School Health Integrated Programming (SHIP) Extension

Final Report
May 18, 2018
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Acknowledgements

The School Health Integrated Programming (SHIP) was supported by the World Bank and the Global Partnership for Education (GPE) and developed and implemented in partnership between Sightsavers and the Partnership for Child Development, Imperial College London by Dr. Imran A. Khan, Dr. Laura Appleby, Natasha Graham, Megha Bharadwa, Bachir Sarr, Thomas Engels, Guillaume Trotignon, Liesbeth Roolvink, Nigussie Geletu Dejene, Getrude Ananse-Baiden, and Maresa Pitt.
1. Background

The School Health Integrated Programming (SHIP) initiative was developed and implemented by Sightsavers and the Partnership for Child Development (PCD), with supervision and funding from the World Bank, as part of the GRA funding mechanism through the Global Partnership for Education (GPE). The overall aim of SHIP is to create a foundation by which countries have the awareness, capacity, and operational and technical resources to include school health and nutrition (SHN) into their Education Sector Plans (ESPs).

The first phase of the initiative was implemented from January 8, 2016 until December 30, 2016 with the aim of demonstrating how schools can be used as a platform to deliver health interventions in an integrated, effective manner using deworming and vision screening as exemplars. The approach used these two health interventions as entry points to raise awareness, develop capacity, and increase engagement within governments towards comprehensive and inclusive SHN. The SHIP initiative was implemented in four focus countries: Cambodia, Ethiopia, Ghana, and Senegal. These countries were chosen because they were GPE-supported countries at the time of selection, and because these countries provided different regional, linguistic and socio-economic settings in which to demonstrate the approach. By piloting SHIP in these countries, it was hoped that the approach could be scaled as well as serve as regional models to facilitate scale-up of integrated school health interventions in other countries.

The first phase of SHIP successfully delivered the following objectives:

- All focus countries received support to help build technical and operational capacity to implement school-based health interventions using deworming and vision screening as exemplars, with further assistance integrating inclusive school health into school-based programs and policies. This was achieved through ongoing technical support, national capacity building workshops, joint planning and implementation of the interventions, and strengthening collaboration between Ministries of Education and Health.

- To further support strengthening of national technical capacity, a number of technical guidance documents were produced, with collaboration and endorsement from key technical agencies. These documents included an operational guidance manual on developing and implementing an integrated Inclusive School Health program, two technical guidance documents on delivering vision screening and deworming interventions, and a teachers’ handbook. The approach described in the technical guidance documents was used to plan and deliver the interventions in the four pilot countries. The guidance documents were used for implementation in Ethiopia, Ghana, and Senegal, but not explicitly used in Cambodia due to earlier schedule of implementation, although the model was consistent.

- Implementation of school-based interventions using deworming and vision screening as exemplars. Within the implementation period, a total of 57,434 children received vision screening with 1,017 receiving spectacles. The number of children screened exceeded the initial target of 40,000. 52,425 of these children received deworming medication. In addition, SHIP trained 476 teachers in 158 schools in delivering deworming medication and refractive error screening in schools. Please see Appendix 1 for summary of data per country.
Further detail on the first phase of SHIP can be found in the SHIP Final Report of April 2017.

The second phase of SHIP built on the foundations created during the prior phase of the program, with the goal of further supporting GPE countries in developing plans to sustain and scale inclusive SHN approaches by providing costing evidence, advocacy and donor engagement plans, and dissemination as described below.

The project focused on the following objectives:

1. Analyze and understand the cost drivers of delivering integrated school-based vision screening and provide guidance for scaling up these interventions in two countries;
2. Support the four pilot countries in laying the groundwork to ensure strong and sustained integrated SHN programming embedded within Education Sector Development Plans;
3. Disseminate the lessons learned.

The second phase provided the opportunity to use the data and experience from SHIP implementation to generate further evidence and disseminate good practice to further support the four focus countries, in addition to engaging with countries in the region to develop and scale inclusive school health interventions.

2. Implementation and Outcomes of the SHIP Extension

The extension was delivered through coordinated activities between a global team of staff and consultants from Sightsavers and PCD, with engagement with the Ministries of Education (MOEs) and Ministries of Health (MOHs) in each of the four countries, and in close collaboration with the World Bank and GPE. The global team consisted of technical experts and country leads to support development of the deliverables, including conducting the costing analysis, in-country SABER workshops and analysis, development of donor engagement and advocacy plans, and designing and delivering the regional dissemination workshops.

The organogram of the team with roles and responsibilities can be found in Appendix 2.

The objectives of the SHIP extension, as summarized in Section 1, were achieved during project implementation, as described in the sections below. Please see Appendix 3 for the terms of reference of the SHIP extension period.

2.1 Understand the cost of delivering integrated school-based vision screening

There is a gap evidence on the cost drivers of delivering integrated SHN interventions, especially with regard to school vision screening. The cost data generated under the first phase of SHIP presented an opportunity to explore costs incurred with an integrated delivery model. This model can be used to extrapolate costs for further planning and scale up, and contribute to global knowledge through planned publication in a peer reviewed journal.

The purpose of the cost-effectiveness and budget impact analysis is to contribute to the evidence base for policy makers and planners and assess the feasibility and affordability of including vision screening and refractive error correction into SHN programs. Findings from this analysis lay the
foundation for the development of a generic costing tool that can be used globally in resource-poor settings to enable education planners and international partners to improve their planning and budgeting process for school-based vision screening programs.

The costing analysis was conducted through a detailed review of the actual costs incurred in the implementation of SHIP in Cambodia and Ghana, and consisted of desk review and in-country visits to verify the expenditures and meet with staff from the MOEs and MOHs. This investigated cost drivers and gathered information for modelling the projected costs for scale up of the intervention within the two countries.

The analytical approach consisted of retrospective data collection and expenditure review, estimation of standard costs, and budget projections as summarized here:

<table>
<thead>
<tr>
<th>Planning phase</th>
<th>Implementation phase</th>
<th>Standard costs and budget impact analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities conducted for all 4 countries prior to the implementation phase</td>
<td>Review of cash expenditure linked to activities implemented as part of pilots conducted in each country</td>
<td>Based on SHIP guidelines and country-specific intervention scenarios</td>
</tr>
</tbody>
</table>

**SHIP expenditures**
Based on a review of cash expenditures linked to implementation of SHIP project (including expenditures covered by SHIP budget and by implementing partners)

**Implementation phase**
Based on SHIP guidelines and country-specific intervention scenarios

**Setup costs**
Investment required at start of vision screening program

**Recurrent costs**
Activities to be implemented on an annual basis

- Project design and planning
- Scoping mission
- Development of technical and operational guidelines
- Operational & technical support
- Capacity building activities (workshop, etc.)
- Training of Trainers (ToT)
- Training of teachers
- Follow-up intervention
- Community sensitization
- Vision screening of teachers and children
- Eye examination by mobile refraction team
- Spectacle dispensing (ready-to-clip or custom-made spectacles
- Referral & treatment at eye clinic (if needed)
- Supervision & coordination
- Capacity building activities (workshop, etc.)
- Training activities
- Community sensitization
- Procurement of equipment
- Assessment of children failing screening
- Provision of spectacles
- Referral and treatment at eye clinic
- Coordination (incl. supervision and Monitoring & Evaluation)

Please refer to the *Cost-effectiveness and budget impact analysis of delivering vision screening and correction of refractive errors in integrated school-based health programmes in Ghana & Cambodia* report (May 2018) for detailed information on the methodology, results, analysis and discussion of the research.
2.2 Support the four countries in laying the groundwork to ensure strong and sustained integrated SHN programming embedded within Education Sector Development Plans

The SHIP extension built on the experience from the implementation phase to support the MOEs in Cambodia, Ethiopia, Ghana and Senegal in laying the groundwork to ensure strong and sustained integrated inclusive SHN programming, embedded within ESPs, to facilitate the ability to scale these interventions in the future.

At the country level, this was accomplished through conducting school health SABER (Systems Approach for Better Education Results) workshops in each of the four pilot countries, bringing together key government stakeholders. The SABER tool was used for education system analysis, assessment, diagnosis, and providing opportunities for dialogue. The tool investigated the current situation of school health to help determine and document country policies and programs and list priorities to be addressed in the next ESPs. The official timeframe of each country’s ESP is as follows: Cambodia 2014-2018, Ethiopia 2016-2020, Ghana 2010-2020, and Senegal 2013-2025.

Two regional workshops were held to bring together country delegations from South-East Asia and Sub-Saharan Africa. One regional workshop was held in Bangkok, Thailand in February 2018 and another was held in Addis Ababa, Ethiopia in April 2018. The workshops convened MOE and MOH staff as well as LEG members and NGOs from a number of countries to share good practice and support capacity building with dissemination of the guidance developed under SHIP. The workshops also presented new evidence to support the integration of SHN into ESPs, and highlighted the evidence and essential packages presented in the Disease Control Priorities 3rd Edition (DCP3) Volume 8 on Child and Adolescent Health and Development. Please see section 2.3 for further information on dissemination at the regional workshops.

Donor engagement strategies were developed to support countries sustain and scale up inclusive school health interventions through identification of potential funding strategies. The strategies demonstrated ways that MOEs can position themselves for further funding by understanding various existing networks supporting inclusive education, link global donor initiatives to support capacity building, expand expertise, and attract donor financing.

Please see the Country Level Review Reports for Cambodia, Ethiopia, Ghana, and Senegal (May 2018) for detailed information on the completed SABER reports and Donor Engagement and Advocacy Plan for each of the four focus countries.

2.3 Dissemination of lessons learned

Two regional workshops to support SHN programming were convened, engaging countries in sub-Saharan Africa and South-East Asia. These workshops disseminated learning from experiences of the focus countries in implementing the first phase of SHIP as well as the SHIP technical guidelines. The

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1 Please see the following link for the full DCP3 Volume 8 on Child and Adolescent Health and Development: [http://dcp-3.org/CAHD](http://dcp-3.org/CAHD)
workshops also presented new evidence to further support countries in integrating SHN into their ESPs, covering the essential packages presented within the recently published DCP3 Volume 8.

The objectives of the workshops were the following:

1. To disseminate recent evidence of links between education outcomes and inclusive school health as well as opportunities SHN offers to achieve health and education sector goals and the Sustainable Development Goals.

2. To support cross-sectoral collaboration and planning.

3. To share country experiences of mainstreaming an inclusive SHN program and distribute materials supporting development of an inclusive SHN program.

4. To identify challenges countries face in developing mainstreamed inclusive SHN programs, as well as identify mechanisms of addressing these challenges and strategies to gain domestic and international support for programs and policies.

5. To identify strategic recommendations for participants to address barriers and optimize opportunities for mainstreamed, inclusive SHN programming.

6. To create a clear understanding of the importance of gender, equity, and inclusion in developing SHN.

2.3.1 South East Asia regional workshop

The Asian Regional Workshop on SHN was held at Mahidol University in Bangkok on February 16, 2018, to coincide with an ongoing SHN workshop and short course that convenes annually in the Asian region. The workshop brought together government and partner staff working on SHN to review their country SHN programs, identify challenges in implementation and ways to address these for achievement of health and education sector goals as well as greater inclusion and equity.

The Regional Workshop had a total of 61 participants from 14 countries. Government teams attended from Bangladesh, Bhutan, Cambodia, Kenya, Laos PDR, Myanmar, and Nepal, with delegates from both MOHs and MOEs, Finance, LEG members, regional bodies, and NGOs. Kenya, while not in the region, was in attendance at the ongoing SHN workshop, therefore was present at the Asia Regional Workshop. The workshop also welcomed attendance and contributions from the Asian Centre of International Parasite Control (ACIPAC), Southeast Asian Ministers of Education Organization (SEAMEO), UNESCO, The World Food Program (WFP), Save the Children, the Japan International Cooperation Agency (JICA), Fred Hollows Foundation, and the Lead Editor from the DCP3 Volume 8 on Child and Adolescent Health and Development.

Please see the Report from the Asian Regional School Health and Nutrition Workshop (April 2018) for detailed information about the workshop.

2.3.2 Sub-Saharan Africa regional workshop

The Africa Regional Workshop on Mainstreaming Inclusive SHN took place in Addis Ababa, Ethiopia from April 11-13, 2018. This workshop was built around evidence and lessons learned from
executing the SHIP initiative, as well as disseminating key messages from the Disease Control Priorities, 3rd Edition (DCP3) Volume 8 on Child and Adolescent Health and Development.

The workshop had a total of 60 participants including 45 Ministry staff from 10 counties. Government teams attended from Ethiopia, Ghana, Liberia, Zambia, Malawi, Senegal, Tanzania and Zanzibar, The Gambia and Uganda. The workshop also welcomed attendance and contributions from Orbis, Save the Children, Our Children’s Vision, GPE and the World Bank.

Please see the Report from the *Mainstreaming Inclusive School Health and Nutrition: Africa Regional Workshop* (April 2018) for detailed information about the workshop.

3. Conclusions

The SHIP initiative has supported the development of a foundation by which countries can have the awareness, capacity, and operational and technical resources to include inclusive school health and nutrition (SHN) into their Education Sector Plans (ESPs).

During the second phase of SHIP, Sightsavers and PCD developed a vision screening costing analysis, completed SABER reports, developed donor engagement and advocacy plans, and organized regional workshops to facilitate cross-learning and disseminate lessons learned. As a result, the extension period has strengthened efforts to further move the inclusive school health agenda forward, both in the four focus countries and regionally.

Further work must be done to support countries in taking forward the sets of recommendations presented in the advocacy reports and encourage participation in inclusive education initiatives and recommendations outlined in the donor engagement strategy through further technical support to countries to implement inclusive school health at scale. It is advised to build on this momentum and take the work forward by governments and development partners through use of the guidelines and recommendations developed within this initiative. The SHIP deliverables support a package of interventions (deworming and vision screening) – from technical and operational manuals (developed during the first phase) – to the SABER reports and sets of recommendations, enabling the governments of Cambodia, Ethiopia, Ghana and Senegal, as well as countries within the Asian and African regions, to prioritize inclusive SHN and improve both education and health outcomes of children for generations to come.
Appendix 1: Summary of Data per Country from SHIP Implementation Outputs

<table>
<thead>
<tr>
<th>Countries</th>
<th># of schools</th>
<th># of teachers trained(^2)</th>
<th># of students screened(^3)</th>
<th># of students referred to the Optometrist</th>
<th># and % of students who received glasses (N, %)</th>
<th># of referrals to hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>48</td>
<td>126</td>
<td>12,440</td>
<td>214 (1.72%)</td>
<td>72 (0.58%)</td>
<td>22 (0.18%)</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>31</td>
<td>104</td>
<td>24,686</td>
<td>3,522 (14.27%)</td>
<td>699 (2.83%)</td>
<td>105 (0.43%)</td>
</tr>
<tr>
<td>Ghana</td>
<td>60</td>
<td>120</td>
<td>10,099</td>
<td>2,138 (21.17%)</td>
<td>74 (0.73%)</td>
<td>235 (2.33%)</td>
</tr>
<tr>
<td>Senegal</td>
<td>19</td>
<td>126</td>
<td>10,209</td>
<td>258 (2.53%)</td>
<td>172 (1.68%)</td>
<td>2,816* (27.58%)</td>
</tr>
<tr>
<td>Total</td>
<td>158</td>
<td>476</td>
<td>57,434</td>
<td>6,132 (10.68%)</td>
<td>1,017 (1.77%)</td>
<td>3,178 (5.53%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Countries</th>
<th># of pupils dewormed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>12,158</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>25,474</td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>10,317</td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>4,476</td>
<td>Project was operated in coordination with the national deworming program, which relied on funding from NGOs in order to operate. Deworming activities were carried out from December 27-31, 2016, through an NGO called ENDA. There were challenges in coordination of community health volunteers resulting in some children not being reached. The DCMS is aware of these challenges and will look to improve on this in the future.</td>
</tr>
<tr>
<td>Total</td>
<td>52,425</td>
<td></td>
</tr>
</tbody>
</table>

\(^2\) The target was 100 per country  
\(^3\) The target was 10,000 per country
Appendix 2: Team Structure

**Finance Lead:** Douglas Smith
- Leading on budget

**Institutional Funding Lead:** Maresa Pitt
- Report to donor

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**Director:** Imran Khan
- Project oversight
- Overall communication between team and World Bank/GPE
- Technical oversight of vision screening component
- Manage partnerships and consultants

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**Program Coordinator:** Megha Bharadwa
- Ensure project is on track to meet deliverables
- Support with logistics
- Support with consolidation of reports and manuscripts

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**COSTING STUDY**

- **Lead:** Guillaume Trotignon, Thomas Engels
  - Leading development of costing analysis work in Ghana and Cambodia

- **Cambodia Country Lead:** Liesbeth Roolvink
  - Contributing to costing analysis in Cambodia
  - Support in-country mission to Cambodia including donor engagement and advocacy plans
  - Contributing to SE Asia regional workshop

- **David Agyemang**
  - Contributing to costing analysis in Ghana

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**SABER / ADVOCACY PLANS**

- **SABER Technical Lead:** Bachir Sarr
  - Leading on SABER workshops and reports for all countries
  - Consolidating SABER recommendations into advocacy plans
  - Support in-country mission to Senegal including donor engagement

- **Nigussie Geletu Dejene**
  - Support in-country mission to Ethiopia including donor engagement and advocacy plans

- **Getrude Ananse-Baiden**
  - Support in-country mission to Ghana including donor engagement and advocacy plans

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**DONOR ENGAGEMENT**

- **Education Technical Advisor:** Natasha Graham
  - Developing global level donor engagement plans for the four focal countries
  - Contributing to advocacy plans, regional workshop

- **Support:** Country Leads
  - Liesbeth Roolvink
  - Nigussie Geletu Dejene
  - Getrude Ananse-Baiden
  - Bachir Sarr

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**REGIONAL WORKSHOPS**

- **SHN Technical Support:** Laura Appleby
  - Supporting with coordination of in country engagement and country review process
  - Regional workshop oversight
  - Support documentation of process and writing

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**Asia Support**
- Liesbeth Roolvink
- Natasha Graham
- Imran Khan
- Bachir Sarr

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**Africa Support**
- Bachir Sarr
- Nigussie Geletu Dejene
- Getrude Ananse-Baiden
- Natasha Graham
- Imran Khan
Appendix 3: SHIP 2 Terms of Reference

The program will be delivered through the following activities under each objective:

1. **Understand the cost of delivering integrated school-based vision screening in the four countries**

   **1.1 Carry out costing analysis study**

   There is a gap in the evidence base on the cost drivers in delivering integrated SHN interventions. The cost data generated under phase I of SHIP presents an opportunity to explore these programmatic costs. We will conduct a desk based study to assess the cost drivers within an integrated approach for vision screening, and this model can be used to extrapolate costs for subsequent years. A report with costing analysis and recommendations will be produced for use by governments to help better understand the price of implementing an integrated school health program and inform their planning. We will prepare a working paper on the cost of implementing integrated vision screening interventions and submit this for peer review. It should be noted that the finalization of this peer review process and subsequent publication is not likely to be completed within the timeframe of this grant.

   **Activities:**

   - Recruit consultant for 30 days
   - Finalize research protocol with consultant
   - Work with consultant to review cost data generated under SHIP phase 1 evaluating actuals against budgeted spends in the 4 pilot countries
   - Develop costing analysis report describing findings and recommendations from study

   **Deliverable:** Costing analysis working paper on the cost drivers in implementing integrated vision screening produced and submitted for peer review.

2. **Supporting the four countries in laying the groundwork to ensure strong and sustained integrated SHN programming embedded within Education Sector Development Plans. This groundwork will facilitate the government’s ability to scale these interventions in the future.**

   **2.1 Country workshops around sustaining or scaling-up SHN activities**

   Country level review meetings will be held in Cambodia, Ethiopia, Ghana, and Senegal to support country level SHN programming and scale up. The SHIP team will meet with representatives from the MOH, MOE and Local Education Donor Groups i) to learn from the experiences of the country programs planning and delivering integrated interventions under SHIP phase I, ii) to get feedback on the materials produced under SHIP phase I iii) to support development of advocacy and donor engagement plans to ensure greater support for integrated SHN plans and iv) to nurture greater cross-sectoral in-country collaboration and planning between ministries and stakeholders.
Activities:

- Identify relevant participants from each country
- Plan logistics for each country review meeting: dates, locations, travel arrangements
- Prepare agenda and content for each workshop
- Consolidate learning and feedback from implementation of SHIP phase 1 and develop reports

**Deliverable:** Country level review meeting reports for Cambodia, Ethiopia, Ghana, and Senegal.

2.2 Developing advocacy plans for the four countries

The degree of political ownership of SHN varies between countries. At one end of the spectrum, governments have well developed integration of SHN into Education Sector Plans supported by domestic investment. However, at the other end of the spectrum, there are countries where SHN is seen as less of a priority for the government and there is an issue of health and education ministries having different priorities and not working well together.

Strengthened advocacy planning at the national level is needed to increase pressure on governments to deliver SHN as part of a mainstream activity plan. Through the use of the World Bank’s systematic policy gap analysis tool, SABER, an objective, up-to-date assessment of the country’s capacity to deliver SHN as part of mainstreamed activities will be developed to support the advocacy work. The second phase of the SHIP will therefore support the creation of a bespoke, evidence-based advocacy strategy and action plans for each target country co-developed with in-country stakeholders.

Activities:

- Pre-planning for SABER implementation
- Utilize country review meetings (2.1) as opportunity to deliver SABER tool
- Carry out SABER analysis with each country team
- Develop SABER plans to shape advocacy plans and disseminate to each country

**Deliverables:** Advocacy plans along with SABER reports and donor engagement strategies, developed for Cambodia, Ethiopia, Ghana, and Senegal

2.3 Developing donor engagement strategies for the four countries

Bespoke donor engagement strategies will be developed to target potential donors (domestic and international) with the strongest prospect of success to support the sustainability and/or scale-up of activities in the four countries after the culmination of the grant. The strategies will include messaging around the relationships between SHN, the Sustainable Development Goals, Education Sector Goals, and the targeted countries’ development priorities. The donor engagement strategies will be co-developed with in-country education and health stakeholders, and as part of any existing working groups or task-forces.
Activities:

- Conduct situational analysis to map current donor environment and funding opportunities in each country
- Identify potential donor opportunities for each country from list of donors engaged in SHN
- Create donor engagement plans and disseminate to each country

Deliverables: Donor engagement plans developed for Cambodia, Ghana, Ethiopia and Senegal.

3. Disseminate lessons learned

3.1 Regional workshops in sub-Saharan Africa and Southeast Asia for follow-up and knowledge dissemination

Two workshops for the African and Southeast Asian regions will be delivered to support SHN programming and scale up. GPE member countries will be encouraged to send representatives from government education and health programs, as well as Local Education Donor Groups. These meetings will also involve regional networks such as ECOWAS, EAC, SEAMEO and ECCS.

Participants will i) learn from the experiences of the pilot country programs through the dissemination of materials produced under SHIP, ii) share their experiences of integrated SHN initiatives and approaches within their respective countries, iii) develop and nurture greater cross-country collaboration and planning, iv) develop detailed action plans, which can be enacted on return from the course.

Activities:

- Identify countries to participate from each region: sub-Saharan Africa, Southeast Asia
- Identify relevant participants for each country
- Plan logistics for each workshop: dates, locations, travel arrangements
- Prepare content for each workshop, including working with the 4 pilot countries to prepare presentations to share learning and best practice with other workshop participants
- Develop regional level report for each workshop

Deliverable: Regional level review workshop reports for Africa and Southeast Asia publicly available on an online platform.

3.2 Dissemination of the lessons learned through preparation of a report on the experience of implementing the SHIP project

Learning and documentation from SHIP will be used to support the development of a report on the experience of implementing SHIP in the four countries. The aim of this being to disseminate to a wider audience, adding to the publicly available evidence base on SHN interventions and increasing awareness and knowledge of inclusive SHN approaches.

The manuscript will be disseminated through workshops and conferences and made publicly available on an online platform to be accessible to governments, non-governmental organizations, researchers and other interested groups.
Activities:
- Consolidate learning and evidence from review of SHIP phase 1 implementation gathered during costing analysis (1.1), country level review meetings (2.1), and from developing advocacy (2.2) and donor engagement plans (2.3)
- Identify channels for effective dissemination including relevant conferences, workshops, and websites
- Develop appropriate dissemination materials for each channel and disseminate as planned

Deliverables: SHIP manuscript produced, ready to disseminate and publicly available on an online platform.