

Accelerating progress for school-age children and adolescents through integrated school health and nutrition programming

A UNICEF-WFP collaboration in Eastern and Southern Africa

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Introduction

In 2024, UNICEF and WFP came together to assess the extent of their collaboration on school health and nutrition in Eastern and Southern Africa. Three country case studies of the collaboration in action in Zimbabwe, South Sudan and Malawi were documented to support inter-agency learning and highlight opportunities for strengthening and scaling

up joint efforts to accelerate progress for school-age children and adolescents. This document provides the background to these efforts, summarizes progress of the collaboration and findings from the case studies, and provides lessons learned and recommendations for accelerated action.



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The impact of school health and nutrition programming is bi-directional. Investing in the health and nutrition of learners improves education and learning, and schools provide an ideal platform to reach learners with services to support their healthy growth and development.

The challenge: A dual learning and health and nutrition crisis

Learning poverty

African Governments have made substantial progress in improving access to education over the past two decades, resulting in more children enrolling in and completing school. Between 2000 and 2022, across Sub-Saharan Africa, primary school enrolment increased from 81% to 99% and secondary school from 25% to 45%.¹ However, the quality of education remains extremely poor. An estimated 9 out of 10 children in Sub-Saharan Africa currently experience learning poverty, meaning that they are unable to read or understand simple text by the age of 10 years.² Education outcomes are also highly inequitable, with children from poorer households, rural households, girls, children with disabilities, and

children affected by crisis or conflict more likely to experience learning poverty.

Among the factors driving the learning crisis are poor access to early childhood education, a shortage of trained teachers, outdated curricula, inadequate learning resources, obsolete teaching practices, hunger, poverty and inadequate financing for education. In recent years, these issues have been exacerbated by the impacts of the COVID-19 pandemic, economic instability, conflict and insecurity, and climate related shocks, all of which have deepened educational inequities and hindered progress.





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Poor health and nutrition

School-age children and adolescents in Eastern and Southern Africa are affected by a triple burden of malnutrition. Undernutrition is common in this age group in low-income and rural areas, driven by monotonous plant-based diets comprised of cereals, roots and tubers and low in animal source foods, and poor access to health, WASH and nutrition services. Simultaneously, economic development, urbanization, and the globalization of food supply chains have led to a surge in diets characterized by unhealthy, ultra-processed foods, especially in urban areas. In Eastern and Southern Africa, an estimated 8% of children aged 5-19 years are experiencing underweight, and 11% are experiencing overweight and obesity.³ Micronutrient deficiencies are also common, especially among adolescent girls due to poor quality diets and girls' higher requirements for micronutrients such as iron and calcium.⁴

Children aged 5-19 years also face a double burden of disease, due to risk of both communicable diseases such as malaria, diarrhoea/cholera, measles and vector-borne diseases, and non-communicable

diseases (NCDs) including type 1 and 2 diabetes, chronic respiratory conditions, cardiovascular disease and mental health problems.⁵ NCDs are on the rise in this age group, associated with increased prevalence of overweight and obesity, and now account for 24.8% of disability-affected life years (DALYs) and 14.6% of deaths among adolescents in the region.⁶ Injuries, such as road traffic, drowning, falls, burns and poisonings, are another major cause of death in this age group and children with disabilities are five times more likely to sustain an injury.⁷

Mutually reinforcing, intergenerational crises

The learning poverty and health and nutrition crises overlap and are mutually reinforcing. This is because children who are poorly nourished and sick are less likely to attend school and those who do attend are less likely to learn well and benefit from their educational experience.⁸ Poor education and learning outcomes also drive malnutrition, as children and adolescents who are less educated are more likely to experience poverty as adults and go on to have children who experience malnutrition themselves.⁹

The opportunity: School health and nutrition programming

School health and nutrition programming aims to promote the physical and mental health, nutrition, well-being and development of school-age children and adolescents and the wider school community. School health and nutrition involves a set of integrated and comprehensive strategies, activities and services, described in Box 1, delivered through the education system. Given its multi-sectoral nature, school health and nutrition requires effective collaboration between multiple partners and sectors, including education, health and nutrition, social protection, WASH and food and agriculture.

The potential impact of integrated school health and nutrition programming is bi-directional. Investing in the health, nutrition and wellbeing of learners improves education and learning outcomes.¹⁰ Schools also provide an ideal platform to reach learners with critical services at scale to support their healthy growth and development and build positive health and nutrition behaviours for life. This is important because adolescence provides a "last window of opportunity" to correct nutritional deficiencies and achieve catch up growth following poor nutrition during early childhood. Reaching adolescent girls with health and nutrition services also helps to address gender inequalities by keeping girls in school, and by protecting their future birth outcomes and the health and wellbeing of their children.

School health and nutrition programmes are cost-effective. Evidence shows that in low- and middle-income countries an average of US\$9 is returned from each US\$1 invested in school meals alone, through benefits for health and nutrition, education and social protection.¹¹ Investing in school-based health and nutrition interventions also offers significant returns. For example, deworming costs



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just \$0.35 per child annually and every \$1 invested is estimated to prevent up to 0.33 DALY.^{12,13} Similarly, school-based mental health interventions addressing anxiety, depression, and suicide are estimated to generate \$21.5 for every \$1 invested over 80 years¹⁴. The combined benefits of providing school meals plus education, nutrition and health services are expected to yield even higher returns due to their reinforcing effects.

Box 1: What is school health and nutrition programming?

School health and nutrition encompasses a package of multi-sectoral interventions including:

Policy and legal frameworks that provide an enabling environment at national, subnational and school levels for effective and sustainable integration of school health and nutrition into broader education, health, and nutrition policies, and that support healthy school food environments.

Education for health and well-being delivered through school curricula and extracurricular activities that teach life skills, critical thinking, and decision-making to encourage healthy lifestyles and emotional well-being. Curricula topics include mental health, physical education, nutrition, substance use prevention, and sexual and reproductive health.

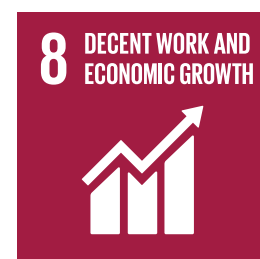
A school environment that fosters healthy physical and socioemotional environments by providing safe water, hygiene and sanitation, nutritious meals, healthy food environments, and inclusive spaces. This includes efforts to reduce bullying and prevent violence, promote emotional well-being, and support students with disabilities.

School feeding programmes that provide daily nutritious, locally sourced meals to prevent all forms of malnutrition, and contribute to healthy, sustainable diets that support school attendance and learning.

School health and nutrition services that provide simple, safe and effective interventions including deworming, anaemia prevention and weekly iron folate supplementation for adolescent girls, vaccinations, nutrition and health screenings including disability screening and referrals, and sexual and reproductive health services.

Adapted from: UNESCO, UNICEF, WFP, 2023. Ready to learn and thrive: School health and nutrition around the world. Paris: UNESCO, UNICEF, WFP

School health and nutrition is essential for upholding children's rights to education, health, food, and services. It is also a powerful lever for achieving multiple Sustainable Development Goals (SDGs), including eradicating poverty (SDG 1), ending hunger (SDG 2), promoting health and well-being (SDG 3), ensuring quality education (SDG 4), advancing gender equality (SDG 5), fostering economic growth (SDG 8), reducing inequalities (SDG 10), and strengthening global partnerships (SDG 17).



Collective action for school health and nutrition

Global, regional and national commitments have been made to invest in school health and nutrition. Among the firsts was the FRESH framework, launched in 2000 at the World Education Forum, through which countries committed to improving school health and nutrition for better education results. Collective action was further accelerated following the COVID-19 pandemic to mitigate its impacts on global education and learning. This included the Global Partnership on Education, inter-agency [RAPID framework](#) and [Transforming Education Summit](#), all of which included commitments to support the health,

nutrition and wellbeing of learners. The School Meals Coalition, coordinated by WFP, has also galvanized global commitment to the universal opportunity for all learners to receive a daily school meal by 2030. So far, 17 countries in Eastern and Southern Africa have signed up, some of which have made specific national commitments.¹⁵ More recently, the Africa Union 2024 [Year of Education](#) has mobilized commitments from Member States and partners across the continent to address education challenges, including through the creation of healthy school environments conducive to learning.



The UNICEF and WFP partnership on school health and nutrition in Eastern and Southern Africa

Both UNICEF and WFP have organisational mandates to support the learning, health and nutrition of school-age children and adolescents (described in Box 2). A close partnership between the two agencies is crucial to provide a holistic package of support to Governments and to contribute effectively to the above global commitments and the meeting of the SDGs. This was articulated in 2020 in a renewed partnership commitment on school health

and nutrition through which UNICEF and WFP joined forces to ensure that millions of vulnerable school children in fragile countries receive health and nutrition support to grow, learn and thrive. To this end, WFP and UNICEF committed to deploy coordinated, complementary operational capacities to support Governments to scale up integrated school health and nutrition programming.

Box 2: UNICEF and WFP programming for school-age children and adolescents in Eastern and Southern Africa

UNICEF works with Governments in Eastern and Southern Africa to support multiple positive outcomes for school-age children and adolescents. UNICEF's education work aims to ensure every child's right to learn across the life cycle from early childhood to adolescence, with a focus on increasing equitable access to learning opportunities and improving learning and skills for all. UNICEF aims to prevent all forms of malnutrition in school-age children (5-9 years of age) and adolescents (10-19 years of age), including through school-based programmes that improve access to diets, services and optimal nutrition practices.

UNICEF works with Governments to serve a school-age population of over 221 million children and adolescents with education services.¹⁶ This includes reaching 12 million out-of-school children aged 6-17 years (out of the total population of 47 million)¹⁷ with UNICEF-supported education programmes.¹⁸ UNICEF is reaching over 6 million school-age children and adolescents¹⁹ in the region with school-based nutrition interventions, including iron and folic acid supplementation and deworming, skills-based nutrition education, SBC initiatives, and efforts to ensure healthy school food environments including nutrition guidelines and standards for foods in schools. UNICEF also supports governments to reach out-of-school children and adolescents with nutrition and other services. In some countries, UNICEF is also supporting school-based immunisations, and vision and hearing screening and referrals.

WFP works with governments and partners to ensure that all eligible schoolchildren have access to healthy, safe and nutritious meals in school, and access to a broader integrated package of school health and nutrition services. Whenever possible, WFP sources food for school meals from local smallholder farmers, supporting local agriculture and boosting local markets, while promoting the adoption of healthier diets for school children and their families.²⁰

In Eastern and Southern Africa, WFP directly supports 5.7 million children with school meals, and a further 30.8 million through national governments. WFP also offers technical assistance and capacity strengthening to enhance the quality, coverage and digitization of national school feeding programmes, and to support in the design and monitoring of new and existing initiatives. WFP also supports Governments in the formulation and integration of relevant policies, and resource mobilization and advocacy for school meals expansion.

As of November 2024, of the 17 countries where WFP has operational presence in Eastern and Southern Africa, UNICEF and WFP are actively collaborating in 10. In six of these countries – Angola, Kenya, Lesotho, Madagascar, Uganda, and Zimbabwe – the agencies are working together to contribute to the development, revision, and implementation of national health and nutrition strategies and programmes. In several cases, this has resulted in commitments by Government to scale up integrated school health and nutrition programming.

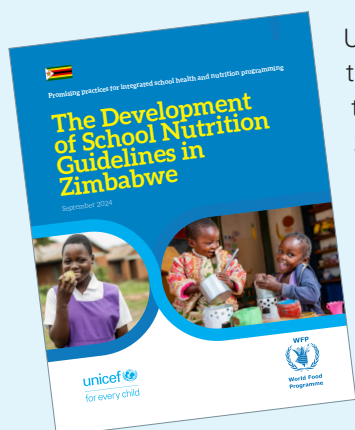
In four countries the agencies are closely collaborating on joint donor-funded projects that

include school health and nutrition. This includes school-based components of the KfW Development Bank funded resilience programmes in Ethiopia, Somalia and South Sudan, and the joint UNICEF, WFP and United Nations Population Fund (UNFPA) Joint Programme on Girls' Education in Malawi.

The collaboration has led to enhanced results including children's school attendance, retention and learning outcomes, in addition to health and nutrition benefits, in several countries. Three examples of this were documented as case studies to support inter-agency learning. Results and learnings are described as follows.

Case study one:

Development of School Health and Nutrition Guidelines in Zimbabwe



UNICEF and WFP provided technical and financial support to the Government during 2022 to develop National School Nutrition Guidelines.

The purpose was to guide national roll-out of a sustainable package of nutrition and health services in primary and secondary schools to enhance children's nutrition, health, development and learning.

The package includes delivery of nutrition services (nutrition screening, micronutrient supplementation and deworming), school meals using the home-grown school feeding (HGSF) approach, nutrition education, and actions to support healthy school environments and enhanced physical activity. Adolescents were engaged through consultative workshops to inform the development of the guidelines and accompanying SBC messages.

Results highlight the advantages of UNICEF and WFP advocating as one voice to Government for an integrated school health and nutrition approach, and the need to engage with stakeholders across multiple sectors to support converged programming. The case study also demonstrates the need to include youth in the design of programmes that affect them,

especially SBC interventions, using the principle of “nothing for us without us” and then need for policy reform to improve school food environments in the context of increasing overweight and obesity.

WFP is supporting the Government to develop mechanisms to support scale up of the HGSF approach. UNICEF supported the piloting of health and nutrition aspects of the guideline in Makoni district in 2022, lessons from which are being used to shape the design of the national programme which is now being rolled out in 18 out of 63 districts.



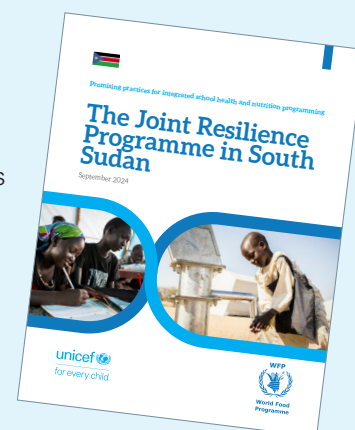
Case study two:

The Joint Resilience Programme in South Sudan

UNICEF and WFP collaborated between 2019 and 2024 to deliver a package of services for improved, safe and productive learning environments in 85 schools in urban and peri urban areas in four districts, as part of the German Development Bank (KfW) funded Joint Resilience Programme (JRP). The agencies worked together to provide quality education services, improved school and WASH infrastructures, child protection services, regular diversified school meals, deworming, nutrition education and the establishment of school gardens to support school meals and agricultural learning.

Results showed positive impacts on school enrolment and school retention in participating schools, although assessments of learning outcomes showed no observed impact. Results were enhanced for children whose families also received productive safety nets support as part of the wider JRP. The programme is now being extended into two more fragile districts, with design modifications to improve impact.

The programme demonstrates that providing a holistic package of interventions within schools and the wider community has potential to build population resilience in fragile contexts. In this context UNICEF and WFP worked very well together to provide a coordinated, complementary package of services. Accelerated impact on learning may require further investments teacher capacity as school attendance increases, and enhanced community SBC to increase completion rates. Continuous engagement with the community is a key enabler for success and can lead to support for school-based actions such as school gardens and HGSP, especially when wider community livelihoods support is also provided. In fragile environments, significant external investment from multiple partners is needed to build systems to support sustained change, as well as careful monitoring of multiple indicators to demonstrate impact.



Case study three:

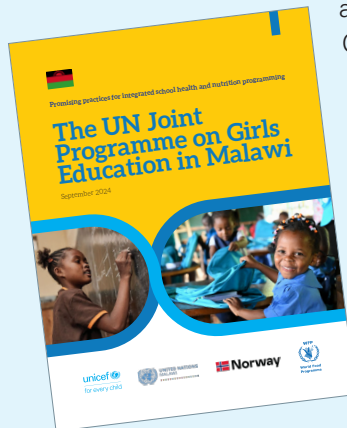
The Joint Programme on Girls' Education in Malawi

UNICEF, WFP and UNFPA provided joint technical support to the third phase of a Joint Programme on Girls' Education (JPGE) between 2021 and 2024, led by the Government of Malawi with funding from the Royal Norwegian Government. Over 300,000 children and adolescents aged 10-24 years were reached with an integrated package of services across four districts. This included provision of gender-transformative education materials and capacity building of teachers, improved school WASH infrastructures, nutrition education, the establishment of school vegetable gardens and fruit orchards, daily healthy school meals using the HGSGF approach, and nutrition and reproductive health services. Out of school children were reached with skills training and support, and parents and community members continually engaged to provide support for positive outcomes.

Monitoring and evaluation revealed improved learning, and reduced gender differences in dropout rates. Food provision was found to be the major driver of school

attendance. The programme demonstrated the complementarity of different components and the potential for integrated, holistic approach to support multiple outcomes for school children. The joint agency approach coordinated through government mechanisms enabled the programme to benefit from each UN agency's expertise to tackle drivers of vulnerability. The project showed that school meals provide a strong pull factor for school attendance (e.g. children transferring from schools without meals) but must be rolled out across all schools to avoid unintended consequences. Actions within the wider community are important to support school

attendance and completion, especially for girls, and to reinforce positive behaviours at home. Gender transformation is key to support gender equity in education and learning, especially when parents and the wider community are involved, but must also involve boys to avoid unintended resistance. The careful selection of indicators along learning, health and nutrition impact pathways is needed to provide evidence to support scale up. Lessons are now being used to inform national school health and nutrition policies and programming.



Lessons learned on school health and nutrition programming

Overall approach and collaboration

Using schools as a platform to provide children with a daily, nutritious meal and health and nutrition services alongside their education is a proven approach that enhances multiple positive outcomes, builds resilience and is relevant for all contexts in Eastern and Southern Africa.

UNICEF and WFP both have important roles to play in demonstrating the positive impact of school health and nutrition, leveraging policy opportunities, and building Government capacities for scale.

Global and country level partnership agreements between UNICEF and WFP on school health and nutrition have been an important enabler for joint action.

Programme coordination, design and implementation

School health and nutrition is most effective when education, nutrition, health, WASH and child protection services are delivered in the same schools and communities. This requires multi-sectoral and inter-ministerial coordination, a shared vision, and coordinated implementation via the education system.

Engaging children and adolescents in the design and implementation of programmes and messages that affect them, adopting the principle of “nothing for us without us”, and cross-cutting social and behaviour change (SBC), improves uptake of positive behaviours and programme effectiveness.

School health and nutrition can contribute to gender transformation, especially when education, health and nutrition services are designed to overcome access barriers for girls, and when girls, boys and community members are engaged in positive gender SBC interventions.

Actions beyond schools

Engaging communities including parents and community leaders, can help to increase school enrolment and attendance, especially of girls, reinforce positive health and nutrition behaviours at home, and can mobilise support for school programmes, including school gardens and HGSE.

School-based services must be accompanied by community-based services made accessible to adolescents, including for sexual and reproductive health, antenatal care for pregnant teens, and further nutritional support where needed.

Healthy school food environments require policy engagement to influence education and nutrition policies and regulations, support access to diverse, nutritious foods, and restrict access to unhealthy, ultra-processed foods and beverages. HGSE can contribute to this agenda by improving the availability of nutrient dense foods on local markets.

Many children remain out of school in Eastern and Southern African countries. Further investments are needed to reach these children with learning, health and nutrition services, and to overcome persistent barriers to education such as poverty and gender disparities. Nutrition support, including meals, also need to be provided to places of early learning to support the nutrition of younger children and school readiness.

Considerations in fragile environments

School health and nutrition can be used in fragile environments to reach vulnerable school-age children and adolescents with multiple services to support positive outcomes and build resilience to crises.

Efforts to address underlying vulnerabilities to shocks can be built into school health and nutrition programmes, for example by building climate resilient

school gardens, using recycled water, promoting the use of fuel-efficient cook stoves, and including peacebuilding in school and community-based SBC interventions.

Protocols can be embedded within disaster preparedness plans to adapt the delivery of school-based health and nutrition services when schools are forced to close, for example take home food rations or cash transfers in place of school meals, and community delivery of micronutrient supplements.

Sustainability and scale up

Demonstration projects are most impactful when they are designed to inform national scale up. This means ensuring Government and partner commitment from the outset to scale the programme, integrating delivery within national systems, monitoring progress against multiple

education, health and nutrition indicators to demonstrate impact, and collecting information on costs and cost-effectiveness and reflecting on operational lessons learned.

Sustainability and scale require school health and nutrition programmes to become embedded within national education, health and nutrition policies and systems, and systems strengthening. This requires advocacy, technical support and public finance contributions, likely from multiple ministry budgets.

Indicators to monitor the nutrition status and diets of school-age children and adolescents are lacking in national and global monitoring platforms. Robust monitoring systems are needed to increase visibility of the needs within this age group, monitor progress, and advocate for increased public finance contributions.



Accelerating progress in school health and nutrition in Eastern and Southern Africa

UNICEF and WFP have a critical role to play in supporting Governments to accelerate progress for school-age children and adolescents, to meet their global commitments and the SDGs. Accelerated progress requires:

National actions including:

- Prioritisation of the health and nutrition of this age group in national education, health and nutrition policies, plans and budgets.
- Formulation of enabling national policy and regulatory environments to support healthy school food environments.
- The development of national multi-sectoral task forces on the health and nutrition of school-age children and adolescents to support coordinated action.
- Public finance commitments from education and likely multiple other sector budgets to school health and nutrition.
- Systems strengthening to support the national delivery of school meals at scale, and integration of health and nutrition services into the education system.
- Integration of health and nutrition indicators for school-age children and adolescents into national information management platforms, including DHIS2 and the regular reporting of data.

Enhanced joint efforts by UNICEF and WFP at country-level

In whichever countries UNICEF and WFP are both operationally active in Eastern and Southern Africa, the agencies can collaborate to provide joint support to Governments on the above actions. Progress can be accelerated through:

- Development of country-level UNICEF and WFP partnership agreements on school health and

nutrition, with shared objectives, definition of each agency's contribution across the nutrition, health, WASH and education sectors, and areas for joint action.

- Joint advocacy to Government and support for policy formulation and updates to support national school health and nutrition programming, as well as advocacy for national public financing.
- Joint resource mobilisation to fill gaps in public finance contributions for this area.
- Coordination of systems strengthening efforts for school health and nutrition actions using each agency's comparative advantages.
- Jointly generate evidence to advocate for and inform scale up of school health and nutrition programmes.
- Initiate regular internal coordination meetings on school health and nutrition to share progress and coordinate action.

Regional UNICEF and WFP collaboration

The UNICEF Eastern and Southern Africa Regional Office and WFP Regional Bureaus for Eastern and Southern Africa will work together to develop an actionable workplan to operationalize the global partnership on school health and nutrition in Eastern and Southern Africa. A workplan will also be developed with clearly defined roles and responsibilities of the two agencies, across the nutrition, health and education sectors to provide further clarity on the collaboration and how the agencies can best use their comparative advantages to accelerate progress for this critical age group.

ENDNOTES

- 1 UNESCO Institute for Statistics, extracted December 2024.
- 2 [2022 State of Global Learning Poverty Report](#)
- 3 [State of the World's Children 2023](#)
- 4 33% of adolescent girls and women aged 14-59 years experience anaemia in Eastern and Southern Africa according to the State of the World's Children 2023
- 5 Mokdad AH, Forouzanfar MH, Daoud F, et al. (2016) Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet* 2016; 387(10036):2383-401.
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- 7 [Child and adolescent injuries | UNICEF](#)
- 8 Union, A. (2022) *Born to learn: Spotlight on basic education completion and foundational learning in Africa*, vol. 2022, UNESCO Publishing, Paris.
- 9 Rezaeizadeh, Golnaz et al. (2024) Maternal education and its influence on child growth and nutritional status during the first two years of life: a systematic review and meta-analysis. *eClinicalMedicine*, Volume 71, 102574
- 10 UNICEF (2023) [Stepping up effective school health and nutrition](#)
- 11 Verguet S, Limasalle P, Chakrabarti A, Husain A, Burbano C, Drake L, Bundy DAP. (2020) The Broader Economic Value of School Feeding Programs in Low- and Middle-Income Countries: Estimating the Multi-Sectoral Returns to Public Health, Human Capital, Social Protection, and the Local Economy. *Front Public Health*. 2020 Dec 3;8:587046.
- 12 Disability-adjusted Life Year (DALY) is expressed as the number of years lost due to ill-health, disability, or early death.
- 13 Bundy DAP, Schultz L, Sarr B, et al. (2018) The school as a platform for addressing health in middle childhood and adolescence. In: Bundy DAP, et al, ed. *Disease Control Priorities Third Edition, Volume 8: Child and Adolescent Health and Development*. Washington, DC: World Bank, 2018.
- 14 UNESCO, UNICEF, WFP, 2023. *Ready to learn and thrive: School health and nutrition around the world*.
- 15 Including Zambia, Somalia, Rwanda, Lesotho, Kenya, South Sudan, Uganda and Burundi and Djibouti and Sudan under WFP's Eastern Africa region.
- 16 This includes 49 million children of early-childhood-education age (3-5), 91 million of primary-school age (6-11), 42 million of lower-secondary age (12-14), and 39 million of upper-secondary age (15-17) in 2023. Figures are calculated for ESAR based on the [2024 Revision of World Population Prospects](#).
- 17 GEMR, UIS. (2024) [Visualizing Indicators of Education for the World](#)
- 18 Internal UNICEF reporting, 2023.
- 19 Internal UNICEF reporting, 2023.
- 20 Using the School menu Planner Plus tool.



