funded research undertaken by Innovations for Poverty Action to evaluate the use of primary schools in Kenya as a means of scaling up the use of chlorine dispensers amongst children.

Effectiveness of HIV prevention strategies

HIV prevention education in schools is a vital tool for governments in the battle to stop the spread of HIV and AIDS. However, there is considerable debate on the most effective school-based interventions. In response to this, PCD is supporting Innovations for Poverty Action to undertake a study amongst a youth population in Kenya on the long-term impacts of four HIV prevention strategies: Teacher Training on the national HIV and AIDS curriculum in primary schools; reducing primary education costs; Voluntary Counselling and Testing for HIV in secondary schools; and condom distribution in secondary schools.

Cash transfer programmes in Zimbabwe

PCD are supporting researchers from Imperial College London, Catholic Relief Services and the Biomedical Research and Training Institute to investigate the effects of cash transfers on the wellbeing of children living in vulnerable households in Manicaland, Zimbabwe. Analysis of data from a pilot cash transfer programme showed increased registration, vaccination and school attendance suggesting that these cash transfers are improving the lives of vulnerable children in the target community. A larger follow-up consensus to investigate the relative success of different methods of targeting cash transfer programmes is planned for 2011.

Worm prevalence in schoolchildren

PCD through Deworm the World, supported research to increase the knowledge of worm prevalence in schoolchildren in six countries: The Gambia; India; Kenya; Liberia; Nigeria and Sierra Leone, through parasitological school surveys of worm infection. These studies were conducted to inform strategic treatment needs of the participant’s countries SHN programmes. Gaining further knowledge of worm prevalence in schoolchildren resulted in the development and implementation of government-led school-based deworming programmes in Kenya and India (Andhra Pradesh) (see Capacity Building and Technical Assistance).

Monitoring and evaluation framework for SHN

In collaboration with our FRESH (Focusing Resources on Effective School Health) partners PCD developed a generic monitoring and evaluation (M&E) framework for SHN. This framework for the first time provides internationally agreed M&E guidance to countries and organizations that are implementing SHN programmes. Additional to this work, key areas of the M&E guidance are being incorporated into the World Bank’s SABER (System Assessment and Benchmarking for Education Results) framework on school health and school feeding. The SABER programme is a key tool in the new World Bank Education Strategy for countries to assess how their programmes are meeting the education needs of their schoolchildren.

PCD’s work on strengthening the evidence base provides:

- strong advocacy tools for the impact of SHN on the education sector and achievement of Education for All (EFA) and the education Millennium Development Goals;
- assessments of new technologies and interventions that can be used to improve the health and nutrition of school-age children around the world;
- for the development of education sector policies and plans to accelerate countries’ response to HIV;
- for the rationale for school feeding models tailored to work within a range of countries and contexts; and
- strategies targeting methodologies to improve the scale and sustainability of school-based deworming.
Capacity Building and Technical Assistance

Deworm the World is a joint initiative of PCD and Innovations for Poverty Action. This initiative works to strengthen, and support sustainable school-based deworming programmes worldwide, by providing governments with in-depth technical assistance, coordinating strategic support, and advocating for large school-based deworming programmes. Working together, Deworm the World has reached 37 million children in 27 countries by supporting the launch of new country programmes and enabling continued activity of existing ones.

Catalysing school-based deworming programmes

Around 600 hundred million children are infected with parasitic worms. These infections are chronic and widespread, harming children’s health and development and limiting their participation in school. School-based deworming is universally recognized as a safe, simple and cost-effective solution. Regular treatment can reduce school absenteeism by 25% and increase adult earnings amongst wage earners by over 20%. The most recent research suggests long run impacts of high social and economic returns following deworming at school-age.

Global efforts to increase the coverage and scope of these programmes, however, have not been achieved, with fewer than 35% of at-risk children receiving treatment – below the 75% 2010 target set by the World Health Organization (WHO). In response to this, Deworm the World offered coordination to international school-based deworming efforts and technical assistance to governments who were rolling out large scale school-based deworming programmes, for example, in Kenya in 2009 which successfully reached 3.6 million children.

Deworm the World improves the health and education of school-age children across the globe by supporting governments and development partners to expand school-based deworming programmes. It does this by identifying what is needed to launch or sustain effective school-based deworming programmes and coordinating the assistance needed to regularly treat millions of children each year.

In early 2010, Deworm the World was a lead partner in developing and trialling a new model to rapidly roll out school-based deworming programmes based on the experience of the national deworming programme in Kenya. Key factors enabling the transition from policy to action in the Kenya programme were analysed and replicated to catalyse large scale, government-owned deworming programmes in three West African countries within 12 months.

The success in Kenya indicated that in the presence of strong political will, the fostering of education and health partnerships and detailed technical support were vital to leveraging funding from the government to fully implement the programme. It further demonstrated that in the right environment, given the right stimuli, it was possible to translate policy and evidence into rapid action.

Building on this new found understanding in facilitating the rapid roll out of national deworming programmes, the Global Partnership for Education (GPE) (formerly the EFA-Fast Track Initiative) along with development partners including Deworm the World and the World Bank, took part in a meeting in West Africa to explore the mechanisms for catalysing successful and sustainable deworming programmes as part of the education sector plans.

From the meeting, all of the attending countries had some policies or planned policies which were supportive of school-based deworming in a school health context and were known to be committed to implementing targeted and strategic programmes. In particular, three countries (The Gambia, Liberia, and Sierra Leone) had delegates (policymakers/planners) from both the Ministries of Education and Health. All countries were involved in a joint needs assessment and planning exercise, developing plans to draft SHN policies and memorandums of understanding between their Ministries of Education and Health. As well as providing a joint Forum for the Ministries of Education and Health planning process, the meeting provided government delegates with technical assistance from development partners to apply for GPE funding. This technical assistance has the potential to catalyse additional deworming programmes in countries where the conditions are conducive.

“In the right environment it is possible to translate policy and evidence into rapid action.”
Notable successes during 2010:

- **The Gambia**: A 5-year deworming strategy was implemented by the government where a national deworming programme was completed.

- **Liberia**: The Ministry of Education through its School Health Division rolled out a school-based deworming programme which treated over 125,500 schoolchildren in areas determined as high-risk by the national Ministry of Health and Social Welfare survey on soil-transmitted helminths.

- **Sierra Leone**: Treatment was widened to include previously untreated groups of at risk children with over 700,000 children being treated.

Overall, the concept of catalysing deworming programmes rapidly within the context of existing political will has proven to be successful.

PCD through Deworm the World continue to offer technical assistance to these deworming programmes and to contribute to their sustainability by supporting government ownership of country strategy and implementation. By assisting with joint planning and collaboration between ministries, identifying gaps for strategic partnership, and providing support through technical assistance, can rapidly mobilize sustainable programmes.

The success of this model of roll out has led to calls for such a mechanism to be transferred to other types of school health interventions. The potential of such a mechanism to make large and sustainable contributions to the global effort to scale up deworming and towards the achievement for universal education is huge.

"Catalysing deworming programmes rapidly within the context of existing political will has proven to be successful."
The five areas of technical assistance

Policy development
Technical assistance in the area of policy development has included the advancement of the National Strategy for School Health, Nutrition and Meals (SHNM) programme in Kenya. PCD worked extensively with the Government of Kenya and key development partners to develop a National Strategy that met not only the Kenyan Governments long-term objectives but their SHN objectives by reflecting on the practical means of integrating national programmes such as HGSF.

Design and implementation
Design and implementation affects both the cost and impact of a programme and ultimately its level of effectiveness. PCD has been assisting partner governments to understand the strengths and challenges of their national programmes through in-depth analysis at all levels. The analysis has driven a broad ranging technical assistance that currently include, amongst others, the development of Ration Design Tools, Targeting Criteria analyses and M&E design.

Institutional capacity
Integral to national ownership and thus, sustainability of HGSF programmes, is the ability of governments to effectively manage and implement the programmes. To this end, PCD has furthered the institutional capacity of programme owners in Kenya by funding training focused on key technical and managerial skills required to boost overall programme implementation and impact.

Funding
In partnership with the University of California, Los Angeles, PCD delivered direct technical support to the Ghana School Feeding Programme (GSFP) by undertaking a review of the procurement processes being employed. The results of this review will allow the GSFP to understand how they can provide increased benefit to their target communities in a more cost-effective manner, resulting in more sustainable management of programme funding. Similarly, pilot projects in Mali are being designed to help governments identify the potential costs involved in procuring food and implementing successful HGSF programmes.

Community engagement
An example of this work was PCD’s support to the GSFP October Fair – The Civil Society Platform held in Accra in October 2010. This October Fair provided a wide range of stakeholders a common platform to continue learning and sharing experiences in terms of what has and has not worked. At school level PCD is working in close collaboration with the Netherlands Development Organization (SNV) who are implementing a social accountability programme to strengthen the school community in monitoring and guiding programme implementation.

Over the coming year the HGSF partners will be working with participant governments to develop complete and mutually agreed technical assistance plans. These are essentially an implementation roadmap that outlines what needs to be carried out to ensure that countries are able to implement and run sustainable and cost-effective school feeding programmes providing healthy nutritious meals to its schoolchildren and also an accessible market for its smallholder farmers.

The GSFP: Strengthened by PCD’s technical assistance through the HGSF programme
Short course and training workshops: Building the momentum in SHN training

The internationally renowned course on Strengthening Contemporary School Health, Nutrition and HIV Prevention Programmes is a key component of programme support that PCD offers partner governments. This capacity building course is embedded in a sequence of activities (including workshops, conferences and advocacy events) and serves to build upon and feed momentum in the roll out of our technical assistance.

Strong emphasis is placed on:

1. Building the capacity of both health and education sectors at national level to support all SHN and HIV prevention programme components.
2. Strengthening global, regional, national and local partnerships which seek to harmonize SHN and HIV prevention activities.
3. Building political and financial commitment, through evidence-based messages on communication and advocacy, for the provision of SHN and HIV prevention programmes.

On its 6th anniversary, the course was held in Accra, Ghana during 8-17 July, 2010, and was jointly hosted by our regional partners: the Eastern and Southern Africa Centre of International Parasite Control; West African Centre for International Parasite Control; the Noguchi Memorial Institute for Medical Research; the University of Ghana; and PCD. Fifty-six delegates from 14 African countries participated (including representatives from Ministries of Education, Health, and Social Welfare, the United Nations agencies and civil society).

World-class experts provided delegates with the latest evidence-based scientific research, and how this can drive development of the regional SHN agenda. The course allowed delegates: to develop and manage SHN projects (through project cycle management and logical links between resources, activities, outputs and objectives); to translate policy and strategy documents into programmatic terms; to implement monitoring and evaluation; to develop draft log frames; and to share examples of good practice, knowledge and their experiences in SHN and HIV prevention, both between countries and across sectors (through a field visit and market place event).

The field visit took place in three schools in Ada Foah, a fishing village on the coast of Ghana, to observe at school level the implementation of SHN programmes in relation to a checklist around the FRESH framework. Delegates followed the ‘3L (Listen, Look and Learn) Principle’ to collect information and report back to the plenary session. Health education programmes had been introduced in two of the three schools and the role of teachers in the dissemination of skills-based health education was also examined.

The market place (an event which enables countries to disseminate knowledge, share information, and showcase examples of excellent SHN products) was highly popular with delegates and provided opportunities for focused networking.

Ongoing course assistance included supporting national advocacy for SHN programming within ministries and among stakeholders (through provision of evidence-based advocacy tools such as briefing sheets, lessons learned documents, films and awareness posters) to the development of country-tailored technical assistance plans.

In 2010, the course continued to gather and utilize momentum with our partners further continuing to create strong and lasting partnerships. Through these successes, there has been an increased demand from different regions for assistance in the capacity building of their SHN programmes with future courses being planned in South East Asia and the development of a Francophone course in Africa. This ongoing expansion of our working relationships has the potential to greatly impact SHN policy development and implementation across the globe.

Field Visit: Visit to schools allowed delegates to observe SHN programmes in action

PCD’s work on capacity building and technical assistance:

- Ensures ownership among key leaders;
- brings the latest research and mapping techniques to policymakers and programme implementers;
- strengthens cooperation and partnerships between stakeholders, leverages resources, and provides logistical and technical support to catalyse sustainable national SHN programmes; and
- provides learning environments to share good practice across a diverse set of perspectives, for example, from countries to implementation levels, etc.
Radio programme ‘Chatting with My Best Friend’: Tackling issues affecting health and education in Nepalese youth

Image courtesy of Equal Access
Collecting, Sharing and Disseminating Knowledge

PCD uses a wide range of communication avenues to support the development and improvement of school health programmes across the globe. As well as using cutting-edge online and social media platforms we continue to employ traditional media such as the publication and dissemination of hard copy documents including papers, reports and training materials to enable advocacy, policy and planning for SHN practitioners. PCD manages a range of online global resources, including the Schools & Health website and associated sub-sites, the FRESH portal website, and the PCD website, continually tailoring the functionality and accessibility of these resources to meet the information needs of the global SHN community.

Radio for change: Informing and empowering Nepali youth on health and HIV and AIDS issues

Youth in Nepal have limited sources for reliable information on health and HIV and AIDS issues and few people they can talk with openly. Often left feeling isolated, confused or depressed, millions of Nepali youth are in need of the information and skills necessary to make positive life choices. To meet that need Equal Access launched the innovative radio series ‘Saathi Sanga Manka Kura Chatting with My Best Friend’. Formed in collaboration with the United Nations Children’s Fund (UNICEF), this unique programme is designed to empower young people to deal with the difficult issues they face in their daily lives. Hosted “by youth for youth”, each show features entertaining dialogue, short serial dramas, interviews with experts and discussions on courses of action. Each of the weekly programmes highlights the story of a teen grappling with a particular issue (e.g., protecting against HIV and AIDS, drug use or sexually transmitted diseases [STDs]). Tackling typically taboo topics, the show’s frank and honest dialogue has made it one of the most popular programmes in the country. On air for 10 years, the programme has more than 6.9 million regular youth listeners and is cited as the most trusted and best information source on HIV and AIDS and sexual reproductive health in the country.

In 2010, with support by PCD, the programme evolved to a new level of knowledge sharing and dialogue by launching an interactive mobile campaign to actively engage youth listening to the radio series in the conversation. Each week on the radio show, the youth hosts discuss a topic and then invite listeners to respond with their perspectives and questions on the issue via text messaging. A toll-free number has been established so young people can share their views and questions at no cost. In the first 3 weeks after the launch, the radio series received 16,000 text messages sent in Nepali and English. These text messages were also posted online on a Forum, keeping the discussion going between each radio broadcast. Some of the most popular topics included STDs, HIV testing, and an active discussion about the value and importance of the text service itself. The programme typically receives approximately 800-1,000 letters, 200-250 emails and 2,000-2,500 text messages from young people across the country each month.

The impact of knowledge and empowerment engendered by dialogue from the programme is profound. Regular listeners are more likely to complete school, are more knowledgeable about issues on HIV and AIDS, and practice less risky behaviour. The show’s popularity has also resulted in a network of more than 1,000 self-formed listening groups in almost every district of Nepal. Many of the groups organize community activities and awareness campaigns on issues such as raising awareness on HIV and AIDS, countering gender and caste discrimination, and healthy lifestyles.

Equal Access with PCD, continue to produce this powerful and dynamic radio programme to disseminate valuable information to help empower and transform the lives of youth across Nepal. In addition, Equal Access is working and expanding on this youth model to address vital topics for young people in the Middle East (Yemen); South Asia (Afghanistan); South East Asia (Cambodia and Lao People’s Democratic Republic); and sub-Saharan Africa (Chad and Niger).

“In 2010, with support by PCD, the programme evolved to a new level of knowledge sharing and dialogue by launching an interactive mobile campaign to actively engage youth listening to the radio series in the conversation. Each week on the radio show, the youth hosts discuss a topic and then invite listeners to respond with their perspectives and questions on the issue via text messaging. A toll-free number has been established so young people can share their views and questions at no cost. In the first 3 weeks after the launch, the radio series received 16,000 text messages sent in Nepali and English. These text messages were also posted online on a Forum, keeping the discussion going between each radio broadcast. Some of the most popular topics included STDs, HIV testing, and an active discussion about the value and importance of the text service itself. The programme typically receives approximately 800-1,000 letters, 200-250 emails and 2,000-2,500 text messages from young people across the country each month.

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Rethinking School Health and Education for All

Children’s educational achievement, especially girls, through national school health programmes is a PCD goal that closely parallels the Education for All (EFA) goal ‘that every child should be able to exercise the right to go to school’ which was taken on by governments and development partners at the turn of the millennium. Additional objectives addressing the quality of education and the duration at school led to the expansion of the EFA goal to include ‘every child has the opportunity to complete an education of good quality’. This goal was further expanded with recent work on SHN.

Modern good practice in education has been exploring a child-centred approach to address access to education: Does every child have an equal chance to learn? Evidence suggests that this is a resounding no – poor children, due to ill health and malnutrition, are less able to attend and complete school, and to learn while there. But, positive experiences from school health and school feeding programmes in low income countries over the past decade shows that carefully designed programmes can provide cost-effective solutions to the problem. Moreover, these programmes are intrinsically pro-poor, as their greatest benefits are for the poor, the sick, and the hungry.

The question now is: How can school health and school feeding programmes be implemented at meaningful scale in the poorest countries, which need them the most? In light of this, the book Rethinking School Health: A Key Component of Education for All was produced in response to a request from the High Level Group of the EFA. Part of the World Bank’s Directions in Development Series, the book was authored by Lead Education Specialist, Professor Donald Bundy with significant support from PCD who provided contributions on the evidence base, interventions, programmatic examples and key partnerships.

Rethinking School Health provides an important resource for policymakers and programme managers, including the strong education rationale for ensuring good health and avoiding hunger at school age. Building on this evidence base, the book discusses how schools are an effective platform for delivering a range of interventions addressing many of the most common health and nutrition conditions as well as providing examples from programmes in practice and any remaining important technical challenges. Additionally, Rethinking School Health describes how education sector benefits can be derived from a life-cycle approach to child development and how health and nutrition interventions can promote gender equity and equality. In light of this, the EFA High Level Group, in Communiqué from their annual meeting, included as a first action point:

“We call upon EFA partners to intensify efforts to support initiatives targeted at the most marginalized, such as cash transfers, school health and school feeding, scholarships, and gender-specific interventions.”

The importance of SHN programmes is now well-known as a contributor to educational achievement in low income countries. While these interventions may not be relevant everywhere, in many communities and countries using schools to promote good health and to avoid hunger make a crucial contribution to EFA.
Mapping this wormy world

A new mapping resource on soil-transmitted helminthiasis and schistosomiasis is provided by the Global Atlas of Helminth Infection (GAHI), a collaborative venture between PCD and the London School of Hygiene and Tropical Medicine (LSHTM) providing up-to-date information on the geographical distribution of parasitic worm infections.

In many countries, a key barrier to the implementation of cost-effective, targeted deworming programmes has been a lack of accurate and up-to-date maps on the distribution of worm infections, especially those worms that affect the health and nutrition of school-age children. Until now such guidance has rarely been available in a form accessible to policymakers and managers of public health programmes, despite increasing political, financial and technical support for worm control. This is especially true in sub-Saharan Africa, where the immediate need for reliable distribution maps is arguably greatest. To address this information gap, PCD have been working with colleagues from LSHTM to successfully develop the global atlas (an open access, global information resource on the distribution of human helminth infections, hosted at www.thiswormyworld.org ). This is the first truly comprehensive initiative to provide such information in a useable format for planning purposes, and was successfully launched in August 2010 at the XII International Congress of Parasitology in Melbourne, Australia.

GAHI endeavours to capitalize on a largely untapped resource in the form of data from thousands of field surveys, ranging from comprehensive national surveys to smaller community-based research studies. Over the past 10 years, and through a combination of direct contact with researchers, governments and programmes and careful review of scientific literature and local archives, we have collated a unique global database of helminth infection surveys to provide an unprecedented resource. This year an important advancement has been in the application of new mapping technologies, coupled with advanced modelling approaches incorporating survey, environmental and population data, enabling the production of predictive maps indicating where worms are a problem of public health importance. Visitors to the GAHI website (www.thiswormyworld.org) are able to visualize the assembled data and models through a series of country maps, including control planning maps which make recommendations at district level to assist decision making. All maps are freely available to download for non-commercial use to support control planning and implementation, for example, in the estimation of target populations and drug needs.

These maps form the heart of the GAHI initiative and are already of considerable interest to the global public health community, as evidenced by web usage statistics indicating visitors to the site from 181 countries. Currently, maps are available for the whole of sub-Saharan Africa, including those countries with little survey data. Building on these efforts, we will be working with partners and global stakeholders to expand the scope of this initiative to cover the rest of the globe, to include additional parasitic diseases including lymphatic filariasis, and to provide details of current intervention coverage and future drug needs.

GAHI website (www.thiswormyworld.org): Country prevalences and control planning maps are provided allowing recommendations for decision making.

“A unique global database of helminth infection surveys to provide an unprecedented resource.”
Collecting and Disseminating Knowledge Online

Schools & Health website

The Schools & Health website (www.schoolsandhealth.org) was developed by PCD in 1998, in response to demand for a global website covering cutting-edge SHN issues. The website continues to provide contemporary and quality assured information on the health and education of school-age children, including providing access to more than 280 downloadable documents. These include topics such as helminth infection, nutrition, HIV and AIDS, hygiene and sanitation, orphans and vulnerable children. The documents cover areas such as: strategy and policy, examples of good programming practice, technical reviews and toolkits, as well as current reports.

Since the re-launch of the Schools & Health website in June 2008, PCD continues to monitor the basic activity of the website. In 2010 the most frequently visited pages were: Schools & Health homepage; Micronutrients; Home Grown School Feeding; and Country Programmes. In line with this, the most frequently used keywords which guided people to the site were: micronutrients, school health, school feeding and health education programmes.

In total, visitors from over 180 countries visited the site in 2010. Several countries (in particular Nigeria, the Philippines and Trinidad and Tobago) showed a large increase in the number of visits to the site – possibly related to PCD’s collaboration with local and international partners in programmes and projects which were taking place in 2010 in these countries.

Network sub-sites

Hosted within the Schools & Health website are the Ministry of Education HIV&AIDS and School Health Networks sub-sites for the Central, East and West Africa Networks. Managed in partnership with the Networks by PCD, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank, these sub-sites are designed to support the work of the Networks by enabling members to share documents, promote events and post news onto an interactive message board.

The FRESH website

Grounded in the practical experiences of leading international agencies, the objectives of the FRESH framework are to identify and promote cost-effective activities which can form the basis for intensified and joint action to make schools healthy for children and so contribute to the development of child-friendly schools.

PCD manages the FRESH website (www.freshschools.org) on behalf of the other founding members UNESCO, UNICEF, WHO and the World Bank.
The PCD website

The PCD website (www.child-development.org) is designed to showcase the work of our organization. It contains current information on 'who we are', 'what we do' and 'where we work'. The website contains a complete listing of PCD's research and publications and links to the sites we administer. Topics covered in this research include: the delivery and cost of SHN interventions; worms; malaria; nutrition (including micronutrients); and sexually transmitted infections (including HIV).

HGSF web platform

Central to the HGSF web platform is a comprehensive database (Resource Bank); this contains a catalogued document library and multi-media library for films and images. Further developments to the platform include an interactive school feeding expert map and a text-only facility to be completed in 2011.

Social media: Twitter, YouTube, Flickr and Facebook

In 2010 PCD saw the launch of a range of online social media resources to support our activities on disseminating knowledge and facilitating the exchange of news, events and resources. Updated daily twitter@dewormtheworld tweets information on all activities related to school-based deworming linking to resources and news from across the web. On YouTube, the SchoolsandHealth channel contains trailers for PCD's three films (Courage and Hope, One Childhood and Window of Hope) and numerous news reports of SHN events and presentations. PCD's online photo gallery on flickr.com contains photos of SHN events and activities and also statistical information on the annual SHN short course. The Deworm the World Facebook links in the work of Deworm the World with the largest social media platform in the world.

SHN films premiere on America’s Public Broadcast Service (PBS) stations

Following the success of the PCD and World Bank-funded films Courage and Hope, One Childhood and Window of Hope which have been broadcast over the world to educate and inform others about education sector initiatives tackling HIV and AIDS in Africa and the role that education plays in health care provision, we have been working with our partners Baney Media to broadcast these films in the United States. With PCD’s Board of Directors member Professor Donald Bundy as Executive Producer, the films were re-edited and included into a new series called Behind the Crisis, which takes a look at global crises from around the world and investigates their solutions. In 2010, Episode 1, Behind the Crisis: Eritrea’s Struggle to Survive and Episode 2, Behind the Crisis: Winning the War on HIV in Africa were screened 75 times across 48 PBS stations broadcasting into over 50 million American households.

To view these films visit the Schools and Health YouTube channel.

SchoolHealth Mailing List

Along with the websites, we also administer the SchoolHealth Mailing List, a forum for discussion and sharing of information about SHN. In 2010 some of the topics posted on the Mailing List included: HGSF; journal articles relevant to SHN; the short course in Ghana; Global Deworming Inventory; and school mental health. In 2010 the Mailing List had approximately 650 members.

PCD’s work on collecting and disseminating knowledge enables:

- The use of a wide variety of media including film, internet and electronic resources and hard copy documents to disseminate the most up-to-date information on SHN technologies and evidence to thousands of different stakeholders around the world;

- the two way exchange of news and views on SHN – the SchoolHealth Mailing List and our social media sites enables practitioners to share the latest information, ideas and opinions about approaches to programming and planning; and

- bringing together in a single website Schools & Health, of a readily available and highly extensive library of documents, country reports and information about all aspects of SHN that can inform the work and action of programme managers and policymakers in many different countries and contexts.
Supporting and Strengthening Partnerships

Partnerships are essential to PCD's work around the world as we collaborate with governments, multilateral and bilateral agencies and NGOs in many different countries to work towards our goal of improving the health and education of school-age children. Such partnerships take different forms as occasion and tasks demand – from work with individual Ministries of Education to address country-specific activities and needs, to much more complex collaborations that enable global consensus about pressing issues in the field of SHN to be achieved.

Strengthening monitoring and evaluation with our FRESH partners

Critical to PCD's approach is forging and sustaining relationships with others involved in SHN, enabling identification of areas where working together can yield results that we would not be capable of achieving alone.

One particularly important multi-sectoral partnership is the FRESH partnership which aims to develop effective SHN policies and programming. Our membership within this group enables us to work alongside multilateral agencies such as the World Bank, UNESCO, UNICEF and WHO as well as NGOs such as Save the Children and Roll Back Malaria. A vital area in which the FRESH partnership is engaged with is the development of effective M&E tools.

Effective M&E is essential if comprehensive SHN programmes, as outlined by the FRESH Framework, are to be scaled up and sustained. Many resources have been developed by organizations to assist the M&E of SHN programmes in low income countries and many more M&E resources exist within each health area (e.g., HIV and AIDS, nutrition, water and sanitation) with school components. The diversity of M&E resources that exist reflects the fact that SHN programmes are contextual and no one size fits all.

Over the past 2 years, however, FRESH partners including PCD have been working on a generic M&E framework for SHN interventions, which brings together the various sets of M&E guidance into one document. The need for such a framework was first identified during a participatory review that took place in 2008, and then endorsed at a FRESH partners meeting held at WHO, Geneva, in September 2008. The purpose of the FRESH M&E framework is to provide internationally agreed guidance on M&E indicators for countries or organizations designing and implementing SHN programmes.

The process to coordinate the development of the FRESH M&E framework included: the formation of an advisory board; a smaller coordinating group to liaise with the advisory board and to direct the FRESH M&E framework development; and thematic groups of experts to develop specific thematic indicators with the coordinating group.

In March 2010, coordinating group members held a workshop hosted by PCD to summarize in draft, thematic indicators which led to the development of FRESH core indicators for each of the four FRESH pillars. Subsequently, a first draft of the FRESH M&E framework was developed by PCD in consultation with coordinating group members and external experts. Finalization of the FRESH M&E framework is expected towards the end of 2011.

The guidance provided in the FRESH M&E framework document is intended to be generic – not a rigid blueprint – and is aimed at supporting and complementing existing local standards and codes rather than modifying or substituting them. Thus, where the FRESH M&E framework defines standards for indicators it is strongly encouraged that the standards are adapted at local level.

By integrating existing good examples of indicators and M&E guidance in one place, the FRESH M&E framework is designed to serve as a ready reference for consistent guidance during programming. With its set of recommended indicators, the FRESH M&E framework is intended to help programmes in low income countries to ensure their implementation is more standardized and evidence-based and will allow easier comparative benchmarking and monitoring across countries. Additionally, it is hoped that the FRESH M&E framework will help lead to better coordination between programmes and the priorities they address (e.g., worms and micronutrient supplementation) and ultimately contribute to better health and education outcomes.
Other Selected PCD Activities on Supporting and Strengthening Partnerships

In collaboration with a wide variety of partners including over 15 multilaterals such as UNESCO, UNICEF, the World Bank, WFP, and over 90 civil society organizations and institutions including the Bill & Melinda Gates Foundation, Education International, and the Education Development Center, Incorporated. PCD also provided support to a number of sub-Regional and Regional Networks of Ministry of Education SHN and HIV Focal Points:

International partnerships and initiatives

PCD is an active member of a range of global partnerships and initiatives:

Deworm the World Initiative

Deworm the World is a joint initiative of PCD and Innovations for Poverty Action. This initiative works to strengthen, and support sustainable school-based deworming programmes worldwide, by providing governments with in-depth technical assistance, coordinating strategic support, and advocating for large school-based deworming programmes. Working together, Deworm the World has reached 37 million children in 27 countries by supporting the launch of new country programmes and enabling continued activity of existing ones.

Working with civil society, research and academic partners

PCD continues to collaborate with civil society, research and academic institutions, including: the Asian Center of International Parasite Control; Action Health Incorporated – Nigeria; American Institutes for Research; Blair Research Institute – Zimbabwe; Catholic Relief Services; Eastern and Southern Africa Centre of International Parasite Control; Harvard University; Kenya Medical Research Institute; Kenya Network of HIV-Positive Teachers; Save – US; West African Centre for International Parasite Control; and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Epidemiology Reference Group.

In 2010, PCD continues to be a member of the following global partnerships and initiatives:

- The FRESH framework.
- FRESH partners’ SHN Monitoring Panel.
- Partners for Parasite Control.
- United Nations System Standing Committee on Nutrition Working Group on Nutrition of School-Age Children (co-Chair).
- International School Health Network.
- Neglected Tropical Disease Organization.
- UNAIDS Inter-Agency Task Team.
- UK Coalition Against Neglected Tropical Diseases.

Please refer to page 35 for a more comprehensive list of partners.

“Working together, Deworm the World has reached 37 million children in 27 countries.”
PCD’s work on supporting and strengthening partnerships enables:

- Sharing of ideas, innovations and experiences about SHN amongst programme managers, policymakers and planners;
- Formulating international consensus around pressing SHN issues; and
- Cross-country coordination and communication of SHN approaches.

A year in the ECOWAS Network: A personal perspective

One of the key benefits of being part of the West African SHN Focal Point Network is the opportunity to share knowledge and experiences on how to implement effective SHN programmes with like-minded SHN colleagues from across the region.

In 2010, an example of this sharing of expertise was at a regional workshop on the development of national school-based deworming programmes held in Banjul, The Gambia. This regional workshop was a result of an activity that emanated from the Lagos 2009 Coordinating Committee Meeting which called on members “to ensure that School Health, Nutrition and HIV and AIDS preventive education is mainstreamed into the education sector curriculum in all countries of the region”. The regional workshop, attended by Ministries of Education and Health personnel from three of the Network countries (The Gambia, Liberia and Sierra Leone), sought to enable governments to develop the policy environment to rapidly roll out large scale school-based deworming programmes. Following on from this regional workshop all three Network countries now have national deworming programmes and have collectively treated over 1.2 million school-age children.

The ECOWAS Focal Point annual meeting scheduled for March 2011 in Bamako, Mali will be another valuable opportunity to meet up with SHN colleagues to exchange information, share experiences and expertise with the aim of improving school health programmes across the region.

PCD provides demand-driven support to Regional and inter-Regional Networks and the Regional Economic Communities within which they operate. These include the following Networks and the Economic Communities: Eastern Africa Eastern African Community and the Southern African Development Community; Economic Community of West African States (ECOWAS); Economic Community of Central African States; and the Caribbean (Commonwealth Secretariat [COMSEC]) in collaboration with the Education Development Center, Incorporated. PCD also provides support to the emerging Southeast Asian Ministers of Education Organization/Association of Southeast Asian Nations Network, and the Lusophone sub-Saharan Africa Network of the Community of Portuguese and Language Countries.

Mrs Amicoleh Mbaye.
HIV Focal Point, Ministry of Basic & Secondary Education, Representative of the ECOWAS and Mauritania Network for The Gambia.
Countries With Which PCD Works

Outlined below is a selection of the capacity building activities that PCD carried out in 2010.

Sub-Saharan Africa

A Screening and a Question & Answer session with the teachers featured in the internationally renowned film Courage and Hope was held at the 4th African Conference on Sexual Health Rights in Addis Ababa, Ethiopia. The film tells the stories of four teachers from Kenya living with HIV and their fight to dispel the myths and discriminations associated with the HIV infection.

In the largest meeting of its kind, over 130 of the world’s leading school feeding experts came together for the Global Child Nutrition Forum held in Accra. Hosted by the Government of Ghana and co-sponsored by PCD and the Global Child Nutrition Foundation the theme for the Forum was “The Multi-Sectoral Approach: Linking School Health and Nutrition, School Feeding and Local Agricultural Production”.

School feeding stakeholders from across Africa, America, Asia and Europe came together for the inaugural HGSF Regional Technical Meeting held at the Kenya Medical Research Institute in Nairobi. The meeting enabled sharing experiences of good practice and to use this knowledge to develop tools to enable the on-going development of effective, sustainable and locally-run HGSF programmes.

Countries With Which PCD Works

Sub-Saharan Africa

Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Congo
Côte d’Ivoire
Democratic Republic of the Congo
Equatorial Guinea
Eritrea
Ethiopia
Gabon
The Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Niger
Nigeria
Rwanda
São Tomé and Príncipe
Senegal
Sierra Leone
South Africa
Togo
Uganda
United Republic of Tanzania
 incl. Zanzibar
Zambia
Zimbabwe

Asia

Bangladesh
Bhutan
India
Indonesia
Kingdom of Cambodia
Sri Lanka
Vietnam

Caribbean

Belize
Jamaica
St. Kitts & Nevis
St. Lucia
Trinidad & Tobago

Middle East

Yemen

South America

Brazil
Uruguay
Asia

India 🇮🇳
In collaboration with Deworm the World, PCD continued to support the State Governments of Andhra Pradesh, Bihar and Delhi in the implementation of school-based deworming programmes. The support included policy development, programme design, training, monitoring and evaluation and community sensitization campaigns.

Sri Lanka 🇱🇰
PCD provided ongoing technical support to the Sri Lankan Government’s School Health Promotion Programme which continues to make gains in both coverage and targeting of school health interventions. Key areas of progress during 2010 have been the inclusion of school health indicators into national education sector monitoring systems and strengthening coordination of the programme in a decentralized framework.

South America

Brazil and Uruguay 🇧🇷 🇺🇾
To increase access to education for children with disabilities PCD is supporting the work of the ‘Everybody’s School’ programme. In collaboration between health and disability groups and Ministries of Education and Health the programme is working to increase the capacity of schools in Brazil and Uruguay to deliver inclusive health and sex education that fulfil the needs of children with physical, sensory and intellectual disabilities.

Caribbean

Trinidad and Tobago 🇹🇹
At the request of the Ministry of Education PCD provided technical assistance at a Strategy Development Workshop to develop an Education Sector Strategic Plan on HIV and AIDS. This workshop followed a formal endorsement by the Ministry of Education to the situational analysis conducted by PCD on the education sector’s response to HIV and AIDS.
Recent Publications

Key publications


East African Community (EAC) (2011) Regional situation analysis of accelerating the education sector response to HIV and AIDS in the EAC partner states. Nairobi, EAC.


Book chapters


Peer reviewed publications


**HGSF working papers**


**Case studies**


MS Swaminathan Research Foundation (2011) *Case study of the school feeding programme in India*. London, PCD.


**Reports**


**Films**


Funding and Resources


Income

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<td><strong>TOTAL</strong></td>
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<td><strong>7,539</strong></td>
</tr>
</tbody>
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Direct Expenditure – by Objective

|                                | 2009-2010 | 2008-2009 |
|                                | £ (000s)  | £ (000s)  |
| Strengthening the Evidence Base| 2,337     | 2,168     |
| Capacity Building and Technical Assistance | 2,438     | 2,263     |
| Collecting and Disseminating Knowledge | 1,422     | 1,320     |
| Supporting and Strengthening Partnerships | 1,117     | 1,037     |
| Administration                  | 813       | 754       |
| **TOTAL**                       | **8,127** | **7,542** |

Direct Expenditure – by Region

|                                | 2009-2010 | 2008-2009 |
|                                | £ (000s)  | £ (000s)  |
| Globally                       | 488       | 452       |
| Sub-Saharan Africa             | 3,251     | 3,017     |
| South Asia                     | 1,625     | 1,508     |
| East Asia and Pacific          | 812       | 754       |
| Latin America and Caribbean    | 1,625     | 1,508     |
| Europe and Central Asia        | 163       | 151       |
| Middle East and North Africa   | 163       | 152       |
| **TOTAL**                      | **8,127** | **7,542** |

Accounts audited through Imperial College London’s audit procedures.
PCD Organization and Structure

PCD is part of the Department of Infectious Disease Epidemiology which is in turn part of the Faculty of Medicine of Imperial College London.

Department of Infectious Disease Epidemiology

The Department, headed by Professor Brian Spratt, carries out world-class research on a wide variety of infectious diseases and pathogens, including:

- AIDS and HIV
- SARS (Severe Acute Respiratory Syndrome) and pandemic influenza
- Transmissible Spongiform Encephalopathies (e.g., Bovine Spongiform Encephalopathy, Scrapie and variant Creutzfeldt-Jakob Disease
- drug-resistant bacteria (e.g., Methicillin-Resistant Staphylococcus Aureus) and parasites
- childhood viral and bacterial diseases
- emerging fungal infections
- epidemic viral infections of livestock (e.g., foot-and-mouth disease)
- parasitic helminth infections
- bioterrorism

www.imperial.ac.uk/medicine/about/divisions/ephpceide/

The Department also hosts:

MRC Centre for Outbreak Analysis and Modelling
Director Professor Neil M. Ferguson

www.imperial.ac.uk/medicine/outbreaks

Schistosomiasis Control Initiative
Director Professor Alan Fenwick

www.sci-ntds.org

Imperial’s on top of the world

Imperial College London is among the top ten universities in the world. Its high ranking has been confirmed in the Times Higher Education Supplement 2010 league tables for the world’s top 200 universities which ranked Imperial College London as ninth overall.

When broken down, by region Imperial College London is ranked third in Europe, and by subject Imperial College London is ranked fifth in the world for ‘Clinical, Pre-clinical and Health’ and ninth in the world for ‘Engineering & Technology’ and for ‘Life sciences’.

www.imperial.ac.uk
Governance

International Advisory Board

The International Advisory Board meets annually to provide PCD with guidance and oversight about its policy direction and strategy. It also provides PCD with accountability for work and will help PCD build partnerships with others working in SHN. The International Advisory Board is comprised of eight members who come from a range of different organizational backgrounds and geographical regions and who bring to PCD a variety of skills.

Technical Advisory Group

The Technical Advisory Group provides PCD with regular guidance about: its operational support to countries; its identification of research and programmatic areas; and its design of studies on technical and scientific innovations. Meeting quarterly, a further part of the Technical Advisory Group’s remit is to monitor PCD’s activities, helping to ensure that PCD implements its annual work plan and to achieve the expected results. The Technical Advisory Group is comprised of technical experts invited to join PCD for their experience, insight and connections with countries around the world.
Coordinating Centre

Staff and Consultants
To facilitate our work with governments and development partners so as to develop strong and sustainable SHN programmes, PCD established in 2010, three new country offices in Ghana, Kenya and Mali. The country offices bolster PCD’s efforts in providing technical assistance and capacity building work tailored to meet the context-specific needs of our partner country’s SHN requirements.

The country offices play an important role in shaping PCD’s organizational policy direction based on feedback from in-country programme implementers and beneficiaries. This has contributed to strengthening the capacity of PCD to plan for successful programmes which meet the needs of the governments and stakeholders involved.

Ghana country office

Establishing a PCD country office in Ghana has proven to be a pillar for successful programme delivery. By facilitating the implementation of PCD support to the Ghanaian Government the country office serves as an effective bridge between programme policy and implementation.

With a clear mandate to facilitate processes which lead to the strengthening of government capacity to effectively implement and manage SHN programmes the country office has achieved a number of significant successes. Foremost has been formalizing a relationship with the Government of Ghana through a memorandum of understanding. Through this relationship, joint activities designed to strengthen SHN programmes have been carried out including study tours, workshops, development of technical assistance plans and the organization of forums (national and international).

To support our in-country work, we have developed strong partnerships and relationships with organizations in Ghana, such as WFP, the World Bank, the Ecumenical Association for Sustainable Agriculture and Rural Development (ECASARD) and SNV.

Kenya country office

Establishing a PCD country office in Kenya brought our technical support closer to the needs of the Kenyan Government’s national programme, the School Health, Nutrition and Meals Programme (SHNM).

As members of the SHNM Technical Committee we provide guidance on all SHNM-related activities. Our support has seen us provide financial and technical assistance to the Technical Committee to develop a SHNM strategy which has been essential in improving SHN programmes in Kenya.

To support our in-country work, we have developed close working relationships with the Ministries of Agriculture, Education, and Public Health and Sanitation to support the development of national HGSF programmes. Amongst other activities, this work has seen us provide technical support to the Ministry of Agriculture’s Njaa Marufuku Kenya (NMK) school feeding programme and organizing a HGSF Technical Meeting held in Nairobi that brought together (over 3 days) more than 50 international, regional and local school feeding experts to share knowledge and experiences.

Mali country office

Establishing a PCD country office in Mali has enabled PCD to support the Ministries of Agriculture, Education, and Health to develop strategies and implement actions to improve the education and nutrition of children, as well as, to support the development of the agricultural sector. PCD signed an agreement with the Government of Mali to provide technical support for the advancement of HGSF.

Following this agreement, we are working with the Government of Mali to develop a technical assistance plan to identify key technical assistance needs and to improve Mali’s school feeding M&E systems and tools. PCD is also building the capacity of Mali’s school feeding stakeholders through networking forums and through knowledge exchange visits.

To support our in-country work, we have developed important partnerships with organizations in Mali, such as WFP, the World Bank, Innovations for Poverty Action, and SNV to coordinate activities and to build on each other’s strengths.
Partners

Our sincere appreciation and gratitude extends to the many partners who have helped, guided, advised and supported our work.

United Nations

Food and Agriculture Organization (FAO); Joint United Nations Programme on HIV/AIDS (UNAIDS); UNAIDS Inter-Agency Task Team (IATT) on Education; United Nations Children’s Fund (UNICEF); United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); UNESCO-Africa Region (UNESCO-BREDA); UNESCO-International Bureau of Education (UNESCO-IBE); UNESCO-International Institute for Educational Planning (UNESCO-IIEP); United Nations Girls’ Education Initiative (UNGEI); United Nations Office on Drugs and Crime (UNODC); United Nations Population Fund (UNFPA); United Nations System Standing Committee on Nutrition (UNSCN); United Nations World Food Programme (WFP); The World Bank; and the World Health Organization (WHO).

Bilateral Agencies

Canadian International Development Agency (CIDA); Danish International Development Agency (DANIDA); Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH; Dubai Cares; Irish Aid; Japan International Cooperation Agency (JICA); Norwegian Agency for Development Cooperation (NORAD); Swedish International Development Cooperation Agency (SIDA); United Kingdom Department for International Development (DFID); and the United States Agency for International Development (USAID).

Intergovernmental Organizations

African Networks of Ministry of Education HIV&AIDS Focal Points; Association of Southeast Asian Nations (ASEAN); Caribbean Community (CARICOM); Caribbean Education Sector HIV and AIDS Coordinator Network (EduCan); Commonwealth Secretariat (ComSec); Communauté Économique des États d’Afrique Centrale (CEEAC); Communauté Économique et Monétaire de l’Afrique Centrale (CEMAC); The Comprehensive Africa Agriculture Development Programme (CAADP); East African Community (EAC); Economic Community of Central African States (ECCAS); Economic Community of West African States (ECOWAS); Ghana Institute of Management and Public Administration (GIMPA); The New Partnership for Africa’s Development (NEPAD); Países Africanos de Língua Oficial Portuguesa (PALOP); and the Southeast Asian Ministers of Education Organization (SEAMEO).

Civil Society Organizations, Institutions and Networks

Abdul Latif Jameel Poverty Action Lab (J-PAL); Academy for Educational Development (AED); Action Health Incorporated, Nigeria (AHI-Nigeria); ActionAid International; Africa Regional Sexuality Resource Centre; Agriculture for Impact; All India Institute of Medical Sciences (AIIMS); Alliance for a Green Revolution in Africa (AGRA); Alwaleed Bin Talal Foundation; American Institutes for Research (AIR); Asian Center of International Parasite Control (ACIPAC); Asociación Brasileña de Salud y Alimentación Escolar (ABRAE); Association for the Development of Education in Africa (ADEA); Association of African Universities (AAU); Bill & Melinda Gates Foundation; Biomedical Research and Training Institute (BRTI); Blair Research Institute – Zimbabwe; CARE International UK; Catholic Relief Services (CRS); Centre for Vision in the Developing World; Centre of Evaluation for Global Action (CEGA); Centro de Promoção da Saúde (CEDAPS); Child-to-Child Trust (CtC); Children Without Worms (CWW); China Development Research Foundation (CDRF); Columbia University; Communauté Baptiste au Centre de l’Afrique (CBCA); Deworm the World (DtW); Eastern Africa National Networks of AIDS Service Organizations (EANASSO); Eastern and Southern Africa Centre of International Parasite Control (ESACIPAC); Education Development Center, Incorporated (EDC); Education International (EI); Equal Access; Feed The Children (FTC); Flemish Association for Development Cooperation and Technical Assistance (VVOB); Focus on Vision; Focusing Resources on Effective School Health (FRESH) partners; Food, Agriculture and Natural Resources Policy Analysis Network (FANRPAN); FUEL (Food, Uplift, Educate, Love) Trust; Global Alliance for Improved Nutrition (GAIN); Global Atlas of Helminth Infections (GAIH); Global Campaign for Education (GCE); Global Child Nutrition Foundation (GCNF); Global Network for Neglected Tropical Diseases (GNNTD); Harvard Graduate School of Education (HGSE); Harvard University Department of Economics; Innovations for Poverty Action (IPA); Institute of Development Studies (IDS); International Agency for the Prevention of Blindness (IAPB); International Food Policy Research Institute (IFPRI); International School Health Network (ISHN); Japan Consortium for Global School Health research (JC-GSHR); Joint Aid Management (JAM) International; Keio University; Kenya Medical Research Institute (KEMRI); Kenya Network of HIV Positive Teachers (KENEPOTE); La Red de Alimentación Escolar para América Latina y el Caribe (LA-RAE); London School of Hygiene and Tropical Medicine (LSHTM); Mahidol University; Marie Stopes International; Massachusetts Institute of Technology (MIT); McGill University; Michael and Susan Dell Foundation; Millennium Promise; M S Swaminathan Research Foundation (MSSRF); Neglected Tropical Disease Organization (NGTDO); Noguchi Memorial Institute for Medical Research (NMIMR); University of Ghana, Legon; Nutrinet.org; Program for Appropriate Technology in Health (PATH); Purchase for Progress (P4P); Research Institute, National Center for Global Health and Medicine (NCGM); Right To Play; Save the Children; Schistosomiasis Control Initiative (SCI); School feeding Initiative Ghana-Netherlands (SIGN); SNV Netherlands Development Organisation; The George Washington University; The Wellcome Trust; UK Consortium on AIDS and International Development; University of California, Berkeley; University of College London (UCL); Institute of Child Health (ICH); University of Kelaniya – Sri Lanka; University of Ottawa; University of Oxford; University of Pretoria; University of Washington; Value Development Initiatives Ltd (VDI); West African Centre for International Parasite Control (WACIPAC); and World Vision.

Private Sector

Adaptive Eyewear; Baney Media; CRE8 Design Ltd; Johnson & Johnson; and GlaxoSmithKline Inc.