School Health: The Changed Landscape

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FRESH Webinar
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WHAT LED TO THIS LANDSCAPE CHANGE?

THE EVIDENCE
The Evidence

- Publication of *DCP3 Child and Adolescent Health and Development Volume*
- Investment in the “8000 days”
- The link between human capital and development
- The World Bank Human Capital Index
Disease Control Priorities History

- 1993 World Development Report

- *Disease Control Priorities in Developing Countries, Second Edition* 2006 (DCP2)

- Disease Control Priorities, Third Edition 2015-2019 (DCP3)
Human Development to 20 Years of Age

A. Height gain

- Height gain (cm/year) plotted against age in years for both female and male individuals.

B. Change in brain development

- Change in brain development across different brain regions.
- Key changes include:
  - Sensorimotor cortex
  - Parietal and temporal association complex
  - Prefrontal cortex
- Hormonal influences:
  - Gonadal hormones
  - Synaptic pruning, neuromodulators, neurotrophins, cerebral blood flow, and metabolism
  - Myelination

C. Percentage change in volume as a proportion of prepubertal volume for each structure (for males)

- Percentage change in volume plotted against age in years for different brain structures:
  - Amygdala
  - Hippocampus
  - Caudate
  - Globus pallidus
  - Age (years)
Two Essential Packages (5-19 Years)

School-age package (5-14 years)
- Utilizes primary schools to address health needs in middle childhood and early adolescence

Adolescent package (15-19 years)
- Utilizes a mixed approach involving the community, secondary schools, media and health systems
Broadening the Reach of DCP3 Volume 8: GPE and WFP

Optimizing Education Outcomes: High-Return Investments in School Health for Increased Participation and Learning

Re-Imagining School Feeding: A High-Return Investment in Human Capital and Local Economies
DCP3 as the Evidence Base for the USAID Report on Human Capital Investments

- The Link between Human Capital and Development
- Launch of the World Bank’s Human Capital Index
- Journey to Self-Reliance
- Publication of *DCP3* Child and Adolescent Health and Development Volume
Five Key Messages

1. The scale of the contribution of human capital to national economic growth and stability has been significantly under-recognized.

2. Effective human capital development requires synergistic investment in health and education across the 8000 days.
Five Key Messages

3. There are critical failures in current human capital investments

- **29 Billion**: Investment in children under 5
- **210 Billion**: Investment in education
- **1.4 Billion – 3.5 Billion**: Investment in health and nutrition

Age
Five Key Messages

4. Investing strategically in both health and education is a cost-effective way to maximize human capital
   - Targeting investments to the five key life course stages is critical: preconception through the first 1,000 days, early childhood, school-age, adolescence, and transition into the labor market

5. Key actions can be taken by both health and education during the first 8,000 days to maximize human capital development
   - Investments across the first 8,000 days begets strong returns to human capital
EVIDENCE INTO ACTION
Regional Examples from Africa

- **Nigeria:**
  - Supported by federal and state funds along with cross-sectoral engagement, Nigeria has made impressive progress in rolling out an integrated health and education program to 9.3 million children in 22 states. This includes a daily school feeding, deworming, and complementary school health interventions.

- **South Africa:**
  - Care and Support for Teachers and Learners is still the largest and longest running school health program in Africa. Started during Nelson Mandela’s first 100 days, this has evolved into a comprehensive program including: school meals, deworming, vaccination, vision screening, health and nutrition promotion, and exercise. It targets all children in economic quintiles 1 to 3, in all 9 provinces of RSA; reaching some 9.4 million children.
Nigeria: Social Investment Plan

Federal Government of Nigeria
National Social Investments Programme

HGSF is one of the SIP programmes with the objectives:

- Improve School Enrolment and Completion
- Improve Child Nutrition and Health
- Stimulate Local Agricultural Production
- Create Jobs and Improve Family and State Economy
HGSF programme is one of six components of Nigeria’s SIP for which 1.3 billion dollars have been provided in every budget cycle since 2016.

About 20% of the budget is dedicated to the HGSF programme.

Over $183 million has been invested into the HGSF programme so far.

The programme costs $1,767,169.48 per day.

It costs $0.19 per child per day to provide a balanced meal for the beneficiaries.
Nigeria: Home-Grown School Feeding Programme
Nigeria: Home-Grown School Feeding Programme

- 30 States
- 9,536,860 children being fed
- 52,604 schools
- 150,000 farmers including small holder farmers
  - Production volume of 83 metric tonnes of fish
  - 6.8 million eggs per week
  - 594 cows per week
- 101,913 cooks
- It is not just the caterers that benefit from the HGSF programme, there are job creation for small holder farmers and tailors.
Open Access Resources to Learn More

1. Download the USAID/HFG *Maximizing Human Capital by Aligning Investments in Human Capital* report [here](#).
2. Access the *DCP3 Child and Adolescent Health and Development volume*, along with the education and school feeding compendium publications, [here](#).
3. Learn about the World Bank Human Capital Index and related reports [here](#).
HOW DOES THE FRESH COMMUNITY SUPPORT THIS SEA CHANGE?