CHAPTER

5

HEALTH

ChildFund®

"**We are happier** when we drink water that does not make us sick and harm us."

— Young boy (left), whose family received Procter & Gamble water purification packets through a ChildFund project in Ecuador.

Photo by ChildFund Ecuador Staff

Photo by Boas Opedun

THE CHALLENGE

In 2019, an estimated 5.2 million children under 5 years, worldwide, died mostly from preventable and treatable causes. The leading causes of death for older children, adolescents, and youth are also preventable and/or treatable.

"I want to **be a builder** in the future so that I can earn money, buy oxen and plant rice."
— Young boy (right)

Photo by Boas Opedun

Young boy works with his family to tend to their sweet potato crop on the farm in their eastern Ugandan village. He has already built two small animal huts next to the family's hut. The family received cash assistance as part of our COVID-19 response and participate in ChildFund-supported Village Savings and Loans Associations, groups in which they are trained in financial management so that they can support their families.

Globally, an estimated 22% of children under age 5 suffered stunting, with 53% and 41% of those affected living in Asia and Africa, respectively — with the condition the result of poor nutrition in-utero and during early childhood. Access to antenatal care also remains a global challenge; an estimated 59% of pregnant women received four or more antenatal care visits in 2020, with the lowest levels of antenatal care observed in sub-Saharan Africa and South Asia.[1]

Nearly half of all deaths among children under age 5, worldwide, are attributable to undernutrition, which also places children at greater risk of dying from common infections, increases the frequency and severity of such infections, and delays recovery.[2] The increased risk of infection and disease continues as children grow; for example, of the estimated 10 million new tuberculosis (TB) cases in 2019, 12% occurred in children (aged 0–14 years).

For adolescents and youth, global health issues include mental health, interpersonal violence, and sexual and reproductive health (SRH).

1 Requejo, J. & Diaz, T. (2021). Rise, respond, recover: Renewing progress on women's, children's and adolescents' health in the era of COVID-19. UNICEF, The Partnership for Maternal, Newborn & Child Health, and WHO.

2 WHO. (2020). UNICEF/WHO/The World Bank Group Joint Child Malnutrition Estimates: levels and trends in child malnutrition: key findings of the 2020 edition. Geneva: Author.

Mental health conditions account for 16% of the global burden of disease and injury in people aged 10–19 years.[3] Half of all mental health disorders in adulthood start by age 14, but most go undetected and untreated.

Interpersonal violence is a leading cause of death in adolescents and young people. Violence during adolescence increases the risks of injury, HIV and other sexually transmitted infections, mental health problems, early pregnancy, reproductive health problems, and communicable and noncommunicable diseases.

Adolescent sexual and reproductive health is another area of concern with at least 777,000 girls under age 15 giving birth every year in the developing world[4] and 3.9 million girls aged 15 to 19 undergoing unsafe abortions. Girls who become pregnant before age 18 are more likely to experience violence within a marriage or partnership[5] and adolescent pregnancy and childbearing often results in girls dropping out of school, endangering their future education and employment prospects.[6]

Critical to children at each life stage, as well as their caregivers, is access to safe drinking water, and improved sanitation and hygiene (WASH). Twenty-six percent of the world's population lacks safely managed drinking water services, with close to half (46%) lacking safely managed sanitation services, and almost one-third (29%) of the population globally lacking a basic handwashing facility in the home in 2020.[7] This puts children and families at higher risk of illness and death from water-borne diseases.

3 WHO. (2021, January 18). *Adolescent and young adult health*. https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions

4 United Nations Population Fund (UNFPA). (2015). Girlhood, not motherhood: Preventing adolescent pregnancy. New York: Author.

5 Raj, A., & Boehmer, U. (2013). Girl child marriage and its association with national rates of HIV, maternal health, and infant mortality across 97 countries. *Violence against women*, 19(4), 536-551.

6 WHO. (2015). Global standards for quality health care services for adolescents. Geneva: Author.

7 UN-Water (2021). Summary Progress Update 2021: SDG 6 – water and sanitation for all. Version: July 2021. Geneva: Author.

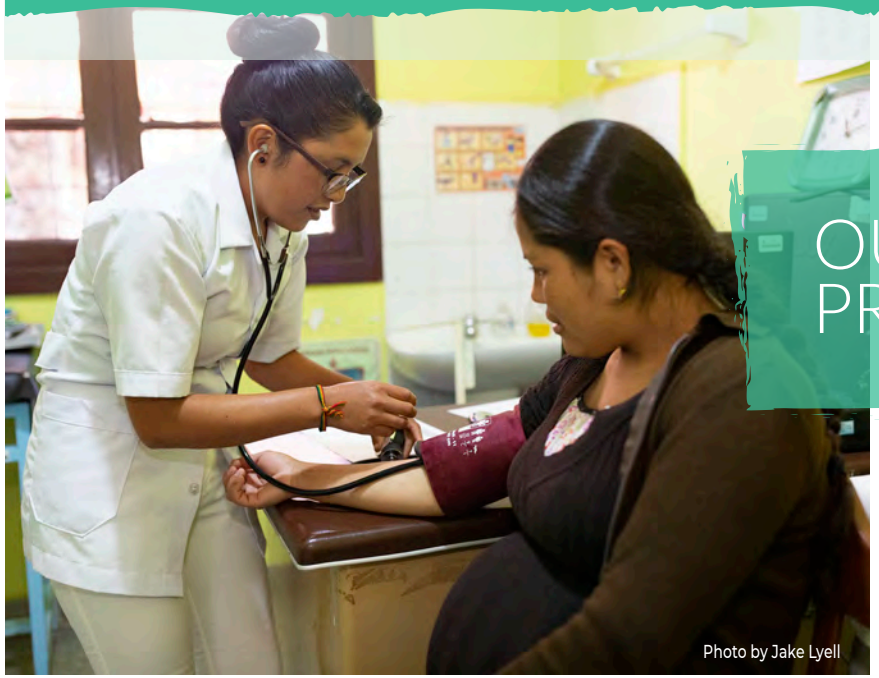


Photo by Jake Lyell

OUR GLOBAL PROGRESS

Young woman who is a former sponsored child living in Bolivia, who now works as a nurse. Here she attends to a patient in the hospital where she works.

The leading causes of death in children under 5 years[8] can be prevented or treated with access to simple, affordable interventions including immunization, adequate nutrition, safe water and food, and quality care by a trained health provider when needed. Globally, under-5 mortality declined by almost 60% since 1990 to 38 deaths per 1,000 live births in 2019. However, progress has been uneven; 53% of child deaths occurred in sub-Saharan Africa and 28% in central and southern Asia[9].

ChildFund's health, hygiene, and nutrition programs seek to promote physical, mental, and emotional well-being and target critical health needs of children during each life stage. Our programs also aim to enhance the health behaviors of caregivers, particularly pregnant and post-partum mothers, and other adult community members.

Our programs targeting adolescents and youth ages 15 to 24 (Life Stage 3) include a special focus on adolescent sexual and reproductive health (SRH) needs.

We monitor access to and use of ASRH services for adolescents and youth, which is an important life stage health outcome for our programmatic goals. Although we were unable to examine temporal progress for youth accessing sexual reproductive health services, in 2019, we see that, over one-third of youth globally reported visiting a health facility for ASRH services, and among these youth, over one-half received youth-friendly services.

This chapter shares the progress we see in our global M&E data and our programming evidence related to improving the health status of children, their caregivers, and the wider community.

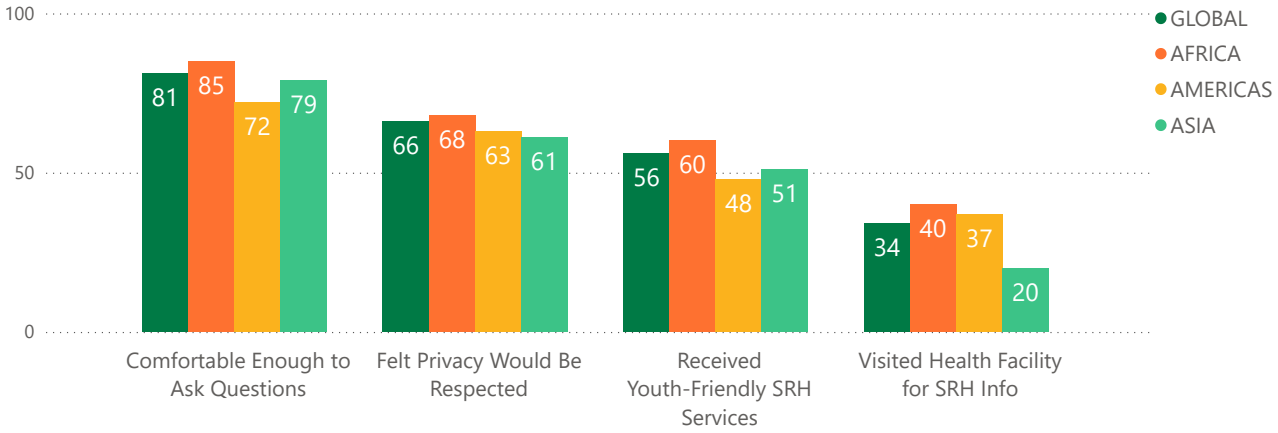
8 Preterm birth complications, birth asphyxia/trauma, pneumonia, congenital anomalies, diarrhea, and malaria

9 UN Inter-agency Group for Child Mortality Estimation (UN-IGME) (2020). Levels and trends in child mortality: Report 2020. New York: UNICEF.

Youth Access to Sexual Reproductive Health Services

Through our global M&E data collection in 2019, we ascertained whether youth who visited a health facility, clinic, teen center, or doctor to receive services or information on contraception, pregnancy, abortion, or sexually transmitted diseases had received "youth-friendly services" (i.e., when they report feeling comfortable enough to ask questions and felt that their privacy would be respected).

Figure 5-1. Sexual Reproductive Health Services — Youth Perceptions and Access: 2019 (%)



Globally, among the 34% of youth who had ever visited a health center to obtain sexual and reproductive health services (see Figure 5-1), **56% received youth-friendly services**, meaning they reported both having felt comfortable enough to ask questions and felt that their privacy would be respected.

- While 81% of youth were comfortable enough to ask questions, we find that over one-third (34%) were not confident that their privacy would be respected, with 32%, 37%, and 39% of youth in Africa, the Americas, and Asia, reporting privacy concerns, respectively.

- African youth had the highest access to youth-friendly services across all regions; among the 40% accessing sexual and reproductive health services, 85% were comfortable asking questions and 68% were confident their privacy would be respected. In Asia and the Americas, 20% and 37% of youth received sexual and reproductive health services, with only 51% and 48% respectively receiving what we define as youth-friendly services.

Girls from a ChildFund-supported youth club perform a street drama about the dangers of early marriage for their community in rural Keonjhar District, India.

"ChildFund has **stopped a few child marriages** in this village and in neighboring ones too. Parents are becoming aware of the ill effects of early marriage, like hampering a child's education or being bad for their health. So I think there's **a growth in awareness and a decrease in the practice**."

— Adolescent girl (far right), India

Photo by Jake Lyell

OUR PROGRAMMING EVIDENCE FOR HEALTH OUTCOMES

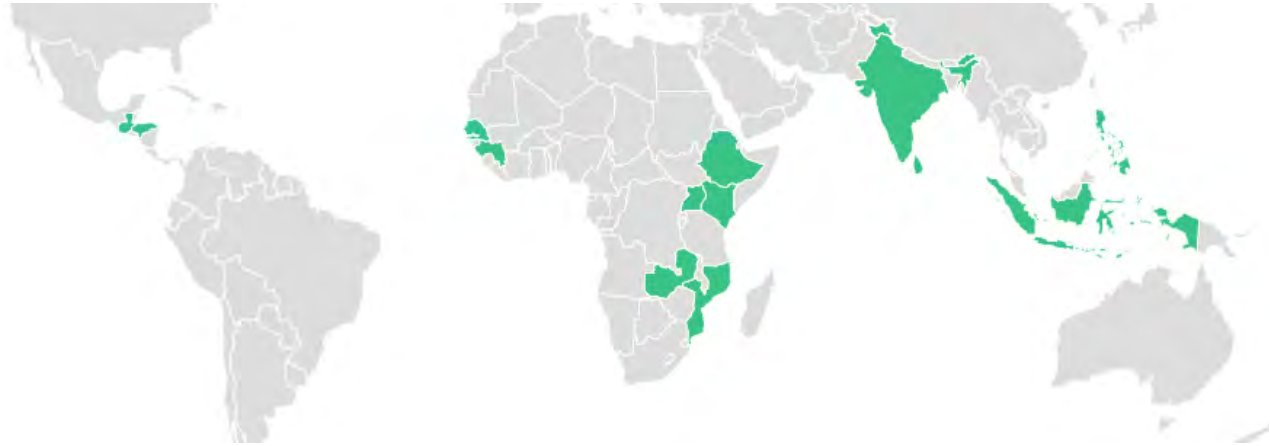
52 OF OUR EVALUATED PROGRAMS targeted improving access to: quality health care services (15 programs); health care behaviors and practices (27 programs); and/or adequate nutrition (19 programs). Almost half (22) of these programs also targeted children across multiple life stages, with 10 programs targeting children across all three life stages (ages 0 to 24).

Above: Nutrition Garden helps a family from Jharkhand in India improve their nutrition and livelihood.

Where are we contributing to positive change for health outcomes?

As shown in Figure 5-3, these programs have helped children, their caregivers and other family members, across 14 countries (8 countries in Africa, 2 countries in the Americas, 4 countries in Asia) access health services, improve their nutrition, and/or their environmental health, in particular water, sanitation, and hygiene (WASH).

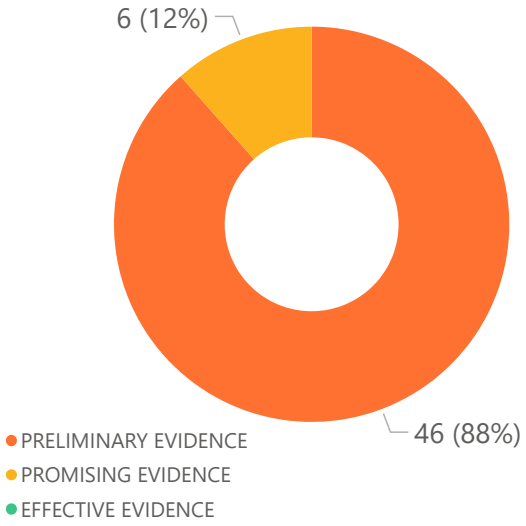
Figure 5-2. Health Contributions by Region and Country



What levels of evidence and types of change are we seeing for health outcomes?

As shown in Figure 5-3, 6 (12%) of the evaluated programs have generated promising evidence and another 46 (88%) have generated preliminary evidence for contributions to health outcomes, with no programs generating effective evidence.

Figure 5-3. Evidence for Positive Change in Health Outcomes



■ **PROMISING** — The **Lalan Palan project**[10] in rural and marginalized communities in **India** delivered — through counseling sessions at community meetings and home visits — education and training to: a) first-time parents on family planning and methods of birth spacing; b) pregnant women on birth preparation, including healthy nutritional practices; and c) caregivers of infants and young children (ages 0 to 6 years) on infant feeding practices, health and hygiene, vaccinations, and childhood illness identification and management. The project contributed to increasing the knowledge and practices of pregnant women in the exposed villages at higher rates than pregnant women in comparison villages. Ninety-eight percent of mothers with children under the age of 3 in exposed areas were aware of the benefits of giving mother's colostrum to newborn children and 99% practiced it, compared to 69% and 73% in control areas. Ninety-five percent of mothers in exposed areas were also aware of the benefits of kangaroo care (immediate, ongoing skin-to-skin contact between mother and infant from birth) and 98% practiced it, compared to 12% and 9% in control areas.

■ **PROMISING** — In **Ethiopia**, the **Strengthening Holistic Early Childhood (ECD) Services and Improving Safe Motherhood and Reproductive Health project**[11] delivered training sessions and education materials on pre-natal and post-natal care both for the caregiver and her infant. The project strengthened maternal breastfeeding practices by helping to increase the proportion of mothers initiating breastfeeding with their child immediately after birth by 41% (from 51% to 92%).

■ **PRELIMINARY** — In **Sri Lanka**, the **Ensuring Children's Nutrition and Age-Appropriate Development in Mullativu Project (ECNAAD)**[12] used a peer education approach to deliver education and training to families on proper nutrition, hygiene, and sanitation practices. The project contributed to enhanced child nutrition and health outcomes by helping to increase the rate of children ages 6 to 23 months being fed at least four food groups by 64% (from 31% to 95%) and children ages 0 to 5 reaching appropriate age weight by 55% (from 37% to 92%).

■ **PRELIMINARY** — In **Kenya**, the **Water, Sanitation, and Hygiene (WASH) and Nutrition Project in Turkana North, Turkana South and Loima Sub Counties**[13], through the use and adoption of a community-led total sanitation strategy (CLTS) approach[14], contributed to households increasing their use of soap and water for washing hands by 13% (from 59% to 72%), bathing daily by 17% (from 74% to 91%) and reducing household reporting of diarrhea cases by 23% (from 34% to 11%).

■ **PRELIMINARY** — The **Safe Drinking Water Proctor & Gamble Grant Project** in **Kenya**[15] focused on increasing access to safe and clean drinking water for people using water from unprotected sources (earth dams, sand dams, hand-dug wells) and increasing community awareness and knowledge of the use of safe and clean water; impact groups of focus included children under five years of age as well as people living with HIV/AIDS in an effort to reduce morbidity cases related to the consumption of unsafe water. The project helped to increase household use of water treatment by 53% (from 46% to 99%).

10 Agarwal, V.K. (2019). Endline evaluation of Lalan Palan project of ChildFund India.

11 HAMEN Consultancy Services PLC. (2018). Evaluation of projects: Strengthening holistic ECD services and improving safe motherhoods and reproductive health in Fentale Woreda, Ethiopia final report. Addis Ababa: Author.

12 Management Frontiers (Pvt) Ltd. (2019). Evaluation report: Ensuring children's nutrition and age appropriate development in mullativu project (ECNAAD). Colombo: Author.

13 Waweru, T., Moru, J., & Wanjau, K. (2020). Endline evaluation of wash and nutrition project in Turkana north, Turkana south and Loima sub counties. Nairobi: African Research and Economic Development Consultants Ltd. (AFREDEC)

14 CLTS strategies included community exercises to promote sanitation and hygiene; establishment of WASH and nutrition committees; training and equipping committees; facilitated training and capacity building communities on food handling and hygiene.

15 Waweru, T. (2018). Endline evaluation report for Proctor & Gamble grant: The safe drinking water project. Nairobi: OCRA Company Limited.

Program Evidence Snapshot

HEALTH | KENYA

Community and School WASH (Mazingira Bora) Project in Mukuru and Kasarani Informal Settlements, Nairobi[16]

WHEN: 2018 to 2020

WHERE: Mukuru and Kasarani informal settlements, Nairobi, Kenya

CHILDFUND LIFE STAGES: 1 (0 - 5 years old), 2 (6-14 years old) & 3 (15-24 years old)

REACH: 21,000 children attending school health clubs, 700 households receiving WASH messaging from Community Health Volunteers (CHVs).

SUPPORTED BY: ChildFund Korea

IMPLEMENTED BY: ChildFund Kenya, Metropolitan Childcare Organization

EVIDENCE LEVEL: **Preliminary**

GOAL(S): Deliver WASH interventions at both the household and child level to improve the management of waste disposal, increase access to and use of safe water and improve hygiene practices in households and to decrease water borne diseases among children between 0-14 years.

HOW WE STUDIED THE PROGRAM:

- A one-group pretest-posttest study design.
- Data were collected with household survey, observation of targeted communities and schools, key informant interviews, and focus group discussions.

16 Health and Economic Finance Development Consortium (HEFDC) Group Limited. (2020). Endline evaluation/KAP survey of Nairobi WASH (Mazingira Bora) project) in Mukuru and Kasarani settlements. Nairobi: Author.

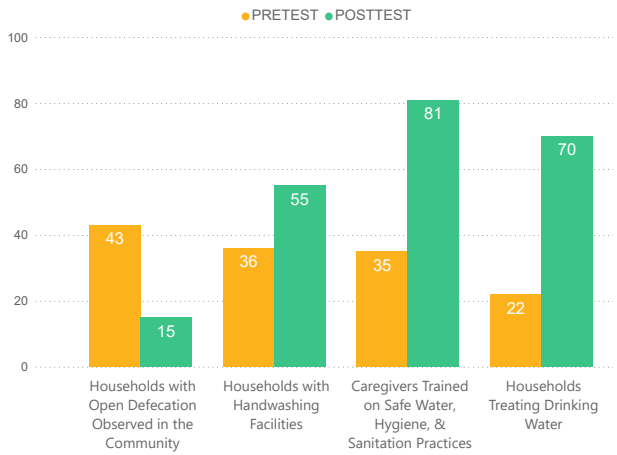
HIGHLIGHTS:

- Safe water storage vessels were delivered to trained caregivers in 700 households.
- Safe Water System (SWS) kits were distributed to schools; 4 water storage tanks were provided to 4 schools, and a boys toilet block with 11 latrines was constructed at 1 school.
- **Improved Waste Disposal:** Observed open defecation in the community decreased by 38% (from 43% to 15%).
- **Enhanced knowledge, attitudes, and practices:** Caregivers with hygiene-related training increased by 46% (from 35% to 81%). Households with hand washing facilities increased by 19% (from 36% to 55%).
- **Improved Access to and Use of Safe Water:** Households treating water increased by 48% (from 22% to 70%).

LESSONS LEARNED:

- The use of football games to deliver WASH training to children in schools can be an innovative and successful vehicle for the promotion and adaptation of behavioral change in hygiene practices.
- The use of a project slogan, "Maji bora, Maisha bora (Better water, Better life)" was readily adapted in schools and used routinely, and overall, seen as an important achievement.
- Increasing the project implementation period to 5 years would enhance sustainability mechanisms.

HOUSEHOLD WASH OUTCOMES %



SDG CONTRIBUTIONS

"This initiative has transformed the community because you **can see actual behavior change**. Before this project, we used to have open waste in all the homes, but now if you walk into almost any house here, you will find that **they have a place to put their waste**"

— Key Informant Interview participant

Photo by ChildFund Kenya Staff

Photo by Jake Lyell

Program Evidence Snapshot

HEALTH | UGANDA

Busia Maternal Newborn & Childhood Survival (MNCH) Project[17]

WHEN: 2017 to 2020

WHERE: Sub-counties of Dabani, Masinya, Buhehe, Lumino, and Majanja in Busia District, Uganda

CHILDFUND LIFE STAGE: 1 (0-5 years old)

REACH: 6,000 parents, 10,000 community members, 176 health volunteers, and 8 Health unit management committees.

SUPPORTED BY: ChildFund Korea

IMPLEMENTED BY: ChildFund Uganda, Busia Area Communities Federation (BUACOFE)

EVIDENCE LEVEL: **Preliminary**

GOAL(S): Increase parents' knowledge of positive pregnancy and childcare initiatives, increase awareness and adoption of positive family-child healthcare practices through community-based engagement.

HOW WE STUDIED THE PROGRAM:

- A one-group pretest-posttest study design.
- Data were collected with surveys, focus group discussions, key informant interviews, health facility competency assessment, and Most Significant Change analysis with female participants.

17 Promise Consult International Ltd. (2020). Endline evaluation of early childhood learning and development project (ECD) in Busia, Uganda: Final evaluation report. Kampala: Author.

HIGHLIGHTS:

- **Intervention settings** included health outreach sites in underserved communities and health facilities, for capacity building efforts and child health care services.
- **Improved knowledge of positive pregnancy, postpartum, and family health care:**
  - Women aged 15-49 who know at least 4 maternal danger signs during pregnancy increased by 13% (from 14% to 27%).
  - Mothers who are aware of at least 4 key child family health care practices (infant feeding, immunization, etc.) increased by 29% (from 15% to 44%).
- **Improved access to maternal, newborn and child survival interventions:**
  - Pregnant women who attend at least 4 antenatal visits increased by 12% (from 69% to 81%).
  - Pregnant women who give birth assisted by a skilled provider increased by 6% (from 79% to 85%).

LESSONS LEARNED:

- Male involvement in MNCH should be increased as men have a direct responsibility in child spacing and family planning — and their involvement can help sustain positive changes in MNCH at the household level.

SDG CONTRIBUTIONS

"Before the MNCH project, we never visited homes for pregnant women and mothers of children under the age of 2."

— Health care worker, Busia District, Uganda

Photo by Jake Lyell

KEY TAKEAWAYS

Working across our three life stages, **we see progress in our contributions to improving the physical health and wellness of children and their families** with over 50 programs showing at least preliminary evidence of positive change for health outcomes in all three regions where ChildFund operates.

The main **SDG** contributions of this body of work are:

2 ZERO HUNGER

3 GOOD HEALTH AND WELL-BEING

6 CLEAN WATER AND SANITATION

Specifically, the contributions of our programs focused on health outcomes further the realization of **SDG targets**.

- **2.2** to "end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons"
- **3.1** to "reduce the global maternal mortality ratio..."
- **3.3** "...combat water-borne diseases and other communicable diseases"
- **3.4** to "reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being"
- **3.7** to "ensure universal access to sexual and reproductive health-care services"
- **3.8** to "...achieve access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all"
- **6.1** to "achieve universal and equitable access to safe and affordable drinking water for all"
- **6.2** to "achieve access to adequate and equitable sanitation and hygiene for all and end open defecation"

Many of our health-focused intervention strategies and programs cross life stages in their delivery and impact, addressing health needs at the family and household level, in their approach to preventing and/or mitigating health issues in the communities in which we work.

LIFE STAGE 1

FOR INFANTS AND VERY YOUNG CHILDREN (LIFE STAGE 1), we observe improvements in children ages 0 to 5 reaching appropriate age weight, and pregnant women and caregivers enhancing their knowledge and application of infant feeding and caregiving practices, proper child nutrition, and pre-natal and post-natal care. Going forward, we will continue to:

- Support the healthy growth and development of infants and children under age 6, through standardized, holistic programs like our Growing with You program model, currently being implemented in the Americas (Bolivia, Ecuador, Guatemala, Honduras). **Growing with You** strengthens the knowledge and positive practices of primary caregivers on topics like healthcare and nutrition, while also focusing on child development and protection outcomes.

- As a critical area of support, to use best practices and program evidence to design, implement and evaluate standard packages of intervention strategies focused on maternal and child health, such as our **Mother and Child Health and Nutrition (MACHAN)** program model, developed by our India country office. MACHAN addresses children's (ages 0 to 5) multisector needs, including basic healthcare, nutrition, stimulation, and protection. MACHAN also seeks to improve the well-being of their caregivers, particularly that of pregnant and lactating mothers.

LIFE STAGE 2

LIFE STAGE 3

FOR ADOLESCENTS AND YOUTH (LIFE STAGE 2, LIFE STAGE 3), we see increases in youth's knowledge on sexual and reproductive health, to promote condom use, and delay the age of initial sexual activity. Moving forward, we will continue to:

- Support parents and families to meet the evolving health needs of children as they grow and transition into adolescence and young adulthood; this includes providing more food with adequate nutrition content for growing children, dealing with children's emerging sexuality, and addressing adolescent social and emotional development needs.

- Provide adolescents and youth access to information about sexual and reproductive health to reduce early pregnancy and prevent the transmission of diseases — including through the delivery and study of ChildFund's **Loving and Taking Care of Myself**[18] and **Girls' Adolescent and Reproductive Rights: Information for Management and Action (GARIMA)**[19] program models focused on adolescent sexual and reproductive health practices. Both program models also engage parents to improve how they communicate with their children on issues related to sexual and reproductive health.

- Given the importance of mental health for adolescents and young people, we will continue to build socioemotional skills in children and adolescents and provide them with psychosocial support that can promote good mental health and overall well-being.

18 Loving and Taking Care of Myself helps children and youth aged 6 to 19 make age-appropriate, informed, and responsible decisions about their sexual and reproductive health and to act as agents of change for public policies on sexual and reproductive health. The program model also improves the knowledge and skills of caregivers, education personnel, and community leaders to build protective environments free from sexual violence; the model is being implemented (5-year duration) in the Americas.

19 GARIMA, which means "dignity" in Hindi, seeks to ensure that targeted adolescents have comprehensive, age-appropriate knowledge on sexual and reproductive health, adopt safe and healthy sexual reproductive health practices, and have increased access to adolescent-friendly counseling and services; it is being implemented in India, prior to scaling to other countries.

Photo by Jake Lyell

ACROSS LIFE STAGES, FOR HOUSEHOLDS AND COMMUNITIES, we see increased access to safe water in school and home environments and reduction of observed open defecation in the community. More households have handwashing facilities, employ better hygiene practices, and treat their water, which helps to safeguard the health of children and decrease the incidence of waterborne illnesses. Building from the successes and best practices of these programs, as well as learning from our COVID-19 response activities, we will:

- Build greater community and caregiver understanding of child health needs across life stages related to WASH as well as other health and hygiene practices — in emergency and non-emergency settings.

- Refine, enhance, and standardize — and examine the cost-effectiveness of — our approaches to delivering specific intervention strategies focused on WASH outcomes (in both emergency and non-emergency settings). Strategies will include direct provision of WASH hardware, health messaging, participatory mechanisms (i.e., community consultation), and systems-based approaches (i.e., pricing reform, access to WASH facilities and services, private sector partnerships).

Photo by Jake Lyell

"The pandemic affected us a lot. It was sad. We were scared. **We didn't have any way to work or make money.** I don't know what we would have done without you all [ChildFund] helping us with food."

— Mother of two, Guatemala