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**IMPROVING SCHOOL HEALTH AND NUTRITION IN BOLIVIA**

By supporting Save the Children Bolivia, Global Giving will allow us to improve the health and nutrition of >10,000 school age children (pre-school and primary level schoolchildren ages 3-13 years old) in El Alto and Beni.

**1. THE SITUATION OF CHILDREN IN BOLIVIA**

Children in Bolivia represent half of the population (10 million people) and face enormous challenges to their welfare and development. Two thirds of them live in poverty. A quarter are malnourished. For these children, survival of their early years is incredibly difficult. Poor hygiene, lack of access to health services and a very small knowledge of school health means that babies and young children die from preventable and treatable causes. Malnutrition (which affects 51% of children between six months and five years of age) leaves children vulnerable to repeat illness and infection episodes. Others become malnourished while suffering from infectious diseases and cannot recuperate. This implies school-age children with low learning levels.

Even for children who survive their early years, development and success are far from assured. Chronic illnesses prevent them from gaining weight and growing at normal rates, affecting their intellectual development. The lack of a national school health program in Bolivia contributes to high levels of malnutrition and parasite prevalence and preventable diseases in schoolchildren, which in turn affect their development. These factors, which affect vulnerable communities the most, lead to low levels of school attendance and completion of the school year. Girls are particularly vulnerable because of gender discrimination and lack of services (not to mention policies) to support their unique physical and emotional development. Malnutrition and micronutrient deficiencies can affect the attention of students and their ability to learn and develop into healthy adults. Poor hygiene and inadequate school sanitation increase waterborne diseases.

**2. OUR EXPERTISE - SAVE THE CHILDREN IN BOLIVIA**

Save the Children has a strong 30-year record of accomplishment and experience in Bolivia. Our work reaches thousands of Bolivian families each year. In education, our work focuses on early childhood care and development, ensuring that children from the most marginalized communities are prepared to enroll in school and excel in the classroom. We also work towards improving the quality of education in elementary (primary) schools.

Our first experience with School Health and Nutrition (SHN) was in 2005-2007 in the municipality of Caracollo, Oruro. Our overall aim was to improve student retention through improved school health and nutrition in Caracollo. We started to work with four schools and gradually extended our program until we reached 51 schools with approximately 4,200 children. Experiences gained in this three-year process led Save the Children to increase coverage and expand successfully to other municipalities in Oruro and nationwide during 2008 to 2012. This extension was made possible by the support from GSK in 14 rural municipalities of Oruro and then with the support of USAID GDA fund for municipalities nationwide in cities and provincial capitals.

In 2013-2015, we expanded our SHN methodology and became a national program with interventions in the municipalities of Oruro, Caracollo, La Paz, El Alto and Cochabamba. In the last two years, we have begun piloting projects in Menstrual Hygiene Management (MHM) to address the specific needs of young girls, with very promising early results.

Our intervention's most important successes have been the incorporation of School Health Insurance, support on the improvement of bathroom infrastructure, treatment and / or prevention of anemia in school, strategies for hand-washing practices with safe water, and the establishment of health committees and school hygiene clubs.

**3. GLOBAL GIVING SUPPORT**

With support from Global Giving, >10,000 targeted schoolchildren in pre- and elementary schools in El Alto and Beni will improve their health, hygiene and nutrition practices. Children will benefit from better access to health services and increased knowledge of healthy practices. They will also be better protected and empowered to know their rights. The educational community, including teachers and parents, will learn how to stay healthy and create protective and nurturing spaces for children. We will work closely with district health centers and with the municipal health sector in order to ensure buy-in of our activities. In fact, through the advocacy component of this program we will work with authorities and key stakeholders at district, municipal and departmental level in order to help build a nationwide school health and nutrition program that can benefit millions of children in Bolivia.

The impact on children will be reflected in the improvement of chronic malnutrition, preventative illnesses and obesity, as well as learning outcomes. In addition, girls will have improved access to services and information that address their unique needs and realities. All children will be empowered and more aware of their rights, and their schools will address issues of violence, including bullying and gender-based violence (GBV), thus becoming safer, more protective environments for all.

**4. MAIN ACTIVITIES**

* Implementation of first aid kits
* Teacher detection of visual problems in students
* Teacher training in SHN related subjects (nutrition obesity, sedentary lifestyle, physical activity, oral health, first aid, vision testing, safe water, proper use of toilets and proper disposal of solid waste)
* Teacher training in child rights, protection and child participation
* Actions to promote hand-washing
* Implementation of menstrual hygiene management
* Water filter implementation to obtain safe water
* Solid waste management
* Health personnel training
* Establishment of health committees and hygiene clubs
* Implementation of healthy recreation in schools
* Parent training in SHN related subjects
* Advocacy activities (reports, forums, national meetings) on national policies favorable towards schoolchildren

**RANDOM NOTES, MUSINGS, TEXTS…TAKEN FROM EMAILS AND OTHER PROPOSALS, THAT MIGHT BE USEFUL FOR THE GLOBAL GIVING PAGE**

We are especially keen to align SHN even more with our new global strategy and global campaign, which is why it’s doubly important to focus on girls and try and address some of the structural/root causes of discrimination and inequity that they face in schools – and by doing so, preventing girls from dropping out and becoming yet another statistic.  Research has shown that as girls enter puberty (as early as 9 or 10 years old) they don’t feel as safe in school anymore.  Then, the onset of menstruation causes all sorts of additional barriers to the their education, and SHN can play a huge part in eliminating these barriers – for instance, by helping schools access clean water, ensuring that bathroom facilities are equipped and maintained, sensitizing teachers, encouraging schools to procure sanitary pads for the “first aid kits,” etc.   I firmly believe that MHM is a component of SHN, and that Protection issues (around bullying, gender-based violence, safety in school, gender discrimination, etc) is a lens through which to tackle some of these bigger issues.  Therefore, although we are would be conducting similar work, we’re proposing changes that would make our work more impactful and relevant, and in line with SC’s (new) mandate to focus on the more marginalized and excluded children.  It’s worth mentioning that we have a very complete package of education material about MHM and puberty, put together by SCI and UNICEF, which could be reproduced for a greater audience. This includes print, audiovisuals and radiophonic communication materials for children, teachers and parents.

Additionally, we would most likely be transitioning the nutrition component away from micronutrients and more towards reducing overweight, because:

* Vitamin A is no longer recommended for school age children, unless there is good reason to assume a deficiency, which there is not in Bolivia
* Anaemia has been reduced significantly according to the last assessment, below the point of warranting supplements
* Overweight is rising constantly
* SCI Bolivia has some material for promoting sports and physical activity already developed.

A future project would target El Alto and Beni with direct activities, and La Paz and Oruro with more advocacy-level, follow-up and networking activities.  El Alto has huge needs, and we’ve only just begun reaching the tip of the iceberg there.  Its population is constantly growing and changing because of migration.  It’s a magnet for migrants from all around the altiplano, and faces enormous social challenges such as GBV, teenage pregnancy, drug use among children, etc.  Beni is in many ways so far behind in terms of resources, knowledge and attitudes.  It’s actually quite shocking how “misled” both children and adults are with regards to menstruation and other SHN issues.  (Incidentally, to underscore the importance of working in Beni, I am copying and pasting part of a DRAFT report that is still confidential, about the results of our MHM survey in Beni.  Please don’t use directly, but worth reading):

Schoolteachers concurred: *“The girls like to eat cidra lemmons, and I tell them that when they have their period they can’t eat them because this will stop their menstruation, nor should they lift anything that is heavy, and they should only use tepid water to wash themselves”.* (Teacher, FGD, San Ignacio de Moxos)  The importance of not stopping the menstrual flow was described by one of the mothers: “*Well for me this bad blood is the black part that all of us women have to get rid of*”.  (Mother, FGD, San Javier) This implies that if menstruation is stopped for any reason, the bad blood will stay inside and could cause illness.

*My mother told me about menstruation; she said that I would have some blood coming out of me.  She explained everything so that when my period came I would not be afraid; I knew that this was going to happen.  My mother told me to wash with tepid water, not with cold water, because some of us girls have hot blood and then the varicose veins could pop up).*

*There are certain things that I need to do, to take care of myself when I have my period.  I can’t lift anything that is heavy because this will give me varicose veins. I can’t eat lemons because my period will stop, then come back really strong.  I can’t drink milk because I will get the “white flower” (white vaginal discharge).  If I bathe in a pond a snake could get inside of me, and impregnate me in the form of smoke, then I would give birth to a baby fathered by a snake.  At least this is what I have been told.  Also one cannot be with one’s boyfriend or husband because one could get pregnant.  It is better to wait 12 days or 7 days, I’m not sure.   It is important to wash one’s private parts during menstruation, because if not, one will smell like blood.*

In Beni women did not drink milk during menstruation due to the belief that this would cause a white vaginal discharge to appear, called the “white flower”.  Some of the mothers realized that it was an infection and thought that it could be gonorrhea.  Others did not know what it was, and none of the mothers mentioned a need to seek medical treatment.  Women also mentioned that one should not sit in the sun, especially not on a warm bench during menstruation, as this could cause them to get an infection, fall ill or catch a fever.  The below box presents the traditional practices and the consequences research participants shared during interviews and focus group discussions.

**IN TERMS OF SOME KEY RESULTS:**

* In La Paz, anaemia decreased to 6.8% from 31.7%  (!) thanks to the great work and coordination of our team with the La Paz’s government unit in charge of school nutrition, UNASE (Unidad del Alimento Complementario Escolar), which has contributed some of its own funds to distribute nutritional supplements.  This is an example of how we were able to leverage our project funds with local authorities to have an even greater impact.
* 65% of children (per our end-line survey) recognize 2 or more foods that contain Vitamin A.
* 58% of children said they were consuming safe water, at their schools (safe water = filtered, boiled or bottled).
* In El Alto, an entire education district (comprised of > 50 schools) adopted as SHN as the theme for its Socio-Productive Project (PSP, in Spanish)\* even though only a fraction of those were receiving direct support from us.  That is, we’ve been able to influence all these schools, who are now sharing materials and knowledge and even adapting some of their pedagogical methodologies to reflect the theme of SHN. *(\*According to Bolivian education laws, schools must design yearly PSPs as part of their mandate to work and influence their surrounding communities (beyond school grounds).*
* Another important success of the LACT funded program is the institutionalization of parent-teacher-associations with child participation, called the “health commissions”. This worked out very well in El Alto. Representatives are elected each year and eager to take on new projects.