Knowledge hub
-
Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

   Nourishing Schools programme

2. Country or countries where the practice is implemented *

   India

3. Please select the **most relevant** Action Track(s) the best practice applies to *

   - ☑ Action Track 1. Inclusive, equitable, safe, and healthy schools
   - ☐ Action Track 2. Learning and skills for life, work, and sustainable development
   - ☐ Action Track 3. Teachers, teaching and the teaching profession
   - ☑ Action Track 4. Digital learning and transformation
   - ☐ Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

> Nourishing Schools Foundation

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

> nutrition, changemaking, 9-14 years, children, adolescent health, agriculture

6. What makes it a best practice? *

> It is a best practice because it is impactful in helping schools become a hub for tackling malnutrition. Here's our impact snapshot from our survey of 2649 children across 79 schools from various states/union territories (Maharashtra, Assam and Puducherry) that have participated in the Nourishing Schools programme: -14% reduction in the percentage of thin and severely thin schoolchildren (based on World Health Organization classifications for Body Mass Index-for-age) -32% increase in the percentage of school children using soap/sanitiser to wash their hands -14% increase in the percentage of children that reported that they believe that they can take charge of their own nutrition -We also saw a large percentage of schoolchildren report that they increased consumption of vegetables, increased consumption of fruits and started growing vegetables at home

Description of the best practice

7. Introduction (350-400 words)
This section should ideally provide the context of, and justification for, the practice and address the following issues:
i) Which population was affected?
ii) What was the problem that needed to be addressed?
iii) Which approach was taken and what objectives were achieved? *

i and ii) Our work is based on the insight that while focusing on pregnant women and infants is important; it is also critical to target children in their pre-adolescent and early adolescent years. These years offer a key window for shaping their lifetime habits, which has implications for their health.

The problem of malnutrition is both due to demand issues (lack of preference for nutritious foods) and supply issues (poor availability of nutritious foods). It's therefore critical to target adolescent girls and boys to improve their nutrition awareness and nutritional status, as they are both "Future Parents". We believe that a key solution lies in giving such future parents the tools to take charge of their own nutrition and that of their communities. The Nourishing Schools Foundation addresses this by targeting school-going children in order to increase their demand for nutritious foods and integrating strategies to grow nutritious foods to increase the consumption of nutritious foods.

iii)We provide toolkits to schools with games and activities for children between 4th to 9th grade. These activities help children learn about nutrition and how they can improve it e.g. by managing school gardens to access a diverse source of nutrients or building a handwashing station to prevent diarrhoea. Over two cycles of engaging with the toolkit, children solve problems in their schools and communities related to nutrition.

8. Implementation (350-450 words)
   Please describe the implementation modalities or processes, where possible in relation to:
   i) What are the main activities carried out?
   ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
   iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
   iv) What were the resources needed (budget and sources) for the implementation?
   *

   We work with implementation partners to rollout our programme through a ten-step process:
   1. Schools are selected by our partners or the government
   2. Schools conduct a baseline survey of children from 4th to 9th grade
   3. Schools get results from the survey and share them with teachers, children and parents
   4. Schools receive Nourishing Schools toolkit that helps children learn about nutrition and take action to tackle it such as by setting up school gardens, building hand washing stations etc.
   5. Schools use the toolkit with children acting as leaders
   6. Local partners monitor the school's progress on a monthly basis and guide them on using the toolkit
   7. Schools conduct a midline survey after a few months
   8. Schools share ideas from children, teachers and the community for improving the toolkit
   9. Schools that pass the criteria get recognised as Nourishing Schools
   10. Schools receive upgrades on the toolkit every year

   ii) We have been carrying out activities since 2015 and it is ongoing. We work with public schools across India in about 5 states, reaching over 230 schools and covering 40000+ children
   iii) Our partners include civil society organisations for implementation and government bodies to help us scale our work - we have collaborated with the Government of Rajasthan and the Food Safety and Standards Authority of India. We have also collaborated with academia to derive insights from our impact assessment data.
   iv)It costs us approx. USD 3000 per school per year to implement this. The Swiss Re Foundation supports our work

9. Results – outputs and outcomes (250-350 words)
   To the extent possible, please reply to the questions below:
   i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
   ii) What were the concrete results achieved with regard to outputs and outcomes?
   iii) Has an assessment of the practice been carried out? If yes, what were the results? *

   Here's our impact snapshot from our survey of 2649 children across 79 schools from various states/union territories (Maharashtra, Assam and Puducherry) that have participated in the Nourishing Schools programme:
   -14% reduction in the percentage of thin and severely thin schoolchildren (based on World Health Organization classifications for Body Mass Index-for-age)
   -32% increase in the percentage of school children using soap/sanitiser to wash their hands
   -14% increase in the percentage of children that reported that they believe that they can take charge of their own nutrition
   -We also saw a large percentage of schoolchildren report that they increased consumption of vegetables, increased consumption of fruits and started growing vegetables at home

10. Lessons learnt (300 words)
    To the extent possible, please reply to the following questions:
    i) What were the key triggers for transformation?
    ii) What worked really well – what facilitated this?
    iii) What did not work – why did it not work? *

    i) Our work is based on the insight that while focusing on pregnant women and infants is important; it is also critical to target children in their pre-adolescent and early adolescent years. These years offer a key window for shaping their lifetime habits, which has implications for their health.

    The problem of malnutrition is both due to demand issues (lack of preference for nutritious foods) and supply issues (poor availability of nutritious foods). It's therefore critical to target adolescent girls and boys to improve their nutrition awareness and nutritional status, as they are both "Future Parents". We believe that a key solution lies in giving such future parents the tools to take charge of their own nutrition and that of their communities.
    ii) It worked well for us to create a replicable and scalable toolkit, with an implementation model that works closely with partners
    iii) We have had instances where items included in our toolkit for schools did not get any engagement from children for reasons such as too much time required to use it, instructions were complex etc. We have addressed and fixed these gaps

11. Conclusions (250 words)
    Please describe why may this intervention be considered a "best practice".
    What recommendations can be made for those intending to adopt the
    documented "best practice" or how can it help people working on the same
    issue(s)? *

    This is a best practice because:
    Standardisation: We have documented our process of toolkit rollout and impact assessment
    such that it is consistent across regions
    Positive outcome: It has achieved significant impact, as detailed in the response to other
    questions
    Efficiency: We work closely with civil society organisations in various regions in a way that plays
    to their strengths and avoids us setting up local teams to reach communities. We handle
    centralised activities such as toolkit development, production and impact assessment processes.
    Whereas partners manage decentralised activities such as outreach to schools, rollout of the
    toolkit and impact assessment activities.

    Organisations seeking to adopt it can partner with us to rollout the programme in their regions,
    in India and abroad. We have run small pilots in Zimbabwe and Nigeria in the past.

12. Further reading
    Please provide a list and URLs of key reference documents for additional
    information on the "best practice" for those who may be interested in knowing
    how the results benefited the beneficiary group/s. *

    We have presented information on how the results benefited the beneficiary group/s here in
    various reports:
    https://www.nourishingschools.org/reports/