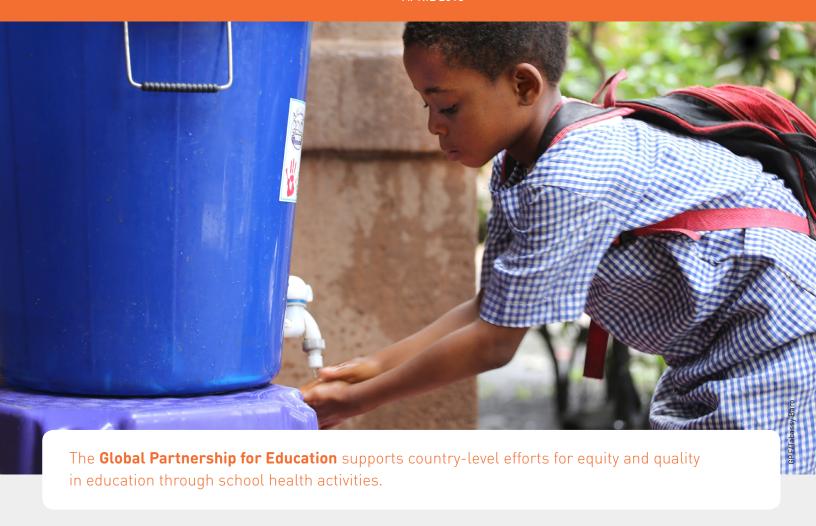


# BETTER EDUCATION OUTCOMES THROUGH SCHOOL HEALTH INTERVENTIONS

**APRIL 2018** 



### THE CHALLENGE

- Poor health conditions of school children in developing countries hinder their access and participation in school.
- Research shows that the most common poor health conditions in school-age children, including malaria, malnutrition, worm infection and anemia, can reduce their intellectual quotient (IQ) between 3.7 and 6 points.
- In developing countries an estimated 500 million days of school per year are lost due to sickness.
- Approximately 400 million school-age children suffer from worm infections, the highest number in any age group.

## THE OPPORTUNITY

- School health programs can prevent and treat common childhood conditions and, thus, increase participation in school.
- Malaria prevention, school feeding, water and sanitation, deworming and comprehensive sexuality education are highly effective to increase enrollment and participation, especially for girls and other vulnerable groups.
- For less than 50 cents per student per year, school-based deworming can reduce absenteeism by 25%.

For all sources visit https://www.globalpartnership.org/data-and-results/education-data













#### **GPE'S APPROACH**

- Targeted support to the poorest and most marginalized children through school health activities. Focus on those disadvantaged by gender, disability, ethnicity and conflict or fragility.
- Strengthening countries' capacity to design and implement comprehensive school health policies.
- Encouraging partner countries to open their schools for health service delivery to support improved student health.
- Supporting countries to provide a safe learning environment, including access to water for drinking and washing, and sanitation and hygiene facilities.
- Sharing evidence, good practice and costing of priority health services with partner countries.
- Providing funding to train educators to carry out school-based health activities.

#### **GPE'S RESULTS**

- GPE provides grant funding for health activities in schools in 22 partner countries.
- 21 partner countries have received capacity building through regional knowledge exchange and training for ministries of education and ministries of health.
- Developed research to support school health planning and implementation, such as Optimizing Education Outcomes, based on Disease Control Priorities (DCP3, Vol.8 on Child and Adolescent Health and Development), jointly developed with DCP and published by the World Bank.

## Cambodia

Because students' poor vision often results in absenteeism from school, increased dropout rates, reduced ability to learn, and eventually poor job prospects, the Cambodian Ministry of Education and Training and the Ministry of Planning utilized a regional GPE grant to invite the International Agency for the Prevention of Blindness, Partnership for Child Development and other stakeholders to screen more than 13,000 children aged 11-15 years in 56 schools. Corrective lenses were provided for children found to have refractive error. Now these children can fully participate in the classroom.

#### Ethiopia

GPE has helped build the capacity of the Ministry of Education in Ethiopia to design a comprehensive five-year school health and nutrition strategy and action plan to improve children's education in the country. Teachers have received pre-service and in-service training through GPE support to deliver simple and effective health activities in schools, including deworming, vision screening and infectious disease prevention education. These activities will help to increase equitable access to schools and improve learning outcomes.

## Haiti

The Haitian Ministry of Education is using GPE funding to support its current Health and Nutrition Program in schools. Through this program, over 132,000 students receive breakfast, another hot meal during the day, as well as periodic deworming medicine, and micronutrient supplements. The program also supports infrastructure for food preparation.



