

Why Nutrition in School Age Children Is Important, and Even More Important as a Consequence of COVID?

Learning objectives

A life cycle approach - 1000 days + 7000 days:



Describe the role of nutrition interventions in supporting the health and development of children, not only during the first 1000 days, but as part of a continuum of care that extends throughout the 8000 days from conception to adulthood, as part of a lifecycle approach, which contributes to the creation of human capital

The neglect of health and nutrition in middle childhood:



Discuss how health and nutrition during middle childhood (5-9 years of age) has been particularly neglected, yet is a crucially important phase in development for current and future educational achievement, physical and intellectual growth and the establishment of life-long healthy diets and behaviours



The school as a platform:

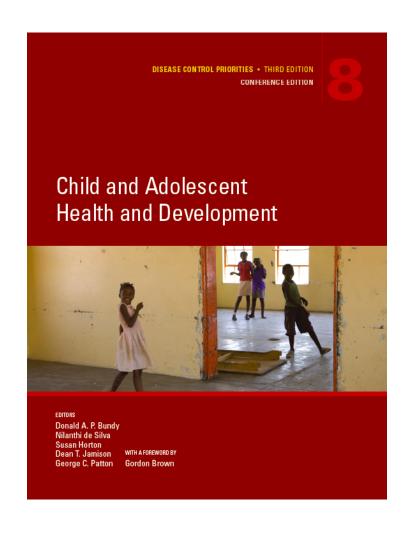
Examine how the school itself can provide an exceptionally cost-effective and timely platform to deliver health and nutrition interventions during middle childhood



COVID-19 and school closures:

Explore how school closures following the COVID-19 pandemic have excluded children from educational, health and nutrition opportunities, and how school based health and nutrition programmes, especially school feeding can provide a major incentive for the "back to school movement"

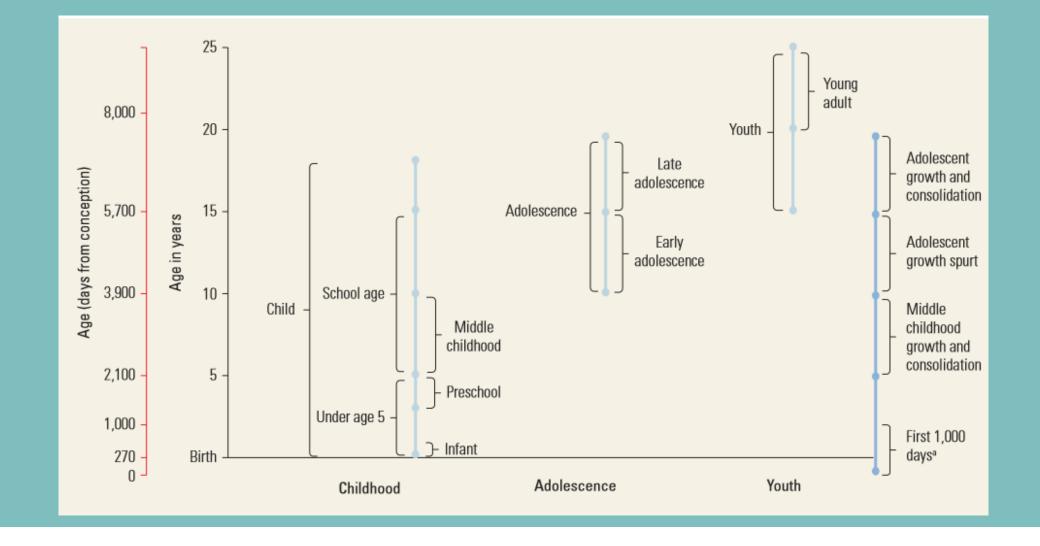
Disease Control Priorities: 3rd Edition: Volume 8: Child and Adolescent Health and Development



Editors:

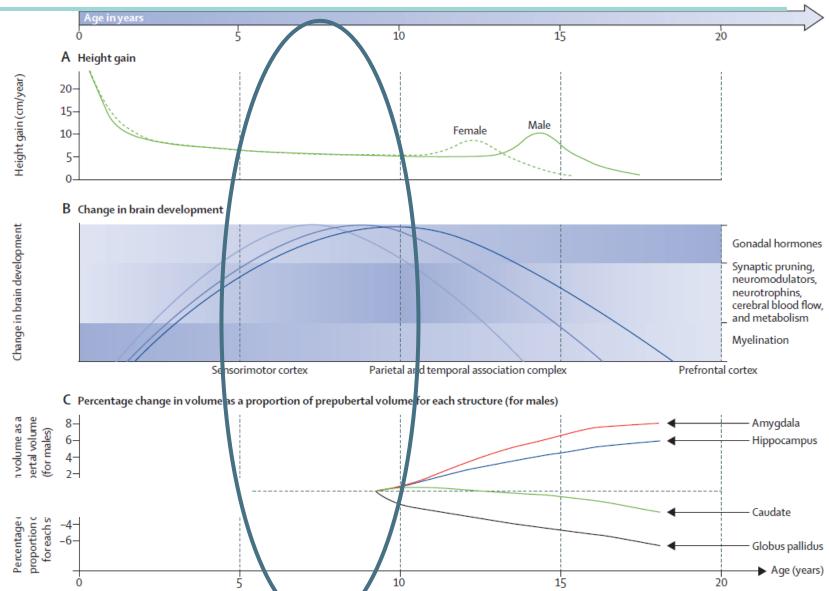
Donald A.P. Bundy Nilanthi de Silva Susan Horton Dean T. Jamison George C. Patton

Published November 2017 www.DCP3.org



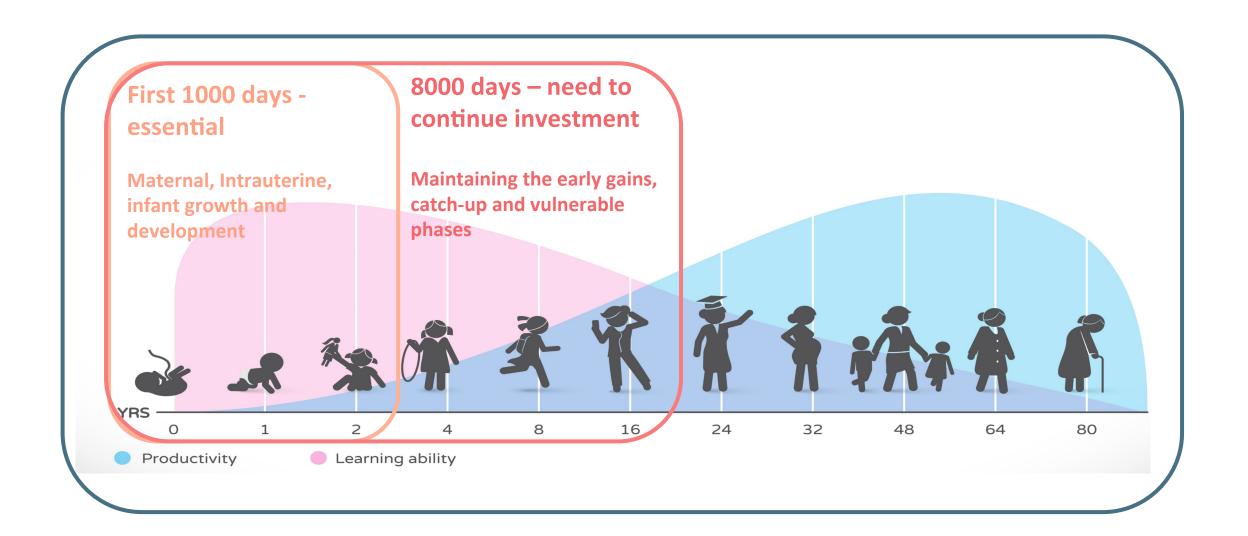
Middle childhood: a nomenclature

Human development to 20 years of age



Source: Bundy, D. A. P., N. de Silva, S. Horton, D. T. Jamison, and G. C. Patton, editors. 2011 Child and Adolescent Health and Development. Disease Control Priorities (third edition), Volume 8. Washington, DC: World Bank. doi:10.1596/978-1-4648-0423-6 License: Creative Commons Attribution CC BY 3.0 IGO

A journey along the life cycle - the importance of promoting healthy growth throughout the first 8,000 days of life



The 8,000 days: a new paradigm



Focus on the first 1000 days is an essential but insufficient investment



Broadening of investments in human development to include scalable interventions during the 7,000 days can be achieved cost-effectively

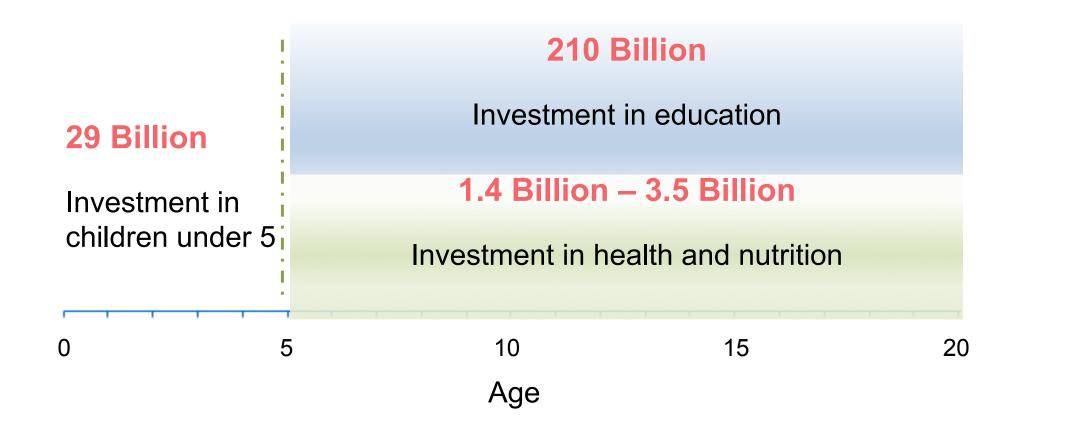
Bundy, D. A. P., N de Silva, S Horton, D T Jamison, G C Patton. 2017. *Child and Adolescent Health and Development* (with a Foreword by Gordon Brown). Volume 8: in *Disease Control Priorities* (third edition): edited by Jamison D T, R Nugent, H Gelband, S Horton, P Jha, R Laxminarayan, C Mock. Washington, DC: The World Bank



Well-designed health interventions in middle childhood and adolesence can leverage current substantial investments

We are investing in the learning but not in the learner

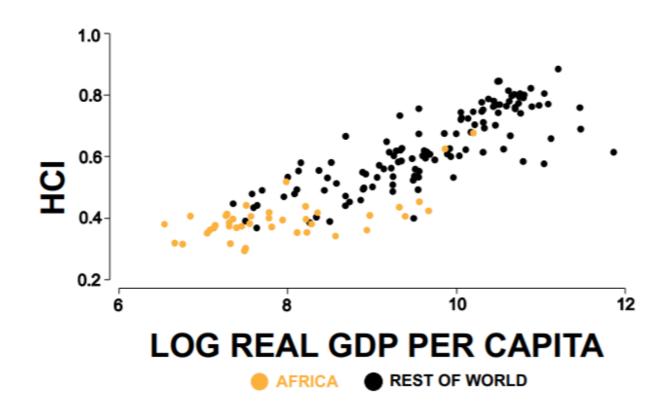
Estimates of public spending on children and adolescents in LLMICs (US\$ billion per year)



Human Capital Index (HCI)

- Human capital is defined as the sum of a population's health, skills, knowledge, experience, and habits and seeks to quantify scale of human capital in all countries
- Human capital largest component of global wealth, but its contribution to wealth in rich countries (70%) far exceeds that in poorer countries (41%)

HUMAN CAPITAL INDEX IS LOWEST IN AFRICA



What action to take? The role of the school as a platform.

Why Schools?



Good for Access

- Already existing platforms
- Important social safety net
- Opportunity to reach children across the lifecycle- ECD, primary, secondary

Good for health and nutrition

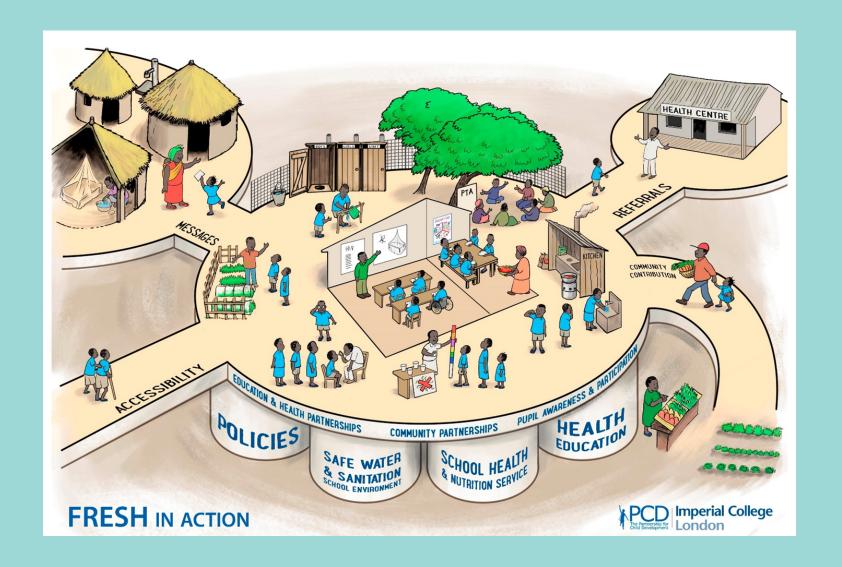
- Rural/poor areas more likely to have schools than health centres
- Wide reach: Ratio of primary teachers to community health workers between 20:1 to 65:1

Good for education

- Engaging parents & community members
- Leverage education investment
- Improve education access and outcomes

But Beware!!

Don't become a tax on teachers and teaching!

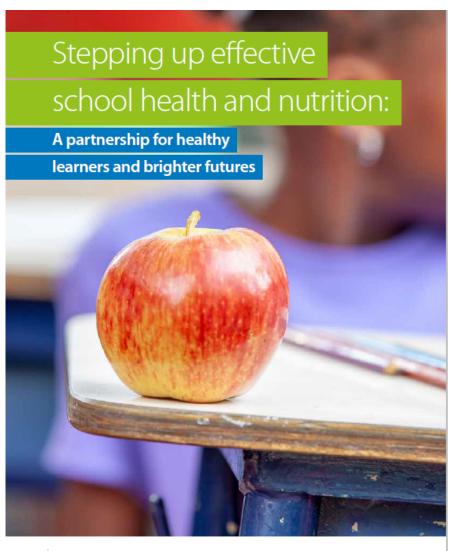


FRESH (2000)

(Focusing
Resources on
Effective
School Health)

UNESCO, UNICEF, WHO, WORLD BANK

Stepping-up effective School Health and Nutrition



- A renewed and collective commitment to advance effective integrated school health and nutrition programmes, to ensure children and young people are ready to learn and thrive and can contribute meaningfully to the future of their communities and countries
- Joint partnership between FAO, GPE, UNESCO, UNICEF, UNSCN, World Bank, WFP, WHO













Promoting an integrated health and nutrition package in schools

Phase-specific support across the life cycle to:

- secure gains of investment in the first 1,000 days
- enable substantial catch-up from early growth failure, and
- leverage improved learning from concomitant education investments

Global Partnership for Education, World Food Programme, UNICEF, DCP3, PCD



Social Protection

Social Safety Nets

Human Capital
Development:
Health and Education



Rural Economies
Small-holder Agriculture

Peace Building

Stability and growth





National Home-Grown School Feeding Program – Brazil example

Universal coverage: over 40 million students fed everyday with a healthy meal

- Launched in the 1950's
- 27 states, 5 570 municipalities
- More than 162 000 schools
- USD \$ 985 M from Federal Budget (2018)

Operationalizing Home-Grown School Feeding: 30% of food coming from smallholder farmers

Nutritionists acting as compliance actors on nutrient content

- Food menus adjusted for feeding habits, cultural preferences and traditions
- States and municipalities responsible for food procurement

Mid-day meal scheme in India

- Largest school meals programme in the world
- •Hot-cooked meals are provided to children studying in classes I-VIII in all government, government aided and special training centres including madarsas and maqtabs under the Samagra Shiksha throughout the country.
- The scheme covers 115.9 million school children in 113.4 million schools

The MDM in India is a rights based programme covered under the National Food Security Act, 2013

To address two pressing problems viz. hunger and education by:



Improving the nutritional status of children studying in classes I – VIII in Government and Government-Aided Schools, Special Training Centers (STC) and Madrasas & Maqtabs supported under Samagra Shiksha.



Encouraging poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities.



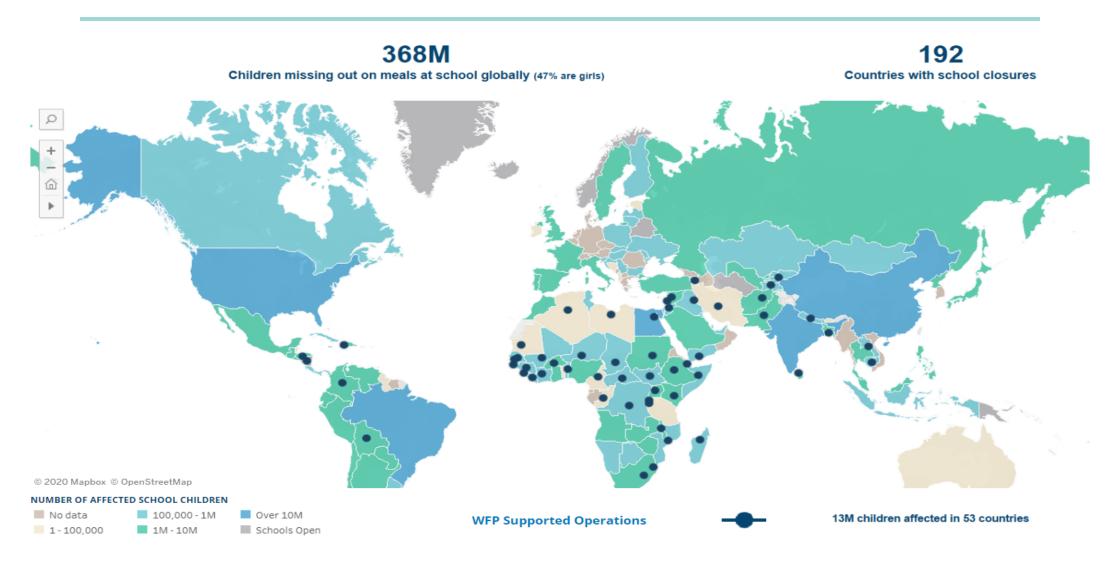
Providing nutritional support to children of elementary stage in drought-affected areas during summer vacation.

COVID-19

School based programmes in the context of COVID-19

- 192 countries closed schools
- 1.5 billion children no longer had access to education in schools.
- 368 million children were no longer being fed at school
- 400 million children were no longer benefiting from school health programmes: deworming, National Deworming Day, MHM etc

Global Monitoring of School Meals During COVID-19 School Closures



Link: https://cdn.wfp.org/2020/school-feeding-map/

The impact of COVID-19 on school-age children

- Children appear to have few direct health consequences from COVID-19, and appear to play little role in transmission of the virus; they are not the beneficiaries of school closure
- The longer marginalized children are out of school, the less likely they are to return, particularly girls.
- Being out of school is associated with increased risk of :
 - In girls: early marriage, early pregnancy, abuse
 - Inappropriate child labour
 - Poor educational attainment
 - Lower future earnings and career prospects

The response to the impact of COVID-19 on school-age children: The Initial Response

- Countries have adapted programmes to mitigate the effects of the pandemic on the education and nutrition status of school-age children:
 - Provide education outside school through distance learning:
 - On-line
 - TV and other media

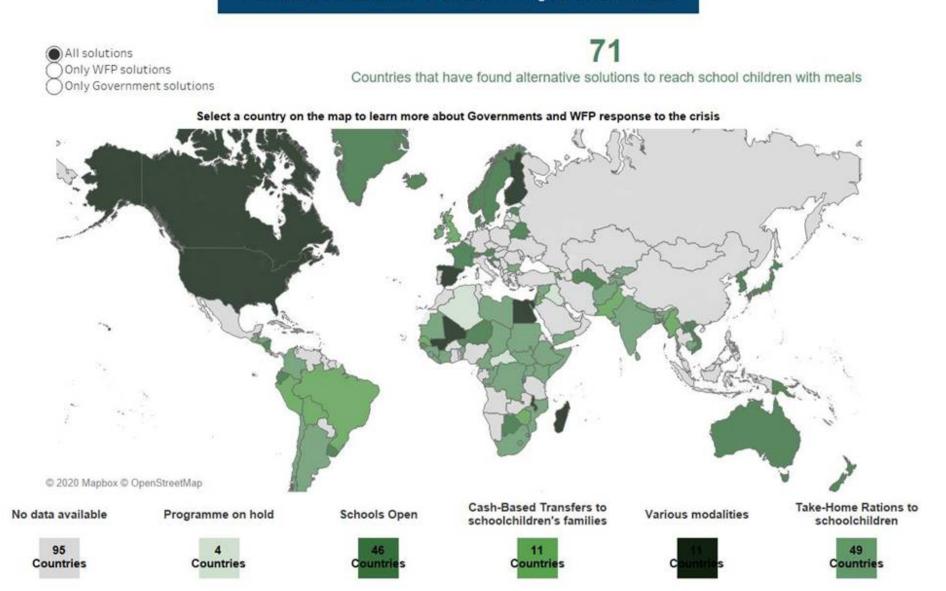
Challenges: failing the vulnerable

- The digital divide; in Africa, 10% of children have access to on-line learning
- Parental education level
- Social safety nets;
 - Cash transfers;
 - Take home rations;

Challenges: do they reach the children?

Global Monitoring of School Meals During COVID-19 School Closures

Click here to see the number of children missing out on school meals



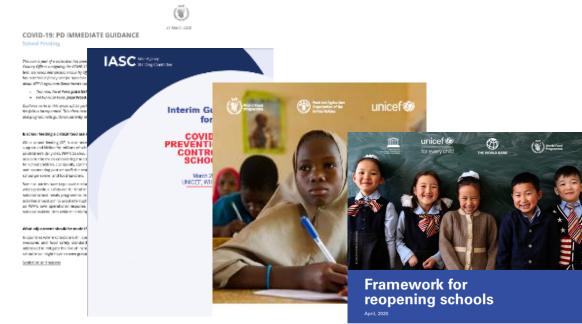
The response to the impact of COVID-19 on school-age children: ACTION NOW

- Countries are in a hurry to get children back to school, and to seek to reverse the harm caused by school closures.
- UNICEF Survey of 157 countries:
 - 63 have already re-opened schools
 - 55 have set a date for re-opening
 - 39 are planning to re-open
- But even when schools are opened there needs to be support and incentives:
 - the children are hungry,
 - the longer children have been out of school, the less likely they are to return,

School Health and nutrition programmes, especially school feeding, act as a strong incentive for parents to send their children back to school, and for children to stay in school.

Provision of technical guidance

- 1. <u>Joint guidance WFP, FAO and UNICEF</u> for national governments to mitigate effects on schoolchildren
- 2. Support <u>IASC Interim Guidance</u> for COVID-19 Prevention and Control in Schools
- 3. <u>Framework for safe re-opening of schools</u> UNICEF, UNESCO, WB and WFP



TERM GUIDANCE NOTE

Mitigating the effects of the COVID-19 pandemic on food nutrition of schoolchildren Global school closures in response to the COVID-19 pandemic present an unprecedented risk to children's education, protection and wellbeing. The United Nations Secretary-General Antônio Guterres recently called on governments and donors to prioritize education for all children, including the most marginalized, and the Global Education Coalition was established to support governments in strengthening distance learning and facilitating the reopening of schools.

while we do not yet here enough evidence in measure the effect of solod closures on the risk of disease intermistor, the are reserved to the control of the enough evidence of the enou

icross countries leaders are grappling with difficult and uncertain trade-offs as they consider easing lockslowns. This frameword erves to inform the decision-making process on when to reopen schools, support national preparations and guide the implementation process, as part of the overall public health and education planning processes. Contentualization and continuous adaptatic

Respond in partnership

Aligned with the UNESCO-led Global Education Coalition, WFP and UNICEF are joining forces to ensure children are healthy and nourished despite the disruptions caused by COVID-19.

Objectives of the partnership

- Call on governments globally for action to ensure the 370 million schoolchildren are prioritized during the crisis response
- Support governments to find alternative solutions to deliver support to schoolchildren during school closures and develop strategies for a back to school campaign
- Provide operational support in 30 of the poorest countries to ensure that school health and nutrition packages are put in place





Use the COVID crisis to end the neglect of health and nutrition in middle childhood

- Nutrition interventions are crucial in supporting the health and development of children, not only during the first 1000 days, but as part of a continuum of care that extends throughout the 8000 days.
- Health and nutrition during middle childhood (5-9 years of age) have been particularly neglected, yet are key to sustaining the earlier gains, supporting learning, and creating human capital.
- Schools provide an exceptionally cost-effective and timely platform to deliver health and nutrition interventions during middle childhood
- School health and nutrition programmes are playing a key role in reversing the negative consequences of school closures in the context of COVID-19.



SCHOOL MEALS IN A TIME OF COVID:

IMPACT AND RESPONSES

Delhi: August 28 2020

Donald A.P. Bundy, London School of Hygiene and Tropical Medicine

Supporting School Health and Nutrition across the world

In 2018



WFP provided school meals or snacks for 16.4 million children of which 51% were girls



Take-home rations in the form of food or cash-based transfers were provided for **630,000** girls and boys



In 2018, WFP implemented or supported school feeding programmes in **71 countries**



In two countries **Kenya** and **Bhutan**, the transition to a nationally-owned school feeding programme was completed

