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An Overlooked Demographic

For children living in low- and middle-income countries, common childhood illnesses — such as malaria, worm infestation, diarrheal diseases and respiratory infections — result in poor health and keep children out of school for days or even weeks at a time. As nearly all child health programs focus only on children under five, the needs of school children go critically overlooked. Because school-aged children often miss out on healthcare, otherwise preventable and curable illnesses frequently result in life-long health challenges or disabilities. In the short term, these illnesses contribute to school absenteeism, poor academic performance and high drop-out rates; while in the long term, they undermine physical, cognitive and emotional development. Improving the health of today’s school children impacts tomorrow’s adult populations — driving higher educational and economic attainment along with lasting improved health outcomes, all of which are deeply connected. The implications of school children’s poor health on the success of future populations are profoundly troubling — especially because they are preventable.

In Zambia more than 90% of children are enrolled in school, but 35% suffer from repeated illnesses that disrupt their learning and development. The COVID-19 pandemic has amplified these challenges by further undermining children’s access to health and education services.

Every child deserves the 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 non-profit organization improving the health of school-aged children – so they can have brighter futures.
Dear Friends,

Organizations around the world are beginning their annual reports this year with a reference to the COVID-19 pandemic. Never have we all had so much in common and yet never have the divides that separate us – physical, financial, racial, social, political – seemed so deep. In our view, the only way forward is to embrace our interconnectedness, bridge those divides, and address inequities.

And that is exactly what Healthy Learners is doing. As you will read in these pages, this past year has exceeded all expectations. Our school-based community health care model has rapidly scaled in Lusaka and plans are in motion for expansion into other parts of Zambia. When COVID-19 hit, Healthy Learners responded in concert with the government, providing much needed community education as well as lead technical advising on the Ministry of Education’s COVID-19 Guidance for Schools document. The pandemic has underscored the importance and effectiveness of our model, leading to a growing urgency for us to expand as rapidly as we can. Our partnership with the Zambian government has also strengthened. Healthy Learners served as lead technical advisor on two additional national documents which codify our model as national policy: the Ministry of Education’s School Health and Nutrition Guidelines and the Ministry of Health’s Health Promoting School Strategy.

We are profoundly grateful to our funders who share in our conviction that no child should be denied access to healthcare and that securing that human right is an investment in our collective future. Co-founder and President Lonnie Hackett is leading an extraordinary and growing team in Lusaka. We thank each and every member of the team for bringing enormous creativity, energy, and dedication to their work – you are the engine turning our convictions into reality. Well-deserved congratulations go to Lonnie for being named by Forbes on its “30 Under 30: Social Impact” list. Finally, if you are just getting to know Healthy Learners, welcome. We hope you consider joining us.

Keep safe, stay well, be the change.

Zikomo kwambiri,

Lise Carolyn Johnson, MD Chair, Board of Directors
2019-2020 Achievements

WORKING TOWARD NATIONAL GOVERNMENT ADOPTION
This year we expanded our engagement with the Zambian government in several significant ways. First, we led the development of two important policy documents: the Ministry of Education's National Guidelines for School Health and Nutrition and the Ministry of Health’s Health Promoting School Strategy. These documents effectively establish our model as national policy. Second, we led the development and implementation of the government’s COVID-19 school guidelines – helping Zambia become one of the first countries on the continent to re-open its schools. And finally, the Ministry of Education made the significant investment of establishing a School Health and Nutrition (SHN) Department, which led to the creation of multiple new positions, including a director to serve in a senior leadership role within the ministry. This institutionalizes our intervention within the Ministry’s planning and budgeting processes, creating a key mechanism for government adoption.

STRENGTHENING UNIT COSTS
Over the past year, we reduced our model’s annual ongoing cost by 12% to $2.46 USD per child. We have already achieved significant efficiencies around program management, data management and data analytics through realized economies of scale and automation. We anticipate further reducing our unit cost to $2.25 by 2022.

HARNESSING TECHNOLOGY TO INCREASE IMPACT
In partnership with ThinkMD, we launched a new mobile application that helps School Health Workers (SHWs) perform clinical assessments to effectively diagnose sick children. The application employs the same logic and integrated clinical approach used by physicians – providing automated age- and weight-specific triage, treatment and follow-up recommendations. The application captures data as SHWs screen, diagnose, treat and follow up on sick students, which is used to generate customized performance reports and recommendations for schools and teachers. The data captured enables reliable, low-cost health surveillance across our network of schools in order to monitor health trends, identify outbreaks, customize program content and inform decision making. Work is underway with the CDC and Ministry of Health to integrate our data into the government’s existing surveillance systems.
Leading Through COVID-19

A NIMBLE RESPONSE TO A GLOBAL CRISIS

Deep ties with the Zambian government, established community networks and our staff’s capacity for innovation enabled a strong response to the crisis.

At the onset of the pandemic, we leveraged our model and existing partnerships to support the Ministries of Health and Education to deliver accurate information throughout schools, health facilities and the community. We supported the government to develop health education material, hold radio broadcasts and public service announcements, train community leaders and distribute handwashing stations, cleaning supplies and PPE to schools and health facilities in Lusaka. The COVID-19 pandemic continues to demonstrate the importance of our school health model in preventing the spread of infectious disease, ensuring children’s ongoing access to healthcare and keeping schools open so children can continue to learn.

SUPPORTING POLICY DEVELOPMENT AND IMPLEMENTATION

Reopening schools in Zambia

Following the Presidential announcement in May 2020 that schools would begin to reopen on June 1, the Ministry of Education appointed Healthy Learners as its lead technical advisor. We played a critical role in developing national guidelines for COVID-19 prevention along with control measures to facilitate the reopening and ongoing management of schools. The guidelines were quickly adopted by the government as policy and distributed to all of Zambia’s schools.

ONGOING RESILIENCY

A surge in demand for our school health model

When schools reopened in June, the disparity between those that had and those that hadn’t adopted our model was strikingly clear. Schools within our program were uniquely positioned with the necessary infrastructure, training and leadership to oversee effective physical distancing, disease management and sanitation. As a result, both the local government and individual schools have urged us to accelerate our expansion plans.

Eager to meet this demand, we adopted an ambitious plan to scale our model to all public primary schools in Lusaka by December 2020, more than doubling the number of schools in our program to serve 250,000 students. This expansion came at the request of the Ministry of Education, which sees Lusaka as a pilot district and is committed to working with us to expand the program nationally. Our ultimate goal is for Zambia to serve as a model for how countries throughout the region can improve the health of school children.
THE HEALTHY LEARNERS MODEL

Helping students thrive through school-based community health

Creating a robust network of partnerships among the schools, clinics and the Ministries of Health and Education, Healthy Learners turns schools into principal points of entry to the healthcare system.
INTEGRATE WITHIN EXISTING STRUCTURES
We’ve found the most effective way to provide healthcare for school-aged children is to work where many already are — their schools — and train the people they already spend most of their time with — their teachers.

TRAIN TEACHERS AS SCHOOL HEALTH WORKERS
Using the community health worker model, we train and equip teachers to become School Health Workers to support, monitor and respond to the health of students. When a student becomes sick, SHWs make preliminary diagnoses and triage decisions, treating mild conditions at school while making referrals to associated clinics for more severe conditions. The clinics, meanwhile, offer expedited care to those patients referred by SHWs.

ESTABLISH HEALTH ROOMS
We work with school administrators and the local government to establish health rooms at partner schools. We provide seed funding, design assistance and oversight, while the schools themselves arrange for the construction and ongoing maintenance. The health rooms serve as locations where children know they can go to receive care from a SHW when they are not feeling well.

PROVIDE PROACTIVE CARE
By working within the school and with the teachers, our model is able to proactively monitor the health needs of students. We use three mechanisms to ensure schools quickly identify and respond to sick children:

1. **Schools establish a buddy system.** All students are placed into ‘buddy groups,’ in which they are responsible for looking after their fellow classmates and reporting to their teacher when a ‘buddy’ is unwell.

2. **Teachers monitor the health of their learners.** All classroom teachers look out for children who appear unwell and send these children to the health room.

3. **Leveraging school attendance for health monitoring.** Schools review daily attendance records and follow up on absent students.

SCREEN AND TREAT
Once students are identified as unwell, they are assessed by a trained School Health Worker who uses a mobile clinical assessment and diagnostic application to assess children and determine the appropriate course of action. SHWs maintain a first aid kit to address minor ailments directly within the school.

ESTABLISH REFERRAL SYSTEMS
For more serious conditions that cannot be managed by a School Health Worker, they have the tools available to refer the student to a health facility. Because the teachers assess and triage students before referral, the health facility fast-tracks their care. In addition, if a student requiring immediate care cannot be transported to a health facility by a guardian, SHWs take them to a clinic to receive the required care.
MAKE CARE CONTINUOUS
School Health Workers follow up with students after their initial assessment to monitor their health — until the children are deemed healthy again — to ensure they receive the care they require and are able to successfully return to school.

MONITOR HEALTH
School Health Workers collect data through their digital clinical assessments of students — generating an enormous database on school children’s health. As a result, we are now able to monitor disease trends throughout our network of schools. This enables us to detect potential outbreaks early and to customize program content to local community needs.

STRENGTHEN HEALTH EDUCATION
We work with school administrators to establish designated times in the school schedule for health education. Our School Health Workers both teach the course and help other faculty members to do so. Data collected by School Health Workers through their digital clinical assessments enables us to tailor health education topics to local disease trends.

PROVIDE PREVENTATIVE CARE
School Health Workers partner with local government health facilities to deliver preventative medical interventions to school-aged children, such as biannual deworming, vitamin A supplementation, organizing students to receive immunizations from medical professionals and generally raising the community’s consciousness of health issues.

The Impact
A prospective matched controlled impact study published in May 2019 by researchers from the Harvard T.H. Chan School of Public Health followed students in seven intervention schools and seven control schools. Results demonstrated that the Healthy Learners model led to significant improvements in healthcare utilization and education along with increased trust in teachers and local healthcare facilities. Overall, children in the program were 38% less likely to be sick than those at schools without the program. We plan to initiate a follow-up stepped-wedge cluster randomized trial in 2021 when we scale the program into the Copperbelt Province.

38% reduction in student morbidity
52% reduction in odds of stunting
48% increase in vitamin A and deworming coverage
22% increase in student knowledge of healthcare

See the study at bit.ly/healthy-learners

“My training as a School Health Worker has allowed me to pursue my passion for health and have a meaningful impact in my community. Because of the program, children are healthier, absenteeism has reduced and students are learning. It has been a dream come true.”
- Chipo Chisango, School Health Worker
Why Our Model Works

The Healthy Learners model harnesses technology and leverages the government’s existing infrastructure of schools and health facilities, which reduces operating costs, promotes local ownership and helps ensure the permanence of school health. It is the only model of its kind in operation that effectively trains teachers as community health workers and establishes schools as an integral part of the primary healthcare system.

The education sector is the custodian of children from age five up to adulthood and provides a rare opportunity for sustained contact. Because schools are where children spend most of their time, teachers are well positioned to deliver health education, coordinate preventive care and monitor and respond to student health. As a result, schools are a highly effective and efficient platform for the provision of low-cost, high impact health services. Our model has an annual cost of less than $2.50 per child, equal to just ~1% of what Zambia already spends on primary school education.

We are confident that our careful attention to unit cost, our approach of leveraging and integrating into existing systems, the policy adoption of our model, the establishment of a SHN department within the MOE and our strong overall partnership with the government lays the best possible groundwork for continued successful transfer of administrative and financial ownership for government adoption.

Our model has an annual cost of **less than $2.50 per child**, equal to **just 1%** of Zambia’s expenditure on education for primary school children.
By the Numbers

TOTALS AS OF JUNE 2020

Student population served
110K

Government schools served
45%
of public schools in Lusaka

Active School Health Workers
375

FYE2020

Sick child assessments
23,483

Follow-ups on sick children
18,723

Students referred to health facilities
6,644

Health education lessons provided
6,093

Students treated at school
21,314

Deworming and vitamin A treatments provided
96,133

“The school health program has really helped improve the health of children in our community. The health of school-aged children had been marginalized for a long time, but with the school health program on board... we have been able to overcome this gap and provide better care for these children. The school health program has also helped us identify and address the trending diseases in schools that urgently require our attention.”

- Martha Mwila, School Health Coordinator
Progress Toward Scale

A SIMPLE, AFFORDABLE AND EFFECTIVE MODEL FOR ZAMBIA AND BEYOND

Starting in Zambia, we are building a model to improve the health of school children throughout all low- and middle-income countries.

We are supporting the Zambian government to build a national school health program. This past year, the Healthy Learners model was established as government policy through three national documents: the MOE’s School Health and Nutrition Guidelines and COVID-19 Guidelines for Schools as well as the MOH’s Health Promoting School Strategy. These documents establish the policy foundation for national adoption.

In FY2019-2020, we grew our program by 50% to serve more than 110,000 students. As we continue to accelerate our scale-up, we will more than double our coverage to reach all of public schools in Lusaka by December – serving a total of 250,000 students. At the request of the government, we will begin to scale our model in the Copperbelt Province in 2021, a key step toward national adoption. Our ultimate goal is for Zambia to serve as a model for how governments throughout Africa and the rest of the world can improve the health of school-aged children.

<table>
<thead>
<tr>
<th></th>
<th>FYE19</th>
<th>FYE20</th>
<th>FYE21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total students served</td>
<td>73,580</td>
<td>111,422</td>
<td>250,000</td>
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<tr>
<td>Primary health facilities</td>
<td>7</td>
<td>11</td>
<td>29</td>
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<tr>
<td>Government-run schools</td>
<td>29</td>
<td>45</td>
<td>105</td>
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BOARD OF DIRECTORS

Lise Johnson, MD, Chair
Deirdre Strachan, MPH, DSc., Vice Chair
Charlie Johnson, MBA, Treasurer
Carol Walker Aten, Secretary
Wendy Batson

Patrick Chella, MBA
Stephanie Dodson Cornell, MBA
Cara Endyke-Doran, MSN, MPH
Jon Oxman, JD
Mary Ozerio Zulu, MD

STAFF LEADERSHIP

Lonnie Hackett, President & Cofounder
Ignicious Bulongo, Director of Programs & Cofounder
Catherine Samiselo, Director of Partnerships
Zita Zulu, Director of Administration
Natalia Espejo, Technical Advisor
Nicholas Shiliya, Senior Monitoring, Evaluation & Learning Lead
Gabriel Lungu, Finance Manager
Expanding Our Team

We welcomed several new team members this past year to effectively respond to the growing demand for our model and accelerate our scale-up in Lusaka. Our staff is now 34 people all based in Zambia, which includes health, research, policy, advocacy, finance and administration experts with decades of experience. Healthy Learners benefits from its strong local leadership and extensive experience working alongside and building relationships with the government.

STAFF HIGHLIGHT

Our Director of Program Expansion, Ignicious Bulongo, had a breakout year leading our COVID-19 response and overseeing the acceleration of our scale-up in Lusaka. Leveraging his years of experience in the health sector, Ignicious has worked with our President, Lonnie Hackett, to effectively lead us through these unprecedented times. Ignicious spent the first 15 years of his career with the Zambian Ministry of Health. Prior to joining Healthy Learners, he served as the director of the Ng’ombe Health Centre. Under his leadership, Ng’ombe became Zambia’s first health facility to integrate HIV/AIDS services into outpatient care and the first facility to implement an electronic record-keeping system. Ignicious holds degrees in both hospital management and clinical medicine, as well as an advanced diploma in Participatory Learning Methods which he received in Japan through sponsorship by the Japanese International Cooperation Agency (JICA).
In 2020, we partnered with the Rippleworks Foundation to strengthen our data analytics capabilities for decision making, program quality control and performance management as we scale. Through this partnership, we developed new data systems and algorithms to efficiently analyze school and teacher performance, generate specific data-driven recommendations and streamline how we share findings with our implementing partners (e.g. schools and health facilities).
The Financials

In FYE20, Healthy Learners raised $1.8 million, up 80% year-on-year, to keep pace with the accelerated scale-up of our program.

While our financials are sound, the surge in demand for our model and resulting acceleration of our scale-up plan has increased pressure on our fundraising to match the growth of our programs and work with the Zambian government.

Demand for a COVID-19 response, accelerated expansion plans and the urgency of the government’s request pushed us to mobilize resources quickly in order to confirm our commitment. At this pivotal moment, we require additional resources to respond to the current extraordinary circumstances and position ourselves for accelerated growth and national adoption.

$1.8M in cash donations raised

7 new institutional funders

Healthy Learners has an operating budget of just under $2 million for FYE21. Financial needs will continue to increase significantly as we scale our program to the Copperbelt Province, support our existing program in Lusaka, initiate a follow-up external randomized controlled evaluation, enhance our technical assistance to the Zambian government and maintain our growing momentum as we move toward national adoption.

PROJECTED OPERATING BUDGET

Healthy Learners has an operating budget of just under $2 million for FYE21. Financial needs will continue to increase significantly as we scale our program to the Copperbelt Province, support our existing program in Lusaka, initiate a follow-up external randomized controlled evaluation, enhance our technical assistance to the Zambian government and maintain our growing momentum as we move toward national adoption.
# Breakdown of Revenue & Expenses

<table>
<thead>
<tr>
<th></th>
<th>FYE2020</th>
<th>FYE2019</th>
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<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
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<td>$977,635</td>
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<tr>
<td><strong>Expenses</strong></td>
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<tr>
<td>Program</td>
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<td>Administrative</td>
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<tr>
<td>Fundraising</td>
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<td>Total</td>
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<tr>
<td><strong>Net Revenue</strong></td>
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</tr>
<tr>
<td></td>
<td>$825,574</td>
<td>$326,302</td>
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</table>

*Based on FYE20 audited financials. Previous years’ audited financials are available at www.healthylearners.org.

## Allocation of Program Expenses FYE20

- Cost to Set up Model: 40%
- COVID-19: 33%
- R&D: 14%
- Advocacy & Technical Assistance: 7%
- Other: 6%

## Breakdown of Assets & Liabilities

<table>
<thead>
<tr>
<th></th>
<th>FYE2020</th>
<th>FYE2019</th>
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<tbody>
<tr>
<td><strong>Assets</strong></td>
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<tr>
<td>Cash and Cash Equivalents</td>
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<td>$276,592</td>
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<tr>
<td>Certificates of Deposit</td>
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<td>$401,520</td>
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<tr>
<td>Contributions and Grants Receivable</td>
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<td>$65,565</td>
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<tr>
<td>Other Receivables</td>
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<tr>
<td>Prepaid Expenses</td>
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<td>$12,094</td>
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<tr>
<td>Property and Equipment - Net</td>
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<td>Total Assets</td>
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<td>$773,328</td>
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<tr>
<td><strong>Liabilities &amp; Net Assets</strong></td>
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<td>Accounts Payable</td>
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<td>Payroll Liabilities</td>
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<td>Total Liabilities</td>
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<td><strong>Net Assets</strong></td>
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<td>Unrestricted</td>
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<tr>
<td>Temporarily Restricted</td>
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<td>Total Net Assets</td>
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<td>$757,958</td>
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*Based on FYE20 audited financials. Previous years’ audited financials are available at www.healthylearners.org.*
Healthy Learners

Plot 6622, Mberere Road
Lusaka, Zambia
healthylearners.org
info@healthylearners.org