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The year 2012 marks the Vicennial Anniversary of The Partnership for Child Development (PCD) since its foundation. This is a momentous achievement for us and one which has put us in a reflective state of mind as we look back over the achievements and progress of school health and nutrition (SHN) programming over the past two decades.

There have been significant changes over the years; however, what has remained constant within PCD is our dedication to the evidence. Since inception, PCD has recognized that it is the evidence which will influence policies, better inform programmes and ensure knowledgeable decisions are made around SHN. This is just as true today as it was 20 years ago.

At that time, health and nutrition interventions targeted at school-age children were few and far between. In 2012, what was once revolutionary has become recognized as global standard practice for the achievement of the world’s Education for All and Millennium Development Goals.

Increased investment by countries in evidence-based SHN programmes reflects the importance given to these programmes in providing a social safety net for all children, especially the last 10%, the poorest of the poor, the children most in need.

We now need to think broader and think across the life cycle. How can investments made at different stages in a child’s life, such as maternal and infant health, early child development, SHN and youth programmes, be better linked? It is well understood that the first 1,000 days are a critical window in a child’s development, but let’s not forget this child on day 1,001. Adopting a child-centric approach will ensure that all of our investments made across each child’s life will maximize the impact for the greater good of that child.

I continue to be inspired by our team and partners in all of the countries in which we work. I hope that all those reading this report are equally inspired to continue to ask the tough questions, the answers to which will better inform sustainable, scaled programmes that reach the children most in need.

Lesley Drake
Executive Director
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 well-being, but also their education and life choices; both in the short- and long-term.
Goal

The goal of PCD 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.

Academic excellence, technical expertise and high-level networks: a unique partnership in development.
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.

PCD-HGSF programme: overview of research

Every country in the world, in some way or form, is seeking to provide food to its schoolchildren – one of the findings of the seminal *Rethinking School Feeding* analysis conducted by the World Bank, the United Nations World Food Programme (WFP) and PCD. Over 300 million primary school children are estimated to be covered and the social investments in the programmes are substantial. Across the globe, a key response to the recent economic crisis has been the scale up of school feeding as a safety net for children living in poverty and food insecurity. However, school feeding is complex and designing effective programmes requires careful management of trade-offs among design objectives, targeting approaches, feeding modalities, and costs.

**Filling technical needs gaps**

The joint World Bank, WFP and PCD *Rethinking School Feeding* analysis also highlighted the emerging trend in sub-Saharan Africa for national school feeding programmes to transition from externally-funded to nationally-owned programmes. Bringing national school feeding programmes to scale, however, requires considerable resources and a steady flow of funds. For example, in low-income countries, school feeding programmes on average cost around US$50 per child per year. In this context, strengthening the evidence base for policymakers is of paramount importance to maximize programme impact and minimize costs.

Unfortunately, monitoring and evaluation systems which can measure the impact and effectiveness of school feeding programmes, in practice are generally underfinanced and weak.

It is within this context that PCD, the World Bank, WFP and other stakeholders have been working together to strengthen national school feeding programmes. The partnership has been undertaking analyses in a number of countries designed to develop a better understanding of the school feeding system in its different context-specific configurations. One of the key themes in the dialogue on strengthening monitoring and evaluation with national governments has been to highlight the cost-efficiency and effectiveness of school feeding, with a view of increasing the impact and value for money towards investment in school feeding programmes.
Gaps in the evidence

The evidence of the benefits of school feeding programmes in support to the education, health and nutrition of schoolchildren is fairly well established. However, there is limited evidence on the costs and benefits of providing a reliable market for smallholder farmers through Home Grown School Feeding (HGSF) approaches. HGSF has the potential to improve food security for smallholder farmers and other community groups, however, in order for this to happen, an explicit programme component other than food procurement, is required to support agriculture and community development. This component, at a minimum, includes providing sensitization campaigns around improved production practices, and income-generation activities in support to school feeding and on improved nutrition practices.

Case studies: short-term, involving reviews of secondary data and qualitative primary data. Eleven country case studies were completed aimed at providing snapshots of programmes in different contexts. In addition, a number of high-level supply chain studies were undertaken to provide programmatic insights and to highlight areas of future research.

Reviews and meta-analyses: Provides a synthesis of the most recent evidence across a broad range of themes on the five school feeding standards. Cross-country studies were completed including: a review on policy and legal frameworks for school feeding; a literature review on the school feeding impact on nutrition; a review of school food standards and menus; and a meta-analysis analysing cross-country trends on school feeding coverage and costs.

Randomized field experiments: Two-year, mixed-methods, impact evaluations of national government programmes. Design papers for the first ever impact evaluations of school feeding programmes linked to smallholder agriculture and community development were developed for national programmes in Mali and Ghana. These trials were designed to provide comparable estimates of cost-effectiveness of different implementation models, where standard government programmes were compared to innovative pilots, and controls without an intervention. The baseline surveys for the impact evaluation in Mali were completed in February 2012 and data analysis (including studies on determinants of education and nutrition status, and an in-depth market analysis) is currently underway.

Experience to date and future research

National monitoring and evaluation plans are currently being finalized in Mali, Ghana and Kenya. The experience to date, in these three countries, suggests that policymaking was influenced and a concrete plan for change was obtained through a participatory process. Stakeholders across sectors are now engaged in the systems, strengthening activities covering broader elements of programme design, management and implementation, adding to the sustainability of the plan and supporting the transition to national ownership.

The challenge now, and as part of future research, is to maintain the momentum on implementation, ensuring that the value added to the process materializes through the provision of meaningful feedback into the programme, and improving impact whilst reducing losses and costs.
Meeting the educational and health needs of orphans and vulnerable children

It is estimated that 163 million children under the age of 18 are orphaned, having lost one or both parents. In many countries in sub-Saharan Africa, the number of orphans and vulnerable children is increasing as a result of parents dying from AIDS.

Studies from sub-Saharan Africa reveal that orphans and vulnerable children are at-risk of a variety of poor outcomes (e.g. malnutrition, HIV infection, reduced school enrolment and attendance). Without specific targeting, most social protection programmes fail to reach these vulnerable children.

Social welfare interventions that specifically target children who are orphaned and vulnerable and their families are required to meet this growing need. However, how can this be achieved cost-effectively? To address this question, PCD has been working with partners to build the evidence base around two interventions: cash transfer programmes and HGSF, which can be targeted to meet the educational needs of children within this vulnerable group.

Cash transfer programmes

Cash transfer programmes (cash given to families who care for children who are orphaned and vulnerable) are being considered as key components of social welfare programming for this vulnerable group in sub-Saharan Africa. Until recently, there has been limited evidence on the effectiveness of cash transfer programmes within the region.

PCD has been supporting researchers from Imperial College London, Catholic Relief Services and the Biomedical Research and Training Institute to investigate the effects of cash transfer programmes (conditional and unconditional) on the well-being of children living in vulnerable households in Manicaland, Zimbabwe.

A randomized-controlled trial was conducted in which 30 communities in Manicaland were randomly assigned to one of three intervention groups: conditional (families comply with conditions relating to the child’s health, education and social welfare to receive cash transfers); unconditional (no conditions attached to cash transfers); or control. Over 4,000 vulnerable households were recruited (poor, child-headed and/or caring for orphans, chronically-ill or disabled members) with the conditional and unconditional groups receiving bimonthly cash transfers of US$22-30. In the conditional group, household compliance regarding birth registration, immunization and school attendance was checked.

This study is the first of its kind to directly compare both cash transfer programmes (conditional and unconditional) as a general social welfare intervention for vulnerable children in sub-Saharan Africa. The findings showed that the conditional cash transfer programme improved uptake of birth registration, that both cash transfer programmes (unconditional and conditional) improved school attendance, and that neither had any impact on uptake of vaccinations. These results will be extremely valuable to programme designers and policymakers in their efforts to improve the health and education of Africa’s most vulnerable children. A research paper has also been submitted to a leading scientific journal for publication.

Home Grown School Feeding

As part of PCD’s work in HGSF, PCD is conducting a research programme to build the evidence base and knowledge on how countries can create and sustain school feeding programmes which directly target children who are most vulnerable with nutritious food to alleviate short-term hunger and promote access to education, as well as provide skills for future income-generation. This research programme will run over the next 2 years and has two key work streams:

1. Identifying methods that target orphans and vulnerable children for school feeding and take-home rations, and
2. the provision of vocational training to orphans and vulnerable children in agricultural practices, entrepreneurship and life skills education, with a strong female gender dimension (majority of young girls are vulnerable and smallholder farmers are mainly female).

The newly acquired evidence base will also be used to inform and develop country-specific educational materials and training guidelines to support targeting of children who are orphaned and most vulnerable and their vocational training in agriculture and life skills.
Evaluating the impact of school-based chlorine dispensers

Diarrheal disease is responsible for the deaths of more than 1 million children each year. Chronic diarrhoea in early childhood is harmful as it contributes to malnutrition, stunting, and cognitive impairments, with potential long-term consequences for educational attainment and income.

Unsafe drinking water is a leading cause of diarrheal disease. Extensive research treating water with dilute chlorine solution has been shown to reduce diarrhoea by 20% to 40% in areas where a piped infrastructure does not exist. Unfortunately, chlorine adoption rates remain low via the traditional distribution model, which relies on households to purchase individually-packaged chlorine bottles.

Innovations for Poverty Action and researchers at Harvard University and the University of California, Berkeley developed an innovative point-of-collection water treatment technology – the Chlorine Dispenser System – installed at communal water points and designed to encourage higher take-up of water treatment. With the aim of scaling this new technology globally, the Dispensers for Safe Water (DSW) initiative was born; an initiative that makes treating drinking water convenient, salient, and public. Randomized-controlled trials in rural western Kenya have shown that these dispensers dramatically increased take-up of chlorination: 55% to 60% of household water samples in communities with dispensers tested positive for chlorine, as compared to only 5% to 10% in control communities, and high take-up rates were sustained 30 months into the programme. Packaging and distribution were at low-costs, making this intervention highly cost-effective. At scale, the Chlorine Dispenser System is expected to be only a quarter to half the cost of chlorine sold via traditional retail distribution.

With PCD’s support, a follow-up evaluation was then conducted to assess whether primary schools were an appropriate means of chlorine distribution in Kenya, and in-depth surveys of promoters and community members were conducted to better understand how the primary school model affected adoption rates of chlorine at household-level. Furthermore, Innovations for Poverty Action with the Kenyan Ministry of Education conducted a pilot study in 33 primary schools reaching more than 20,000 students. A total of 194 dispensers were installed on or near the catchment area of schools. Key outcomes measured included: (a) cost-effectiveness, (b) adoption rates over time, and (c) long-term operational strengths.

"...the surveys showed that the programme proved to be more cost-effective than other distribution models."

The pilot study showed that adoption rates increased from 32% to 38% over the 12 months of implementation. These rates are lower than expected, largely due to issues with the supply chain from schools to communities and high turnover of people involved in the programme. However, the surveys showed that the programme proved to be more cost-effective than other distribution models. DSW is working on ways to address these challenges to increase adoption in communities using the dispensers. While further research is ongoing, the programme will continue to provide access to safe water for approximately 30,000 people in need.
Improving child vision through the school system

Around 2 billion people in developing countries would benefit from vision correction and yet the majority do not have access to affordable eye examination or a pair of spectacles. School-age children are a highly vulnerable subset, where poor vision can lead to reduced participation in education, leading to increased absenteeism and dropout rates, reduced ability to learn and poorer career prospects.

For the past 5 years PCD has been working with researchers from Oxford University to identify innovative solutions to this global problem. This has led to the formation of the Child Self-Refraction Study (CSRS) investigating the effectiveness of adjustable spectacles in which users set their own prescriptions.

Following the first set of CSRS findings (China and USA), a meeting in April 2011 of the Second Oxford Conference on Vision for Children in the Developing World at the University of Oxford, enabled expert discussion on the CSRS and the provision of vision correction services in low-income settings. What transpired from the Conference was that an overwhelming majority of children with poor vision (96%) could obtain excellent vision and good accuracy with self-refraction. Key challenges facing the provision of effective vision correction services for children in developing countries were also identified as:

**Awareness:** People are often unaware that their sight is poor and that this can be improved through vision correction.

**Acceptability:** The willingness of people, especially children, to obtain and wear spectacles needs to be understood and their motivation to wear them encouraged.

**Availability:** There are considerable restrictions in the availability of appropriately trained eye care personnel through both inadequate numbers and poor distribution in the areas in need.

**Affordability:** Good quality products at affordable cost are not reaching the poor in a sustainable way.

“...an overwhelming majority of children with poor vision (96%) could obtain excellent vision and good accuracy with self-refraction.”
London Centre for Neglected Tropical Diseases Research

Created as a partnership between Imperial College London (the Department of Infectious Disease Epidemiology, PCD, the Schistosomiasis Control Initiative) and the London School of Hygiene and Tropical Medicine, the new London Centre for Neglected Tropical Diseases Research (LCNTDR) will provide focused operational and research support for four of the most common neglected tropical disease (NTD) infections in resource-poor areas of Africa, South America and Asia: hookworms, roundworms, whipworms and bilharzias, with research also supporting efforts to eliminate trachoma.

The LCNTDR will serve to:

- **Provide evidence-based technical support** to countries investing in national school-based deworming programmes.
- **Support harmonization** of multisectoral partnerships and collaborations.
- **Act as an NTD knowledge-base** for disseminating innovative and evidence-based information for policy and programme formulation.
- **Provide a neutral coordinating platform** for partner collaboration on school-based deworming and other NTD control and prevention efforts.
- **Carry out research on new approaches** to study the geography, transmission dynamics and control of helminth infections and the diagnosis and control of trachoma.

Several key questions will be examined to maximize the efficiency of available resources, including:

- How often should mass or targeted chemotherapy be administered?
- In terms of cost-effectiveness, is it best to target schoolchildren, those predisposed to heavy infection, or the entire community?
- Can the interval between treatments increase, and by how much?
- What are the best indicators for assessing the impact of control?

These objectives work towards the end goals of the London Declaration on NTDS, which seeks to accelerate progress toward eliminating or controlling ten NTDs by the end of the decade. See page 29 for further information on the London Declaration.
Other Selected PCD Activities on Strengthening the Evidence Base

Health and Literacy Intervention project

To evaluate the health and education impacts on school-based malaria control and on enhanced literacy instruction for early grade reading, interventions were carried out in 101 randomly assigned schools in the South Coast of Kenya. Initial cross-sectional health and education surveys were conducted in over 5,000 children from January to March 2010 and follow-up assessments were carried out after 12 to 24 months.

The main outcomes measured were: anaemia, classroom attention and educational achievement, as well as other outcomes such as malaria parasitaemia, school attendance and learning abilities. PCD carried out the interventions in collaboration with the World Bank and 3ie (International Initiative for Impact Evaluation), supported by the Kenya Medical Research Institute-Wellcome Trust and the London School of Hygiene and Tropical Medicine. The final results are expected to be disseminated in the following year.

Promoting school health in Sri Lanka

Sri Lanka’s School Health Promotion Programme is making clear progress towards international standards of best practice and is highlighted as having a strong policy framework. Assisting activities in Sri Lanka has seen PCD facilitate collaboration with Ministries of Education and Health, to ensure that SHN activities are both properly integrated and scaled-up.

Mali’s Food Security Early Warning System

To identify those most in need of emergency response to drought and displacement in Mali, a rapid data collection survey evaluating the impact of Mali’s school feeding programme was carried out in April 2012. As part of WFP’s Food Security Early Warning System, this looked into market trends, procurements from smallholder farmers, and the overall impact that school feeding has on farmers. To capture information on where key markets are located, PCD with the Ministry of Agriculture concurrently launched an agricultural market study in communities where school feeding is taking place.

HGSF pilot project in Zanzibar

A start-up HGSF pilot project is currently being proposed in four districts of Zanzibar and Pemba Island. At the request of Zanzibar’s Ministry of Education PCD is providing technical support to reproduce the pilot project on a national scale. As part of this assistance, PCD has provided guidance on the inclusion of school meal ration design and integrated health interventions.

Designing a research database for parasitic worms

The plethora of current and historic studies on soil-transmitted helminths will be made readily available through a database, supported and designed by PCD. The database will allow users to upload and manage data through a web interface. Once registered, users will also be able to view and download datasets already stored on the website. The database structure is designed to enable the easy uploading of a variety of different datasets emanating from the numerous studies conducted on soil-transmitted helminths. The design also allows users to limit the use of their data if required. The prototype of the database will be completed by the end of 2012.

PCD’s work on strengthening the evidence base provides:

- Strong advocacy tools for the impact of SHN on the education sector;
- 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;
- 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.
School feeding in Kenya: Schoolchildren lining up for their midday meal at the North Karat Primary School in Niavasha.
PCD enhances the education, health and nutrition of children through expert support in government planning for SHN activities providing high quality training to educationalists and public health professionals and supporting the participation of new sectors’ in SHN activities.

**World’s largest school-based deworming programme**

In 2011, 17 million children were dewormed in the Indian State of Bihar, as part of the largest school-based deworming programme ever conducted in the world. Bihar is the third most populous State in India, but also one of the poorest with very high rates of parasitic worm infections where all of its school-age children are at-risk and more than 50% infected in most districts.

Worm infected children are often either too sick or too tired to concentrate in class or to attend school. This can cause them lifelong harm with research revealing that children who remain infected earn 43% less as adults, and are 13% less likely to be literate. Fortunately, treating children at-risk is quick and easy – a deworming tablet taken once or twice each year. The medication is safe for both infected and uninfected children and delivery through schools ensures the greatest coverage and impact.

This State-wide deworming programme targeted all 21 million school-age children across 67,000 schools in all 38 districts in the State. Not only was this the largest ever school-based deworming programme, it was also the fastest in terms of scale-up. The entire programme, including baseline surveys, was implemented within just 12 months of programme conceptualization. Actual deworming treatment was completed within 3 months.

The programme was implemented by the State Government departments (health and education), specifically the State Health Society Bihar (SHSB) and the Bihar Education Project Council (BEPC), with technical assistance provided by its development partner Deworm the World – a joint initiative of PCD and Innovations for Poverty Action.

An evidence-based approach to programme design, leveraging of existing government structures and investments, and context-relevant community sensitization approaches were used to maximize impact, accelerate rollout, and execute the deworming programme cost-effectively.
Baseline surveys and prevalence mapping

Technical expertise for baseline surveys, prevalence mapping and creating the evidence-base for the deworming programme was additionally provided by Deworm the World and the All India Institute of Medical Sciences.

The baseline surveys were conducted across six diverse districts that were selected based on indicators such as, access to basic health services and sanitation, and socioeconomic and environmental factors.

The worm prevalence results, from over 3,000 school-age children across 60 schools, were extrapolated to all districts across the State and a biannual treatment strategy was recommended. For maximum impact and cost-effectiveness, two treatment rounds 6 months apart, were integrated with existing initiatives.

Leveraging government structures and investments

A critical success factor of the programme was the robust partnership and coordination between the two State Government departments (SHSB and BEPC) in programme planning and implementation.

A steering committee, the State School Health Coordination Committee (SSHCC), comprising representatives of the two State Government departments and Deworm the World, was the main decision making and governance structure for the programme. The SSHCC was responsible for driving convergence between the two State Government departments across all levels and to provide direction, supervision, and timely approvals to the programme.

The four elements of implementation

Implementation was completed in three phases and involved three deworming days followed by three mop-up days. Mop-up days were backup days to include children not covered on the deworming days. Each phase was larger in scope than its initial phase, to allow for lessons learned from the earlier phases to be factored in.

The programme contained four key implementation elements:

1. **Deworming drugs**: A single-dose of albendazole 400mg was procured by SHSB from a generic manufacturer in India. The drugs were distributed to schools through District Health Societies, Primary Healthcare Centres and Cluster Resource Centres.

2. **Training**: To implement the programme in the State’s 67,000 schools, a cascade training programme taught 140,000 teachers and 20,000 healthcare staff how to safely administer the tablets. In all, more than 4,000 training sessions were conducted across the State.

3. **Community sensitization**: Parents, teachers, communities, and school-age children were made aware of the deworming programme, its benefits and the importance of parents to ensure their children attend school on preannounced deworming and mop-up days. Several innovative and context-relevant community sensitization approaches (including local media, street theatre and marches) were used to generate broad awareness rapidly across the State. In addition, existing community and school structures, such as parent-teacher councils and student parliaments in schools, were activated to reinforce the message.

4. **Monitoring and reporting**: Additional to staff (State Government for monitoring and Deworm the World for coordination support), 550 independent monitors were trained to visit 5% of schools to monitor the programme using standardized pre-designed monitoring forms. Data from the State Government sources and independent monitors showed that 16 million enrolled and 1 million non-enrolled school-age children had received treatment through the deworming programme.

The methods used for rapidly scaling-up large scale prevalence surveys and deworming operations in the State of Bihar provide a demonstrable model that can be used for similar scale-up of school-based deworming programmes in other States of India and around the world.

“Not only was this the largest ever school-based deworming programme, it was also the fastest in terms of scale-up.”
Inclusive Education for All

In low-income countries, 90% of children who have a disability do not attend school. With over 1 billion or 15% of the global population disabled, a staggering number of children face one of life’s most significant barriers – limited access to education.

Children who live with physical, sensory, intellectual or mental health disabilities are amongst the most stigmatized and excluded of all the world’s children. Even in high-income countries disabled children are three times more likely to be denied healthcare and are less likely to start or stay in school than other children. Most common and powerful barriers include stigma, discrimination, inaccessible transport, unprepared classrooms and teachers. In low-income countries, the gravity of this situation is severer.

Misunderstanding and fear of children with disabilities result in their marginalization within the family, community, school, and wider society. The discrimination they suffer leads to poor health and education outcomes, affects their self-esteem and chances for participation and interaction with others, and puts them at higher risk for violence, abuse and exploitation.

Everyone’s School programme

Inclusive education is an approach to educating students with special educational needs within mainstream schools. In practical terms, this equates to the creation of school environments which are better prepared to deal with the education needs of children with or without a disability.

Since 2006, PCD has been supporting inclusive education through the Everyone’s School (Escola de Todos) programme which aims to promote school-based diversity by supporting the school health community to mainstream inclusive education programmes into regular schools. Implemented in Brazil and Uruguay, the programme is a collaboration between CEDAPS (The Center for Health Promotion), the Inter-American Institute on Disability and Inclusive Development, and several local counterparts.

The focus of the project is on developing integrated approaches and resources to link the promotion of health and inclusion in schools. Outputs include the provision of technical assistance in the form of training and institutional support and the production tools and resources around school health and inclusive education.

Royal approval for community-based inclusive education

CEDAPS builds the capacity and ability of the disabled community to improve their health and quality of life by supporting the formation of multisectoral stakeholder networks. One such network member is EDUCAP, a community-based inclusive education project in Rio de Janeiro. The project hit the headlines in 2012, during the visit of His Royal Highness Prince Harry of Wales, who heard from staff and students about how EDUCAP serves as a platform for inclusive health and education promotion for disadvantaged youth from the local community.

By supporting initiatives such as Everyone’s School to provide the necessary tools, PCD looks to enable countries to develop inclusive education programmes which look past a child’s disability to support their life cycle of learning.
Strengthening school feeding in Africa

To realize development agendas on school feeding, country governments are increasingly looking for local solutions to local problems. Rather than relying on external implementation and support, there is an increasing trend for transitioning to sustainable government-owned programmes. A case in point is Ghana where this priority was highlighted by the Minister of Local Government and Rural Development, who emphasized the need to “take school feeding programmes out of the politic and place it into government policy and legislation to ensure sustainability” – a process PCD is currently supporting. However, the ability of countries to deliver sustainable government-owned programmes can often be constrained by the lack of experience or technical expertise required to move the programmes forward. PCD works to fill this need gap, by providing technical support and broad-based expertise to build the in-country capacity of government-led SHN programmes.

Building on PCD’s global and country-level partnerships, PCD achieved significant successes during 2011-2012 in the areas of government-level advocacy, the development of national policies and strategies to guide programmes, and in generating evidence. Building on the evidence base, PCD continued to support monitoring and evaluation efforts of its target country programmes. In Mali, Kenya and Ghana, the monitoring and evaluation support is yielding results and laying grounds for the implementation of impact evaluation studies aimed at measuring the direct impact of school feeding both at the school- (education achievement and anaemia) and household-levels (income and behaviour change). The 2-year impact evaluation studies will contribute to shaping government policies especially in relation to nutrition, smallholder agriculture and community engagement.

During 2011-2012, PCD has been at the forefront in providing tailored programmatic and technical support to countries who have requested assistance. For example:

- **Support from PCD facilitated the Ghanaian Government and key stakeholders in signing, in February 2011, the Technical Assistance Plan for the Ghana School Feeding Programme – a milestone in Ghana which led to other government requests for PCD’s support in developing their Technical Assistance Plans.**

- **Support from PCD facilitated the State Government of Osun in Nigeria to relaunch, in May 2012, its State-wide school feeding programme targeting 180,000 children.**

- **PCD supported the development of Kenya’s Technical Development Plan which drew together the HGSF strategies of the Ministries of Agriculture and Education.**

- **PCD supported the development of a national strategy at the request of the Kenyan Government to strengthen coordination and implementation of their SHN programmes.**

PCD continues to help governments move toward the realization of improving the life chances of school-age children through better health, nutrition and education.

**Technical assistance in Ghana**

In February 2011, PCD achieved a major milestone in Ghana through the signing of the Technical Assistance Plan for the Ghana School Feeding Programme; a programme currently feeding 1.6 million primary school children in 4,500 schools across the country, with government funds.

The Technical Assistance Plan, developed at the request of the Ghanaian Government and key stakeholders under the facilitation of PCD, identified the key challenges of the programme. The document was signed and endorsed by the Minister of Local Government and Rural Development as a working document of the Ghana School Feeding Programme. Catalytic funding is being provided to support the implementation of the Technical Assistance Plan in Ghana.

Building on the success, PCD has been requested to coordinate workshops to develop similar Technical Assistance Plans for the Governments of Mozambique, Tanzania (Mainland and Zanzibar), and Ethiopia.
Short course: Growing demand for SHN training

Year-on-year, PCD continues to facilitate quality skills- and evidence-based training across an ever-expanding network of SHN practitioners. Since its inception in 2004, the internationally recognized short course on Strengthening Contemporary School Health, Nutrition and HIV Prevention Programmes, has contributed to training over 300 SHN and HIV practitioners globally. The demand for this course continues to grow with expansion of the course to Asia and Francophone Africa.

The course is structured around the four pillars of the FRESH (Focusing Resources on Effective School Health) framework: equitable school health policies; safe learning environment; skills-based health education; and school-based health and nutrition services. Within this structure, SHN experts facilitate sessions which guide participants through the processes necessary to develop effective SHN programmes including, logical frameworks, project cycle management, and monitoring and evaluation.

Each year the course selects an Issue in Focus to provide contemporary teachings on emerging issues in school health that equips participants with cutting-edge, practical knowledge and tools, as well as training from global experts for the development of SHN strategies and plans.

Africa

7th Annual Africa Short Course

At the 2011 7th Annual Africa Short Course, hosted by ESACIPAC (Eastern and Southern Africa Centre of International Parasite Control) and held at the Kenya Medical Research Institute in Nairobi, the Issue in Focus was on ‘eye health’ as part of comprehensive SHN programming. This introduced the evidence base on child eye health and refractive error and demonstrated realistic possibilities of incorporating eye health into wider SHN packages of care.

8th Annual Africa Short Course

The 8th Annual Africa Short Course held in Kilifi, Kenya in 2012, was an impressive indicator of the ever growing demand for the course, with over double the number of applications for its 30 places. High demand for the course meant partners were able to ensure strong country teams (government and development representatives), from across the education, health, agriculture and community sectors.

Expert facilitators from Africa, Asia, Europe and North America led participants through the practical work of critically evaluating their own country SHN and HIV programming with special attention to the Issue in Focus ‘reaching the last 10% – orphans and other vulnerable children’. New sessions on multisectoral partnership collaboration, Child-to-Child approach, and participation and inclusive education supported participants to reflect on the coverage and inclusivity of their SHN programming.

Asia

1st Southeast Asia Short Course

The 2012 inaugural Southeast Asia Short Course in Bangkok, welcomed 42 delegates from 10 South and Southeast Asian countries. Jointly hosted by PCD, Mahidol University, the Asian Centre of International Parasite Control and the Japanese Consortium for Global School Health Research, the course introduced participants to FRESH, emphasized topics (policy, implementation and research, etc.) and strategized for SHN.

With Asia facing the challenges of both malnutrition and obesity amongst its school-age children ‘school feeding’ was selected as the Issue in Focus. As well as field trips and class-based learning, the course enabled participants to reflect practically on their own SHN programmes and to work in collaboration with fellow country team members to develop realistic and practical SHN strategies and plans.

PCD’s work on capacity building and technical assistance:

- Ensures ownership among key leaders, providing logistical and technical support to catalyse sustainable national SHN programmes;
- brings the latest research and mapping techniques to policymakers and programme implementers;
- leverages resources to strengthen cooperation and partnerships between stakeholders; and
- provides learning environments which share good practice across a diverse set of perspectives, for example, from countries to implementation-levels.
Filming of the HGSF documentary: Interviewing Kenyan school cook Teresiah Njeri and her family.
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.

**Documenting good practice**

To raise the global profile on HGSF, in 2013 a documentary highlighting HGSF programmes in Africa will be televised into the households of millions of families across the globe. Such is the power of the media – working with national and international broadcasters, stories of good practice in SHN can reach more people in one night than we can ever hope to reach using traditional dissemination methods.

This new documentary builds on the on-going success of the PCD, World Bank and Baney Media production *Behind the Crisis* Series which brought issues of SHN programmes in Eritrea and HIV prevention strategies in Kenya to over 70 million American households, 10 million Kenyan households and broadcasted across countries as diverse as China and South Africa.

The same partnership filmed the new documentary during 2011 and 2012 and tells the story of those who are most affected by HGSF namely: local smallholder farmers, children, teachers, cooks, parents, market sellers and the wider community. The documentary explains how HGSF programmes differ from traditional school feeding programmes and how HGSF benefits a wide number of stakeholders.

To show the breath of programmes across Africa, two countries, on either side of the continent, Mali and Kenya have been identified to act as case studies within the documentary. These two countries are at different stages of development of the HGSF model, thereby offering opportunity for comparison as each country develops and expands its school feeding programmes.
For the Kenya case study, filming was conducted in May 2012 and working closely with the Government of Kenya, focused on the Njaa Marufuku Kenya (NMK) school feeding programme. This Ministry of Agriculture-led programme has successfully built strong links with its target communities by supporting schools to purchase their food from local smallholder farmers. By conducting interviews and following the lives of farmers, teachers and cooks, the film crew heard how HGSF programmes, such as NMK, not only feed children, but also provide agricultural training and employment to the wider community.

For the Mali case study, filming was conducted in early 2011 and included a visit to a rural school which, though surrounded by farms, had no school feeding programme. In this school, the headmaster explained how plans to reverse falling student numbers were achieved by developing a school feeding programme. Another school, near the world renowned town of Djenné, highlighted the positive impact that HGSF can have, and follows the story of Miriam, a smallholder farmer who is able to make her living by supplying food to the school to which her children attend.

For the 2013 release date, the documentary will be edited into two films to target specific audiences: a broadcast film and a technical film. The broadcast film will be targeted at the general public and televised over national networks, and the technical film will be produced for policymakers, donors, advocates, and campaigners, etc. The technical film will allow for a more in-depth analysis of HGSF than is possible for the broadcast film.

This documentary will give millions of viewers an understanding of the positive impact that HGSF programmes can have on communities that they serve.

PCD’s work on collecting and disseminating knowledge provides:

- 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;
- strong advocacy tools for the impact of SHN on the education sector and achievement of Education for All and the education Millennium Development Goals; and
- cutting-edge websites providing a highly extensive document library, covering all aspects of SHN and HGSF to inform the work and action of various stakeholders including policymakers, researchers and the wider HGSF community.
Raising the profile of HGSF through the Global Child Nutrition Forums

The largest ever convening of leading international school feeding experts, was held at the 14th Annual Global Child Nutrition Forum in May 2012. Since 2010, when PCD started co-hosting, the Forums had two principle aims namely: raising the profile of HGSF in sub-Saharan Africa; and increasing high-level engagement with potential and existing HGSF policymakers and programmers across the Ministries of Agriculture, Health and Education. Advocating for effective HGSF policy implementation supports the 2010 vision set out by the Comprehensive Africa Agriculture Development Programme (CAADP) to eliminate hunger and reduce poverty through agriculture.

Following similar structures each year, the Forums have seen the evolution of an informal worldwide alliance of leaders dedicated to advancing school feeding. They have effectively become a catalyst for school feeding development. Since the first PCD co-hosted Forum in Ghana in 2010, there has been a significant increase both in the number of delegate attendees, but also in the level of engagement of governments representing countries from across luso-, anglo- and francophone Africa. Initially, in 2010, 130 of the world’s leading school feeding experts from 18 countries were brought together in Ghana. In 2011, the Forum in Kenya hosted experts and delegates from 22 sub-Saharan African countries. Finally, at the Forum in 2012, Ethiopia welcomed seven ministers and eight permanent secretaries from Agriculture, Health and Education Ministries, alongside over 200 regional and international experts from 23 sub-Saharan African countries.

For the past 3 years, the Forums have served two principal purposes. Firstly, they have encouraged linkages between ministries, so that integration and collaboration across sectors – key to successful sustainable HGSF programmes – has been ensured. Secondly, alongside regional, national and international experts, they have been able to learn from each other’s experiences, to share ideas and to discuss strategies to implement effective programmes.

Communiqués produced by delegates at consecutive Forums have come to reflect an increased awareness of HGSF; the Forum in 2012 Communiqué was able to expand its focus from those of previous years, in addition to highlighting collaboration across various ministries among its key points, it was able to specifically highlight more in-depth agricultural aspects of HGSF, including engagement with the private sector and increasing multisectoral coordination.

PCD’s HGSF advocacy effort has had great success over recent years: policy implementation of school feeding programmes using locally procured food has increased; and calls by CAADP to increase national budgets to 10% of the gross national product for agricultural development is now being heard and carried out by many African countries. With this increased awareness, as the Forum moves to Brazil in 2013, PCD’s focus can also begin to shift, leaving the Forum in a strong position and turning to advocating HGSF at a country-specific-level, supporting country stakeholder events that result in increased HGSF activities.
Better tools for better education: SABER

PCD has been integral in developing framework-rubrics that provide standards of good practice for quality school health and school feeding programmes, against which countries can rate themselves and track policy progress over time. The analytical tools for school health and school feeding being developed are components of the wider SABER (Systems Approach for Better Education Results) initiative by the Education Unit of the World Bank to provide advice and operational support to policymakers in its partner countries. The expectation is that such a resource will facilitate comparative policy analysis, identify key areas to focus investment, and assist in disseminating good practice.

The initial phase in the development of SABER-School Health and School Feeding sub-systems began in January 2011, building on existing international consensus to determine “what matters” for these sub-systems (identifying goals within a policy framework). These policy goals are consolidated into the core of the SABER process, the SABER framework-rubrics. In addition to the policy goals discussed above, the framework-rubrics identify policy levers, which indicate progress towards achieving the strategic goals. Linked to each policy lever is a set of indicators that a government can take to improve its policy framework. For each indicator, there are four stages of development that have been identified and standardized:

1. **Latent:** Very little policy implementation.
2. **Emerging:** Policy implementation between the levels of latent and established.
3. **Established:** Minimum policy implementation.
4. **Advanced:** Implementation of a comprehensive policy framework.

Through a process of consultation and pilot testing with the Caribbean and African SHN Networks, PCD and partners revised and refined the framework-rubrics to incorporate feedback from government and international experts. PCD together with the World Bank and WFP then produced a detailed framework paper articulating the evidence and reasoning behind the SABER-School Health and School Feeding framework-rubrics, which underwent official World Bank review in May 2012. The framework paper describes:

- The history and development of a common framework for implementing school health programmes;
- how SABER-School Health and School Feeding have built on this history to create rubric-frameworks for benchmarking education policies in developing countries;
- the evidence base for the framework-rubrics; and
- the plan for implementing these frameworks.

Once the revised framework-rubrics have been approved, the next steps will finalize the data collection instrument, the implementation manual, and the example country reports, as a prelude to working with interested countries to implement the SABER-School Health and School Feeding tool.
Stimulating high-level debates on SHN programming

PCD aims to raise awareness and stimulate dialogue on effective SHN programmes amongst key policy and decision makers and one avenue of this is through supporting advocacy groups active in the area of SHN. An example of PCD support is to the All-Party Parliamentary Groups (APPGs) in the United Kingdom (UK) Parliament. These cross-party groups aim to engender progressive and informed debate within Westminster and beyond by bridging the gap between policymakers and practitioners. Chaired by leading UK parliamentarians the APPGs hold regular meetings which bring together renowned experts, stakeholders and politicians together to discuss and debate a given issue.

With the focus on SHN, PCD works with two such high-level advocacy groups: the All-Party Parliamentary Group on Agriculture and Food for Development and the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases (APPMG).

In February 2012, PCD in collaboration with the All-Party Parliamentary Group on Agriculture and Food for Development held a meeting at the UK Houses of Parliament entitled Linking Local Agriculture, Nutrition and Education: Innovations to Improve Food Security.

The meeting, chaired by Lord Paul Boateng and Lord Ewen Cameron, brought together over 300 parliamentarians, civil servants, academics and representatives of civil society to discuss innovative ways to improve food security by linking local agriculture, nutrition and education.

Professor Sir Gordon Conway (Imperial College London), Professor Donald Bundy (World Bank) and Dr. Boitshepo Glyose (New Partnership for Africa’s Development) also spoke addressing key issues in the food security debate, particularly emphasizing how HGSF could be a major asset to enabling improved food security.

Summing up the APPGs high-level participants, Dr. Boitshepo Glyose identified the meeting as a “positive testament” to changing attitudes towards locally HGSF programmes.

The event also provided the opportunity for PCD and His Excellency John Kufuor to meet with the UK Government and other UK development partners to discuss efforts to move global SHN strategies forward.

PCD continues to support the APPMG (a Group that focuses on the issues of tropical communicable diseases) through its membership with the UK Coalition against NTDs. In September 2011, to mark the formal launch of the UK Coalition against NTDS, Dr. Lesley Drake was invited to sit on a panel to share PCD’s experiences of working on the partnership approach to school-based deworming and highlighted that due to the cost-effectiveness governments are increasingly realizing school-based deworming is a worthwhile investment.

For the future, PCD is looking at ways to continue their support to the UK APPGs and also exploring additional avenues in which to engage with other high-level interest groups to further the message on effective SHN programming.

“...identified the meeting as a ‘positive testament’ to changing attitudes towards locally HGSF programmes.”

Keynote Speaker, Former President of Ghana and 2011 World Food Prize Laureate, His Excellency John Kufuor used his keynote speech to outline the impact of the Ghana School Feeding Programme on educational outcomes and also on the incomes of smallholder farmers. Speaking on linking school feeding to agricultural development His Excellency John Kufuor said that, “Over 60% of Africans depend on farming for their livelihoods and yet farming is not seen as a business by most farmers. Farming needs to be commercialized and approaches such as HGSF provide the opportunity for this.”
Collecting and Disseminating Knowledge Online

Schools & Health website

The Schools & Health website (www.schoolsandhealth.org), provides a contemporary platform of quality assured information on the health, education and nutrition of school-age children in low- and middle-income countries.

Schools & Health was developed in response to a demand for a global site covering current SHN issues in 1998, and was then re-launched in 2008. In addition to providing information on a range of topics relating to: helminth infections; nutrition; HIV and AIDS; hygiene and sanitation; orphans and vulnerable children; acute respiratory infections; and malaria, other key topics have been added to the site, which reflect recent progress and developments made by PCD in areas of HGSF and child vision.

The website hosts an extensive document download section including: examples of good programming practice; strategy and policy; relevant case studies; technical reviews and toolkits; reports; and surveys, all of which are objectively reviewed, up-to-date and easily accessible by instant download. The site currently holds 350 documents, a selection of these are also available in translated versions in: Arabic; Chinese; French; Hindi; Kiswahili; Portuguese; Russian; and Spanish.

Network sub-sites

The Schools & Health website has continued to host the Ministry of Education HIV&AIDS and Schools & Health sub-sites for the Central, East and West Africa Networks. The Networks are managed in partnership with PCD, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank and these sub-sites have continued to adhere to a design enabling Network 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 has continued to manage the FRESH website (www.freshschools.org) on behalf of the other founding members UNESCO, the United Nations Children’s Fund (UNICEF), the World Health Organization and the World Bank.

HGSF website

In 2010, the HGSF website (www.hgsf-global.org) was launched in response to a need for an online platform which could effectively disseminate information on HGSF and explain in-depth, but maintain the clear interlinked aspects of the initiative on: school nutrition; food procurement from local smallholder farmers; and the school feeding supply chain (those involved in the processing and transportation of food to schools).

In addition to categorizing HGSF into its three key component themes, the site holds an impressive resource bank which allows over 300 downloadable documents made accessible to HGSF donors, policymakers, researchers and the community. Viewers can also search by preferred criteria so document searches, if desired, can be focused precisely on: Operational Support, Monitoring & Evaluation and Statistics. Country sub-sites for Ghana, Kenya and Mali are also housed within the site, providing niched information and news for country HGSF activities. The development of sub-sites for Ethiopia and Nigeria are also planned for the coming year, which will adhere to the same structure.
Documenting PCD’s recent area of work on reaching children who are most vulnerable through HGSF, a subsequent sub-site was added ‘Orphans and Vulnerable Children’. The pages of this sub-site contain detailed information on the need to target support to children who are in this vulnerable group, the current state of policy and programmes for them, and future plans for research. Key documents and resources specific to the subject are also highlighted within this page.

Since January 2011 over 11,000 visitors from 161 countries have accessed the site with the most popular page being the documents library.

PCD, Imperial College London website

PCD’s website was re-launched within Imperial College London’s website (www.imperial.ac.uk/partnershipchilddevelopment) in late 2012. Site users are now able to access up-to-date and clearly presented information categorizing PCD’s work into subsequent pages on: ‘who we are’, ‘what we do’, ‘contact’ information, and ‘where we work’ - a page which displays an interactive map showing the current countries included within PCD’s operations. The site also exhibits current news and events, and allows users to download PCD’s SHN publications.

Mapping worm infections through thiswormyworld.org

The website thiswormyworld.org is a global, open-access information resource on the distribution of soil-transmitted helminths, schistosomiasis and lymphatic filariasis. Bringing together thousands of field surveys, the website offers a unique global database to policymakers and managers of public health programmes looking to plan and implement control programmes. Visitors to the site are able to visualize the assembled data through a series of country maps, including control planning maps which make recommendations at district-level to assist decision making.

Downloadable maps are available for all countries by continent: Africa; Central America and the Caribbean; South America; Central and South Asia; East and Southeast Asia; and the Middle East. The site is a product of the Global Atlas of Helminth Infections (GAHI), a collaborative venture between PCD and the London School of Hygiene and Tropical Medicine.

Social media: Twitter, YouTube, Flickr and Facebook

PCD has continued to use online social media resources to support its activities on disseminating knowledge and facilitating the exchange of news, events and resources. PCD launched its @hgsfglobal twitter account in 2012 which updates daily tweets on information related to all activities in HGSF, similarly, the @SchoolsHealth twitter account updates tweets on information related to all activities in SHN; both twitter accounts link to resources and news from across the web. PCD’s Facebook account, with over 50 members liking the page, disseminates SHN-related information on a weekly basis. 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.

SchoolHealth Mailing List

PCD administers the SchoolHealth Mailing List, a forum for discussion and sharing of information about SHN. Some of the recent topics posted on the Mailing List have included: global health and nutrition days; HGSF; journal articles; the short courses in Africa and Asia; deworming; and other SHN-related news. In 2012, the Mailing List had 750 members.

HGSF website: Visits in 2011 to hgsf-global.org
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.

Building partnerships to provide comprehensive SHN programmes in Ethiopia

With 89% of the population in Ethiopia facing multiple deprivations, the demand for services from the government, civil society and international community are immense. As a result, multiple organizations are operating in Ethiopia to serve the same population, and in some cases, focusing on the same ailments. This has led to the question: Can this be achieved through joint coordination for greater efficiency?

Together with key partners PCD has sought to address this issue by providing technical support in the design and development of a pilot programme Comprehensive Home Grown School Feeding in Ethiopia. This new pilot programme brings key players together around school-based service delivery that include deworming, school feeding and water, sanitation and hygiene (WASH) services. Benefits of individual interventions will be significantly multiplied by joint implementation, for example, school feeding programmes are more effective when children are simultaneously dewormed, with lower re-infection and illness expected as a result of good WASH services. The pilot programme also aims to procure food items locally through cooperative unions, providing an additional market for small-scale farmers to sell their products, to increase their income and lower food insecurity.

Comparative advantages of each partner are critical, as the issues in Ethiopia are far too complex for one organization to address. With this clear understanding, expertise was sought in agricultural input, school feeding, WASH, deworming and monitoring and evaluation to ensure effective service delivery and learning is achieved throughout the pilot programme.
By providing a neutral platform for multi-partner dialogue and joint planning, PCD facilitates coordination and liaison between partners who each bring their own areas of expertise to the pilot programme. Partner roles include:

**Ethiopian Ministry of Education:** Responsible for coordination of school-level activities and contract arrangement’s with the cooperative unions, concerning volume, price and frequency of procurement.

**Ethiopian Ministry of Agriculture and Rural Development:** Provides direction and coordination of farm-focused activities, ensuring agricultural support packages are effective in helping to increase both the production and income of farmers.

**WFP:** Supports the school feeding delivery and cooperative union procurement of commodities from small-scale farmers, by providing financial and technical capacity support to the Ministry of Education and Bureau of Cooperatives.

**Food and Agriculture Organization of the United Nations:** Provides fertilizers, improved seeds and training to smallholder farmers to meet the school feeding demand.

**Schistosomiasis Control Initiative:** Responsible for the mapping of schistosomiasis and soil-transmitted helminths for the pilot region as well as broader national coverage, and supports the Ethiopian Government in drug distribution and technical assistance.

**Dubai Cares:** Primary funding agency of the pilot programme and significantly involved in all aspects of programme design.

**SNV Netherlands Development Organization:** Responsible for the delivery of improved WASH facilities in pilot schools.

**Brazilian Food Purchase Programme:** Provides technical and financial support for local food purchase.

**Ethiopia Health and Nutrition Research Institute (EHNRI):** To oversee regional mapping exercises and provide scientific services in the programme.

PCD will carry out monitoring and evaluation and a learning exercise throughout the pilot to focus on the appropriateness and performance of the programme. This evaluation will be used to inform national rollout plans and cross-country learning.

“Comparative advantages of each partner are critical, as the issues in Ethiopia are far too complex for one organization to address.”
**UK partners unite to fight neglected tropical diseases**

It has been an exciting year for 2012 in the control and prevention of NTDs, with the UK being at the centre of an unprecedented drive to eliminate some of the world’s most disabling diseases. In January 2012, in London, Bill Gates was joined by the largest contingent of governments, pharmaceutical companies, multilateral agencies ever brought together to pledge over US$785 million for the control and elimination of NTDs.

Building on this spirit of collaboration, the round table discussions held on 30 January 2012 also included the launch of the UK Coalition against NTDs, a collaborative partnership between PCD and other UK organizations actively engaged in the implementation, capacity building and research of NTD control at scale. The Coalition sets out to:

- Raise awareness among policymakers and the broader health community of NTDs as a key barrier to attainment of the MDGs and poverty alleviation.
- Influence policy decisions to best support effective approaches for the long-term sustainable control of NTDs.
- Ensure that NTD control is included within health and development frameworks.
- Create a strong collective identity within the UK on NTD control, supported by organizations that deliver and support public health interventions to communities in severe poverty.
- Expand the number of organizations committed to supporting NTD control internally/externally of the health sector.

The Coalition is composed of organizations within the UK which are interested in NTDs and who have recognized that the global challenges which lead to NTD infection cannot be solved in isolation. PCD and fellow founding members formed the Coalition to work together in an innovative, flexible and cost-efficient way to contribute to the eradication and control of NTDs globally. Since its inception the Coalition has grown from five organizations to a membership of UK NTD Centres of Excellence including:

- Carter Centre UK.
- Centre for Neglected Tropical Diseases, Liverpool School of Tropical Medicine.
- Developing World Health.
- ILEP (The International Federation of Anti-Leprosy Associations).
- London School of Hygiene and Tropical Medicine.
- Malaria Consortium.
- ORBIS.
- Schistosomiasis Control Initiative, Imperial College London.
- Sightsavers.
- WaterAid.

Further commitment was provided by key stakeholders who signed the London Declaration on NTDs, calling on the global community to work together to eliminate and control NTDs, which harm so many of the world’s population.
Tripartite partnership to improve global food security

PCD entered into a tripartite partnership in 2010 with WFP and the World Bank to better support the New Partnership for Africa’s Development vision for nationally-owned sustainable school feeding programmes to improve food security. The tripartite partnership has been able to pool expertise and resources to build the evidence base around programmes on school feeding, strengthen the capacity of governments, and advocate on behalf of government-led school feeding programmes.

Sharing expertise

In its capacity as a source of global expertise on school feeding the partnership were invited to share this knowledge at both global- and country-levels. At global-level, in May 2012, the tripartite partnership was invited to Ethiopia to present advancements in school feeding over the past year at the 14th Annual Global Child Nutrition Forum. Over 200 regional, national and international experts attended from 23 sub-Saharan African countries (including seven Government State Ministers and eight Permanent Secretaries) to share their ideas and discuss strategies to implement sustainable school feeding programmes.

At country-level, in June 2012, the tripartite partnership was invited to China by the China Development Research Foundation to share their expertise and review China’s school feeding programme which feeds 38 million children.

Building the knowledge-base

A key priority of the tripartite partnership is to ensure that information is made available for country governments to assist them in their decision making. With this in mind, the tripartite partnership has been working in unison on a number of resources for release in 2013:

- A sourcebook of case studies on school feeding programmes around the world.
- A transition study to explore how countries have transitioned from aid-dependent to nationally-owned school feeding programmes.
- A framework, designed for use by governments and partners, to guide the development of school feeding programme planning.
- SABER-School Health and School Feeding Framework aimed at benchmarking all education sub-systems and providing standards of good practice for countries to evaluate themselves.

Strengthening capacity

The tripartite partnership supports country governments to develop school feeding programmes and policies. One country example is the ongoing retargeting exercise of the Ghana School Feeding Programme, undertaken to ensure the programme reaches the most deprived schools and children in the country. At the request of the Ghanaian Government, the World Bank and WFP are providing technical advice and consultancy, whilst PCD has been supporting the national sensitization drive. Working in unison the tripartite partnership has offered comprehensive and coordinated support to help the implementation of Ghana’s national school feeding programme.
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 Focal Points.

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; ESACIPAC; 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.

Partnership with The John A. Kufuor Foundation

PCD and The John A. Kufuor Foundation have begun to work together to build on the leadership capacity of African Governments to implement sustainable and effective school feeding programmes. Working in this collaboration capitalizes on His Excellency John Kufuor’s status as a global advocate of school feeding and agricultural development and PCD’s knowledge and expertise in HGSF, to increase its global awareness and programme implementation.

Partnership with the UK Consortium

Over 50 members of the UK Consortium on AIDS and International Development attended an event centred on improving practice and strengthening research on psychosocial support services in the context of HIV and AIDS. At the event, co-organized by UK Consortium’s Children Affected by HIV & AIDS (CABA) Working Group of which PCD is an active member, attendees heard from academics, experts and shared experiences of those affected by HIV and AIDS.

PCD’s work on supporting and strengthening partnerships enables:

- The support of effective programme coordination and implementation;
- sharing of ideas, innovations and experiences on SHN amongst programme managers, policymakers and planners;
- formulating international consensus around pressing SHN issues; and
- cross-country coordination and communication of SHN approaches.
Countries With Which PCD Works

Outlined below is a selection of the capacity building activities that PCD carried out in 2011-2012.

Sub-Saharan Africa

Delegates from 15 West African countries were brought together for the 5th ECOWAS Network Meeting in Mali, in 2011. The participating countries demonstrated keen interest in HGSF through their willingness to explore modalities for possible interventions in their respective countries and for the potential inclusion of HGSF in their national SHN strategies.

Technical assistance for school-based deworming was provided to the Government of Liberia. With the aim of treating over 750,000 schoolchildren support was provided to the planning of the programme, designing of the training materials and carrying out master training.

To achieve a long-term comprehensive school health programme in Tanzania Mainland, PCD have established communication networks across Ministries of Education, Health and Agriculture. This has focused on providing support to the country’s SHN Strategic Plan which has the potential to be a key feature of the school health programme budget over the next 5 years.

PCD supported the Government of Botswana to carry out a workshop initiating the preparation of a Technical Assistance Plan for a national HGSF programme. The workshop stimulated support for a national school feeding programme with discussions centred on a school feeding case study conducted by a local research institute.

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
- Namibia
- Niger
- Nigeria
- Rwanda
- São Tomé and Príncipe
- Senegal
- Sierra Leone
- South Africa
- Sudan
- Togo
- Uganda
- United Republic of Tanzania (incl. Zanzibar)
- Zambia
- Zimbabwe

Asia
- Cambodia
- China
- India
- Indonesia
- Lao PDR
- Myanmar
- Nepal
- Philippines
- Singapore
- Sri Lanka
- Thailand
- Vietnam

South America
- Brazil
- Chile
- Uruguay

Caribbean
- Barbados
- Dominica
- Jamaica
- St. Lucia
- Trinidad and Tobago
Asia

China

PCD, WFP and the World Bank were invited by the China Development Research Foundation to tour China’s pilot school feeding programme and write a report on their findings. The report was formally accepted at the 2012 International Conference on Child Development in Beijing, China during which PCD spoke on a panel discussing comprehensive SHN approaches. The Conference focused on early childhood development and school feeding and brought together experts, including two Nobel Laureates, from public, private and academic sectors.

India

A situation analysis which can be used for the planning and proposals of possible SHN models, was undertaken in four States in India (Andhra Pradesh State, Delhi State, Gujarat State, and Tamil Nadu State) all at different stages in their SHN programme implementation. These stages included: those with best practice and advanced SHN (Andhra Pradesh and Tamil Nadu States); those with known challenges in existing programmes (Gujarat State); or those that are at the early stages of considering SHN as a strategy to improve school-age child health (Delhi State).

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 Health and Education 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

PCD supported the Caribbean Filmmakers Fellowship to produce a series of films documenting stories on the education, health and nutrition of Caribbean children. The films, which will be released globally, are designed to promote positive behaviours on key issues impacting the Caribbean such as teenage pregnancy, HIV and AIDS, and other health issues.
Recent Publications

Book chapters


Peer reviewed publications


### HGSF Working Papers


### Case Studies


### Reports


Funding and Resources


Income

<table>
<thead>
<tr>
<th></th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£ (000s)</td>
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<tr>
<td>Charitable Trusts/Foundations</td>
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<tr>
<td>State Governments and Agencies</td>
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<tr>
<td>Private Research Institutions/Centres</td>
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</tr>
<tr>
<td>Academic Institutions</td>
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<tr>
<td>International and Multilateral Donors</td>
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<tr>
<td>Non-Profit Research Institutes/Centres</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4,309</strong></td>
</tr>
</tbody>
</table>

Direct Expenditure – by Objective

<table>
<thead>
<tr>
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<th>2010-2011</th>
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</thead>
<tbody>
<tr>
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<td>£ (000s)</td>
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<tr>
<td>Strengthening the Evidence Base</td>
<td>1,239</td>
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<tr>
<td>Capacity Building and Technical Assistance</td>
<td>1,293</td>
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<tr>
<td>Collecting and Disseminating Knowledge</td>
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<tr>
<td>Supporting and Strengthening Partnerships</td>
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<tr>
<td>Administration</td>
<td>431</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>4,309</strong></td>
</tr>
</tbody>
</table>

Direct Expenditure – by Region

|                                | 2010-2011 |
|                                | £ (000s)  |
| Globally                       | 431       |
| Sub-Saharan Africa             | 3,016     |
| South Asia                     | 431       |
| East Asia and Pacific          | 259       |
| Latin America and Caribbean    | 172       |
| Europe and Central Asia        | 0         |
| Middle East and North Africa   | 0         |
| **TOTAL**                      | **4,309** |

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

PCD is based within the Department of Infectious Disease Epidemiology which is part of the School of Public Health, Imperial College London.

School of Public Health

The School of Public Health, directed by Professor Elio Riboli, is unique in combining world-class research at local-, national- and international-level translating science and epidemiology into health education, policy and primary care.

Infectious and parasitic diseases, obesity, cancer, heart disease and dementia are among the major global public health challenges in the 21st Century. Together with its research, teaching and evidence-led policy work, the School of Public Health aims to address these challenges through:

- **Strengthening** the public health science base;
- **training** the next generation of public health leaders; and
- **influencing** health policies and programmes around the world.

Research from the School of Public Health scored in the top two epidemiology and public health submissions to the UK’s 2009 Research Assessment Exercise. The School of Public Health has a significant research portfolio with research grants and contracts in excess of £25 million per year.

www1.imperial.ac.uk/publichealth/

Department of Infectious Disease Epidemiology

The Department of Infectious Disease Epidemiology, headed by Professor Neil M Ferguson, carries out world-class research into a wide variety of infectious diseases and pathogens which includes: AIDS and HIV, SARS (Severe Acute Respiratory Syndrome) and pandemic influenza, drug-resistant bacteria (e.g. MRSA [Methicillin-Resistant *Staphylococcus Aureus*]) and parasites, childhood viral and bacterial diseases, parasitic helminth infections and bioterrorism.

The Department also hosts the:

**London Centre for Neglected Tropical Diseases Research**
Director Professor Sir Roy Anderson
www.LCNTD.org

**MRC Centre for Outbreak Analysis and Modelling**
Director Professor Neil M. Ferguson
www1.imperial.ac.uk/medicine/about/institutes/outbreaks/

**Schistosomiasis Control Initiative**
Director Professor Alan Fenwick
www.sci-ntds.org

Imperial College London was recently ranked among the top ten universities in the world. The Times Higher Education World University Rankings from 2011 – 2012 put Imperial College London as the eighth best university in the world. The 2012 Shanghai Jiao Tong’s Academic Ranking of the Top 500 World Universities put Imperial College London as fourth in the UK and twenty-fourth in the world.

When broken down, The Times Higher Education University Rankings 2011 – 2012 saw Imperial College London as third best university in Europe and by subject Imperial College London is ranked third in the world for ‘Clinical, Pre-clinical & Health’ and tenth in the world for ‘Engineering & Technology’.

www1.imperial.ac.uk

A World-Class Learning Institute
Governance

International Advisory Board

The International Advisory Board provides PCD with guidance and oversight about its policy direction and strategy. The International Advisory Board is comprised of 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. 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

PCD Staff

Jane Lillywhite, MSc
Managing Director

Aulo Gelli, MSc
Senior Research Manager

Alker Windsough, MSc, DLOH/TM
Senior Programme Manager

Ian Gardner, MSc
Senior Programme Manager

Francis Pett, MA
Senior Communications Manager

Aadit Khara, MSc
Operations Manager (maternity cover)

Aiguii Stormer, MSc
Operations Manager (maternity leave)

Salha Hamdani, MA
Senior Nutrition Advisor

Brin Mckibben, MMedSci
Partnerships Manager

Alexis Pathyman, MSc
Programme Manager (Networks and Training)

Cal Heath, MSc
SNR Projects Officer

Alex Holmes, MSc
Partnerships and Advocacy Officer

Charlotte Boyd, MSc
Website and Communications Assistant

Mahesh Singh, MTeach
Financial Management Systems Advisor

Christina Sponsor Drake, MSc
Operations Officer

James Truscott, PhD
Research Associate

Kristie Neser, BSc
Research Assistant/Doctoral Student

Anastasia Said, MSc, DLOH/TM
Editor

Advisory Consultants

Ed Cooper, FRCP
Clinical Consultant

Dan Schwing, MPH
Management and Planning Consultant

Jenny Khosa, PhD
FASD Senior Technical Advisor

Josippen Klebcos, PhD
HGSF Senior Technical Advisor

Edna Kalima, MSc
HGSF Technical Advisor

Jimmy Kihara, PhD
Parasitology Consultant

Josephine Kiamba, PhD
HGSF Senior Technical Advisor

Southern Africa

Edna Kalima, MSc
HGSF Technical Advisor

Southern Africa
PCD Country Offices

Working responsively and collaboratively is core to PCD’s ability to effectively support governments and development partners in low- and middle-income countries to develop strong and sustainable SHN programmes. The country offices ensure that PCD’s provision of technical assistance is tailored to meet the context-specific needs of our partner country’s SHN requirements. The county offices play a vital role in shaping PCD’s organizational policy direction based on feedback from in-country programme implementers and beneficiaries.

Reflecting the success of PCD’s country offices in Ghana, Kenya and Mali, country offices have been established in Ethiopia and Nigeria. These country offices have contributed to strengthening the capacity of PCD to plan successful programmes which meet the needs of the governments and stakeholders involved.

Ghana Country Office

The support provided by the PCD Ghana country office to the Ghanaian Government has facilitated them to take great leap forwards in the provision of national school feeding and school health programmes. In February 2011, PCD achieved a major milestone through the signing of the Technical Assistance Plan for the Ghana School Feeding Programme; a programme currently feeding 1.6 million primary school children in 4,500 schools across the country. Developed at the request of the Government of Ghana, the Technical Assistance Plan identifies the key challenges of the Ghana School Feeding Programme and suggests actions to be taken. Building on the recommendations of the Plan, PCD continues to work with multisectoral partners to deliver direct programmatic support toward the improvement of the Ghana School Feeding Programme. Selected highlights of this support include: conducting analyses into the efficiency of the programme supply chain; providing support for the retargeting of the programme to feed the most in need; training trainers to improve the programmes social accountability; and developing policy and practices to enhance linkages between farmers and schools.

Ethiopia Country Office

In 2011, PCD received a request from the Ethiopian Government to support a trial HGSF programme which would aim at addressing agriculture, education, and health challenges. Building on initial country-level discussions, PCD provided direct support to the government and implementing partners to develop a pilot HGSF intervention and secure significant funding for 3 years of its implementation.

In collaboration with in-country stakeholders, the PCD Ethiopia country office is developing a national business plan to highlight the most effective way of linking school feeding to smallholder farmer procurement. Work is also being carried out on a study into the cost-efficiency of a multiservice delivery – this will serve as a guide to rolling-out improved WASH, deworming and HGSF activities as part of a comprehensive SHN package in the Southern Nations, Nationalities, and People’s Region of Ethiopia. As part of this study, regional mapping is being conducted which will provide key data on worm prevalence, demand for school feeding and WASH facilities.
PCD provides support to the Federal Government to strengthen their national SHN programmes. This support has seen PCD provide financial and technical assistance to develop a SHN strategy which has been essential in improving SHN programmes in Nigeria.

The PCD Nigeria country office serves to bridge the gap between policy and implementation at State-level. PCD provides technical support to the Government of Osun to redesign, deliver and manage a cost-effective HGSF programme. This support included a 2-day stakeholder workshop to set the stage for the roll out of the redesigned HGSF programme. As a result, the State Government was able to commence feeding for pupils in elementary schools (grades 1 to 3) after an 18-month break, and to develop a Technical Assistance Plan to identify key technical assistance needs to strengthen the programme. Analyses supported by PCD have enabled the Nigerian Government to sensitize smallholder farmers on the benefits of HGSF and to design a pilot to determine the impact on smallholder households. PCD has assisted the State to develop partnerships to roll out a comprehensive SHN programme for all the pupils in public primary schools.

Following the impact of PCD’s work in Osun State, other States in South West Nigeria have requested for PCD technical support in the design and roll out of their own school feeding and health programmes.

Mali
Country Office

PCD works with the Government of Mali in developing strategy and implementing actions focusing on education, the development of agriculture and child nutrition. PCD’s work in Mali is guided by a multisectoral approach, involving the Ministries of Education, Agriculture, and Health.

A key focus has been for the development of a Technical Assistance Plan which includes key technical assistance needs and suggested actions for developing HGSF in Mali. For PCD, these actions include reviewing Mali’s current school feeding monitoring and evaluation system to develop efficient and harmonized monitoring and evaluation tools. Working in collaboration with Mali’s school feeding stakeholders at the Cadre de Concertation (steering committee) PCD have been engaged in developing a database for the Mali’s national school feeding programme. PCD has also supported capacity building activities for Mali’s school feeding stakeholders through forums and exchange trips, including the ECOWAS meeting of SHN Focal Points and the Global Child Nutrition Forum in Ghana.

In the coming year, PCD will be conducting: impact evaluations; designing and implementing a HGSF pilot project; holding technical and capacity building workshops on monitoring and evaluation; and developing a Technical Assistance Plan.

PCD provides technical assistance to the Government of Kenya to support the development of government-led SHN programmes. A key focus of this work has been to support the development of Kenya’s School Health and School Meals programmes.

In collaboration with the World Bank, SNV Netherlands Development Organization and WFP, PCD has been supporting the Government of Kenya to develop a Technical Development Plan. The Plan highlights a detailed analysis of programme activity gaps for which the Kenyan Government is seeking support from development partners. As part of this work, PCD has provided in-depth technical assistance which has resulted in a comprehensive review of the tools used for the monitoring and evaluation of Kenya’s school feeding programmes and a design of the impact evaluation of the School Health, Nutrition and Meals (SHNM) Programme.

PCD has been supporting the Government of Kenya to finalize its SHNM Strategy. This document will be the first known strategy in Africa to have been published by three Ministries: Health and Sanitation, Education and Agriculture. This 5-year national SHNM Strategy translates the provisions of the National School Health Policy and the associated National School Health Guidelines into strategic objectives and actions which will be implemented.

In 2012, the Kenya country office provided the lead on a new 2-year research programme investigating how HGSF programmes can be targeted to meet the health and educational needs of orphans and vulnerable children in sub-Saharan Africa.
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 of the United Nations (FAO); International Fund for Agricultural Development (IFAD); International Labour Organization (ILO); 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-BREDIA; 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 World Health Organization (WHO).

Bilateral Agencies

Canadian International Development Agency (CIDA); Danish International Development Agency (DANIDA); Department for International Development (DFID); Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); Dubai Cares; Embassy of Luxembourg in London; Irish Aid; Japan International Cooperation Agency (JICA); Norwegian Agency for Development Cooperation (Norad); Swedish International Development Cooperation Agency (SIDA); United States Agency for International Development (USAID); and Welthungerhilfe.

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); 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); Paises 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); ActionAid International; ActionAid Inter national; 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); Center for Effective Global Action (CEGA); Centre for Vision in the Developing World; Centro de Promoción da Saúde (CEDAPS); Child-to-Child Trust (CIC); Children Without Worms (CWW); The Children’s Investment Fund Foundation (CIFF); China Development Research Foundation (CDRF); Columbia University; Communauté Baptiste au Centre de L’Afrique (CBCA); Deworm the World (Dw); Eastern Africa National Networks of AIDS Service Organizations (EANASO); Easter n and Southern Africa Centre of International Parasite Control (ESACIPAC); Ecumenical Association for Sustainable Agriculture and Rural Development (ECASARD); Education Development Center, Incorporated (EDC); Education International (EI); Equal Access; Feed The Children (FTC); Feed, Uplift, Educate, Love (FUEL) Trust; Focus on Vision; Focusing Resources on Effective School Health (FRESH) partners; Food, Agriculture and Natural Resources Policy Analysis Network (FANRAPAN); Global Alliance for Improved Nutrition (GAIN); Global Atlas of Helminth Infections (GHI); Global Campaign for Education (GCE); Global Child Nutrition Foundation (GCNF); Global Health Strategies (GHS); Global Network for Neglected Tropical Diseases (GNNTD); Global Partnership for Education (GPE); Harvard Graduate School of Education (HGSE); Harvard University Department of Economics; Helen Keller International (HKI); Innovations for Poverty Action (IPA); Institute of Development Studies (IDS); Inter-American Institute on Disability and Inclusive Development (IDID); International Agency for the Prevention of Blindness (IPAB); International Food Policy Research Institute (IFPRI); International School Health Network (ISHN); Japan Consortium for Global School Health Research (JC-GSHR); The John A. Kuyuor Foundation (JAK Foundation); Joint Aid Management International (JAM); Keio University; Kenya Agricultural Research Institute (KARI); 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 (MSDF); Michigan State University (MSU); Millennium Promise; M S Swaminathan Research Foundation (MSSRF); National Center for Global Health and Medicine (NCGM); Research Institute; Neglected Tropical Disease Organization (GNTDO); New England College of Optometry; Noguchi Memorial Institute for Medical Research (NMIMR), University of Ghana, Legon; Nutrinet.org; Osun State University; Program for Appropriate Technology in Health (PATH); Purchase for Progress (P4P); Purdue University; Right To Play; Sabin Vaccine Institute; Save the Children; Schistosomiasis Control Initiative (SCI); Sightsavers; SNV Netherlands Development Organisation; The George Washington University; UK All-Party Parliamentary Group on Agriculture and Food for Development; UK All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases (APPMG); UK Coalition against Neglected Tropical Diseases; UK Consortium on AIDS and International Development; University of California, Berkeley; University of College London (UCL) Institute of Child Health (ICH); University of Kakenya – Sri Lanka; University of Ottawa; University of Oxford; University of Pretoria; University of Washington; Value Development Initiatives Ltd (VDI); Flemish Association for Development Cooperation and Technical Assistance (VVOB); Wellcom Trust; West African Centre for International Parasite Control (WACIPAC); and World Vision.

Private Sector

Adaptive Eyewear; Baney Media; GlaxoSmithKline (GSK); ICREB Design; Johnson & Johnson; Merck; Vitol; and Unilever Nigeria.