

IMPACT REPORT 2013





PREFACE

Welcome to ChildFund International's 2013 *Impact Report*.

We created this report to share and celebrate the outcomes of our programs for children, and to discuss what we know about the effectiveness of our work. The report explores how we are learning, highlights what we have achieved, and reflects upon what we are measuring, analyzing and discovering. In this and future impact reports, it is our intent to be transparent about the results of our development approach, and to invite dialogue with our readers about ChildFund's programs to help children overcome poverty.

In this *Impact Report*, we discuss the hardships that children face as they grow up in marginalized communities around the globe, in Ethiopia, Honduras, Kenya, India, Mexico, Senegal, Ecuador and more. But we also highlight a consistent theme: those communities can and do make a difference when they join us to invest time and effort in the services and support children need to achieve the milestones that define healthy development. As we reviewed and analyzed information to create this report, we found confirmation that ChildFund's programs are creating the positive results we intend—and several unanticipated results as well.

The *Impact Report* continues ChildFund's culture of learning, and makes tangible our commitment to accountability. We have made significant investments in monitoring and evaluation in recent years. We have become better able to understand our contributions to social change, what change we can claim as a direct result of our programming, and what efforts do not produce the desired, measurable outcomes. We are getting better at testing specific program models, and this positions us to better contribute to the collective knowledge of our larger community of peers and supporters.

Again, we welcome you to this *Impact Report*, and we thank our valued donors without whose generosity ChildFund's work would not be possible. Their contributions have created crucial changes for children around the world, including the changes we share with you here.

Anne Lynam Goddard
President and CEO
February 2014

EXECUTIVE SUMMARY

ChildFund International wrote this 2013 *Impact Report* to share the outcomes of our work for children, and to discuss what we are learning about the effectiveness of our programming. Here, we present evidence of approaches that work for the well-being of children. We also present evidence of those that do not work as planned or that our evaluation methods are not yet finely tuned enough to capture. This report invites our peers and partners more deeply into ChildFund's global portfolio and our global approach to helping children overcome poverty.

Our purpose as an organization is to help poor children improve their lives and become adults who create positive change. And, because children's well-being is produced by the whole environment around them, we devote equal attention to promoting societies that protect and advance the worth and rights of children. This two-part purpose pushes us to approach poverty as a multidimensional phenomenon requiring a multidimensional response, and to view poverty through the eyes of the children who experience it. We place children's experiences of *deprivation, exclusion, and vulnerability* at the center of our practice, and create a holistic response for sustainable change.

ChildFund works extensively with parents and other caregivers, with duty-bearers ranging from local to national governments and private sector actors, and with a cadre of local partners who know our programming contexts intimately because they live in them. And, of course, we work with children, from birth through young adulthood, as rights-bearers and agents of change.

Our **2013 Impact Report** presents evidence that:

- *Empowered parents are taking action* for better services for children and families. Together they are questioning norms that accord power and privilege to some and not to others, and adopting new ideas that promise healthier social environments for children's healthier development.
- *When we work with others, it works better.* Even so, we collectively have more to do before we overcome certain hard-to-change phenomena, such as high rates of malnutrition or low rates of primary school completion, that require the collaboration of many actors toward synchronized objectives and systemic change.
- *When given equal chances to gain fundamental skills*, poor children are closing the gap between their own achievements and those of their better-off peers. Even in poor communities, parents and teachers and traditional leaders are improving services such as educational quality and child protection—and children are not only benefiting but participating in making change happen.
- *Older children and youth are proving that they can be effective change agents.* Equipped with opportunity and support, they are giving back in ways that are meaningful to them, and in so doing, are earning the respect of adults. Indeed, they are becoming the empowered future caretakers of the next generation.
- *ChildFund needs to be—and we are becoming—more systematic in measuring, understanding and evaluating our programming* and how our work contributes to change. The more ably and consistently that we, our local partners and our program participants can understand the interplay of influences, including our own interventions, on children's healthy development, the more effective we will all become in creating societies that value, advance and protect the worth of society's youngest members.

For 75 years, ChildFund has been committed to improving the well-being of some of the poorest children in the world. Our understanding of how to do this has evolved, and we value continuously learning from our own and others' experience and impact.

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INTRODUCTION

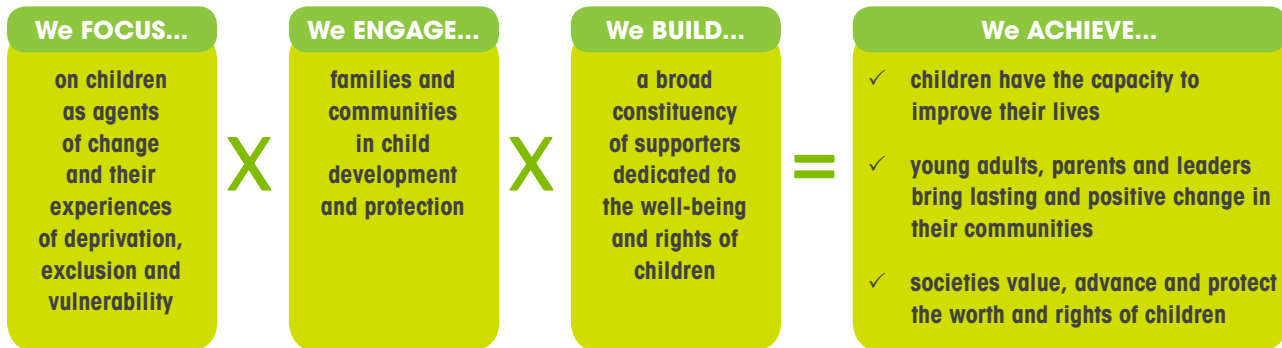
OUR PURPOSE AS AN ORGANIZATION

Since ChildFund International was founded in 1938, our focus has been on children. Our twofold purpose as an organization is to help deprived, excluded and vulnerable children improve their lives and become adults who bring positive change to their communities, and to promote societies that value, protect and advance the worth and rights of children (Figure 1). While much of our earliest work centered on caring for war-orphaned children in institutions, our experience and deepening understanding of social change led us to our current strategy, in which children are at the nexus of a web of individuals and institutions—parents, family, community, government and non-government actors—whose contributions must be leveraged if children are to thrive. ChildFund engages with families and communities so that we can achieve positive outcomes for children, and we contribute to shaping national and global policies and practices that promote the well-being of society's youngest members.



THE OUTCOMES WE SEEK

Figure 1: ChildFund's Extended Purpose Statement



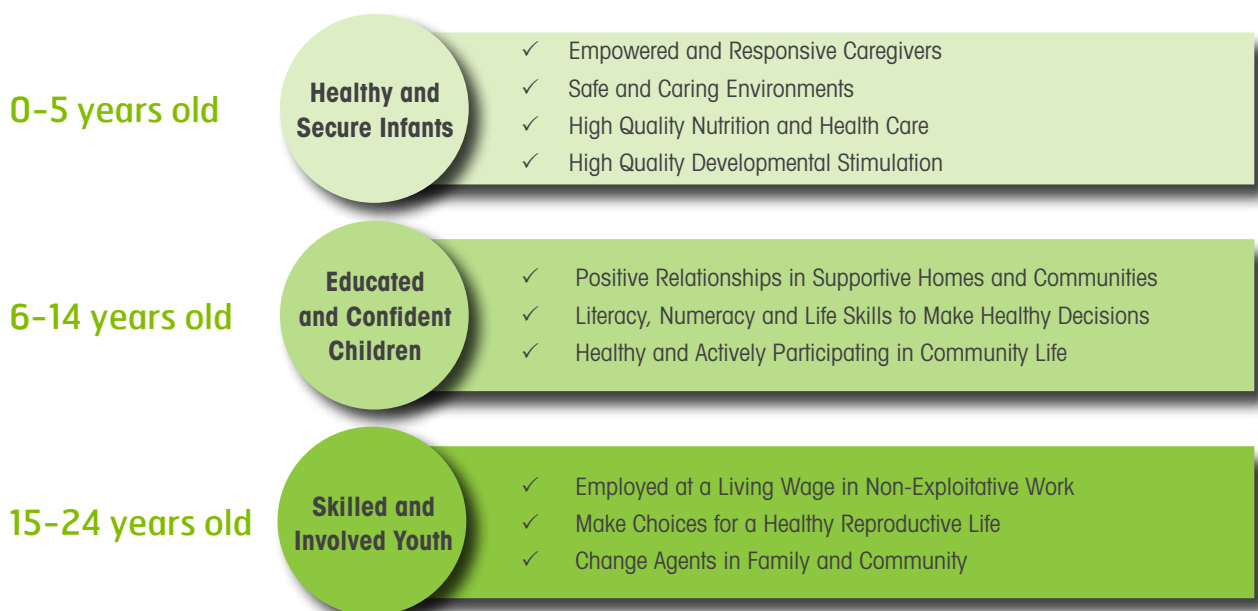
The outcomes we seek center upon children's optimum development at each stage of their young lives. ChildFund works with and for children across the continuum of their first decades, but our **life stage approach** helps us tailor our interventions to the very different developmental tasks and needs of children as they progress from infancy through young adulthood. In each of three life stages (Table 1), our programs aim for the healthiest development of the whole child at the center of her physical and social environment, and consider her needs, rights and capabilities comprehensively.

Table 1: ChildFund's Life Stages

| Life Stage | Age Range | The Core Outcomes We Seek |
|------------|----------------|---------------------------------|
| 1 | 0 to 5 years | Healthy and Secure Infants |
| 2 | 6 to 14 years | Educated and Confident Children |
| 3 | 15 to 24 years | Skilled and Involved Youth |

If ChildFund is to achieve our core outcome in each life stage, certain preconditions must be met. Figure 2 introduces these conditions as *domains of change*: change that is a prerequisite to arriving at the desired outcome. ChildFund and our constituents work towards changes, and we rely on and coordinate with other stakeholders, from citizens' groups to national governments, to do their parts. As we shall see in subsequent chapters, ChildFund has identified broad areas of intervention that, acted upon by us and/or others, create change within each domain. Taken together, the *interventions-domains of change-outcome* chain in each life stage represents our **theories of change** or causal logic that, when accompanied by an evidence base for effective practice, form our **holistic approach to children's development** within and across the life stages.

Figure 2: Life Stage Outcomes and Domains of Change



CHILD FUND'S PRINCIPLES

ChildFund works with deprived, excluded and vulnerable children whose chances for healthy development are compromised by their poverty. To develop and implement interventions that effectively address child poverty, we are guided by a set of principles that characterize who and what ChildFund is as an organization. Here we briefly discuss each principle.



CHILD RIGHTS

Children's development and the fulfillment of their rights are essential elements of societal development—after all, children are an important part of the human capital in any community. Child rights occupy a central role in ChildFund's programs: we blend child-focused programming, community empowerment with national reach, capacity building of grassroots organizations, advocacy on child protection and child rights, and child participation and leadership. We work with duty bearers to protect rights and end discrimination, and take great pride in playing a lead role in developing local child protection networks that build toward national networks and advocacy work aimed to protect children's rights on a national scale.

ROOT CAUSES

ChildFund places children's experiences at the center of our practice. The complex phenomenon of poverty can be understood from many angles, but when we, our local partners, or even children's caregivers define a child's poverty for her, we miss elements that the child finds vitally important. Extensive research¹ around the world led ChildFund to develop what we call the *deprivation-exclusion-vulnerability* framework² to help us understand and take meaningful action on poverty as children experience it.

- *Deprivation* refers to a lack or sufficiency of goods and services—food, shelter, health care, schooling and the like—and is perhaps the most widely recognized dimension of poverty. Deprivation can affect children's physical, emotional, cognitive, psychological, social or economic well-being. Yet children often do not prioritize or may not be aware that they are deprived of goods and services that others think are necessary to their well-being. ChildFund recognizes the vital role of developing household assets and services for children.
- *Exclusion* refers to the many ways that people may be marginalized from full participation in the society in which they live. ChildFund found that children feel their exclusion intensely, often more so than their deprivation. Their experiences of exclusion can be grouped as: unequal social status and feelings of stigma or of being less than; social isolation because of poverty, gender, ethnicity, religion or caste; economic exclusion that precludes participation in any but exploitative, hazardous or badly paid labor; and cultural bias that devalues children because of their age or sex. Our programs help children develop relations with caregivers, peers and champions of children's rights that help right the power imbalances that perpetuate exclusion.
- *Vulnerability* refers to people's inability to cope with events that disrupt their lives and are beyond their immediate control. Children defined their feelings of vulnerability as the precariousness of their present position—physical, emotional and/or social—and of not knowing what tomorrow might bring. Those who had experienced violence, abuse or neglect were deeply cognizant of their inability to control what happened to them. ChildFund bolsters the resilience of individuals, households and communities, and we collectively strive to alter the enabling environment to support this resilience.

¹ Christian Children's Fund. (2007). *Programs in Practice*.

² Christian Children's Fund. (2005). *Understanding Children's Experience of Poverty: An Introduction to the DEV Framework*.

A CULTURE OF LEARNING

TRANSITIONING FROM ORPHANAGES

ChildFund's early program model was the orphanage, implemented in response to the ravages of war in China in the late 1930s, and to World War II and the Korean War in ensuing decades. In 1960 we commissioned a study of the ongoing validity of this model. The findings were unequivocal: a large proportion of the 'orphans' in Korea had been placed by their parents to benefit from the schooling our orphanages offered. By working entirely in institutions, ChildFund was attracting children from intact families. The 1960 study marked our transition to an organization that today helps parents and other duty bearers to support the full development of children within home and family and community.

LOCUS OF CONTROL

Working in communities presented its own learning curve for ChildFund. For example, our early home visitor intervention positioned the homes being visited as 'cases,' and the home visitors as 'case workers,' who checked up on families. This approach implicitly assumed that the individuals and families being aided were somehow dysfunctional and ill-equipped to make their own decisions without instruction from a qualified outsider. Today, ChildFund understands that what people need most is control over their own lives. In many cases—and our research makes this amply clear—it is the absence of control that causes dysfunction.

CHILDREN ARE SHAPED BY THEIR WHOLE ENVIRONMENT

In 1972, ChildFund's comprehension of what it means to help children deepened yet again when we sought to answer the question, 'Are we preparing children to be better citizens in their communities, as we claim to do?' The research that sprang from this question clarified that it is not possible to effectively help a child apart from the context of her family, community, and nation, and indeed the entire pattern of economic and social development surrounding her.

Today, ChildFund places children's own experiences at the center of our work, but we also value a deep understanding of the communities in which children live and indeed of influences far beyond the borders of those communities — influences that nonetheless have important effects on children's lifelong physical, mental and social well-being.

CHANGE AGENTS

The children we serve are active participants in the development process from a very young age. Our belief underlying children's participation is that they, with thoughtful and supportive programming, can interrupt the cycle of poverty. To achieve this, we help children voice and examine their experiences of poverty and marginalization, participate in seeking solutions, and take actions that are effective and evidence-based but also meaningful to children. Several decades ago, ChildFund's work focused more narrowly on parents' involvement in planning and implementing interventions for their children. Parents are still involved in planning (and are active champions for children's rights), but children and youth now also play this role for themselves. ChildFund subscribes to the asset-based view that young people are resources rather than objects of development.

PARTNERSHIPS

We believe that long-term impact springs from community ownership of development, and that sustainable improvements for a community and its members do not result from charity. Rather, meaningful change occurs when communities take a leading role in the development process. Community members, therefore, participate in setting priorities, defining programs and implementing them with ChildFund's more than 420 community-based local partners around the world (Figure 3). The private revenue that ChildFund raises in the U.S. and other countries is transferred to our local partners, along with technical support and accountability mechanisms, via our national offices in the countries where we work.

ChildFund has decades of experience in strengthening our local partners, many of which began as parent associations that, over time and with our assistance, merged to form larger entities with a greater collective impact on local development processes. These community-based organizations are now legally registered and separate from ChildFund. They have earned legitimacy in the communities they serve, and operate with transparency and accountability to participants, to ChildFund and to our donors. We have begun to organize our partners into a global network that advances the rights of children from the local to the national and international levels.

Figure 3:

ChildFund International WORKS...



SUSTAINABILITY

ChildFund's holistic programming for children across their life stages clarifies that we do not believe poverty can be 'solved' by prescriptive or by single-sector interventions to improve, for example, health care or education. Rather, responses to poverty should be multidimensional—just as poverty itself is multidimensional—and be created within and respond to context. Accomplishing this requires a deep understanding of the communities where we work, including their culture, history, politics, power and social structures, language, geography and more. ChildFund therefore makes long-term commitments to communities, to see children through all three life stages. Our implementation relationships with fully 36 percent of our local partners have lasted at least 26 years: the length of the three life stages and more.

EVIDENCE BASE

ChildFund's commitment to helping children improve their lives, and to promoting societies that value and protect children, goes back 75 years. How we have enacted this commitment has changed a great deal over those decades (see sidebar *A Culture of Learning*). We value continuous reflection, and we value learning from our own work, from those we serve, and from the experience and research of others in the fields of child development and of poverty alleviation.

Figure 4: Tapestry of Evidence Used for this Impact Report



TAPESTRY OF EVIDENCE

This report is a product of ChildFund's commitment to a culture of continuous learning. To create it, we consulted a large repository of information (Figure 4), whose pieces can be categorized as:

HOUSEHOLD SURVEYS

ChildFund selected a handful of indicators of child well-being, and beginning in 2009, administered household surveys in selected programming areas of more than a dozen countries where ChildFund works. Beginning in 2012, we are repeating the surveys to determine if children and youth in our programming areas experienced change in the intervening period. We have completed two rounds of surveying in five countries to date: Ethiopia (two of our programming areas), India (three), Mexico (one), Philippines (one) and Sri Lanka (one). Note that ChildFund did not attempt to survey all children we serve, nor to survey only our program participants. Rather, the surveys were a sort of temperature check in the communities we serve: marginalized, excluded and unlikely to match national-level achievements on development indicators.

The household survey indicators are linked to hard outcomes—of nutritional status, for example, or primary school completion—that can be achieved, nationally and globally, only by the sustained and coordinated work of many actors: governments, communities, organizations such as ChildFund, and others. We use these indicators to better understand how participants in our projects are progressing toward hard outcomes and, where possible, how they compare to their peers nationally. *Not all of our indicators yielded conclusive data.* In this report, we present and discuss those results that offer useful information on changes in our programming areas.

EVALUATION LIBRARY

ChildFund monitors, evaluates and undertakes special assessments to develop a deeper understanding of the outcomes and effectiveness of our projects on complex problems that mire children in deprivation, exclusion, vulnerability, and that cannot be measured by any single indicator. We reviewed and analyzed our global evaluation library, focusing largely on evaluations and assessments from the period 2008 through 2013, but reaching as far back as 2002 where information contributed substantially to our learning.

THEMES IN THIS REPORT...

Several high-level themes emerged as we created this report. These are introduced below, then traced in the following chapters within and across the three life stages. The themes help tell the story of how ChildFund's body of work contributes to children's well-being, and the progress we are making toward our intended outcomes.

INFANTS AND YOUNG CHILDREN

THEME: *Children's caregivers are empowered within supportive social and service structures.*

Parents and other caregivers are the mediators of most aspects of very young children's experience. We find evidence that they become champions for their children's well-being by gaining skills and knowledge, and working with others to alter service and social structures so that their communities better serve, support and protect children.



CHILDREN AND VERY YOUNG ADOLESCENTS

THEME: *Children have equal chances to gain fundamental skills.*

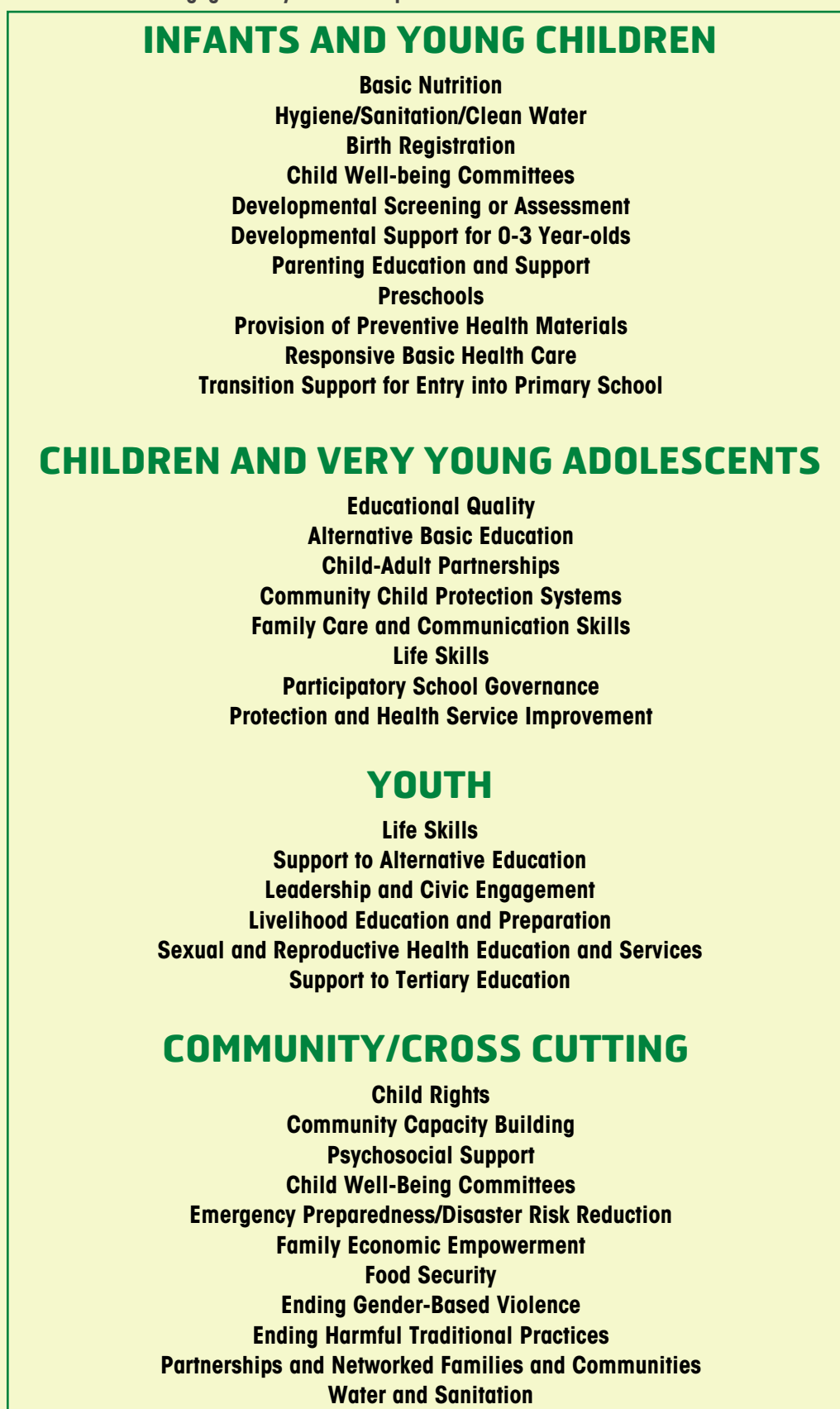
The marginalized children with whom ChildFund works need equal opportunities to acquire basic academic and life skills, and to achieve by national standards. We find evidence of more equitable access to quality primary education, chances to gain and practice life skills, and communities that are organized to protect children from harm—and that children's achievements are impressive when these conditions are provided.

YOUTH

THEME: *Youth are engaged and respected as agents of change.*

Youth can be effective change agents in their communities, to their own and to others' benefit, when societies respect and allow their contributions. We present evidence that, with adequate skills and opportunities, young people can create change for others and, in so doing, for themselves. Today's youth—tomorrow's parents—may be positioned to break the poverty cycle before it affects their own children.

Figure 5: Programmatic Activities Engaged in by Our Participants³



³ Figure 5 was derived from ChildFund International's database which routinely consolidates information on approximately half a million children.

WHAT MADE A DIFFERENCE? SABA (AND HER MOTHER) RECOLLECT

In a rural Ethiopian village, Saba H.* and her mother once faced many of the problems endemic to underserved communities throughout Ethiopia. During Saba's earliest years, her mother recalls, they took donkeys to fetch water from faraway streams. There were no latrines when Saba was born, and only a limited understanding of hygiene and disease prevention. There was no early childhood development center. But they recall something else: things changing for the better.

The changes for Saba began just at the right time: she attended a newly built early childhood development center when she was a toddler. "If the center hadn't been built, the children wouldn't have gone to school until age seven," reflects her mother.

Instead, Saba and her peers developed social, emotional and cognitive skills in a safe, supportive environment. "The children could play on the playground and with different toys," says her mother. "The teacher showed them games and taught them in an interesting way so they would not become bored. I used to come and watch them regularly. The teacher was really good...she looked after the kids like a mother would."

As for her own participation in ChildFund's parenting education, she continues, "they [program staff] taught us about childcare, hygiene, preparing food for children,

and disease prevention. They...built health centers and preschools in different areas...we would have suffered a lot if not for the program's support."

As Saba grew into adolescence, she, her family, and her community continued to participate in ChildFund activities. The community now has access to clean water and toilets, and the program equipped Saba's primary school with a library, textbooks, and computers, and Saba's family with an ox, farm tools and training.

Saba feels that the most beneficial aspects of the ChildFund programs were those she began to experience while in primary school: the clubs and trainings in which she and her peers participated. She is particularly keen on the girls' club, which provides education and support, ranging from reproductive health to general 'youth-hood,' as she puts it. Still an active member, Saba says, "The best advice I get is from the girls' club. It is always constructive."

Now in 9th grade, Saba feels safe during her daily half-hour walks to and from secondary school. Boys used to harass girls, but not anymore. Her mother attributes this to ChildFund and our local partners' work with community youth. "Nowadays there are no problems," she says. "The youngsters are well disciplined. The youth association formed by the project has helped to curb many problems. Parent's concerns [for their children's safety] have been greatly reduced."

Saba looks to the future and her dreams of becoming a doctor, while her mother takes one more look back to the relationship between her community and ChildFund. "One of the interesting things is that it helps the children more than their parents do [on some matters]. It gives them advice on health, life skills, and good behaviors. We are happy to see our children grow in a safe environment where they can focus on their education. ChildFund has done a lot for us."

** Her name has been changed here to protect her privacy.*

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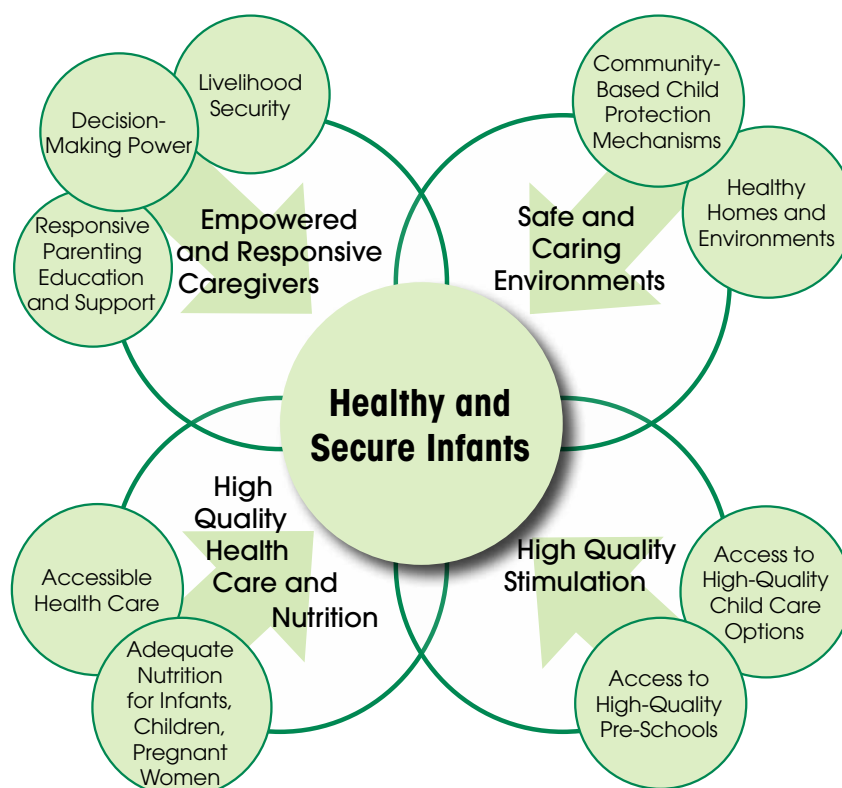
CHAPTER 1: INFANTS AND YOUNG CHILDREN

CHILDREN'S CAREGIVERS ARE EMPOWERED WITHIN SUPPORTIVE SOCIAL AND SERVICE STRUCTURES

ChildFund's work with *infants and young children* helps them develop to their potential, enjoy good physical and mental health, and live in stable, nonviolent families and supportive communities. Children aged 0 to 5 make up 30 percent of all children we serve; our interventions necessarily engage parents, other caregivers, and local and even national governments, who bear the responsibility for creating a world that is healthy and safe for children.

Parents and other primary caregivers, of course, are the mediators of most aspects of very young children's experience and development. ChildFund reaches some 6 million adults in our programming, and we leverage their participation and contributions to produce change for children. We work to empower parents at two broad levels: as individuals they gain skills and knowledge to improve their children's well-being; together, and in alliance with others in their community, they alter structures to become more supportive of children. By 'structures,' we mean the tangible and intangible systems in the surrounding environment: government, health and education services are examples of the former; norms, values and social hierarchies are examples of the latter. ChildFund supports communities' access to or formation of tangible structures (child protection, child care, preschools, health services among others), and simultaneously seeks to illuminate intangible structures with actionable information on, for example, human rights, equality and respect. Parents are primary participants in promoting societies and structures that protect, value and advance children (see sidebar *The Three Ps*).

Figure 6: ChildFund's Program for Infants and Young Children. *We and others — partners, parents, community leaders, other organizations and governments — work in multiple areas of intervention (outer ring) in four domains of change (middle ring). When implemented as a holistic package of knowledge, skills, practice and services, our program supports the outcome (inner ring) we seek: healthy and secure infants and young children.*



THE THREE Ps

Within the complex web of factors and actors that influence young children's development and experiences, ChildFund emphasizes three things:

Parenting: The active, knowledgeable, responsive and rights-advocating role that is ideally played by parents and/or other caregivers on behalf of children.

Protection: Child protection is the sum of activities and actions by governments, communities and families to prevent and respond to violence against, and abuse and exploitation of, children.

Participation: Children are not passive recipients of experience but active contributors to their own well-being and development. Our projects encourage children's input, opinions and even direction, appropriate to their developmental stage.

In this chapter, we begin with the domain of high quality health care and nutrition, and examine changes in women's use of maternal health services and in young children's nutritional status. We next explore the powerful and deep changes that are set in motion when we work across several domains of change at once, combining interventions to address deep-rooted problems. Specifically, we showcase the outcomes of our work in the domains of *empowered and responsive caregivers and high-quality stimulation* in Honduras, and in both those domains plus *safe and caring environments* in Ecuador.

DOMAIN: HIGH QUALITY HEALTH CARE AND NUTRITION

WORKING WITH OTHERS TO EXTEND SERVICES TO THE EXCLUDED

A child's strong start in life depends on a healthy pregnancy and safe delivery. For this, women need quality maternal care, which in turn depends on a host of factors from a functioning health care system to her financial, physical and social access to services. ChildFund supports healthy pregnancies and safe deliveries as a woman's right and a prerequisite to a child's strong start in life. We view the availability and quality of maternal and delivery services as a reflection of the value that a society accords to women and children.

Skilled assistance at delivery is a standard, globally tracked indicator of maternal and infant well-being. We used this indicator⁴ to gauge change in the communities where we work and, as Table 2 shows, found increases in the proportion of women using skilled assistance in India, Philippines and Sri Lanka (the proportion held steady in Mexico). Statistical testing clarified that the increases were *significant* in India and Philippines.

Table 2: Skilled assistance at delivery in ChildFund programming areas, compared to national

| | ChildFund | | National | |
|-------------|-----------|---------|----------|---------|
| | 2009-10 | 2012-13 | 2009-10 | 2012-13 |
| India | 38 | 75 | 52 | 52 |
| Mexico | 99 | 99 | 95 | 95 |
| Philippines | 69 | 80 | 62 | 72 |
| Sri Lanka | 86 | 100 | 99 | 99 |

ChildFund knows that achieving universal use of skilled delivery assistance requires the long-term, coordinated efforts of many actors, and involves not only health services but social, economic and individual change. India's significant results have something to tell us about how coordinated, multi-actor efforts can reach the most excluded and impoverished communities, which are so often left out of national-level development achievements but to whose deprived, excluded and vulnerable children we make a commitment.

⁴ The proportion of women with children aged 0 to 59 months who delivered their last child with the aid of skilled and trained personnel.

In our programming areas in India, the proportion of women who sought skilled assistance at last delivery rose from 38 percent (in 2010) to 75.3 percent (in 2013). Because ChildFund works in poor communities whose residents would be expected to have less access to services and resources than average, we sought national data for comparison. Across India, 52 percent of women used skilled assistance,⁵ well above our initial results but well below those we measured in 2013. What factors might be behind the rise we found? ChildFund created linkages between marginalized communities and existing health services managed by the Indian government, and we empowered women and their partners to make positive care decisions. In the same time frame, the Indian



government invested in several initiatives to increase assisted deliveries, including a cash incentive program and a strategic focus on perinatal care. In other words, ChildFund and government efforts were synchronous and had the same aim. For this (and indeed several other) survey indicators, ChildFund found statistically significant results associated with extending poor communities' access to and use of existing infrastructure and services in India.

Overall, ChildFund's effectiveness is greater when we are able to connect excluded and underserved communities to the services and investments of governments. Where there is a match between our own and national priorities, as in India, ChildFund's work to extend services into marginalized communities, and to educate and empower women to use services, catapults communities forward.

A similar picture emerged when we looked at changes to the nutritional status of children aged 0 to 23 months as measured by weight for age (Table 3), which can provide clues to an individual's health and nutritional history during this crucial period for human brain development and physical growth.

Table 3: Percent of children aged 0-23 months significantly underweight⁶ for age in ChildFund programming areas, compared to national

| | ChildFund | | National | |
|--------|-----------|---------|----------|---------|
| | 2009-10 | 2012-13 | 2009-10 | 2012-13 |
| India | 54 | 50 | 43 | 42 |
| Mexico | 10 | 7 | 3 | - |

Achieving optimal child nutrition at the population level is a complex proposition that requires the coordinated and sustained work of many actors on many fronts. In our programming areas in India and Mexico—the only two countries where we measured weight for age in both surveys—we found decreases in the proportion of children aged 0 to 2 who were significantly below the median weight for age. The drop in India, from 54 percent to 50 percent three years later, was not statistically significant, yet is not discouraging within context. The Government of India has made massive investments to combat malnutrition for several decades, and progress remains stubbornly slow. National surveys show that in tribally dominated areas of India such as those where ChildFund works, malnutrition rates dropped less than two percentage points between 1998-99 and 2005-06.^{7,8} With this in mind, the drop of four points in ChildFund areas is quite positive, and it occurred in just three years.

⁵ For the period 2007-2012. UNICEF. (2013). *State of the World's Children 2013*. Retrieved December 2013 from UNICEF: http://www.unicef.org/sowc2013/files/SWCR2013_ENG_Lo_res_24_Apr_2013.pdf.

⁶ 'Significant' in this case means <2 standard deviations below the median *weight for age* of the standard reference population; children in this category are sometimes called 'stunted,' or very small for their age.

⁷ International Institute for Population Sciences and Macro International. (2007). *National Family Health Survey 2005-2006*. Retrieved December 2013 from Measure DHS: <http://www.measuredhs.com/pubs/pdf/SR128/SR128.pdf>.

⁸ Government of India Ministry of Women and Child Development. (2011). *Report on the Working Group on Nutrition for the 12th Five-Year Plan*. New Delhi: India.

BRIDGING THE GAP BETWEEN EXCLUDED COMMUNITIES AND HEALTH SERVICES

ChildFund uses several models and methods to bridge the gap between marginalized children and the basic health services they need. Broadly speaking, this entails helping communities on one hand, and national health services on the other, to forge the missing linkages that would extend the reach of national systems into unserved communities.

In Senegal,⁹ ChildFund is leading a consortium of seven NGOs to create these linkages and bring affordable, basic services into remote communities across 13 of the country's 14 regions. Trios of trained volunteers (community health agents, birth attendants and outreach health educators) become the extension of government health services into isolated villages. They provide pre- and post-natal care, newborn and child care, family planning, nutritional counseling, and prevention and treatment of malaria, respiratory infections and diarrhea. **Results to date:** The project, acting in concert with the government and its health services decentralization plan, has established more than 2,300 health 'huts' and outreach sites that serve nearly 3.4 million rural Senegalese. The health hut/ community worker model has contributed to a substantial drop in child deaths (from 64 deaths per 1,000 live births in 2005, to 33 per 1,000 in 2009) and in child malnutrition (from 35 percent of children aged 0 to 3 in 2002, to 10 percent in 2010) in targeted regions.

In Honduras,¹⁰ ChildFund and partners implemented a pro-poor model of health service extension aligned with the government's decentralization policy. We extended primary care to remote communities—on average, a 13-kilometer walk from the nearest health center—by establishing a network of 28 *unidades comunitarias de salud* or community health units whose trained volunteers made quality, basic services available to some 21,000 people. **Results to date:** An independent evaluation found that patient caseloads at health units rose by 254 percent between the third and fourth years of the four-year project, and that neonatal and child mortality decreased in the catchment area over the four years. The health unit model provided effective, cost-efficient and quality primary health care to rural low-income people, with genuine participation of civil society.

In Mexico, 10 percent of under-twos in the communities where ChildFund works were stunted in 2010. The proportion dropped to 7.4 percent in 2013. Our survey data, limited to a three-year time frame, provide positive signs that our interventions are resulting in lower rates of malnutrition, but the change does not rise to the level of statistical significance, making us cautious about drawing firm conclusions. Notable in Mexico is that the *national* proportion of stunted infants was just 3 percent in 2010. ChildFund works in the most marginalized communities where children typically start from lower levels of development. We promote caregivers' skills and knowledge, and help communities develop durable growth monitoring mechanisms to systematically track nutritional status, with an additional intervention when malnutrition is detected. We find that nutritional education is welcome and effective, but to sustain impact on malnutrition across communities, it must be accompanied by the rigor of growth monitoring—and this is a challenge in marginalized communities where health services are limited and capacity is weaker than desired.

DOMAINS: HIGH QUALITY STIMULATION AND SAFE AND CARING ENVIRONMENTS

ChildFund's approach positions parents and other primary caregivers as champions for their children's development.¹¹ We do this in many ways: helping them provide early stimulation for young children, engaging them in comprehensive parenting education, and supporting them to work with stakeholders at community and higher levels for child protection and other services. ChildFund's household surveys sought basic information on this topic by asking about specific parenting practices such as playing, singing or reading with their children. The data we gathered were inconclusive. However, assessments of our early childhood development programs do provide rich lessons and evidence of impact over time.

⁹ The *Community Health Component* of the USAID Health Program Phase II in Senegal is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The views expressed here are the responsibility of ChildFund International and do not necessarily reflect the views of USAID or the United States Government.

¹⁰ The *Community-Based Maternal, Neonatal and Child Health Innovation in the Context of National Health System Decentralization* in Francisco Morazán, Honduras, is supported by the American people through USAID through its Child Survival and Health Grants Program. The views expressed here do not necessarily reflect the views of USAID or the United States Government.

ChildFund's holistic programs work *across* domains of change (Figure 6) for maximum impact and sustainability, and we strive to design program models that harmonize a number of sector-specific interventions (such as improved maternal care and child nutrition) for maximum impact and replicability. For children 0 to 5 years old, our *infant and early childhood development model* encompasses children's physical, cognitive, and socio-emotional development; empowers caregivers as skilled and knowledgeable promoters of that development and, with families and communities, situates children's optimum development in the context of children's rights and child protection. ChildFund has used and refined this model over several decades in a number of countries and settings, and we have analyzed and reflected on its results and effectiveness from several angles.¹² What outcomes does it deliver for children? How does it work to empower caregivers, and how does it articulate with community-level child protection mechanisms?

EARLY STIMULATION BENEFITS CHILDREN, FAMILIES AND COMMUNITIES IN HONDURAS

In Honduras' Francisco Morazán Department, ChildFund promoted the healthy physical, cognitive and social development of infants and young children within a broad program for children and adults that included education, literacy, sanitation, water, health care, nutrition and vocational training. Our early stimulation intervention had two age-specific but linked components:

- In homes, *children aged 0 to 4* were provided high-quality stimulation in language, motor skills, cognitive and socio-emotional development. Key actors were fathers and mothers as providers of early stimulation, and local women who were trained as *Madre Guías* or Mother Guides. The latter made home visits and worked with parents and other family members to carry out stimulation exercises and learn the basics of healthy child development.
- In ChildFund-supported preschools, *children aged 4 to 6* benefited from ongoing developmental stimulation, early socialization, and school-readiness activities. They typically transitioned to formal primary school at the age of 6 or 7.

In 2004, ChildFund invited a research organization to investigate the impact of this work on a sample of children and parents who had graduated out of the intervention four years prior. For comparison, researchers selected a similar sample from a nearby village where no such intervention had taken place. The study¹³ identified a remarkable number of positive differences in the participating community:

- *Children* who had participated were more advanced in their general development than the comparison group. Their values, self-esteem and assurance levels were stronger, and they coped with their school work more effectively and efficiently. Primary school teachers described participating children as more adaptive, with better motor, communication and interpersonal skills, and readier to learn. They were more responsible, sociable and communicative than their counterparts. Although the early stimulation did not emphasize gender roles, participating children were far better able than the comparison group to mix with the opposite sex during school and extracurricular activities. Moreover, non-participating children's roles in the home were clearly gendered, but intervention children of both sexes did whatever chores had to be done, whether ironing or tending livestock. Finally, participating children had also had access to ChildFund's health interventions, and generally had a lower incidence of illness, greater access to latrines, and better overall cleanliness in the home.

¹¹ A large body of evidence supports our focus on parenting by linking parenting behaviors to children's cognitive, behavioral and social outcomes; the presence of a responsive consistent adult caregiver to healthy early childhood development; and improved parenting to direct benefits for children. Here we cite just a handful of examples from this large body of evidence: Engle, P. L., Fernald, L. C., Alderman, H., Behrman, J., O'Gara, C., Yousafzai, A., and Iltus, S. (2011). "Strategies for Reducing Inequalities and Improving Developmental Outcomes for Young Children in Low-Income and Middle-Income Countries." *The Lancet*, 378(9799), 1339–1353 • Engle, P.L., Black, M.M., Behrman, J.R., de Mello, M.C., Gertler P.J., Kapiriri, L.M., R., and the International Child Development Steering Group. (2007). "Child Development in Developing Countries 3: Strategies to Avoid the Loss of Developmental Potential in More than 200 Million Children in the Developing World." *The Lancet*, 369, 229-242; Center on the Developing Child at Harvard University. (2012). • "The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12," www.developingchild.harvard.edu • Lally, R.J., Mangione, P.L., & Greenwald, D. (2006). *Concepts for Care*. Sausalito, Ca: WestEd; Belsky, J. & Fearon, R.M.P. (2002). • "Early Attachment Security, Subsequent Maternal Sensitivity, and Later Child Development: Does Continuity in Development Depend upon Continuity of Caregiving?" *Attachment and Human Development*, 4, 361-387.

¹² For example: Nila Guevara Castro, ChildFund Ecuador. (January 2012). *Giving Wings to Dreams: Early Childhood Development: Document on the Best Practices in the Early Childhood Development Program*. • Judith L. Evans. (June 2012). *Early Childhood Development: Standards, Guidelines and Practices – ChildFund Americas Region*. • Roberto Chico, ChildFund Honduras. (May 2012). *Early Childhood Development Program: Documentation of Best Practices*. • Monica Gonzalez Zacarias. (January 2012). *Systematization: Experience in Early Childhood Development, ChildFund Bolivia*.

¹³ Bernard Van Leer Foundation. (2004). *Tomorrow Will Be Better: A Tracer Study of Christian Children's Fund's Early Stimulation Programme in Honduras*.

CHILDFUND'S COMPREHENSIVE APPROACH TO PARENTING EDUCATION LEADS TO SUSTAINABLE CHANGE

The Honduras early stimulation intervention described here became the strong and evidence-based foundation of ChildFund's current *early childhood development model*, whose **parenting education** is now a central feature of our work and a mark of our continuing commitment to primary caregivers as key drivers of the well-being of infants and young children. Here we provide a generalized overview of parenting education, but first make two important notes:

- We tailor parenting education to meet the implementation context, and draw upon positive local practices and values to enrich the model.
- Parenting education is typically integrated and delivered with (a) child development and growth monitoring, and (b) work to build community-based child protection mechanisms that promote and protect the rights of children.

Parenting education begins with a *participatory community diagnosis* of children's home and community environment, and the conditions of deprivation, exclusion, and vulnerability experienced by children and their families. We and our local partners use the results as a basis for *further analysis* with community Child Protection Committees, in which we develop community risk maps, discuss other risk factors for children, and identify families whose children's health, security, and development are considered to be at high risk. The results and findings are disseminated to raise awareness and garner community support and participation. Willing and qualified women are selected to become *Mother Trainers*, who then participate in about 20 hours of training over several months; in addition to the core parenting curriculum, they learn participatory teaching methodologies, workshop development, and monitoring and evaluation of participant progress. Trainers then *teach the parenting education program* in their own communities, with groups of up to 15 mothers and fathers. Using discussion, brainstorming and hands-on activities, and inviting local professionals (such as doctors, psychologists, nutritionists and nurses) to co-teach and answer questions, the caregiver-students proceed through five units that cover children's rights and general development, physical well-being, emotions and affection, socialization, and intellectual and creative development. They analyze their own beliefs and behaviors, and create strategies to cultivate more supportive home and community environments for children's development. Throughout the multi-week course, parents apply their learnings at home, and return to share their experiences. ChildFund and local partner staff routinely visit the education sessions to *ensure quality*; they and Mother Trainers assess not only participants' progress but the health and development of their infants and young children.

- *Parents* in participating families emphasized horizontal and affectionate cooperation among members, respected and listened to their children, and perceived much less need for punishment. Comparison parents, by contrast, viewed punishment as necessary to children's well-being, and their family structures were more vertical and authoritarian. Participating parents, when asked what constituted family well-being, responded: love, respect, health and education. Non-participating parents listed housing, health, work, food and money. Researchers traced this difference in socio-affective values to the effects of the ChildFund intervention.
- *Community.* Interviewee responses and researchers' own observations indicated that the ChildFund activities had generated a 'spirit of collaboration' and mutual respect in the community. The affective bonds within families appeared to extend to others in the community. Families visited and were visited by friends and neighbors, while families in the comparison group said that they 'had no friends.'

This study in Honduras examined the outcomes of our work on children (and secondarily on families and communities) and made clear that it was the involvement of all family members, combined with home- and pre-school-based activities, that contributed to positive outcomes. ChildFund works across multiple sectors in our programming areas, in line with our knowledge that poverty and deprivation are not simple problems amenable to single-sector solutions. Yet this holistic approach does make it difficult to tease out, *ex post facto*, the effects of our early stimulation intervention and work with caregivers from those of our broader program which, as noted, also included education, literacy, health care and other elements for adults and children.

We wanted to understand, in specific detail, how our evolving early childhood development model worked to engage caregivers and communities, and to focus on responsive parenting and early stimulation. In 2013, we conducted this research in Ecuador, where ChildFund's similar work is based on the same understanding of early childhood development and the need to empower caregivers and communities to champion that development.

DOMAINS: HIGH QUALITY STIMULATION AND SAFE AND CARING ENVIRONMENTS AND EMPOWERED AND RESPONSIVE CAREGIVING

EMPOWERING CAREGIVERS AND ALTERING SOCIAL NORMS IN ECUADOR

For more than 25 years, ChildFund and our local partners have worked with hundreds of Ecuador's most disadvantaged communities to effect positive change for children and their families. We are also among the many actors who have contributed at the national level to an improved early childhood development landscape, led by the government of Ecuador whose policy framework on the rights, protection and well-being of children is now quite comprehensive.

But the government struggles to provide the services that flow from its policies: services that are available in urban zones are unheard-of in remote, largely indigenous areas such as those where ChildFund works. Our programming in Ecuador helps extend these protection services into excluded communities, where they are integrated with parenting education and other activities that promote children's better physical, emotional and cognitive development. Our parenting and protection work in Ecuador follows this logic:

- We support parenting education (see sidebar *ChildFund's Comprehensive Approach to Parenting Education Leads to Sustainable Change*) and *child protection mechanisms* to empower caregivers to promote the development of their infants and young children, and to use the basic services their children need including health care, pre-school and protection. ChildFund pays specific attention to helping communities bridge service gaps, and organize themselves to connect outward and upward to municipal and national service and protection structures.
- We understand that caregivers alone cannot achieve well raised, protected children, and we therefore strive for transformations in three linked realms:

Individuals: As individual caregivers gain and use knowledge, skills and behaviors on behalf of their children, their self-efficacy and confidence rise and they become stronger advocates for their children's needs, and indeed champions for children's rights.

Social relations: When androcentric patterns of power and violence in the household are renegotiated, infants and children experience less of the toxic stress that has been linked to lifelong impairments in learning, behavior, physical and mental well-being.¹⁴ More equitable sharing of household decision-making and child-rearing helps fathers and mothers champion their children's rights and development.

The enabling environment: Communities that break with taboo and discuss abuse, neglect and exploitation of children and women can start to change the social norms that perpetuate abuse, and create a safer environment and more champions for children.

A SAFE AND CARING ENVIRONMENT

ChildFund's **Loipi Model** of early childhood development and care illustrates one way we work with communities to foster a safe and supportive environment for children. Founded on deeply held values within Kenya's Samburu culture, the model builds on local knowledge and networks to offer high-quality services in the heart of communities. In the *loipi*, a traditional gathering spot whose name means 'shade,' ChildFund and our partners train teachers and caregivers—mothers, fathers and grandmothers—to provide physical, cognitive, social-emotional and language stimulation to children aged 2 to 5, in the form of play and socialization. Children transition from the *loipi* to community pre-schools when they are ready to perform more sophisticated tasks in a more structured setting. The model also promotes immunization, safe motherhood, treatment of disease, child-growth monitoring and community-based child protection.

Results: An evaluation¹⁵ into the Loipi Model's effectiveness found lasting, positive outcomes in areas ranging from better health (increased immunization and perinatal care; decreased malaria and diarrhea) to men's greater participation in parenting. Participants especially valued the interweaving of traditional practices with modern knowledge and services to increase caregivers' capacities and skills. "You communities are very good at bringing up children, [and]... you must continue doing these good things," is how one respondent paraphrased ChildFund's approach. At present, ChildFund and our partners support 1,338 *loipi* that serve more than 98,000 vulnerable children in Kenya. ChildFund and other NGOs are replicating the Loipi Model in Uganda, Ethiopia, Tanzania, Namibia and Angola.

¹⁴ Jack P. Shonkoff and Garner, A.S. (2011). "The Lifelong Effects of Early Childhood Adversity and Toxic Stress." *Pediatrics*, The Official Journal of the American Academy of Pediatrics. Retrieved December 2013 from *Pediatrics*: <http://pediatrics.aappublications.org/content/129/1/e232.full.html>.

¹⁵ ChildFund hired Acacia Consultants, Ltd., of Kenya to perform a summative evaluation of the Loipi model.

ChildFund's research¹⁶ sought to determine the contributions of our program to improved outcomes in responsive parenting and child protection in Ecuador's Carchi province, where we currently serve 12,600 vulnerable children and parents, or about one in eight Carchi residents. The assessment¹⁷ of our model for responsive and empowered parenting established that ChildFund's work contributed to these five **intended outcomes**:

1. *Caregivers with greater knowledge and understanding.* Participants acquired knowledge and understanding of child rights, security, development, health and nutrition. Respondents spoke articulately about common risks to child development, how to avoid them, and how to stimulate and monitor the development of their infants.
2. *Caregivers with greater personal agency and self-esteem.* Findings suggest that ChildFund's parenting education and child protection approaches promoted self-efficacy by providing participants the opportunity to practice increasingly challenging tasks; observe other parents engaging in responsive parenting, public speaking and community activities; and discuss concerns within the context of a trusted group.
3. *Responsive parenting behaviors that support children's healthy development.* Participants in parenting education discarded old parenting practices (such as yelling, corporal punishment), adopted new behaviors (such as listening, patience), and expanded their aspirations for their children's futures.
4. *Home environments with less violence.* Contributing to domestic violence and thus toxic stress for children are normative beliefs that corporal punishment is an appropriate form of discipline, and that violence between a husband and wife is acceptable. Our research findings indicate a shift away from physical punishment and domestic violence, and less community tolerance for violence in households.

5. *Empowered communities with focused attention on children's and women's rights.* At community level, a sense of empowerment arose from serving on child protection committees. Perhaps the most intriguing—and successful—such instance occurred in Carchi's Montúfar County, when women participating in ChildFund's program learned of Ecuador's national framework for child protection. Frustrated that services had not reached their rural area, and armed with a newly acquired understanding of child rights and of how the government intended to act on child protection, they

created the Montúfar Board of Child and Youth Protection as the living extension of the state system into their county. The Board, now four years old, is functioning strongly. Members state that reported cases of child abuse have risen markedly, and attribute this to greater public knowledge of child rights and a concomitant unwillingness to turn a blind eye to the mistreatment of children.

Table 4: Changing beliefs about children and gender, Carchi Province

| Children | |
|--|--|
| Existing Belief | Evolving Belief |
| <ul style="list-style-type: none"> Children are small, helpless, incapable of learning or forming opinions. A 'good' child is quiet and does not bother adults. | <ul style="list-style-type: none"> Children are active learners even before becoming verbal. Playing, singing, dancing are essential. Inactivity and silence may signal poor development. |
| Gender | |
| Existing Belief | Evolving Belief |
| <ul style="list-style-type: none"> Women are responsible for children and household labor Men are responsible for earning money Women do not participate in or lead community organizations | <ul style="list-style-type: none"> Women and men share parenting tasks Women can pursue economic or educational opportunities outside the home Women's participation adds value to community groups |

¹⁶ ChildFund. (2013). *Empowered and Responsive Parenting: ChildFund International Research Report*.

¹⁷ Our overall research approach was theory-guided process tracing to follow the causal steps through which ChildFund sought to contribute to outcomes, in the vein developed by Andrew Bennett and Alexander George in the social sciences. See for example: James Mahoney. (2012). "The logic of process tracing tests in the social sciences." *Sociological Methods & Research*, 41 (4), 570-597. L.B. Mohr. L. B. (1999). "The qualitative method of impact analysis." *American Journal of Evaluation*, 20(1), 69-84.

The process-tracing research also uncovered ChildFund's contributions to two positive but **unintended outcomes**:

6. *Changing social norms surrounding children.* Stakeholders spoke of the changed ways in which they view infants and children (Table 4). Attitude shifts appear to have begun with new knowledge of human cognitive and socio-emotional development, and subsequently to have affected how people understand the place of children in the family, and in society more generally. Interviewees were quite clear that children have rights, and that their opinions should be heard.



7. *Changing social norms surrounding gender.*¹⁸ Traditional gender roles in Carchi place men in charge of earning and making decisions for the household, with little to no responsibility for child-rearing. Women, on the other hand, are fully responsible for childcare but have little decision-making or earning power. This leaves a wide gap in which the interests of children and women can go unfulfilled, and distances men from their children's development. Table 4 shows some attitudinal shifts on gender that our research detected. These changes are not occurring without friction, particularly at the household level where women and men are renegotiating roles and privileges. ChildFund is expanding our efforts to engage men and fathers, while also more explicitly helping communities discuss and negotiate gender norms.

Finally, the research in Carchi underlined that ChildFund made a significant contribution to articulating, to the local level, the frameworks and structures that the Ecuadoran government established on the national level. To the extent that national structures for child protection, for instance, are slow to reach marginalized, rural communities, ChildFund supports these communities to act and build the missing layers that connect them to national structures and services. Where the government may focus on its duties to guarantee rights and provide services, ChildFund embeds the concepts of rights in our parenting and protection activities. In our programming area, people and communities were empowered to respect and uphold rights, notably those of children.

IN SUMMARY

ChildFund's comprehensive approach to our program for infants and very young children engages caregivers, communities and government service providers, and blends interventions from multiple sectors, to support the health, security and development of those aged 0 to 5. Children rely on caretakers to meet their developmental needs, and to access services that protect and prioritize their well-being. Parents strive to fulfill these needs as a matter of course, but with ChildFund's collaboration, they gain the knowledge, skills and self-efficacy to better play their caregiving role. With like-minded others, they use their capacity and agency to analyze the service and social structures around them, and shape those structures to become more accountable to and supportive of children.

ChildFund's research into our work for the healthy and secure development of children aged 0 to 5 clarifies that we are most effective when we connect excluded communities and their children to national-level investments and services, and when we empower parents, caregivers and families to provide the early developmental stimulation their infants need. Finally—and this holds true for ChildFund's work with children of all ages—our impact is heightened when we design holistic rather than single-sector programming, when we examine and refine our comprehensive program models over time, and when we integrate our interventions for children and parents with community-based mechanisms to protect the rights and security of children of all ages.

¹⁸ Gender, in its most basic definition, is the set of social norms that codify the opportunities, duties, privileges and relative authority available to men and women in a given society at a given time. Far more than other social constructs such as race, ethnicity, religion or economic class, gender colors how we react to and raise our children from the moment they first draw breath. Quite obviously, gender has an impact on child well-being.

WHAT MADE A DIFFERENCE? PRABHU'S PERSPECTIVE

"My eldest sister used to force me to eat first [when I was a child]," Prabhu G.* recalls. "There wasn't enough food for all of us. Often times, both my sisters slept on empty stomachs."

Now a young adult, Prabhu was one of nine children in a rural, remote village in western India, abandoned by their father to the care of their illiterate and polio-affected mother. His sisters dropped out of school to pick cotton to put food on the family table, and were soon married off. His mother struggled to take care of the household. And as his grandfather aged, Prabhu's younger brother dropped out of second grade to work on the family's small plot. Still, their crop yields never seemed to last the year.

For Prabhu, education was the only way to escape the child labor and early marriage that had trapped his siblings. "School was the only place that [children] could spend quality time without doing work. Child labor was rampant at the time—it's still going on, but the volume has been reduced because of the work of the government and non-

"School was the only place that [children] could spend quality time without doing work. Child labor was rampant at the time—it's still going on, but the volume has been reduced because of the work of the government and non-governmental organizations like ChildFund..."

governmental organizations like ChildFund," Prabhu says. Still, staying in school was difficult. "Adjusting in school was really tough...I had just started participating in the [ChildFund-supported] program activities organized for children. From them, I realized that only through education would I be able to change the pathetic conditions that we grew up in."

Upon completing primary school, Prabhu was accepted to a prestigious private school some 150 kilometers from his home. Concerned for his family, he wondered if it might be better to attend the nearby government school instead. "Mr. Bhandari (a ChildFund staff member) assured me that he would continue to support me and my family, in his own capacity and through ChildFund programs," he recalls. "After much deliberation at home and with my teachers and ChildFund staff, I agreed [to attend]."

Prabhu went on to graduate from high school and receive his Senior Teaching Certificate and a B.A in Education. Now a teacher at a government school in the village he grew up in—a position he attained through a highly competitive process—he attributes his success, first and foremost, to his family, and then to ChildFund's support. "The program has played a major role in my life and contributed a lot to [my] achievements....It has helped me transform from a hopeless child to a person who is now sowing seeds of hope and aspiration among the children." He adds, "I have just one dream in my life: to see all the deprived children of the country grow into educated and skilled youth so that they can bring positive changes in the society. As a teacher I am trying to do my part."

**His name has been changed here to protect his privacy.*



CHAPTER 2: CHILDREN AND VERY YOUNG ADOLESCENTS

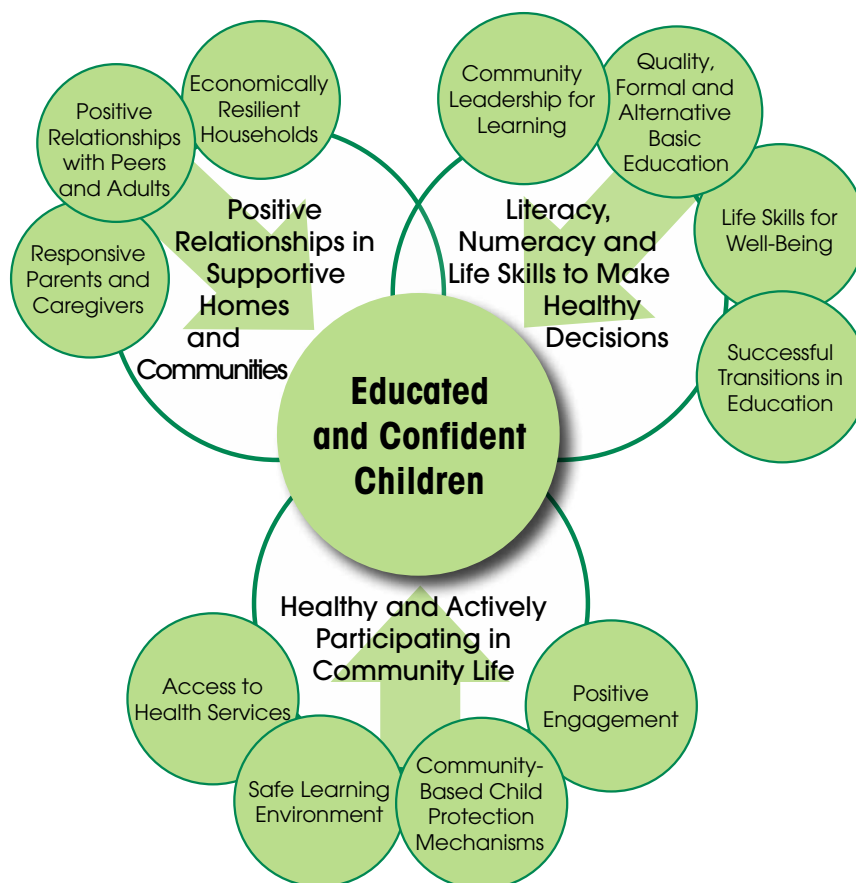
CHILDREN HAVE EQUAL CHANCES TO GAIN FUNDAMENTAL SKILLS

The age range encompassed here—from 6 to 14 years—is universally linked to children’s primary school attendance and the acquisition of numeracy, literacy and other foundational skills. As they enlarge their sphere beyond home and family, children also strengthen essential competencies such as identity and voice, participation and confidence. ChildFund and our local partners work with parents, teachers, other adults and children themselves as active participants in our interventions.

Almost half (48 percent) of the children whom ChildFund serves are 6 to 14 years old, and our projects help them achieve the critical developmental milestones of childhood and early adolescence. We build upon the foundations for lifelong learning laid in earlier years by promoting children’s learning in safe, accessible schools that provide a quality education, and their socio-emotional development in supportive homes and child-friendly communities. ChildFund and our partners work with deprived, excluded and vulnerable children, and we strive to ensure that these children have equal chances to develop and grow, not only in the academic realm but in their aspirations, creativity, communication, self-confidence and leadership skills.

In this chapter, we present evidence that our work equalizes marginalized children’s opportunities to gain fundamental skills, and we organize that evidence by the three domains of our theory of change for children aged 6 to 14 (Figure 7).

Figure 7: ChildFund’s Program for Children and Very Young Adolescents. *We and others work in multiple areas of intervention (outer ring) across three domains of change (middle ring) to improve the skills and self-efficacy of individual children and the adults responsible for their care, foster positive relationships that support children’s progress, and make systems and structures more responsive and accessible. The outcome we seek (inner circle) is educated and confident children.*



We begin with the domain of literacy, numeracy and life skills as a prerequisite to healthy decision-making: household survey data on school completion are discussed, and we examine what we are learning from our work on educational quality in primary schools in Zambia. Next, we move to the domain of positive relationships in supportive homes and communities, and see how a school-based project in Angola increased children's learning, in part by engaging parents and teachers in supporting children and in part by helping them build positive relationships with peers. Finally, we turn to the domain of children's health and participation in community life, and examine how upholding children's right to protection leads to improvements in children's and communities' lives.

DOMAIN: LITERACY, NUMERACY AND LIFE SKILLS TO MAKE HEALTHY DECISIONS

PRIMARY SCHOOL COMPLETION AND LEARNING ACQUISITION

A quality, primary education is every person's right. Globally, the primary school enrollment rate reached 90 percent in 2011 (up from 83 percent in 2000), but completion held steady at just 75 percent.¹⁹ The United Nations cite poverty, gender and rural residence as key determinants of being out of school.²⁰ Our own surveys of more than 300 children in Ethiopia revealed that household poverty, childhood illness, and caring for younger siblings keep primary school-aged children from completing school in our program areas.²¹ In India, where our surveys reached almost 800 children, many girls in our program areas are already married by the age of 14, stay out of school when menstruating, or are overtly denied an education because of gender discrimination.²²

When a child misses this window of opportunity—when she does not attend or complete primary school in the expected age range—she is unlikely to make up the loss and her chances for a productive and satisfying future are compromised. She will not have the important credentials conferred by a primary school diploma, and in many cases will not have gained the vital skills of literacy and numeracy. Perhaps as devastating are her missed opportunities to build the life skills she needs to make healthy decisions.

For this reason, ChildFund puts a premium on children's attendance and completion of primary school. In 2013, more than 99 percent of all school-age children enrolled in our programs were also enrolled in an educational institution.²³ But our household surveys show mixed results when it comes to children's completion of a primary education (Table 5).²⁴

Table 5: Primary school completion in ChildFund programming areas, compared to national

| | ChildFund | | National | |
|--------------------|-----------|-----------|-------------------------|------------|
| | 2009-10 | 2012-13 | 2009-10 | 2012-13 |
| Ethiopia | 70 | 61 | 54 | 58 |
| India | 61 | 79 | 97 | - |
| Mexico | 79 | 97 | 105²⁵ | 104 |
| Philippines | 79 | 75 | 92 | 92 |
| Sri Lanka | 83 | 89 | 96 | 101 |

¹⁹ United Nations. (2013). *We Can End Poverty-Millennium Development Goals and Beyond, 2013 Fact Sheet*. Retrieved December 2013 from United Nations: http://www.un.org/millenniumgoals/pdf/Goal_2_fs.pdf

²⁰ Ibid.

²¹ ChildFund International. (2012). *Midline Assessment of ChildFund Core Outcomes at Sodo-Buee and Silti-Aynagie Program Areas*.

²² ChildFund International. (2013). *Report on Findings from India Midline: Assessing the Status of Core Program Area Indicators in India*.

²³ ChildFund. (Fiscal Year 2013). *ChildFund Accountability Dashboard*.

²⁴ The proportion of boys and girls aged 12 to 16 who have completed primary education.

²⁵ Can exceed 100 percent due to over-age or under-age children (those who enter school late, early and/or repeat grades).



Our programming areas in two of the countries—India and Mexico—show statistically significant change in a positive direction. While the Sri Lanka surveys registered a slight increase in school completion rates, and Ethiopia and Philippines slight decreases, we did not find statistical significance in these cases. ChildFund does know that changing school completion rates requires great social change, by many actors at many levels, and we are learning even from these inconclusive results how we can better detect and measure change over time. Meanwhile, the significant differences in India and in Mexico do have something to teach us.

The Indian government places a priority on children's education, and makes significant investments in primary schooling. The national primary school completion rate was about 97 percent²⁶ in 2010, yet more than 2.3 million Indian children are out of school.²⁷ ChildFund works in deeply marginalized communities where multiple obstacles stand between children and a quality, primary education: inadequate infrastructure and resources (the student/teacher ratio can be as high as 62:1), child labor and gender discrimination are often insurmountable obstacles, especially for girls. In light of these realities, we are encouraged by the narrowing gap between the local completion rates that we measured (60.8 percent in 2010 and 78.8 percent when we re-surveyed in 2013) and the national completion rate of 97 percent in 2010. It would appear that our multi-faceted work is indeed helping marginalized children to catch up to their peers nationwide.

In Mexico, too, the school completion gap appears to be closing. Across the country, 104 percent of all children complete primary education.²⁸ The government is strong on educational availability—in 2009, for example, it made pre-primary education mandatory for all children—although the public system struggles with corruption and uneven quality. Still, as in India, ChildFund works with children who are less likely to attend and finish primary school than the national average, and is encouraged by our survey results: completion rose from 78.9 to 96.8 percent in just three years.

School completion confers credentials that can help ensure that children are not kept from opportunities requiring, for example, a primary school diploma. Yet the school completion rate does not prove that children have acquired basic academic skills. Our survey data on skills acquisition is less robust than primary school completion rates, in part because it is more difficult to measure. We had the most success measuring reading skills in our programming areas in India. There, ChildFund detected a significant increase, from 25.1 percent (2009) to 34.5 percent (2013), in the proportion of 6- to 14-year-old boys and girls who performed at or above their current grade level in reading tests. While this is an encouraging development, the relatively low numbers of children reading at grade level—only about one-third *after* a significant increase—confirm the importance of educational quality and making sure that children truly gain the skills they will need for a productive and satisfying life.

²⁶ World Bank. (2013). *World Development Indicators 2013*. Retrieved December 2013 from World Bank: <http://databank.worldbank.org/data/download/WDI-2013-ebook.pdf>

²⁷ UNESCO. (June 2012). *Education for All Global Monitoring Report Policy Paper 04*. Retrieved January 2014 from UNESCO: <http://unesdoc.unesco.org/images/0021/002165/216519E.pdf>.

²⁸ World Bank, *op cit*.

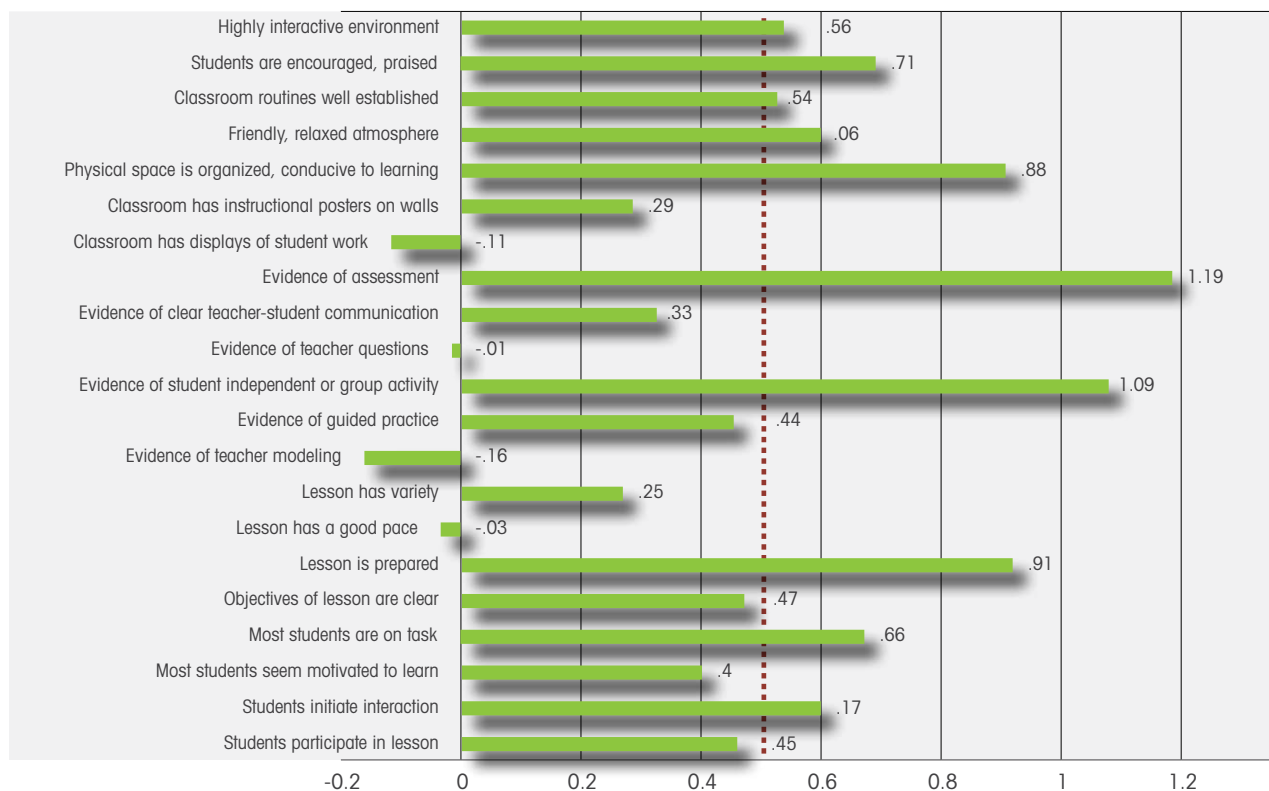
EDUCATIONAL QUALITY VIA ACTIVE TEACHING AND LEARNING IN RURAL ZAMBIA

In Zambia's Mumbwa district, ChildFund helped children in marginalized, rural communities catch up to their peers nationally by improving the quality of education in local schools. We began by adapting several global best practices to support improved teaching quality as a route to greater student achievement. Teachers tend to teach the way they were taught, and in Mumbwa this often equated to lectures and memorization, rather than interactive and child-centered learning. Yet teachers can effectively gain and use new skills, to the benefit of students, if provided re-training, observation, modeling, and the opportunity to share with their peers.²⁹ ChildFund's ATLAS project³⁰ offered such a package to teachers in three primary schools, aiming to:

- *Improve the technical skills of teachers.* To this end, three dozen teachers received intensive training in child-centered pedagogy over three school terms. They had opportunity to learn, practice and share their knowledge; monitor student learning and assess methodologies' effectiveness; and gain experience in classroom management strategies.
- *Systematically increase the use of active, participatory, child-centered and research-based classroom practices.* The 36 teachers in the intensive trainings immediately became teacher-leaders in their schools: by the end of the project, they had trained 56 of their peers in child-centered pedagogy. They formed Quality Circles of administrators and educators who, in monthly meetings at each school, shared best practices, problem-solved, and gave one another feedback and encouragement. Thus all teachers in the ATLAS schools participated meaningfully in processes that recognized and valued their intellect, experience and resourcefulness.

Evaluators observed teachers' classroom performance both pre- and post-ATLAS, and scored them on 21 elements of quality, ranging from interactive environment and student participation, to lesson preparation and classroom organization (Figure 8). Teachers' scores in 17 of the 21 criteria increased over baseline, and 13 of these gains were significant.³¹ Of the four criteria whose mean scores declined, no decrease

Figure 8: Changed Teaching Styles Post-ATLAS (score ≥ 0.5 represents significant change)

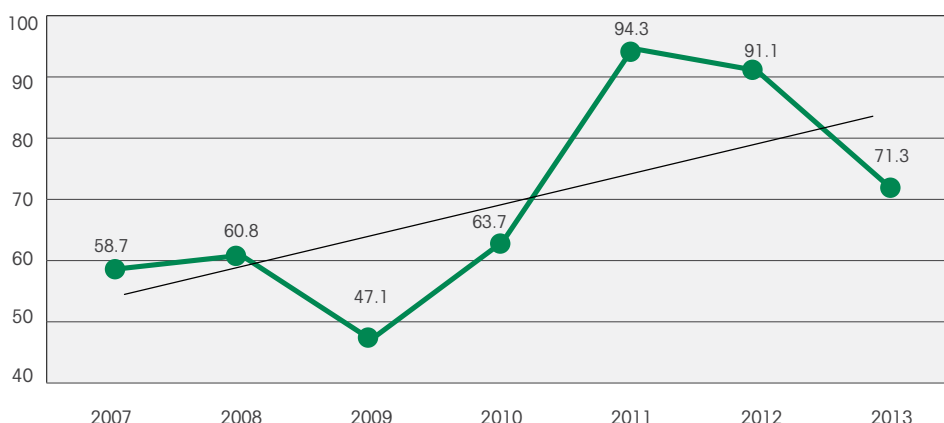


²⁹ P.D. Pearson and Ghalagher, M. (1983). "The instruction of reading comprehension." *Contemporary Educational Psychology*, 8, 317-344.

³⁰ ATLAS, which stands for *Active Teaching and Learning Approaches in Schools*, was launched in 2008 and funded by ChildFund New Zealand.

was significant. The before-and-after comparison shows that ATLAS teachers were planning better, clarifying their objectives, praising more, setting up better group activities, organizing their classrooms more effectively and creating more interactive experiences for their students—all of which were aims of the ATLAS trainings.

Figure 9: Average Proportion of Students Passing Grade 7 Examination (with trend line)



ChildFund and our local partner continued teacher training in Mumbwa, and we engaged parents and teachers as champions of children's roles, rights and responsibilities in school and, ultimately, their retention and academic performance.³² In 2013, we sought to determine the cumulative effects of these interventions. In 28 participating schools, evaluators found ample qualitative evidence of improvements: student participation in school governance was up, and child representatives were actively training peers in leadership, rights and responsibilities. Children were aware of their rights, and reported concerns to appropriate adults. Students had opportunities to practice the democratic process, and their voices were heard. Inclusiveness of girls and disabled children rose, while corporal punishment decreased. Evaluators linked these many improvements to students' greater confidence, to greater parental and teacher support of students, and to reduced absenteeism and dropout rates. Average enrollment in the primary schools rose by 15 percent between 2007 and 2013. In the same period, the proportion of children who passed the seventh-grade leaving examinations showed an overall rise, from about 59 to 71 percent (Figure 9). In sum, more children in Mumbwa were attending primary school, more children were successfully completing primary school, and the quality of their classroom experience was better, than at the onset of ChildFund's interventions.

DOMAIN: POSITIVE RELATIONSHIPS IN SUPPORTIVE HOMES AND COMMUNITIES

A CHILD-FRIENDLY ENVIRONMENT IN ANGOLA

This domain again recognizes children's reliance on others, at home and in their communities, to support their growth and development. Our *Olonjuli Learn and Play* project³³ in Angola illustrates the kinds of results that can be achieved when we work with parents, teachers and administrators to foster supportive environments for children—and help children build healthy relationships with peers and adults.

Olonjuli Learn and Play took place in four schools in the coastal municipality of Baia Farta, followed by schools in three other districts. The project's *learn* component used three mutually enforcing elements (Figure 10) to improve the quality of primary education in participating schools. Two of the elements centered on the support of adults (parents and teachers) for children's development of academic skills and overall well-being. In *Olonjuli's play* component, girls and boys formed football teams, coached by trained teachers, and competed intramurally; they also enjoyed drama, music and dance instruction at school. The *play* component was designed to attract and retain children, and to help them gain life skills and social competencies—such as confidence, cooperation and leadership—commensurate with their ages.

³¹ The differences between pre- and post-pilot scores were calculated and averaged. Evaluators judged any difference over 0.30 as significant. To estimate this threshold, evaluators used the Effect Size statistic, derived by dividing the difference between the means by the standard deviations; most standard deviations in this analysis clustered around 0.60. Therefore, any difference greater than 0.30 would yield an Effect Size of 0.50, a conventional level for judging significance.

³² The project that followed ATLAS was called *Promoting Child Participation in Education* (2010-2013) and was funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and ChildFund Germany.

Figure 10: Play is at the center of *Olonjuli*



At *Olonjuli's* core was the capacity building of teachers, administrators and parents. ChildFund trained teacher-leaders who then trained their peers in child development, child rights, participatory learning methodologies, and cooperation with parents. Weekly classroom supervision assessed teachers' use of child-centered pedagogy, and helped them plan, deliver and evaluate curriculum. Teachers also learned to coach and manage sports teams.

Parents formed committees and learned to self-govern, plan and monitor their contributions to schools. They learned about child development, and the crucial role that parents (and schools) play in protecting and promoting children's rights. They learned to mobilize other adults, and to advocate for quality education.

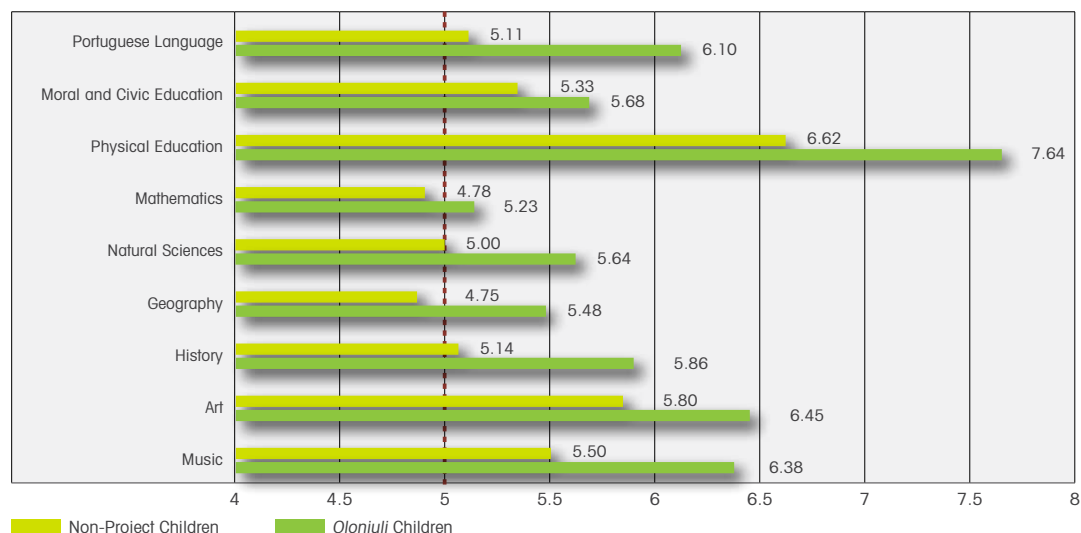
Active parental involvement was intended not only to strengthen

the quality of education for children, but to foster stronger relationships between children, their parents and other adults in the community.

After five years of implementation in the original Baia Farta schools, an evaluation³⁴ of *Olonjuli* found that its overall impact on children was significant. Quantitative data indicated that teachers valued their training, judged it relevant, and linked it to more effective and enjoyable lessons. Parents' committees played an important and relevant regulatory role in school management.

Quantitative evidence supported these findings. The Baia Farta Bureau of Education provided final examination results for 6th graders in the four *Olonjuli* schools and for their grade-mates in four non-participating schools. The exam is standardized and used nationally, making a comparison between the two sets of schools meaningful. Students' performance in each subject is scored from 0 to 10; the minimum passing mark is 5. As Figure 11 illustrates, children in *Olonjuli* schools outperformed peers in non-project schools across all academic subjects. The difference is statistically significant at $p < .05$ for all subjects, and at $p < .001$ for most subjects. The evaluation also found that the sports teams and tournaments contributed to increased school attendance, built children's physical and interpersonal skills, and honed their civic competence through participatory decision-making and leadership opportunities.

Figure 11: Angolan 6th Graders' Mean Final Exam Scores (score ≥ 5.0 represents significant change)



³³ *Olonjuli* (2008-2012) was funded by the UBS Optimus Foundation via ChildFund Germany, which also provided funding and monitoring support.

³⁴ The UBS Optimus Foundation hired João Manuel dos Santos Rosa of the School of Higher Education, Lisbon, to perform the evaluation.

DOMAIN: CHILDREN'S HEALTH AND PARTICIPATION IN COMMUNITY LIFE

The two concepts in this domain—children's health and their participation in community life—are closely linked: children must be seen as full, contributing members of a community, to whom the community owes certain services and environmental supports. And children, as they grow and develop, can contribute to creating the safe and supportive environments they need. ChildFund's interventions in this domain revolve around quality health services and safe learning environments, effective child protection mechanisms in home and community, and the ability of communities to engage children as contributing and rights-bearing members.



CHILD PROTECTION IN POST-WAR UGANDA

After more than two decades of conflict and crisis, almost all the 1.8 million people displaced by war in northern Uganda have returned home and begun to rebuild their lives. The war put enormous pressures on traditional social supports for children: safety nets unraveled, and protective cultural values eroded. Even now, in the transition to recovery, interpersonal violence—including physical and sexual violence against children—appears to be widespread. Moreover, poverty and uncertainty in the post-war landscape are linked to the continued use of practices that are harmful to children, such as marriage of girls in exchange for a bride price and withdrawal of children from school to engage in child labor. These desperate economic solutions sacrifice children's long-term development and further weaken the conditions for realizing appropriate child rights and protection.

Where communities are experiencing or recovering from trauma, the normalizing influence of school can be positive for children. But the availability and even quality of schooling cannot, alone, accomplish a return to 'normal.' In Uganda's Lira and Dokolo districts, ChildFund's *Linking Communities and Strengthening Responses*³⁵ focused on protecting children from violence, abuse and neglect at home and in the community as a co-requisite of rehabilitating schooling and educational quality in the aftermath of war.

We began by instigating, with communities, a culturally sensitive, participatory mapping of risks to children, and the two types of child protection mechanisms in place: traditional, community-based systems³⁶ and government-supported, formal systems.³⁷ Community respondents identified sexual violence, child marriage, child labor and corporal punishment as their major concerns, and recognized that certain practices and traditions—early marriage, witchcraft, preference for boy children, bride price—posed significant risks to child well-being. Community-based protection mechanisms handled about 85 percent of reported child maltreatment incidents in Lira and Dokolo districts overall: they arbitrated disputes, referred cases to higher authorities within the informal system, provided psychosocial support, and determined how survivors should be re-integrated into community life. Respondents trusted the informal far more than the formal systems.

³⁵ The project (2011-13) was funded by UBS Optimus Foundation. We implemented it in partnership with the Trans-cultural Psychosocial Organization and with the Global Child Protection in Crisis Network, which is based at and receives technical support from Columbia University.

³⁶ Any protective resource or structure that was not instituted or funded by the government: families, clans, elders, peers, community groups, and cultural and religious institutions.

³⁷ Police, elected local councils, schools and health facilities.

DEEP AND SENSITIVE WORK WITH COMMUNITIES

"Child protection refers to all activities and actions that prevent and respond to violence against, abuse and exploitation of children. In practice, our work must negotiate the sensitive borders between community harmony and child rights, between public interests and the privacy rights of families, between culture, tradition and modern law, and between differing views of who rightly has authority over children. Across Uganda, children are now quite aware that they have rights, but the question is, have communities been adequately prepared? Do they see children's rights as undermining traditional and family authority? All parties need to be educated and empowered at the same time."

Timothy Opobo

**Child Protection and Program
Learning Group Coordinator**

ChildFund in Uganda



We then jointly designed interventions to fill gaps between the informal and formal systems, and to strengthen protection in schools and communities. We especially endeavored to prevent violations against children. The project's interventions, and participants' observations on them, were:

- *Child participation, via school clubs and other activities.* Children gained a greater sense of their right to protection and increased their ability to protect themselves and their peers. They demonstrated these gains by detecting and reporting cases of abuse. 'We have learnt how to avoid early marriage...we spread this knowledge through dramas, and compose poems against sexual abuse of children,' said one member of a Child Protection Club.
- *Implementation of the 'Safe Schools' model.* School stakeholders mapped and assessed protective elements of the school environment and adopted policies, procedures and protocols to increase the physical, social and emotional well-being and protection of children in school.
- *Training and awareness-raising on children's rights,* the consequences of violations, adults' duty to protect and other concepts of child protection. 'The knowledge we acquired will always continue. Even if a person is transferred, the system and knowledge remain,' said one Local Council chairman.
- *'Focal points' in community protection mechanisms.* These individuals learned to document and refer cases, and served as knowledgeable links between informal and formal systems. 'We write down all cases brought to us, like defilement,³⁸ rape, property-grabbing, wife-beating...and then we forward it to the relevant authorities,' said the Focal Point of Anai parish.
- *Guided community dialogues.* These were an opportunity for clan leaders and elders to discuss and discourage negative practices in a culturally sensitive manner, and to re-awaken the spirit that all community members are protectors of and advocates for children. Initial qualitative evidence suggested an increased number of community leaders intervening in cases of early marriage and sexual violence 'All people are now aware of the dangers of child sexual abuse, especially defilement,' said one community member.

ChildFund is now replicating the *Linking Communities and Strengthening Responses* project in war-affected Nebbi and Arua districts of northern Uganda. This type of deep and sensitive work with communities is among our organization's strengths. But gains made at the community level are ideally articulated upward to link with regional and national services and legal frameworks, as we described in the previous chapter's discussion of our Ecuador programming.

To that end, and at the same time that we undertook the protection activities described here, ChildFund made a priority of contributing to child protection at the national level in Uganda (see sidebar *Deep and Sensitive Work With Communities*). We now host Uganda's *Program Learning Group on Child Protection*. The group's 39 members are government ministries, academic institutions, donor agencies and practitioners; our common aim is to generate evidence-based programming and advocacy that respond to the needs of Uganda's children. ChildFund organizes symposia in which members share, learn from one another, and form common advocacy plans and goals. The *Program Learning Group* is poised to undertake the first-ever national study on all forms of violence against children.

³⁸ 'Defilement' refers to rape of a minor. Still used as a legal term in Uganda, the word is falling out of favor because it casts the victim as diminished or devalued by the crime.

IN SUMMARY

The range from 6 to 14 years—from childhood to early adolescence—encompasses enormous physical, intellectual and social change for the child. Children in this age range emerge from the sphere of home and family, ideally into primary schools within communities that value and protect their safety. ChildFund supports the quality of education so that schools promote a real acquisition of the foundations for life-long learning, and provide equitable opportunity for children to gain and practice life skills, ranging from playing on a team to claiming their rights to protection. Our work becomes more effective when we engage the contributions and support of parents and local leaders: remote and resource-poor communities can host services that transcend their impoverished environments to help children thrive and achieve at levels similar to national norms.

AMPLIFYING THE VOICES OF VERY YOUNG CHILDREN THROUGH PARTICIPATORY ACTION-RESEARCH

ChildFund strives to put children's own experiences of deprivation, exclusion and vulnerability at the center of our practice and policy. We promote the participation of children in community planning and decision-making processes, but are typically challenged to do this with very young children who are just beginning to develop their voice and self-identity.

In Liberia, the national primary school attendance ratio was 41 percent for males and 39 percent for females in 2011³⁹ when ChildFund began the education intervention described here.⁴⁰ Conflict and decades of poor governance meant that the country's education system was dysfunctional. In remote, war-affected Gbarpolu County, ChildFund sought to gain a deeper understanding of the complex forces that kept children out of school as a prerequisite to improving attendance and learning outcomes. As part of our investigation, we adapted participatory, action-research methods so we could use them with children aged 5 to 8. The choice to engage very young children in action-research was both necessary and unusual, and we were impressed that they participated eagerly, contributed to and benefited from project outcomes.

We trained 80 youth to use the interactive research methods with more than 1,200 5- to 8-year-olds who were not enrolled in school. Groups of children were guided to discuss, in age-appropriate ways, how culture, conflict, gender and power affected aspects of their well-being, from school attendance to sexual abuse. The youth facilitators communicated their research findings to adults who, with ChildFund support, developed and carried out action plans to address the problems. We also mapped and addressed child protection risks that children themselves were unlikely to identify. Bringing their participation full-circle, the children and youth facilitators joined in the activities to reduce or eliminate obstacles and dangers to children.

Results: Post-project evaluation found *modestly but consistently positive* outcomes (Table 6), supporting ChildFund's hypothesis that child-centered, participatory action-research could generate meaningful impacts in the lives of children. The outcomes span several aspects of children's learning: their attendance at school, their classroom experience, and even their acquisition and use of life skills as evidenced in the outcomes on bullying and being bullied.

Table 6: Outcomes for children who participated in action-research

| Outcomes | Participating Communities | Non-Participating Communities |
|--|---------------------------|-------------------------------|
| Children currently attend school, all children | 95% | 89% |
| Children currently attend school, project participants | 98% | N/A |
| Classroom observations rate 'good' or 'very good' | 89% | 75% |
| Teachers frequently encourage questions | 67% | 45% |
| Children are bullied | 27% | 31% |
| Children bully | 22% | 38% |
| Children are disciplined with talk rather than corporal punishment | 79% | 69% |

³⁹ UNICEF. (n.d.) *At a Glance: Liberia*. Retrieved September 2011 from UNICEF: http://www.unicef.org/infobycountry/liberia_statistics.html.

⁴⁰ This project was funded by the UBS Optimus Foundation via ChildFund Germany, which also provided funding and monitoring support.

WHAT MADE A DIFFERENCE? INDIRA LOOKS BACK

Indira S., now 23 and working as a software engineer for one of India's leading information technology firms, has come a long way from the conditions in which she grew up. Her father worked as a security guard, her mother as a *bidi* (cigarette) roller.

Opportunities began to arise for Indira in the 4th grade. ChildFund became actively involved in her village, providing educational opportunities for primary school children. Indira recalls, "ChildFund program activities helped me to open up in school. I was a shy girl, slow in making friends. But the competitions and activities helped a lot. Gradually, I started mingling with people and participating in debates, discussions, and even competitions. It boosted my confidence."

"I am the *only* female engineer from my village," she says. "Early marriage is still a norm in our community. Many of my friends were married as soon as they finished high school; [only] a few managed to pursue higher education..."

After completing primary school, Indira went on to finish high school as one of the top 10 students in her class. It was during her high school years that Indira began to develop her passion for engineering. "My participation in ChildFund activities, such as monthly competitions, cultural programs, skill trainings and leadership sessions, helped me to realize the talent I had within me...I think my participation helped me to nurture my dream of becoming an engineer..."

Indira is now two years into her career as a software engineer. Ambitious and confident in her abilities, she is proud that she can help support her family. "I am currently trying to bring our family back to a stable financial situation. My brother and I are both contributing half our salaries to our family. Soon...my father will not have to work anymore."

Reflecting on her experience in the ChildFund program and her own life journey, Indira highlights that more work must be done in her community, especially in the area of early marriage. "I am the *only* female engineer from my village," she says. "Early marriage is still a norm in our community. Many of my friends were married as soon as they finished high school; [only] a few managed to pursue higher education...There is a fear that highly educated girls won't find a suitable partner for marriage. This is the reason that many of my friends quit their studies and got married."

** Her name has been changed here to protect her privacy*



CHAPTER 3: YOUTH

YOUTH ARE ENGAGED AND RESPECTED AS CHANGE AGENTS

ChildFund views young people as a force for positive change. Talented and passionate, they have tremendous potential to act as thoughtful, engaged change agents in their own lives, and in their communities and societies. With supportive programming, youth on the brink of adulthood and parenthood are in a position to break the cycle of multigenerational poverty before it affects their own children.

Our youth program approach recognizes young people's need for technical skills and job readiness, but we also know that other skills and knowledge—leadership, participation, problem-solving, confidence, self-efficacy, and the wherewithal to make informed choices about sexual health and reproduction—are essential for youth's transition to a healthy adulthood. ChildFund helps youth gain and practice these skills, and to engage as change agents for the betterment of their own and others' lives. Together, we strive to win the respect and support of adults, and especially power holders, for young people and their contributions. Youth make up 22 percent of the children whom ChildFund serves.

In this chapter, we trace the domains in our theory of change (Figure 12), beginning with the domain that promotes youth as positive change agents at home and in their community. We review evidence that youth in our programming areas are engaged as participants or leaders in clubs, groups or teams—and find that ChildFund is not the only organization struggling to measure youth leadership. Next, we step back and take a broader look at the many ways that young people can and do take action that leads to positive change and that builds their skills and sense of agency. The next topic is helping youth gain skills and find non-exploitative employment. Finally, we acknowledge that, to date, our household surveys have not shed useful light on the outcomes of ChildFund's work to promote youth's healthy reproductive choices.

Figure 12: ChildFund's Program for Youth. *Our goal is to help children become young adults with economic, physical and social well-being who bring lasting and positive change to their families and communities. To this end, we and others work in multiple areas of intervention (outer ring) within and across three linked domains of change (middle ring), striving to work holistically with young people in interaction with their environment.*





DOMAIN: YOUTH ARE CHANGE AGENTS IN FAMILY AND COMMUNITY

YOUTH PARTICIPATION AND LEADERSHIP: NUMBERS TELL JUST PART OF THE STORY

When youth work productively together, they can do much more than learn about and resolve problems that matter to them. This

domain relates to youth as change agents in their families and communities. The very act of participating helps them gain confidence, find their voice, and develop skills including cooperation and leadership. Intuitively, we know that these soft skills are valuable to individuals in their personal and work lives, and to communities at large. But when ChildFund sought national and global research that quantified youth participation and leadership, the absence of data echoed our own difficulty in measuring the impact of acquiring and using these skills.

In our household surveys, ChildFund attempted to measure membership and office-holding in formal clubs or organizations to better understand whether youth in our programs were taking greater leadership in their communities. The data we collected were limited in what they could tell us. In fact, the indicator did not prove effective in its ability to reflect accurately what was happening on the ground. In Philippines, Mexico and Sri Lanka, it failed to register statistically significant change. Most confounding was that in Ethiopia and India, the indicator revealed a significant *decline* in youth participation and leadership in our programming areas over time.⁴¹

ChildFund staff in India turned to related variables in an attempt to understand this apparent drop. Only about 21 percent of youth responded ‘yes’ when asked if they felt there were opportunities to express their thoughts and opinions in their community. About 23 percent responded ‘yes’ when asked if they felt a role was available to them to make community institutions better. These corollary findings suggest that a lack of opportunity for leadership and social engagement by youth persisted in ChildFund programming areas. Indeed, our youth interventions in India focus on the quality rather than the quantity of engagement: fewer youth are engaged, but they experience higher quality, more meaningful leadership activities. Our staff in India also note that, unlike *skilled attendance at deliveries* (Chapter 1) and *primary school completion* (Chapter 2) the national government has no prominent policies or activities that promote youth’s social engagement. This lack of synchrony may also contribute to the weak findings.

More to the point, ChildFund believes that youth participation and leadership are not one-way or one-dimensional phenomena. They require the respect and acceptance of those whom the youth seek to engage, including communities and adults; this in turn often requires change in how adults view and value youth contributions. Our indicators in this arena were overly limited to what was easy to quantify: membership in formally constituted organizations, or office-holding in those organizations. A review of the literature around civil society and social movements suggests that we should look more broadly at the many ways that young people can and do take action in their communities, and expand our definition of what counts as achievement in this arena⁴²—as in fact we do in the remainder of this section.

Table 7: Youth who demonstrate leadership and/or social engagement skills

| | ChildFund | |
|--------------------|-----------|-----------|
| | 2009-10 | 2012-13 |
| Ethiopia | 27 | 8 |
| India | 21 | 13 |
| Mexico | 7 | 12 |
| Philippines | 18 | 15 |
| Sri Lanka | 17 | 14 |

⁴¹ We also found that male respondents were significantly more likely than females to report participation or leadership (or both). In India, for example, 15 percent of boys reported participation and/or leadership, compared to 10 percent of girls. In Mexico, almost twice as many boys participated in some formal group as did girls (23.7 versus 13.5 percent). Among these respondents, 19 percent of boys—and zero percent of girls—reported holding a leadership position. These findings undoubtedly reflect prevailing gender norms in our programming areas; more importantly for ChildFund, they indicate that we and our local partners must make greater efforts to help alter those norms so that girls and boys have equal opportunity in this and other realms.



HELPING YOUTH HELP OTHERS: RESULTS FROM EAST AND SOUTHERN AFRICA

Expanding the definitions of ‘participation’ and ‘leadership’ shows more realistically the actual breadth and depth of youth engagement in our project. ChildFund often does promote formal clubs and organizations, but we also engage young people in non-formal movements, groups, teams, forums and events—and prepare them to demonstrate leadership *ad hoc*, such as helping friends resolve a dispute or organizing neighbors to perform a task. ChildFund observes, as this section will show, that boys and girls who themselves come from a background of deprivation, exclusion and vulnerability are often eager to help younger children who struggle with the same deficits, or to build stronger connections between their marginalized communities and the wider world. In their alacrity to do good and do well, we find reason to be optimistic that they are approaching adulthood with skills and tools to disrupt the intergenerational cycle of poverty.

In Kenya, Uganda and Zambia, ChildFund helped more than 1,200 community groups, of which about 400 were made up entirely of youth, to form a network of social service provision for children and youth affected by HIV and AIDS. Our multifaceted *Enhancing Community-Based Care* project⁴³ met the physical and psychosocial needs of such children with services ranging from emotional support to promotion of children’s rights, from HIV and AIDS education to advocacy and resource mobilization. Members of the youth groups that provided social services gained skills and knowledge to improve the well-being of younger children. In many cases, these youth came to consider themselves ‘activists’ for vulnerable children.

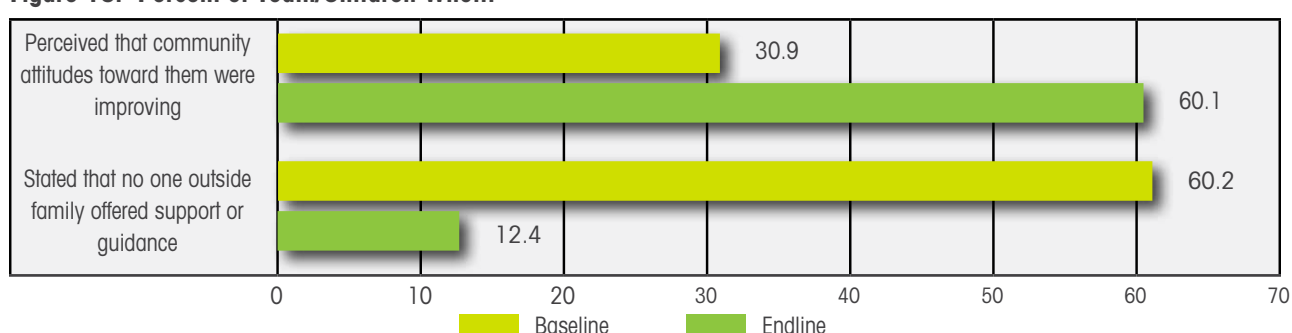
In just one example, members of the Kenyan youth group called Riwa gained training from ChildFund’s local partners in an array of social and vocational skills: counseling and peer education, business management and proposal writing. They used the latter skills to launch several income-generating activities and to secure funding from a government-run youth fund. With these resources, the young women and men of Riwa mentored and supported vulnerable children in their community. They sponsored needy children to attend primary and secondary school, and offered workshops to build youngsters’ self-esteem and life skills. Riwa also established a local Children’s Committee to advocate for child rights, and offered weekly education sessions on reproductive health and HIV. Riwa members networked with teachers, local government and even the police to ensure comprehensive services and protection for the children they served. Said one member, “We have to be the role models for the younger children.”

⁴² Those who attempt to measure and evaluate civic engagement are, in the words of the social change Building Movement Project, challenged to ‘define engagement and social change, identify the wins associated with complex initiatives, and meet the demands of an outcome evaluation climate that seeks immediate and generalizable results from initiatives that are nonlinear and multifaceted.’ Building Movement Project. (n.d.) *Evidence of Change: Exploring Civic Engagement Evaluation*. Retrieved December 2013 from Building Movement Organization: http://buildingmovement.org/pdf/EvidenceofChange_BMP.pdf.

⁴³ The *Enhancing Community-Based Care and Support Systems for Children and Youth Living with HIV/AIDS Program*, 2003-2009, was funded by AusAid.

ChildFund’s monitoring and evaluation in all three countries found positive effects on care and support systems for children and youth, and on the physical, economic and psychosocial well-being, and greater societal inclusion, of children who received support. Because young people act on their perceptions of relationships, including what they perceive adults expect of them, we elicited information about young people’s interactions with adults. The proportion of respondents who perceived *positive changes in community attitudes toward youth* nearly doubled, from 31 to 60 percent (Figure 13). Those who reported having *no support from non-family adults* plummeted from 60 to 12 percent. Related survey questions found that teachers were most often named as sources of guidance and help, but other important sources were religious figures, local NGO workers, health workers, peer educators and community leaders. Qualitative inquiry added to this picture by eliciting youth reports of positive changes in their relationships with teachers, and community leaders. Young people in Kenya and Uganda described their greater ability to engage with policy and decision makers, while more Zambian youth reported having engaged government officials or community leaders. Our project promoted the participation of community youth groups to inspire and pave the way for the societal engagement of other children and youth, and our evidence suggests that this did occur.

Figure 13: Percent of Youth/Children Who...



Along with and perhaps more usefully than numeric measures of participation, young people’s own voices can provide rich, qualitative information on the breadth and depth of their activities, the value they place on engagement, and their views of its impact on their own lives. In Ethiopia, where an estimated 16 percent of all children have lost one or both parents to AIDS, ChildFund’s *Community Safety Nets*⁴⁴ project brought comprehensive, child-focused care and support services to 50,000 orphans and vulnerable children and youth whose lives were affected by the disease. Young people were star actors in the project. They were members of the Vulnerable Children’s Committees that organized quality services, but their premier role was as *youth mentors* to HIV-affected children.

Knowing that young children look up to and want to imitate older children, ChildFund developed a cadre of volunteer youth mentors who learned to provide an array of services to orphans and vulnerable children. Mentors tutored and helped with homework, they organized activities and games, and they transmitted life skills to children, in groups and one-on-one.

Eleven-year-old Biruk T. described how his mentor helped him rise to 4th place in his class—and more. *“Had I not been attending the tutorial classes,”* he said, *“I would have never improved my performance on such [a] scale. But the tutoring is not limited to dry school lessons. We are [also] told about... diseases like HIV/AIDS, personal care and protection. The lessons make me happy and improve the feeling I have about myself.”* Tigist E. agrees. *“We are not simply learning our school lessons,”* she explained. *“We participate in debates, recite poetry, perform drama, and other activities. We attend trainings on child rights. These [h]elp us express our ideas and feelings...I developed courage and confidence.”* In fact, Tigist represented her peers as a member of the Vulnerable Children Committee in her village.

⁴⁴ This project ran from 2008 – 2011 and was funded by USAID.

Youth mentors detected the effect of their contributions on children and indeed on themselves. Degu A. said, *"the best experience is the attitude change that I observed not only among the children but also among their parents and us, the mentors."* Tigest A. reflected, *"As a youth mentor I feel that I should be a role model to the children. I have to be truthful and honest. Mentorship helped me to develop such behavior in me and others. I now have the capacity to distinguish my strength and weakness. I am trying to impart such capacity among the children that I help. In fact, the alert and active participation of some children amazes me, and it encourages me too."*

Participants mentioned only one negative aspect of the youth mentoring component: there simply weren't enough mentors to meet needs. To help fill the gaps, Getahun B. developed a system in which his older mentees—those aged 9 to 11—tutored the younger mentees in their school lessons. This age-stepped system, he said, *"made the children change agents"* in their own right.

Qualitative information such as this provides nuanced evidence that many young people have the will and the talent to help change the lives of others, and may be particularly helpful in reaching out to children, who naturally look up to those just a bit older than themselves. The youth who mentored children were clear that they themselves benefited from the training they received—in life skills, planning and organizing activities, active listening and more—and were able to apply it to their own lives even as they transferred it to the orphans and vulnerable children they mentored.

DOMAIN: YOUTH EMPLOYED AT LIVING WAGE IN NON-EXPLOITATIVE WORK

ECONOMIC EMPOWERMENT AND SKILLS DEVELOPMENT IN ETHIOPIA

This domain relates to appropriate, non-exploitative youth employment. We recognize that youth are able to contribute to their households, and in fact that developing a sense of achievement and financial management skills are important to their growth and development.

To illustrate one way ChildFund operationalized this domain, we turn to an evaluation of another component of our *Community Safety Nets* program in Ethiopia: helping youth-headed households. Members of such households are among the most vulnerable of children. Typically, the eldest child strives to raise younger siblings as best she can, often putting herself at risk to earn paltry sums of money. In the Ethiopia project, Vulnerable Children's Committees identified youth-headed households, then linked them to our local partners' economic activities and offered a youth-focused model for sustainable income

BUILDING HONDURAN YOUTH'S LEGITIMACY IN COMMUNITIES' EYES

Young people need to learn that they can engage with and contribute to their societies in meaningful ways. For this to happen, communities must actively allow and value youth's contributions. Evidence suggests that youth-led revolts such as those recently seen in the Middle East have much to do with youth's *exclusion* from participation in educational, social, economic and decision-making opportunities.⁴⁵ ChildFund seeks to create an enabling environment in which powerful adults recognize and validate the role youth play, and youth's civic engagement affords them opportunity to hone their social and leadership skills while making real contributions to their societies.

When devastating storms damaged roads and isolated Honduras' Lepaterique municipality, it wasn't the government but the *municipal youth federation* that spearheaded a movement to rehabilitate the devastated infrastructure. It was the same federation whose persistent efforts convinced the local government to reinvest and reopen community centers as *Community Knowledge and Technology Centers*, where residents can access the Internet and learn to use computers.

ChildFund's *Youth Participation and Civic Engagement* project guided young people to form these organizations for the purpose of promoting authentic youth engagement in community development. Our training workshops built individual and group skills in analysis, planning, presentation, advocacy and media technology. Youth learned of the interdependent nature of rights and responsibilities, and of the dual role they could play as advocates for and providers of services to their communities. The municipal government quickly recognized the youth structures both as resources and as forces to be reckoned with. In a sign of respect and inclusion, officials gave the youth federation an office in the municipal building.

⁴⁵ See for example Lyndsay McLean Hilker and Fraser, E. (2009). *Youth Exclusion, Violence, Conflict and Fragile States: A Report Prepared for DFID*. Retrieved December 2013 from GSDRC Applied Knowledge Services: <http://www.gsdrc.org/docs/open/CON66.pdf>.

CHILDFUND'S YOUTH EMPLOYMENT MODEL

Drawing upon our robust experience implementing youth and adult livelihood projects, and on global best practices, ChildFund crafted a **Youth Employment Model** that gathers into one package a comprehensive approach to youth livelihood development. The model's five components are:

- market analysis conducted by youth and guided by mentors
- technical skills training and production support
- basic business skills training
- life skills training
- extended mentoring and follow-up

Our youth employment model can be modified and applied to any type of trade or profession. In Mexico, for example, our 10-month work readiness project centers on life skills and job skills, and offers technical training according to student interest in cooking, baking, poultry-raising, traditional medicine or recycling. A new project in Zambia adapts the employment model to health services, and is harnessing the power of technology to help deliver quality, cost-effective coursework to young people who want to become health workers. ChildFund, local partners and the Ministry of Health are converting parts of the nursing and midwifery curriculum to e-learning, improving the content, and adding a life skills component to the virtual classroom. For those skills that must be gained in the actual classroom and clinic, we are improving curriculum and adding 'emotional intelligence' components such as coping skills, grief support, risk mitigation, self-awareness and positive relationship-building.

In all the ways and places we use our Youth Employment Model, ChildFund's standard of success is long-term, non-exploitative employment at a decent wage.



generation (see sidebar *ChildFund's Youth Employment Model*). ChildFund systematically interviewed these young women and men at project's end. They provided thoughtful insight into how they are now raising their siblings in greater physical and economic security, and carrying their own newfound skills and self-efficacy forward as they proceed into adulthoods that were forced on them too soon.

In a poor neighborhood of Addis Ababa, 20-year-old Asrebeb dropped out of school and worked in a roadside restaurant to support her two little sisters, but did not earn enough to pay rent, food, clothing and school fees. She calls the support she received from the *Community Safety Nets* project 'life changing.'

"I attended the five-day [business] training, and [we] developed a business plan and a budget," Asrebeb explained. "I couldn't believe when they gave me 8,500 birr (about \$450) so I could run my own business. It was not only the money, but I also got an advisor and counselor who...[h]elped me become successful in my business and in my own life. She taught me how I could take good care of my little sisters." Asrebeb now owns two small kiosks, sends her sisters to school, and has herself returned to school as a night student.

Like Asrebeb, Meseret is an orphan. Her father died when she was ten, and her mother four years later. She recalled, *"I told myself then that I had to be strong and keep my family together even at the expense of my education. I was in grade 7. It was everyone's advice in my village that I should stop going to school and get married."*

Instead, Meseret traveled to Addis Ababa with her little sister and brother, and washed clothes to pay the 60 birr (about \$3) rent for the hut they shared. A neighbor told her about ChildFund and she registered for services, including business training and a start-up loan. At the age of 20, Meseret runs her own small shop, has found safe housing for herself and her siblings, and says, *"Now I am in my sophomore year at teachers' college while working in my shop. What change could be better than this?"*

DOMAIN: YOUTH MAKE CHOICES FOR A HEALTHY REPRODUCTIVE LIFE

AN AREA FOR ONGOING ASSESSMENT

ChildFund's programs stress the importance of equipping young people to live healthy reproductive lives. We help them gain ready access to the youth-friendly information and services they need to make thoughtful choices about consensual sexual relations, self-protection and childbearing, and to defend themselves from abuse. Our interventions help youth's families and communities understand the risks and consequences of early sexual activity and parenthood, and the prevalence and gravity of non-consensual relations. We support communities to challenge taboos and traditions that may militate against reproductive well-being. ChildFund and our partners also work with health service providers to understand and meet the needs of youth, and at community and national levels to promote policies that strive to prevent sexual exploitation, and to hold perpetrators accountable.

Our household surveys attempted to gather data on *teenage pregnancy* in our programming areas as just one indicator of reproductive well-being, but results were inconclusive. Accurately measuring adolescent pregnancy poses challenges, as questions on the topic have cultural and sometimes legal ramifications. These challenges affected our data-gathering, and in fact affected the national-level data that we sought for comparison. ChildFund is currently testing different and better measures to gauge healthy reproductive choices.

Yet we do have a growing body of anecdotal evidence that our work is positively affecting adolescent reproductive health and rights. In many settings, early marriage of daughters is seen as a way for families to alleviate their acute poverty, but it is profoundly detrimental to girls' physical, emotional, mental and economic well-being. ChildFund and our partners raise awareness of the negative consequences of child marriage and the positive alternative of keeping girls in school.

In the Gambia, for example, Ramatoulaye D. was going to be pulled out of school at the age of 14 and married off to a much older man who already had a wife and child. Her father saw the arrangement as his only economic option. Ramatoulaye's teachers and ChildFund's local partners supported her to persuade her father that education—not early marriage and a bride price—would be the far wiser investment for the family, and the key to his daughter's happiness. Today Ramatoulaye is a straight-A student and class president, but also an activist for children's rights and responsibilities. She served as her country's representative at the *Day of the African Child* conference in Ethiopia, and she recently told her story to the news channel CNN International—thereby augmenting her own local and ChildFund's global efforts to help girls resist early marriage and stay in school.⁴⁶

IN SUMMARY

The age range from 15 to 24 sees boys and girls emerge from the relative shelter of home and school, enter the public arena more fully, and practice taking on adult roles in the larger society. They begin to shoulder responsibilities for work and income, and may even start families of their own. Intergenerational tensions often cast a shadow on young people, and throw into question their competence and contributions, but ChildFund finds that with genuine opportunities to engage in the life of their communities, youth can effectively channel their energy and creativity for positive personal growth and social change. They learn to be tomorrow's leaders of societies that value children.

⁴⁶ CNN International, "The Gambia: How one teenager stood up to child marriages," <http://thecnnfreedomproject.blogs.cnn.com/2014/01/10/the-gambia-how-one-teenager-stood-up-to-child-marriages/>.

CONCLUSION

If you are a three-year-old in the remote, tribal area of Jhadol, India, the chances that your birth was attended by a trained helper were just 38 percent. Your chances of suffering chronic malnutrition are 54 percent, and of completing primary school, little better at 60 percent. By contrast,

if you are a three-year-old in Mexico's rural Sierra Norte del Puebla, you and virtually all your peers were born under the care of a skilled health worker. Only one in ten of you suffers malnutrition at an early age, and most—over 90 percent—will complete primary school.

Many more children in Mexico than in India successfully navigate these early milestones and transitions. Even so, youth in both countries face steep challenges: non-exploitative employment opportunities are rare, and productive community engagement—participating in or leading positive change—is reported by a minority of youth.

ChildFund's 2013 *Impact Report* highlights the hardships that children face as they grow up in marginalized communities around the globe—in Ethiopia, Honduras, Kenya, India, Mexico, Senegal, Ecuador and more. The array of locales is large, but the theme is consistent: communities can make a difference when they come together and invest time and effort in the people and services children need if they are to achieve the milestones that define healthy development. To be sure, these investments don't always pay off. We don't always see tangible evidence of positive change despite our best efforts. But often, we do.

To write this report, ChildFund amassed the evidence that we have created or commissioned about our work over the past several years, then stepped back to assess what we have learned. We highlight programs that broke through the *status quo* to improve conditions and chances for a child's successful journey to young adulthood. We reported, for example, on the positive results achieved by early childhood development programs that provide parents and primary caregivers information about their children's development, and how they can support and promote it. The result is *change*, in a child, a household and a community. In fact, the change is so noticeable that we can measure and capture it in a report like this one.

What else have we learned?

Empowered parents and other caregivers are taking action for better services such as health care, pre-school and child protection. Together they are questioning norms that accord power and privilege to some and not to others, and they are adopting new ideas that promise healthier social environments for children's healthier development.

When we work with others, it works better. Even so, we collectively have much more to do before we achieve hard-to-change outcomes such as an end to malnutrition and universal completion of primary education. This kind of work requires multi-actor collaboration toward synchronized objectives. It requires reaching adults, families, and entire communities. It requires system-level change.

Young children who are deprived, excluded and vulnerable, when given equal chances to gain academic and life skills, are closing the gap between their own achievements and those of their better-off peers. Even in resource-poor settings, parents and teachers and traditional leaders are improving services such as educational quality and community protection—and children are not only benefiting but helping to make the change.

Older children and youth, equipped with opportunity and support to participate in teams, clubs and informal groups, are proving that they can be effective change agents. They are giving back in ways that are meaningful to them, whether mentoring younger children or connecting their communities to the larger world. In so doing, they are earning the respect of adults, and indeed they are becoming the empowered future caretakers of the next generation.

Besides learning about what works in our programs, ChildFund is also learning to better measure, understand and evaluate them. In this, we are always guided by our principles, and indeed we are becoming more principled in the way we do our monitoring and learning. We partner with local organizations as a matter of principle, for example, and we track our partners' effectiveness in program development and

delivery, and their contribution to building stronger civil societies in the communities we serve. Children are active participants in our interventions as a matter of principle, and we are expanding our practical knowledge of how their own strengths and skills can contribute to their improved lives and societies. ChildFund has always valued our culture of learning around big, important themes that matter to us. Now, guided by our principles, we are filling in the smaller pieces more systematically.

For instance, we are adopting a *standards-based approach* to understanding the effects of our work. We set aspirations, or ideal future states, as our standards, then measure how far we are from

achieving them and how far we have come. We may set as a standard that *all infants and young children receive quality stimulation and school readiness in pre-schools*, then use selected indicators and methods to measure how much progress ChildFund—and our local partners, families, and others working for the well-being of children—has made over time. A standards-based approach helps us learn from and think analytically about our programs, rather than focus disproportionately on individual indicators. Our long experience of measuring, both well and not so well, our results, is teaching us how to more usefully reflect on what we have measured and how we have measured it.

ChildFund is also becoming more systematic about how we study *our contributions to social change* versus *what social change we can attribute directly to our work*. Our experience and our strategic plans tell us that many actors and factors must come together if we are to achieve positive results for children. Because we have learned that our work is most effective when we link marginalized communities to services, infrastructure, and opportunities, and when we collaborate with others to do so, ChildFund is striving to get better at mapping this multifactorial landscape more systematically in each community where we work. We are getting better at understanding how we contribute to broad social change, and at analyzing those contributions so we can refine our programs and approaches. We are getting better at testing specific models and interventions that we have designed and improved over long periods, to determine if we can attribute change to them, separate from other factors in a child's or community's life. By becoming more systematic about attributing social change to our models, we will be better able to contribute to collective knowledge in the field—and we will have evidence-based impetus to scale up and replicate the models to reach more children in more countries.

At the same time, and in all we do, ChildFund values listening to the voices of the children and youth who experience deprivation, exclusion and vulnerability—and resilience, assets, empowerment and success—in their own ways. We are good at doing research that brings out the voices and perspectives of children and youth. We are good at facilitating their participation in and decision-making about development in their communities. And we are good at empowering them to help each other participate. With every measurement and analysis we undertake, we strive to better hear and understand their voices.

ChildFund anticipates that the more ably and consistently we can understand the interplay of influences, including our own interventions, on the well-being of children, their families and the environment surrounding them, the more effective we will become in fulfilling our purpose as an organization: that children have the capacity to improve their lives; that young adults, parents and leaders bring lasting and positive change to their communities; and that societies value, protect and advance the worth and rights of children.

“When we work with others, it works better. Even so, we collectively have much more to do before we achieve hard-to-change outcomes such as an end to malnutrition and universal completion of primary education. This kind of work... requires system-level change.”



CREDITS

We thank the thousands of colleagues, partners, supporters, children and families whose impact we honor and celebrate with the release of this report, and through which we show continued commitment to our core values: promoting positive outcomes for children; demonstrating integrity, openness and honesty; upholding respect and value of the individual; championing diversity of thought and experience; fostering innovation and challenge; and proactively connecting and collaborating.

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WHERE CHILDFUND INTERNATIONAL WORKS



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