

# Annual Report

**2021-2022**



**HEALTHY  
LEARNERS**



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## AN OVERLOOKED AGE GROUP

# There is a critical gap in healthcare for school-aged children.

Global health systems far too often overlook the needs of children older than five, yet school-aged children remain highly exposed to illness. In Zambia, more than 40% of students regularly suffer from treatable and preventable illnesses such as malaria, respiratory infections, parasitic worms, and diarrhea. These ailments can dramatically reduce quality of life and disrupt learning, physical growth, development, and future livelihoods.

Many of these problems are caused or compounded by inadequate access to prevention and treatment. When ill, school-aged children are less likely than those in other age groups to seek treatment. When they do, they are less likely to seek care from formal providers. Globally, school-aged children have the fewest touchpoints with the healthcare system.

### **Ill health has detrimental effects on education and long-term economic outcomes.**

Children need to be healthy to fully benefit from learning opportunities. Poor health has been shown to lead to lower cognitive abilities, and is a major cause of school absenteeism and drop-out. Each year, common childhood health conditions are estimated to translate to the equivalent loss of between 200 million and 500 million days of school in low- and middle-income countries. The implications of schoolchildren's poor health are profoundly troubling — especially because they are preventable.

Every child has a right to health and education. At Healthy Learners, we curb the negative outcomes that set back school-aged children — improving their health and providing a foundation for their futures.







**Healthy Learners** is a nonprofit organization on a mission to keep schoolchildren **healthy**.

# A Letter from Our Board Chair

Dear friends,

We are so excited to share this annual report with all of you. National expansion of the Healthy Learners model with the Zambian Government is well underway. And we are not only growing — we are also getting stronger. As we expand into Southern and Copperbelt provinces, we are successfully implementing our model in rural settings and engaging local communities more than ever. You will also read in these pages about our collaboration with the Rippleworks Foundation to optimize data analytics, and how we are exploring ways to leverage our model with pilot programs for catch-up immunizations and mental health screening. We remain serious about ensuring our model is evidence-based, as we plan for the randomized controlled trial that an international team of researchers will be launching in 2023.

While all these advances are important, it is a head teacher's sentiments that move me most. He observed that the school health program brought with it a sense of the school's responsibility not just for imparting knowledge, but for **care of the whole child**. School Health Workers triage ill children and provide a space for girls to manage their menstrual needs. Local clinics prioritize the needs of referred children. Buddy groups of students watch out for one another. Parents roll up their sleeves to build health rooms. All of this communicates the same critical message: that **every child is important**, and that the community will rally around them to ensure they are healthy and able to learn. Isn't this what every child deserves? Isn't this how we safeguard our collective future?

Over the past several years, I have watched Healthy Learners transform from a brilliant start-up to a mature, thriving organization with a stellar senior management team. The importance (and rarity) of this successful evolution should not be underestimated. Equally critical is the continued laser focus on sustainability and government partnership at all levels. We thank all our donors who share our vision and provide the means to realize it. And we welcome those of you who are just now meeting Healthy Learners. I know this annual report will leave you with rightful optimism. Mother Teresa famously said, "If we have no peace, it is because we have forgotten that we belong to each other." In a war-torn world, Healthy Learners embodies the loving dedication to one another that is nothing less than the foundation of peace.

With gratitude,



**Lise Carolyn Johnson, MD**

*Chair, Board of Directors*

**THE HEALTHY LEARNERS MODEL**

Bringing healthcare to  
**where children are:** school.



## THE HEALTHY LEARNERS MODEL

# School Health

Healthy Learners has partnered with the Zambian Government to act on a deceptively simple idea: bring healthcare to where children already are — their schools — by training and equipping the people whom children trust and are with nearly every day — their teachers. Through our school health model, we turn educators into a community of health advocates and schools into a bridge to the healthcare system.

### The Healthy Learners model is life-changing.

When children have someone in their daily lives who is trained to recognize illness and take action — and to teach them how to avoid getting sick in the first place — they stay healthier and remain in school. Through our model, children now access health services in substantially greater numbers, resulting in improved attendance, reduction in illness-related complications and, ultimately, better health outcomes, learning, and human capital development. The impact of this is profoundly positive, long-lasting, and reaches far beyond the walls of the classroom.

“A healthy community is a **wealthy society**. The program has increased access to health knowledge as well as accessibility to health services in the community.”

— Melody Siamutuna, Kamwala South Primary School





## THE HEALTHY LEARNERS MODEL

# How It Works

*Healthy Learners leverages a community's existing infrastructure and strongest assets — its people — to transform schools into access points for children's healthcare.*



### 1. Train teachers

We train teachers as School Health Workers, so they can conduct assessments, provide basic medical care, and refer sick students to health facilities for further treatment.

### 2. Establish health rooms

Providing initial funding, design assistance, and oversight, we help schools build health rooms — places where sick children can go to receive care from School Health Workers.

### 3. Provide proactive care

To ensure schools respond quickly to sick children, we implement three care mechanisms:

- (1) Students help look after their classmates' health through a buddy system.
- (2) Teachers monitor the health of their students daily.
- (3) Schools review attendance records and follow up on absentees.

### 4. Screen & treat

Using a mobile clinical assessment system, School Health Workers can effectively diagnose, triage, and treat sick children.

### 5. Establish referral systems

When a student requires additional medical attention, a School Health Worker refers them to a local government health facility, where they receive preferential care through a fast-track system.

### 6. Make care continuous

School Health Workers follow up with students after their initial assessment to ensure they've received proper care and can return to school.

### 7. Monitor community health

Harnessing data collected by School Health Workers through digital clinical assessments, we monitor disease trends throughout our network of schools to detect and curb potential outbreaks.

### 8. Strengthen health education

Working with the Ministry of Education and school administrators to make health lessons an integral part of curricula, we help provide all students with access to tailored, age-appropriate information.

### 9. Provide preventative care

School Health Workers partner with local government health facilities to deliver preventative medical care to schoolchildren, including deworming, vitamin A supplementation, and immunizations.



To learn more about our model, visit  
[www.healthylearners.org/the-model](http://www.healthylearners.org/the-model)



## THE HEALTHY LEARNERS MODEL

# Theory of Change

By making basic healthcare easily accessible to children in schools, we can improve health outcomes — and in doing so, support their education and improve their economic futures. As such, the Healthy Learners model is built upon four cornerstones that guide and lead school communities to achieve this goal.

### Engagement - to shape norms

Social norms are critical enablers of behavior change. To shape new norms, our program engages with all members of local communities, including school administrators, teachers, parents, local clinic staff, and community leaders. Early interactions contribute to the visibility and understanding of the program, strengthen community linkages, and create ownership and trust from local communities to support changes in social norms related to child welfare, school absenteeism, and health behaviors. This provides lasting benefits for children and the community at large.

### Awareness - to improve health knowledge

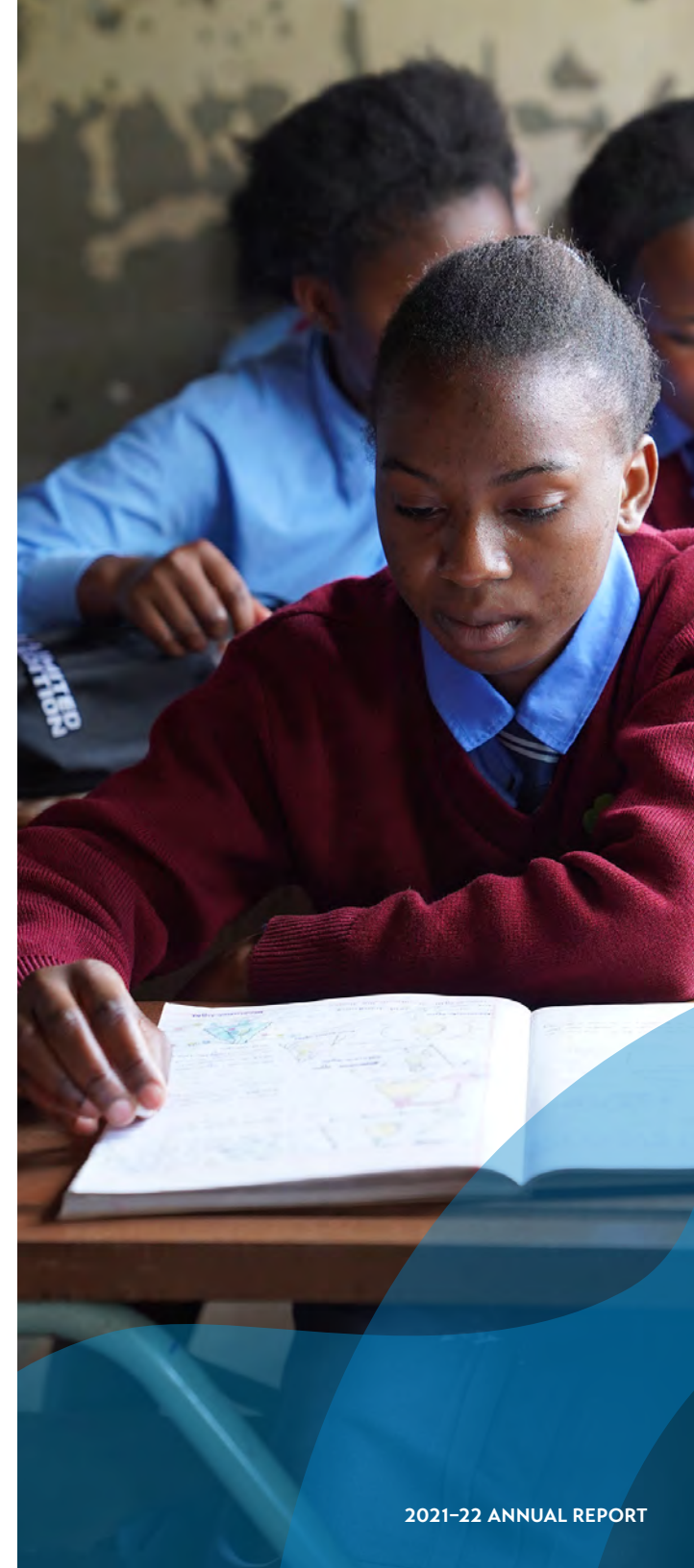
Our trained teachers regularly deliver talks on basic health information and prevention. As trusted members of the community, their message is better heard and understood. In a controlled evaluation of our model, this approach was shown to increase knowledge and promote positive behavioral changes in children.

### Support - to deliver protective interventions

Coordination with local clinics ensures the timely, smooth delivery of preventive care. A great example of this is the distribution of deworming drugs. High levels of trust within the community ensure high participation rates. In turn, deworming has been shown to reduce anemia and school absenteeism and improve health and economic outcomes, particularly in high-endemic areas.

### Access - to promote efficient health-seeking patterns

The health room creates a safe space where unwell children and menstruating girls find support and care. The tech-enabled assessment provides access to high-quality triage, and the fast-track referral of a sick child to the local health clinic dramatically reduces wait times (a known cause of delayed care-seeking), which can have dramatic consequences in acute cases. The buddy system increases parents' and learners' accountability and reminds them of the support offered by the school health program. Together, these factors contribute to shorter illness spells, improved health, and reduced absenteeism.



# Motivating Teachers

Healthy Learners provides many benefits to teachers and the community at large. As trained School Health Workers (SHWs), teachers are granted a specialized role outside of their classroom responsibilities — one that is officially recognized by the Ministry of Education and embedded within its career ladder. With support from school administrators, also trained through the program, SHWs gain new skills and are provided with tools, supervision, and feedback through monthly meetings with clinic partners and Healthy Learners staff.

This growth opportunity and positive environment boosts teachers' confidence and motivation and strengthens their connection with students and their families. Interviews and focus groups with teachers and school administrators show that the school health program improves professional and social status and creates a sense of empowerment that extends to all aspects of their roles as educators.

“Being a School Health Worker means so much to me. It gives me a sense of pride as I execute my duties of providing primary health care to the sick children. It will mean a lot in the life of the children and their future.”

— Mr. Peter Chindo, St. Paul's





## THE HEALTHY LEARNERS MODEL

# Designed to Scale

The Healthy Learners model is embedded in the government and leverages existing resources from the entire school community. This creates a profound sense of local ownership, which — combined with our effective use of technology — makes the model highly efficient and sustainable.

School networks are established and trusted systems. Children spend the majority of their time in school, which provides a unique opportunity for sustained contact. Schools are also increasingly equitable: gains in primary enrollment and attendance rates, along with reduction in gender gaps, are among the most significant development achievements of the past two decades.

Because schools are at the heart of all communities, they provide a sustainable and scalable option for health service delivery. A school is also one of the few institutions in a poor community that provides access to trained human resources. As community leaders and the largest segment of the workforce, teachers can broaden awareness of, and community commitment to, public health interventions.

“The Government recognizes that the education system provides an unparalleled platform for reaching children and investing in health.”

— The Honorable Mr. Douglas Sykalima, MP, Minister of Education





## GIRLS' HEALTH & EDUCATION

Shifting **attitudes** and **social norms** to embrace health and education.

# Keeping Girls Healthy and in School

Girls in low- and middle-income countries face significant health challenges that undermine their learning and education. In Zambia, dropout rates are higher for girls than boys in nearly every grade in primary school. As a result, the mean years of schooling for women is 5.8 years versus 7.3 years for men.

Sexual and reproductive health is a near-universal issue for schoolchildren in low- and middle- income countries. Girls bear a large burden of those challenges, especially during their early adolescent years. Girls are more likely to contract an STI or HIV than their male peers and can miss multiple days of school per menstrual cycle. According to UNESCO, girls in sub-Saharan Africa miss approximately four days of school per month due to their periods, citing challenges such as stigma, inadequate facilities, and lack of access to sanitary products. Insufficient knowledge and guidance on menstrual hygiene can increase the incidence of infection, further disrupting school attendance.

Healthy Learners' model is exceptionally positioned to support girls during the young adult years and directly leads to a marked reduction in absenteeism. More than 60% of the children seeking care in the health room are female, as it provides a safe space for girls to receive support and supplies and discuss menstrual hygiene. Deworming and vitamin supplementation offer particular benefits, as girls are more likely to experience high rates of anemia. Moreover, improved health and increased educational attainment for young women can help delay age at first birth, which is associated with improved financial risk protection and enhanced intergenerational health outcomes.



# Story from the Field

Long before Mary Chabakola became a School Health Worker, she could recall girls missing school because of their periods. However, this rapidly started to change once the school implemented the Healthy Learners program in 2021.

At the start of the school year, Mary noticed that Mercy Michelo, a 15-year-old female student, was missing two to three days of school each month. Mary asked her to explain the absences, and Mercy shared that she was staying home due to her periods — a practice that her mother not only encouraged, but expected. This practice holds strong ties to embedded social norms throughout the region. As the student relayed to Mary, “All of the girls in my community stay home during their time of the month; it is not okay for us to be in public while we are bleeding.”

Seeing up close the profound consequences of consistent absenteeism on the girls' education, Mary immediately put her health training to use and developed a module summarizing the biological facts of menstruation, basic hygiene management, and information about the support and supplies available through the school's health room.

Mary then gathered her female students for a private discussion outlining these important learnings. She also addressed commonly held myths and misconceptions about menstruation, and reminded the girls that they should feel comfortable seeking support in the health room if their periods start during the school day.

*(Continued on next page)*





## GIRLS' HEALTH & EDUCATION

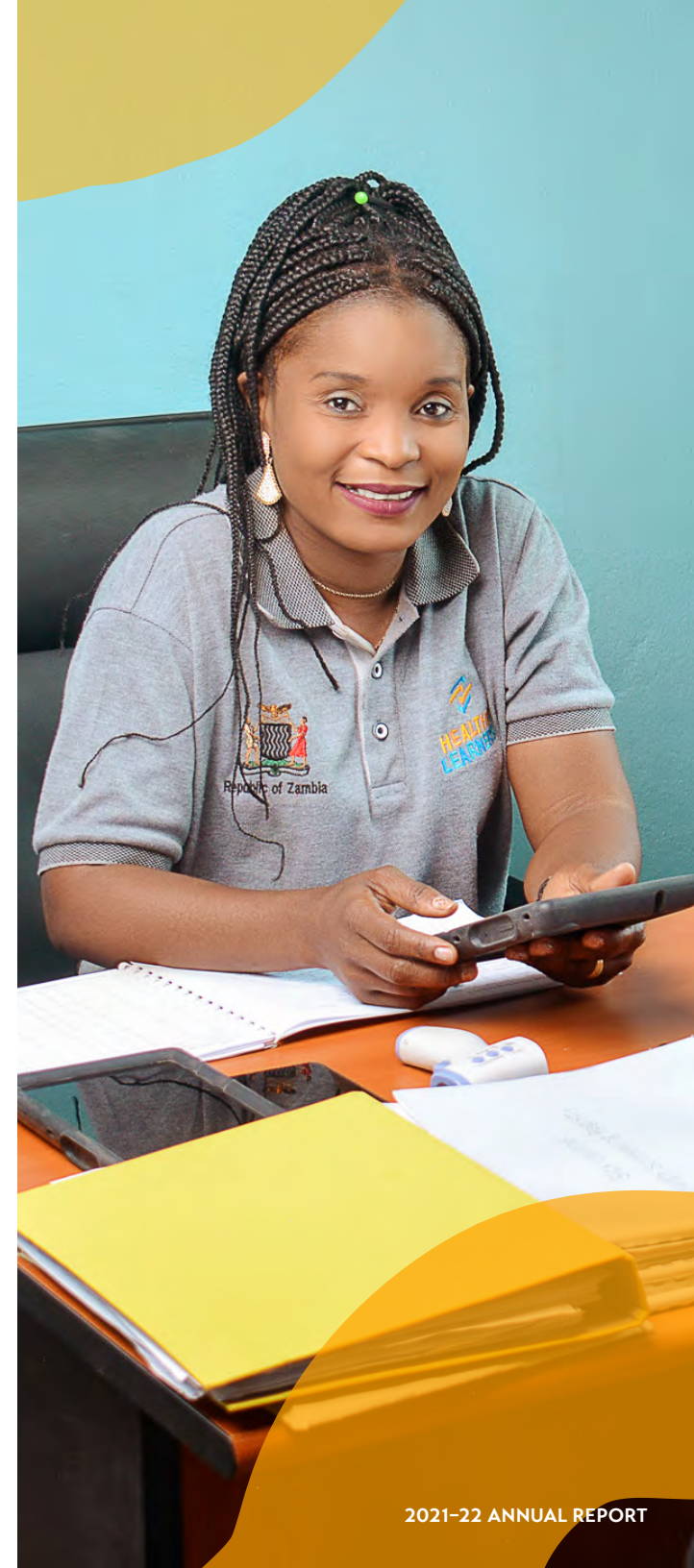
Mary checked in on each of the students she had met with to address any follow-up questions. She was encouraged by their responses: Not only did the girls indicate they were no longer staying home because of their periods, they also shared the information they learned from Mary's health discussion with their grandmothers, sisters, and mothers — initiating a crucial intergenerational dialogue on the importance and interdependence of girls' health and education.

Just four short months after the Healthy Learners model was instituted in the school, Mercy told Mary that she no longer feels uncomfortable coming to class while she's menstruating, and her grades have improved because she's more present. "I am proud that I have been able to help the girls in my class," Mary said. "Now, I'm encouraging my fellow teachers to do the same."

It's stories like these that demonstrate the amazing ripple effects of the Healthy Learners model. Through the power of education — a key component of the model — not only was there a shift in the potential future trajectories of individual students, but in more widespread cultural attitudes around women's health-seeking behaviors.

"[The program] has changed the community in that parents no longer keep learners at home when they are not well, but send them to school for assessment, hence improving health-seeking behaviors."

— Laura Chalasi, Chitukuko Primary School (SHT)





## THE IMPACT

Year over year,  
Healthy Learners demonstrably  
**improves the health** of an  
**increasing** number of children.

## THE IMPACT

# By the Numbers

The Healthy Learners program has been shown to help students in Zambia receive timely access to healthcare services. A controlled impact study by researchers from the Harvard T.H. Chan School of Public Health found the model is highly effective at improving children's health.

# 38%

reduction in morbidity

# 52%

reduction in odds of stunting

# 48%

increase in vitamin A and deworming coverage

# 22%

increase in student knowledge of health topics

Qualitative data from the Harvard study further showed the program is a win-win across a range of areas, reducing absenteeism, engaging teachers with students more holistically, raising the social status of SHWs, improving administrative training, reducing the burden on existing health systems, and generating data to proactively combat local outbreaks.

## Sick child assessments

FY21

45,128

85% received treatment within 24 hours of falling ill

FY22

93,737

94% returned to school within three days of initial assessment

## Students treated

FY21

40,410

15,505

FY22

84,300

33,090

Treated at school

Referred to health facility

## Follow-up assessments provided

FY21

32,571

94% of referred students had improved health status during follow-up

FY22

61,143

THE IMPACT

# Unit Economics

Last year, the Healthy Learners program had an annual ongoing cost of only \$1.62 per child, reduced from \$1.84 in FYE21. This includes all ongoing expenses following the establishment of the program in a school.

As a comparison, this price point is less than 5% of the average annual cost of a school feeding program in the region. Governments already partially pay for school feeding, and so it is very reasonable to believe governments will also pay for this given the program's strong results and community support. The ongoing operating cost of our program scaled nationally would require only 0.5% of the education sector's annual \$1.1 billion budget — an investment our government partners are confident would be affordable.

Year	Cost to Sustain
FY20	\$2.46
FY21	\$1.85
FY22	\$1.61
FY23	\$1.55



## 2021-2022 MILESTONES & ACHIEVEMENTS

It was another **banner year**  
for Healthy Learners.



## 2021-2022 MILESTONES & ACHIEVEMENTS

# Scaling Impact

Healthy Learners and the Zambian Government kicked off their national expansion plan. Over the past year, Healthy Learners added 141 new schools across Choma, Kitwe, and Ndola — key population centers in Southern and Copperbelt provinces. This more than doubled our program coverage and represented the first time the program was implemented outside of Lusaka. Healthy Learners now provides healthcare access to over 450k students — 15% of Zambia’s public primary school population.

### Demonstrating Catalytic Effect

The rollout in Choma, Southern Province proved to be incredibly popular. Local officials and traditional leaders offered to cover a larger share of program setup costs if Healthy Learners added more schools in the district. As a result, we have agreed to set up an additional eight primaries and support the provincial education office on further expansion. This outcome is a strong validation of Healthy Learners’ expansion strategy, establishing a small footprint in key districts of each province to build broad political and community support, and catalyze local buy-in for future growth.

“Ensuring that children are healthy and able to learn is an essential component of our education system.”

— The Honorable Mr. Douglas Syakalima, MP, Minister of Education



## 2021-2022 MILESTONES & ACHIEVEMENTS

# Leading Through COVID-19

In spring 2020, the Zambian Government turned to Healthy Learners for guidance and support to help manage the emerging pandemic. With our institutional relationships, technology, and proven model that could form the framework for a swift and effective response, the Government asked us to help lead the re-opening of schools.

**With our leadership, Zambia became one of the first countries on the African continent to re-open schools and has served as a model for handling the COVID crisis.**

In 2021, Healthy Learners worked with health and education officials to develop and implement a strategy for completing school inspections and managing re-opening. Additionally, we implemented measures to further support our partner schools to ensure learners have continued access to services and supplies they rely on, including PPE and cleaning supplies.

Throughout the COVID-19 pandemic, Healthy Learners has continued to demonstrate the importance of both preventing the spread of infectious disease and keeping schools safely open so children can continue to learn. This has further heightened demand to scale the Healthy Learners model and has deepened our relationship with the Zambian Government.





# Achieving Government Adoption

From policy and planning leadership at the national level, to direct implementation at the provincial and district levels, we have worked hand-in-hand with government partners at every stage of our scale journey. The Healthy Learners model has been adopted as national policy, and last year we signed a Memorandum of Understanding with the Government to scale the program nationally. Importantly, the Ministry of Education concurrently established a School Health and Nutrition Department, which is responsible for supporting the scale-up and long-term management of our program.

These commitments have enabled Healthy Learners to increasingly shift program responsibility to government staff. At the community level, the program is implemented in schools and clinics by government employees (teachers and health workers). At the district and regional levels, health and education offices provide ongoing monitoring, accountability, and technical support. At the national level, the Zambian Government has established the Healthy Learners program as national policy and is integrating it within the ministries' administrative structures. The integration of the program into government structures puts it in a uniquely sustainable position.



## SCALE STRATEGY

With our model adopted as policy, we are now working with the Government to **scale the model nationally.**



SCALE STRATEGY

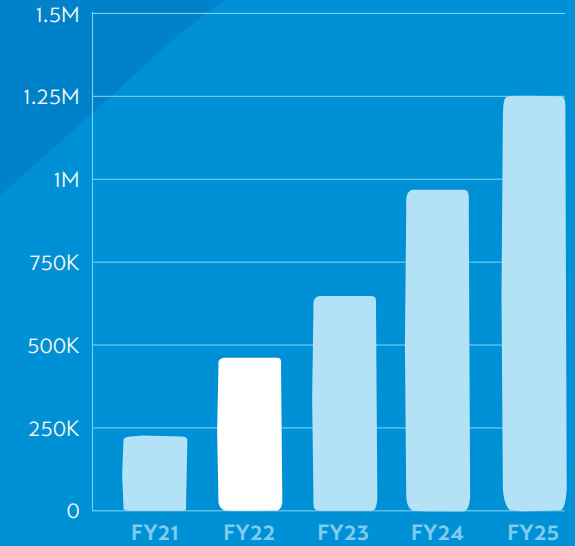
# National Expansion Plan

The first step of our plan targets the 10 provincial district capitals. This approach is politically strategic and particularly visible given the public administrative structure within Zambia; it also creates a national footprint that enables a broad coalition of political and tribal support.

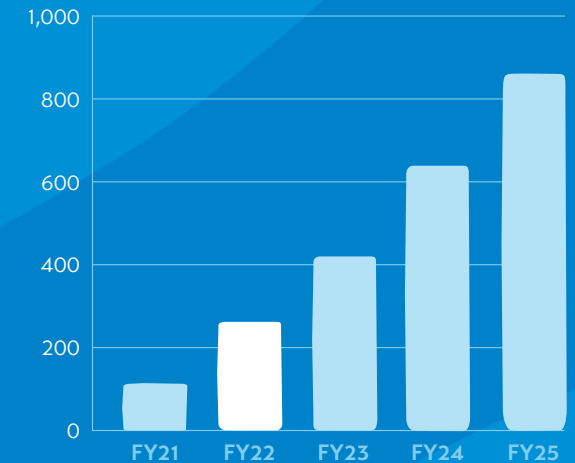
Once the model has been established in a district capital, we will work with the respective provincial Health and Education offices to replicate the model in three additional districts within the province. This will enhance our influence at the provincial level, enable further institutionalization of the model, and help strengthen the administrative structures of the new School Health and Nutrition Department.

The scale plan will put Healthy Learners on track to serve 1.25 million children by FY25. This is a saturation level that we are confident will be sufficient to institutionalize the model within the ministries and generate a strong coalition of political support, while leaving enough work to ensure continued pressure on the Government to further scale and sustain the program.

FY2021	FY2022	
230,000	<b>452,140</b>	# Students served
106	<b>246</b>	# Partner schools
31	<b>117</b>	# Health facilities
816	<b>2,004</b>	# School Health Workers



Projected Growth: Learners Served FY21-25



Projected Growth: Schools Served FY21-25

DEMOCRATIC REPUBLIC  
OF THE CONGO

TANZANIA

SCALE STRATEGY

# Geographic Reach

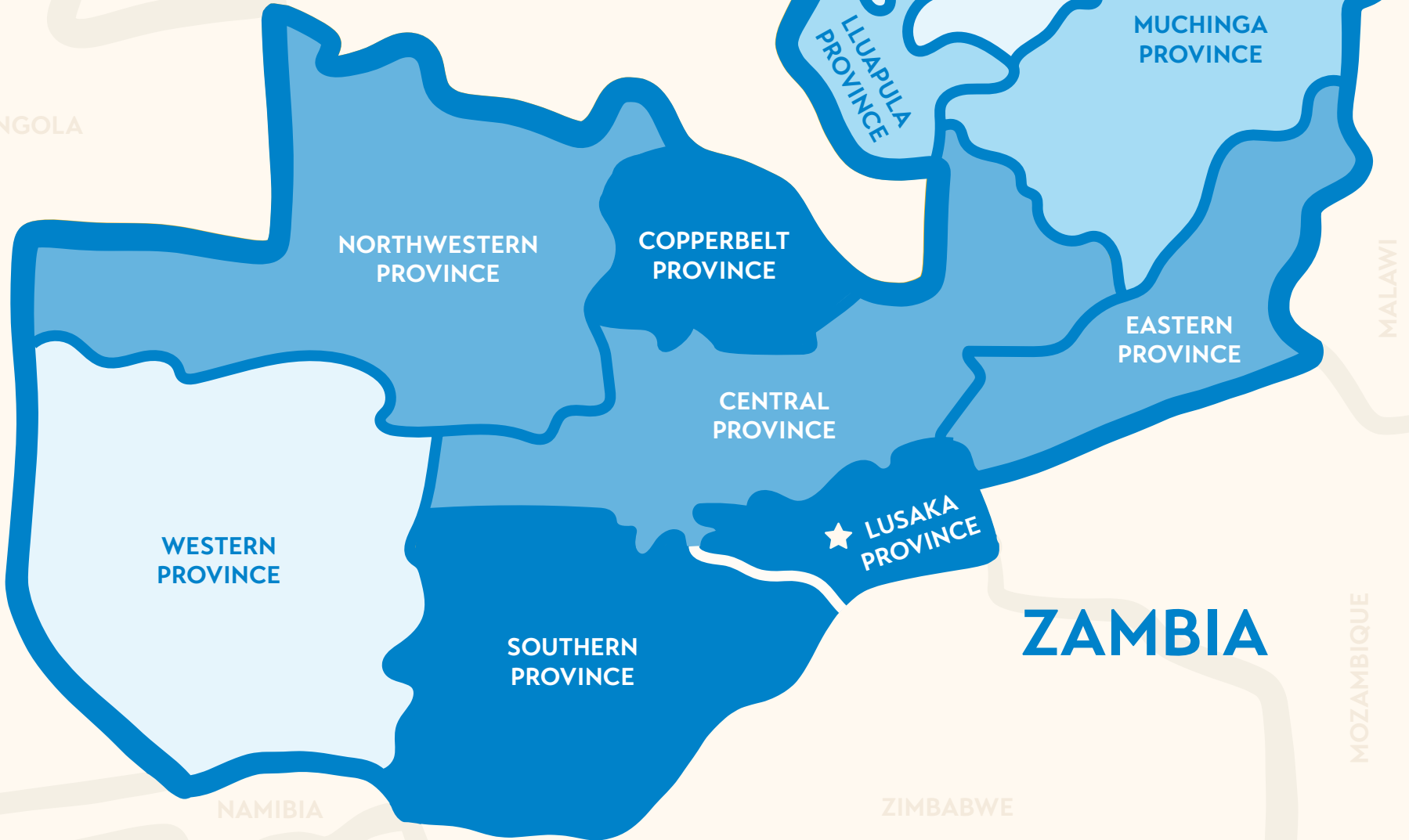
FY22

FY23

FY24

FY25

ANGOLA



MALAWI

## ZAMBIA

MOZAMBIQUE

NAMIBIA

BOTSWANA

ZIMBABWE

## SCALE STRATEGY

# Influencing Policy Across the Region

Based on the success in Zambia, large organizations like USAID and UNICEF are showing an increasing interest in Healthy Learners' intervention as a potential model for the region. USAID recently invited Lonnie Hackett, President of Healthy Learners, to join a newly formed Global Advisory Committee on school health.

In this role, he will be involved in an upcoming project to review and strengthen the systems and policies that support health programming for Kenya, Malawi, Senegal, and Uganda. The aim is to recommend high-impact health interventions and practical improvements for national policies in order to support strengthened school health programming in the four countries.

“Our ultimate goal has always been for Zambia to serve as a proof point for other countries to adopt the model. This engagement is an exciting opportunity to inform regional policies and share our experience with countries across the continent.”

— Lonnie Hackett, President of Healthy Learners





RESEARCH & DEVELOPMENT

Leveraging technology and  
data to **scale our impact.**





## RESEARCH & DEVELOPMENT

# Optimizing Data Analytics

Healthy Learners has worked with THINKMD since 2018 to build our technology and data analytics solutions. This includes the clinical decision support system used by our School Health Workers. The application enables seamless data collection as schools screen children and implement the program, which is generating a large database on schoolchildren's health. The data enables us to effectively monitor disease trends throughout our network of schools, detect potential outbreaks, customize program content to local needs, and provide tailored feedback to our partners.

We have partnered with the Rippleworks Foundation to develop algorithms to automate data analysis and delivery to our partner schools and health facilities — improving decision-making, program performance, and quality standards. Last year, we partnered to strengthen our backend data infrastructure. As part of this engagement, we designed an improved data model and selected a platform to consolidate our different data streams. This will support the capacity and functionality of our monitoring and evaluation systems as we scale.



## RESEARCH & DEVELOPMENT

# Piloting Catch-up Immunizations

We are working with GAVI, the Vaccine Alliance, and Johns Hopkins University to evaluate a school-based catch-up immunization program.

For the pilot, we are leveraging our model to identify under-immunized schoolchildren and work with parents, teachers, and health facilities to support access to — and uptake of — catch-up vaccinations. Our School Health Workers coordinate identification of students and community sensitization, while nurses from the partner health facilities administer the vaccine doses. GAVI is working with the Ministry of Health to strengthen its supply chain and ensure adequate stock is available.

### Piloting School-Based Mental Health Services

Last year, Healthy Learners partnered with StrongMinds Zambia to pilot school-based tele-therapy sessions for children with signs and symptoms of depression. The pilot targeted students in grades 6 through 9 across 10 schools in Choma District. Overall, results from the pilot were quite positive. We observed strong demand for the intervention among teachers, parents, and students. The efficacy of the intervention was high: 75% of children had minimal signs of depression following completion of the therapy sessions.

As the tele-therapy relied on external StrongMinds facilitators, we do not feel the intervention, as currently constructed, aligns with our scale strategy. We are continuing discussions with StrongMinds to explore whether different iterations of its intervention could scale through our model in the future.





## RESEARCH & DEVELOPMENT

# Upcoming Randomized Control Trial

Through a randomized control trial, a team of economists from around the globe will continue to assess the impact of our model as we scale.

We are working with health, education, and development economists from the London School of Economics, Swiss Tropical and Public Health Institute, the University of Virginia, and the University of Zambia to plan a cluster-randomized control trial. The trial will be embedded in the planned rollout of the program in 120 schools across the Copperbelt Province.

Building on the strong results from our previous controlled evaluation published in 2019, this evaluation will continue to assess the impact of the program on health and education outcomes in urban and rural schools. The evaluation will generate additional evidence to support the replication of our model in other countries in the region.



**EXPANDING OUR TEAM**

We are building a **world-class organization** to support our ambitious growth.



## EXPANDING OUR TEAM

# Organizational Development

Healthy Learners has continued to strengthen the core management team and build staff capacity in order to support the ambitious plans for growth.

This past year, the organization grew from 45 to 96 employees. In line with our commitment to diversity, inclusion, and local ownership, 97% of staff are Zambian and half are female.

### A Culture of Diversity and Inclusion

The members of our staff cover a broad spectrum of lived experiences and ages, representing 10 tribal groups and speaking a combined 10 different languages. Our employees include individuals with varying educational backgrounds from urban and rural areas. Many of our team members come from low-income backgrounds and are the first members of their families to attain a college-level education.

We have designed our human resources systems to support equity and inclusion at every level of the organization. We are careful to recruit and cultivate individuals who are a strong fit to our organizational values — humble, hungry, smart — and promote our positive organizational culture, productive partner relationships, and strategic mindset.

Our annual staff retention rate was 94% last year, reflecting high employee satisfaction and a culture where everyone is valued.



## EXPANDING OUR TEAM

# Staff Highlights

### Mutinta Mukonde

Mutinta has more than a decade of experience managing human resource operations and compliance in the public and private sectors. As People and Culture Manager, Mutinta manages our HR functions and oversees recruitment, onboarding, and staff development.

### Musa Mutonga

Musa is a project management specialist with more than nine years of hands-on experience. Prior to joining Healthy Learners, he worked for Mary's Meals, an international school-feeding organization, as their Programme Development Lead. As our Regional Program Manager, Musa is responsible for overseeing program operations across our district sites.

### Emmanuel Serenje

Emmanuel is a data management specialist. Prior to joining Healthy Learners, he worked for Broadreach and the Institute for Health Measurement, Southern Africa. As Data Management Analyst, Emmanuel is responsible for the management, architecture, security, and integrity of our data systems.







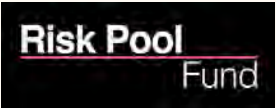
## SIGNS & SYM

- FEVER • CHEST PAIN
- HEADACHE • DIFFICULTY
- SHORTNESS OF BREATH
- SORE THROAT.



# Our Partners

Our partners share a mutual concern for the health of current and future generations. Their unwavering support continues to be key to the success of the Healthy Learners mission.





# Our Supporters

Your support means more healthy learners.

## \$1,000,000+

Hawk Rock Foundation\*  
Karakin Foundation\*  
MacKenzie Scott  
UBS Optimus Foundation

## \$500,000 – \$999,999

Cartier Philanthropy\*  
CRI Foundation\*  
Formanek Foundation\*  
James Percy Foundation\*  
Jasmine Social Investments\*\*  
Mulago Foundation\*

## \$250,000 – \$499,999

Dovetail Impact Foundation  
Draper Richards Kaplan  
Foundation\*  
Silicon Valley Community  
Foundation\*

## \$100,000 – \$249,999

Jester Foundation  
Planet Wheeler Foundation  
Segal Family Foundation\*

## \$50,000 – \$99,999

RA5 Foundation\*  
Risk Pool Fund  
Ronus Foundation

## \$1,000 – \$49,999

Stephanie Dodson Cornell  
and James Cornell Family  
Foundation  
Fidelity Charitable  
Marc Gilmore  
Robert & Kathy Gravino  
Charlie Johnson  
Lise Johnson & Hiram Brownell  
Netri Fundacion  
Deirdre Strachan & Jose Mas

## \$1 – \$999

Tom & Diana Allen  
Peter S. & Carol Walker Aten  
David & Susan Badger  
Arlynn Bail  
Susan Bailey  
Michael Anne & Timothy Banks  
Douglas C. Bates & E. Lynn Kay  
Wendy Batson & Bob Eaton  
Nathaniel & Susan Bowditch  
Sean Bowditch & Nancy Hiemstra  
Carol & Mark Brown  
Dave Brown & Jane Covey  
Carolyn Bulliner  
Bruce & MariKim Bunnell  
Ed Campbell  
Bill & Lorna Chafe  
Doug Chamberlain  
Jan Chapman & Bruce Moore  
Patrick Chella  
Thomas Chifuka  
Christina Cromwell  
Charles Deknatel & Catherine Amory  
Charles & Nelia Dunbar  
Cara Endyke-Doran  
Susan C. Greenfield  
Robert Grieshaber  
Richard & Joan Hannah  
Katie Harris  
Paul Hart  
Nancy Hawes

Peter & Carolyn Johnson  
Donna Karl  
Alan & Elise Kaufman  
Eva & Andras Kosaras  
John & Susan LaCasse  
Lily & Harley Laing  
Stephen & Susan Loeb  
Stephen & Susan Loeb  
Meghan Lynch  
Abigail Manny & Bob Patterson  
Robert & Connie McChesney  
John McDermott  
Hal Minis & Pat Hughes  
Peter Monius & Melissa T. Robbins  
Anne Newgarden  
J. Kevin Nugent & Una McGeough-Nugent  
Jon & Marjorie Oxman  
Victor & Evie Papacosma  
Charles Prinn  
Chad Rathner  
Les Schwab  
Peter Smith & Helen F. Smith  
Michael Boucher & Cynthia Stocks  
Arthur & Stephanie Strasburger  
Frank & Carrie Strasburger  
Susan Tananbaum  
Valerie Vetter  
Michelle Viado  
Sylvia Vriesendorp  
Ted & Candy Walworth  
Robert & Ann Williams  
Mary Zulu

\* Multi-year gift

\*\* Includes matching gift from partner

# The Financials

In FY22, Healthy Learners recognized \$7.7 million of revenue — up 94% year-on-year, to keep pace with the accelerated scale-up of our program. Expenditure increased by 117% in FY22, primarily due to the growth in our operations.

Launching our national expansion plan was an exciting milestone, and we are grateful to the donors and partners that made it possible. Nevertheless, we understand the significant work that lies ahead for us to raise the necessary resources to honor the commitments we have made with the Zambian Government. We are excited about the opportunity this provides to expand our relationships with new donors and foundations to reach our ambitious goals and ensure children receive their right to health.

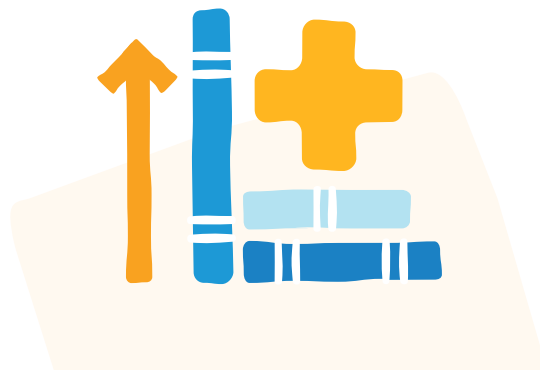
Healthy Learners is working to raise nearly \$30 million to support the scale-up of our operations from 2022 through 2025. We have raised \$11.5 million in funding and commitments towards our \$28 million goal. We aim to raise another \$10.5 million from existing partners and anticipate \$6 million to be raised from new funding sources.

**\$11.5M**

*in funds and  
commitments raised*

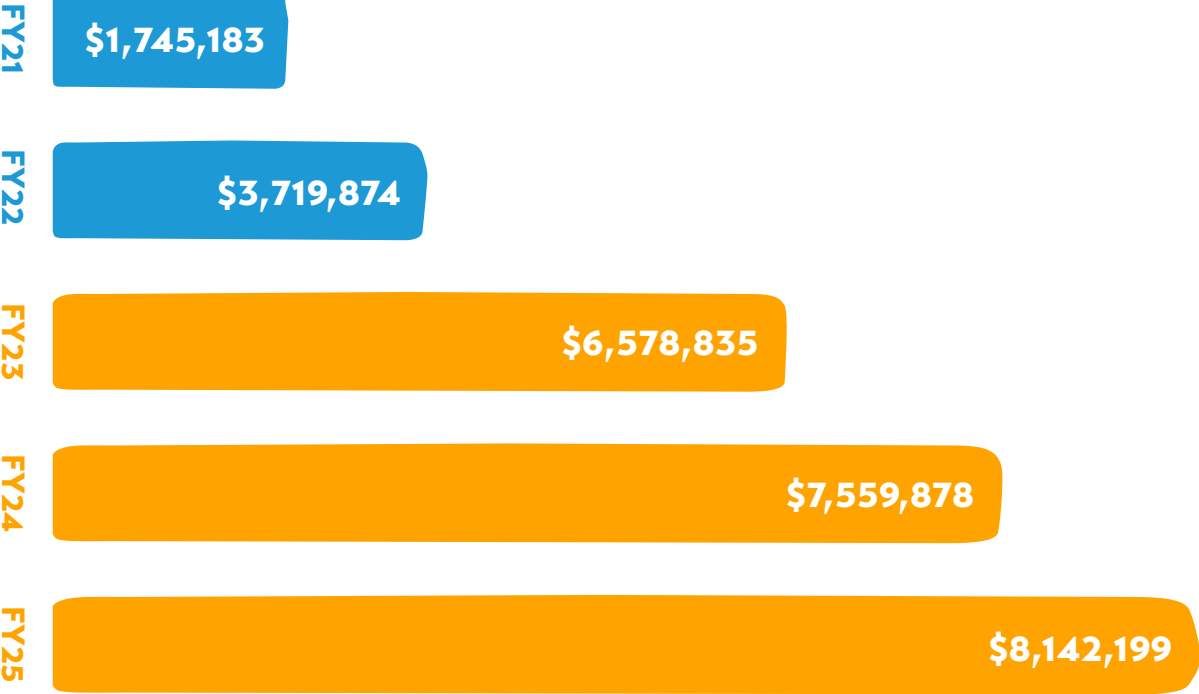
**\$28M**

*fundraising goal  
for FY22 – FY25*



# Operating Budget

Annual operating needs will continue to increase as we scale our program, expand our team, initiate our randomized control trial, and enhance our technical assistance to the Zambian Government. Healthy Learners' operating budget is \$6.6 million for FY23 – a 77% increase year-on-year.

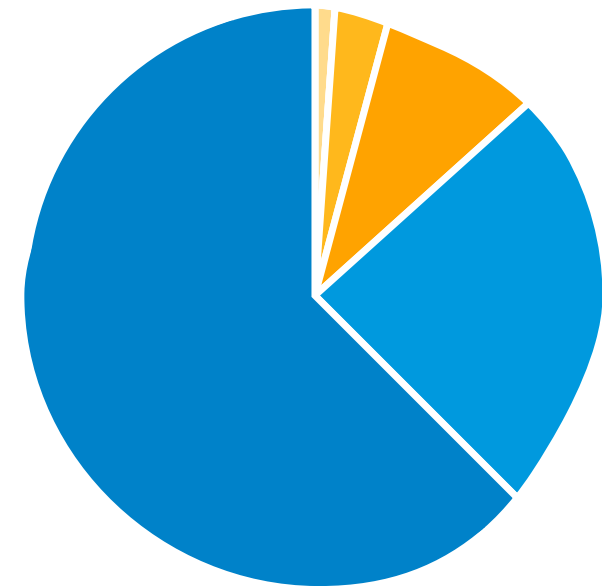


*Actual and Projected Operating Budget: FY21-25*



# Breakdown of Revenue and Expenses

	FY2022	FY2021
<b>REVENUE</b>		
<b>TOTAL REVENUE</b>	<b>\$7,676,610</b>	<b>\$4,043,428</b>
<b>EXPENSES</b>		
Program	\$3,035,045	\$1,454,803
Admin	\$572,656	\$230,009
Fundraising	\$110,960	\$60,371
<b>TOTAL EXPENSES</b>	<b>\$3,718,661</b>	<b>\$1,745,183</b>
Foreign currency translation	\$135,363	(\$17,921)
<b>CHANGE IN NET ASSETS</b>	<b>\$4,093,312</b>	<b>\$2,280,324</b>



Allocation of Program Expenses FY22

**62%**

Cost to  
set up model

**24%**

Cost to  
sustain model

**9%**

Research &  
development

**3%**

Technical  
assistance  
& advocacy

**1%**

COVID-19



## OUR TEAM

### BOARD OF DIRECTORS

Lise Johnson, MD, *Chair*

Deirdre Strachan, MPH, DSc., *Vice Chair*

Charlie Johnson, MBA, *Treasurer*

Wendy Batson

Patrick Chella, MBA

Stephanie Dodson Cornell, MBA

Cara Endyke-Doran, MSN, MPH

Philip Giannecchini

Chad Rathner, MSc.

Mary Ozerio Zulu, MD

### STAFF LEADERSHIP

Lonnie Hackett, MSc., *President & Cofounder*

Ignicious Bulongo, *Director of Programs & Cofounder*

Angel Chelwa, MBA, *Vice President of Operations*

Job Milapo, MBA, *Vice President of Administration & Supply Chain Management*

Catherine Samiselo, MPH, *Director of Partnerships*

Zita Zulu, MBA, *Director of Administration*

Natalia Espejo, MPH, *Technical Advisor*

Gabriel Lungu, *Finance Manager*

Musa Mtonga, *Regional Program Manager*

Mutinta Mukonde, *People & Culture Manager*



# HEALTHY LEARNERS

School health for a **brighter future.**

## **U.S. OFFICE**

### **Mailing Address**

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USA

## **ZAMBIAN OFFICE**

Olympia Plot 6574  
Corner of Kazangula and Chainama Road  
Lusaka, Zambia

### **Mailing Address**

P.O. Box GDN 12  
Lusaka, Zambia