



2016-17 Annual Report

Healthy Kids/
Brighter Future

We are a non-profit organization on a mission to improve
the health of low-income school-aged children



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LETTER FROM THE BOARD

Nate Bowditch, *Chair*
Frank Strasburger, *Vice-Chair*
Charlie Johnson, *Treasurer*
Jim Oxman, *Secretary*
Carol Walker Aten
Dr. Richard Bail
Dr. Lauren Beach
Dr. Paul Hart
Dr. Lise Johnson
Jose Mas
Dr. Deirdre Strachan

Dear Friends and Colleagues,

August 28, 2017

In June and July of this year, five Board members traveled to Zambia to see first-hand the work our programs are doing. It was exhilarating!

We attended HK/BF's inaugural health screening at the Kasamba Primary School in Matero, one of the three communities targeted for program replication. Students were lined-up, holding their health-screening forms, looking a little anxious—because for many this would be their first-ever medical exam! First, they were interviewed by volunteers about their health and hygiene habits. Next, they were examined by nurses from the government-run District Health Clinic. Then, they went to another nurse who gave them de-worming and vitamin A pills and organized any needed follow-up care. I wept silently as I watched and realized the power of what I was seeing to change kids' lives.

We also attended stakeholder meetings and listened to Head Teachers, Health Clinic In-Charges, PTA Chairs, Education and Health Ministry officials discuss our performance. They reviewed the training of teachers to become frontline School Health Workers (SHWs) who teach basic public health and identify kids with health issues; discussed expedited treatment protocols for kids brought to Health Clinics by the SHWs; and got excited by the dramatically reduced student absenteeism rates that have shown-up in impact evaluation studies. Clearly, these stakeholders, and the communities in which they work, see themselves as owners of the program. Furthermore, these are new Zambian partnerships: between schools and parents; schools and clinics; schools, clinics, parents, and Ministries. As I listened, tears welled-up again, I had already known of our remarkable impact on children's health from our formal studies, but now I could see that what we're doing can be sustained!

The HK/BF school health model is simple, powerful, and sustainable. Our HK/BF staff—with their decades of public health experience—sees this. They are excited and they work tirelessly behind the scenes to organize the teacher trainings, screenings and relationship-building that is bringing school-after-school, clinic-after clinic, and thousands of kids into a new era of health care. Our extraordinary founder and President, Lonnie Hackett, our 11 Board members, scores of small donors and a growing handful of foundation partners are now supporting our work. Thank you, everyone, for taking the journey with us!

Yours very truly,

Nate Bowditch, Board Chair.

WHERE WE WORK

HK/BF operates in Zambia, a vibrant Southern African country of more than 14 million people. Despite a growing middle class, nearly three-quarters of its citizens still live on less than \$1.50 per day. About 1.7 million live in Lusaka, the capital. We work in Lusaka's poorest slums and peri-urban communities to reach thousands of the country's most vulnerable children.



THE PROBLEM

Despite Zambia's 90% school registration rate, many children cannot excel because so many are sick. Healthcare in Zambia is available and free, but because most health programs prioritize children under 5, school-aged children often don't access care and have become a critically neglected population.

Nearly 40% of Lusaka's poorest school children regularly suffer from easily treatable illnesses and 36% show signs of stunting that hinders their development. Many school children are afflicted by ordinary childhood diseases, infections and other conditions that can be resolved inexpensively. This contributes to high absenteeism and a 45% primary school dropout rate.

A combination of factors prevents children with the greatest need from accessing healthcare, including distance from the services, lack of familiarity with and mistrust of public health services, lack of guardian support for children at risk, and the inability of parents to identify illnesses and take action.





“In the past, before the program came into being, students would be absent for quite a long time, and that means that they missed a lot of learning. Their performance in school was affected negatively because they were absent for so long. But with HK/BF we don’t have those kinds of situations anymore.”

- Head Teacher



OUR MODEL

We have designed an innovative model of locally managed school-based health services whose goal is to move the access point of children's health services to where they are – their schools.

We have found that by training a teacher health corps and by building strong links between the local schools and the health centers, we can help communities provide better care for their children. The result is improved health, increased monitoring by schools of their students' wellbeing, a new professional status for participating teachers, and improved student attendance and performance—and all at a cost per child of \$5 to establish in the first year and \$1 per year to maintain.

HOW IT WORKS

1) Trainings

We train and equip selected teachers as school health workers to monitor the health of students and provide health education, front-line care, preliminary diagnosis of sick children and clinic referrals when appropriate.

We train administrators and parent teacher association leaders to manage the program and ensure support throughout the culture of the schools, health centers, and community.

2) Partnership

We partner with the Ministries of Health and Education to link schools with the local government health facilities and develop competent and efficient referral systems to provide preferential care for school children.





3) School Health Screenings

We establish sick bays at partner schools, and under the supervision of government health professionals, our teachers manage biannual school-based deworming treatment and vitamin A supplementation for students and assist with annual health screenings.

4) Ongoing Mentorship

Partner health centers identify a clinically trained staff member to work with HK/BF in providing one-on-one mentoring and monthly refresher courses for trained teachers, school site evaluations and general oversight of the program.

5) Motivation

In addition to their salaries as teachers, school health workers receive monthly stipends, professional development and community recognition.

A TEACHER HEALTH CORPS

We are transforming teachers into powerful agents for change in children's healthcare in Zambia



OUR REACH

62

Schools in our programs

170

Trained School Health Workers

>30,000

Children served by our programs



YEAR IN REVIEW

2016-17



HIGHLIGHTS 2016-2017

Over the last year, we have made tremendous progress towards our goal of refining and replicating our model school health programs. We partnered with new schools and clinics, strengthened our relationship with the Zambian government and increased the number of students in our programs to more than 30,000. Here are a few highlights:

- Expanded our model into the Chaisa and Matero communities, adding an additional 15,000 children into our programs.
- Trained an additional 70 school health workers from across nine schools.
- Provided health screenings, deworming and vitamin supplementation for the Ng'ombe, Chaisa and Matero communities.
- Improved our organizational capacity by expanding our staff from five to nine full-time employees.

- Completed an external evaluation of our programs by members of the Harvard T.H. Chan School of Public Health.
- Our founder, Lonnie Hackett, was selected as one of the Mulago Foundation's Rainer Arnhold Fellows.
- Initiated a project with the Nkwazi Rotary club to improve water, sanitation and hygiene infrastructure at 11 schools.
- Initiated transfer of programs to an electronic record keeping system.



A woman with short dark hair, wearing a light blue button-down shirt, is seated at a desk. She is looking down and writing in a notebook with a multi-colored pen. The background is dark and out of focus, suggesting an indoor setting like a classroom or office.

IMPACT & GROWTH

Last year our programs doubled to now serve more than 30,000 students. Health centers have reported a dramatic increase in attendance by school children, and schools have reported a reduction in absenteeism. A controlled evaluation by the Harvard T.H. Chan School of Public Health found our programs led to a 44% reduction in the odds of acute illness, a 48% increase in deworming and vitamin A coverage, a 54% reduction in the odds of stunting, as well as significant improvements in student's health knowledge. Additionally, teachers in our programs have reported improved social status and a sense of empowerment that improves their ability as educators.



BY THE NUMBERS

Program Performance Indicators

7,900

Sick child visits by SHWs

3,100

Health education lessons by SHWs

2,100

Clinic referrals of sick children by SHWs

A woman wearing glasses and a light-colored, textured sweater with a ruffled collar is sitting on a wooden chair. She is using a stethoscope to examine the chest of a young boy who is sitting on a metal bed frame. The boy is wearing a dark jacket with a red stripe. The woman has her hand on the boy's shoulder. In the background, there is a chalkboard with a quote and a table covered with a colorful patterned cloth. The wall is a light yellow color.

"My interest is to see the child getting back to school and to see the child healing... when I see the child better, I feel better"

- School Health Worker

BY THE NUMBERS

From External Controlled Evaluation

44%

Reduction in odds of acute illness

48%

Increase in vitamin A supplementation
and deworming coverage

54%

Reduction in odds of stunting

** Results from an external evaluation by the Harvard
T.H. Chan School of Public Health*





”This is the best thing to happen to
Zambian schools, and I just wish it
can spread very quickly to other
schools so they also benefit. I can
see a time when the program
breaks through to all schools in the
country, and at that time, we will
have a better Zambia”

- Cassius Machilenga
Head Teacher at Ng'ombe Basic



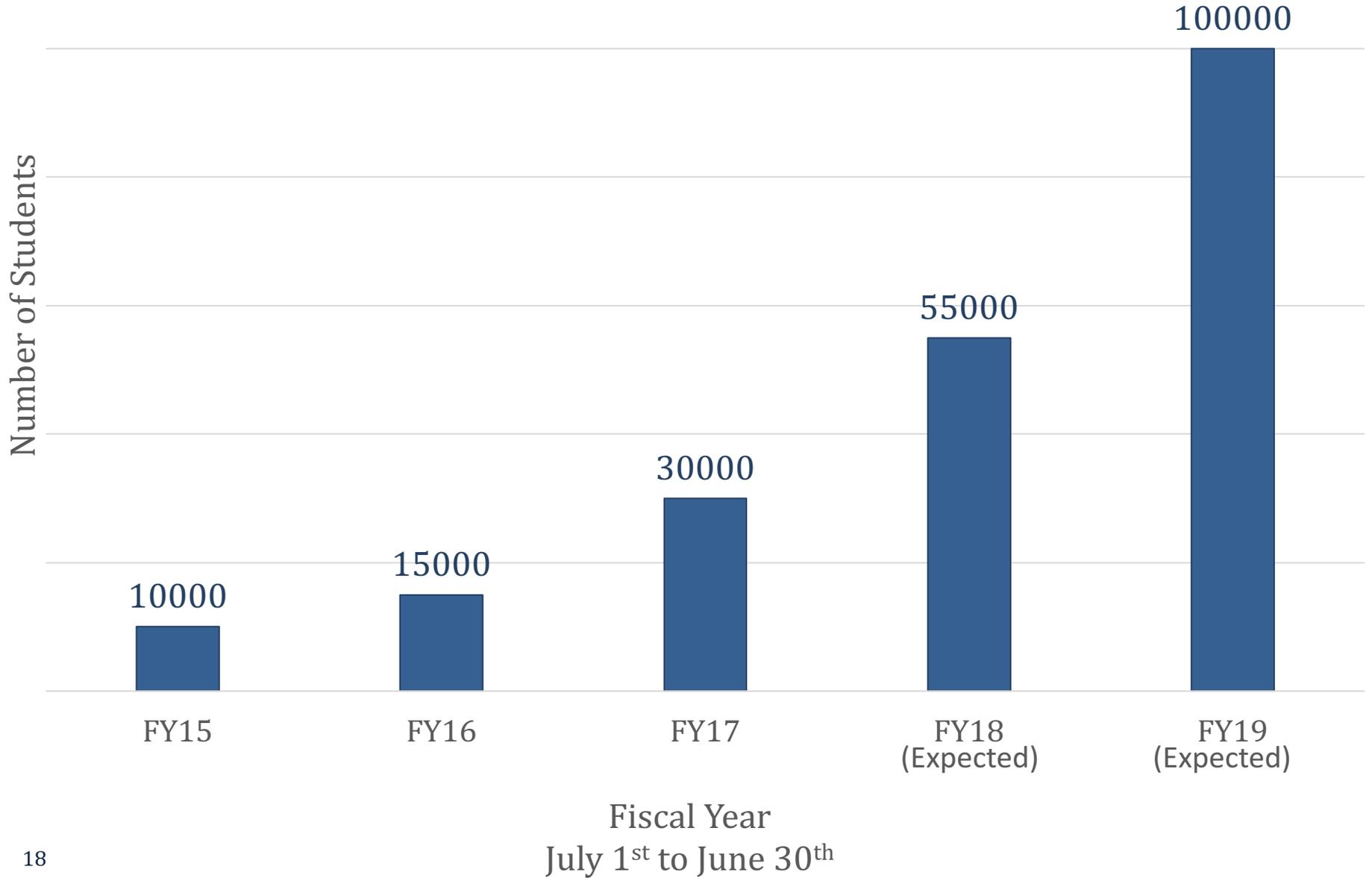
LOOKING AHEAD

We are at an exciting inflection point, as we continue our transition from piloting to expanding our model into new areas of Lusaka.

As a result of our success over the past three years, the Zambian government has urged us to extend our efforts to new areas in Lusaka. In response to the demand, we will extend our services to another 25,000 of Lusaka's most at-risk children over the next year.

We plan a steady expansion to new communities in order to cover 100,000 students by the end of 2019. At the same time, we will continue to explore how to achieve our eventual goal of reaching every Zambian child.

STUDENTS COVERED BY OUR PROGRAM



SUMMARY OF FINANCIALS

	2014/15	2015/16	2016/17
Revenue	81,361	107,561	186,755
Expense			
Program Expenses	74,139	80,863	164,991
Administrative Expenses	3,758	8,616	17,019
Total Expenses	77,897	89,479	182,010
Net Assets End of Year	4,634	22,716	27,636

NEW STAFF IN 2016-17

We were fortunate to add several dynamic members to our team last year. Here are a couple of our exciting new hires!



Ignicious Bulongo
Chief Operating Officer

Prior to joining HK/BF, Ignicious worked for the Zambian Ministry of Health as the director of the Ng'ombe Health Centre. Under his leadership, Ng'ombe was Zambia's first health center to integrate HIV/AIDS services into outpatient care and the first to implement an electronic record keeping system. Ignicious is using his vast experience to help guide and manage our model school health programs.



Samuel Eley

Executive Fellow

Prior to joining HK/BF, Sam was a Programming Manager for Maine Boys to Men where he created, implemented, and evaluated reproductive health programs. In 2013, he worked with SOTENI International in western Kenya to collect and evaluate data examining the impact of HIV/AIDS prevention and stigma reduction programming. Sam helps oversee HK/BF's programs in Zambia; assisting the team in program development, implementation and evaluation.



Phillip Mwanza

Research & Communications Assistant

Phillip is a passionate activist for social justice and sexual reproductive health rights. He has been on the 'front line' motivating other young people to improve sexual reproductive health rights and good governance for the past seven years. In 2015, Phillip was one of eight Africans selected as UN Ambassadors for the Sustainable Development Goals. Prior to joining HK/BF, he worked for Restless Development as a professional peer educator at Kasama College of Education and was a youth counselor for YWCA.

STAFF

Lonnie M. Hackett, *President*
Ignicious Bulongo, *Chief Operating Officer*
Zita Zulu, *Finance Manager*
Betty Banda, *Program Manager*
Samuel Eley, *Executive Fellow*
Phillip Mwanza, *Research Assistant*
John Nyati, *Outreach Officer*
Clement Chabanenge, *Outreach Officer*
Royd Ntoka, *Driver*
Brendan Pulsifer, *Research Intern*

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