

**STRONGER
TOGETHER:**

A Story of
Connection
and Impact

CHILDFUND INTERNATIONAL



2020
IMPACT
REPORT





Photo by Boas Opedun

STRONGER TOGETHER:

A Story of Connection and Impact

Dear Readers,

I am excited and proud to welcome you into ChildFund's fourth Impact Report, the latest dispatch on our collaborative efforts to shape a world where every child can achieve their potential. Of course, the world challenges us by rapidly changing — too often in ways that harm children — so ChildFund continually strives to strengthen its approach. This report is about sharing our results and learnings from recent years.

With the launch of our 2017-2020 organizational strategy, **Destination 2020**, we strengthened our holistic approach to child-focused development by formalizing our emphasis on protecting children from violence, exploitation, abuse and neglect. This entailed developing new, child protection-focused interventions as well as applying a child protection lens across our ongoing efforts to address children's health, education and skills development — and bringing our hundreds of local partner organizations along in this enhanced approach. This Impact Report documents our progress under **Destination 2020** as well as reviews data from evaluated programs

since 2012, all of which we will leverage and build upon as we undertake our new strategy, **GROWING CONNECTIONS**. Its goal: to scale our impact to reach 100 million children and family members by 2030.

Now, as we enter this next stage of our journey, dozens of programs in the countries where we work are showing evidence of enhanced safety in children's home environments, communities, schools and other learning spaces. Existing child protection mechanisms in communities have been activated and strengthened — or, where absent, built. Children worldwide are learning about their rights and about the protection resources available to them. Knowledge, attitudes and behaviors of caregivers and community members have been transformed to work in support of children's safety.

What we pay attention to grows, and it has been gratifying to see the growth in our own capacities that you will read about here. But there is something even more powerful at work throughout our programs and projects, which became clear especially as the COVID-19 pandemic exposed how interconnected we all are: It turns out that our hyper-local approach of working with community-based partner organizations enabled us to rapidly and effectively respond to the global crisis while many NGOs struggled to reach people due to government restrictions. The intimacy of direct, social connection that fuels our work in communities — including the informal child

protection networks now operating in over 300 communities worldwide — allowed our local partners to quickly identify and address the needs these groups were in position to observe.

ChildFund's 2020 Impact Report is a story of our ongoing growth — in capacity, understanding, impact and relevance. It is a story of the increasing momentum in our own development, and of our growing influence among governments, donors and partners to prioritize children's best interests. And it is a story of connection and connections, individual and collective, all anchored within a central purpose of ensuring that children grow up healthy, educated, skilled and, above all, safe so that their development can come to fruition.

As such, our 2020 Impact Report is also an invitation.

The world needs this next generation more than ever. We at ChildFund invite you — partners, collaborators, advocates for children — to join us in the movement to ensure that today's children can rise to the challenges they face, prepared to apply their formidable creativity and energy in creating a more equitable, just, generous world where all can thrive.

Anne Lynam Goddard
President and CEO of ChildFund International



Photo by Jake Lyell

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EXECUTIVE SUMMARY

OUR APPROACH

The world is changing for children. The COVID-19 pandemic, climate change, migration and violence threaten recent gains in child health, education, and safety. Since 1938, ChildFund has worked with local partners, government, and other partner organizations to create the safe environments children need to thrive. As a child-focused international non-governmental organization, ChildFund seeks to: help vulnerable children around the world by improving their lives and helping them become adults who bring positive change to their communities, and to promote societies that value, protect, and advance children's worth, protection, and rights.

In 2020, we worked with **240 local partners** to make a difference for **13 million people** in Africa, Asia, and the Americas.

Our work involves direct programming and service delivery in communities — and **growing connections that:**

- Strengthen relationships within families, communities, and government systems.
- Strengthen communities in support of child protection and child development.
- Enhance children's voices and agency.



Photo by Jake Lyell

OUR 2020 IMPACT REPORT

In 2017, we affirmed our commitment to ending violence against children by placing **child protection** at the heart of our organizational strategy, *Destination 2020* — and thus, across our programs and organization.

Reflecting on the body of work and contributions of our *Destination 2020* strategy period, and as we move forward into a new strategy period, our **2020 Impact Report:**

■ **Shares our cumulative contributions to positive change from our evaluated interventions** for children, adolescents, and youth for key outcome areas: child protection, education, skills development, and health.

■ **Shares our global experiences and results in responding to humanitarian crises, including the COVID-19 pandemic**, in Africa, Asia, and the Americas.

■ **Identifies our contributions to key United Nations Sustainable Development Goal (SDG) targets** related to child protection, education, skills development, and health — and across our humanitarian response efforts.

■ **Seeks to promote and elevate our thought leadership** in niche and emerging areas as we begin our 2030 strategy, *GROWING CONNECTIONS*.



Photo by ChildFund



Photo by ChildFund



“Now, my brothers and I can listen to radio lessons and study at home. I love mathematics and would like to be a teacher when I grow up.”

— Adolescent girl (left), Kenya

This adolescent girl is among more than 700 recipients of a solar-powered radio and reading lamp as part of ChildFund's COVID-19 response. With little sunshine, the radio can charge itself and run for almost 6 hours. Besides providing reading light and lowering household energy costs, these lamps protect households against illnesses caused by inhaling smoke from kerosene lamps.

OUR GLOBAL IMPACT

HOW WE DEFINE “IMPACT”

We characterize our impact in Africa, Asia, and the Americas using four key dimensions: (1) the **positive change we see in our core outcomes** as measured by performance data — our global monitoring of key indicators and our programming evidence; (2) by the **feedback we receive** from children, families, sponsors, partners, and stakeholders on how our work with them has made a positive difference in their lives — and in their communities; (3) **how we apply learning** about what works well and does not work well in our programs and strategies to improve outcomes; and (4) **how we contribute to global, collective outcomes** for children and their families — the Sustainable Development Goals (SDGs)¹.

Our work contributes to **10** of the **30** SDGs — and **14** specific SDG targets.



We surveyed **nearly 50,000 caregivers, children, young adolescents, and youth** across all three regions to learn about their knowledge, attitudes, practices, and experiences related to key child protection, education, skills development, and health indicators. This survey was part of our global M&E effort in 2019.

For the first time, we examine our evidence generated from our evaluated programs (2012 to 2020) in Africa, the Americas, and Asia – across a total of 101 evaluated interventions (our “**Evidence Repository**”). Based on level of rigor, we categorize our evidence for specific outcomes as either **preliminary**, **promising**, or **effective**.

¹ Adopted by the United Nations in 2015, the SDGs represent a “universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity”.

OUR GLOBAL IMPACT BY OUTCOME AREA

We present key highlights of our work we do with our local partners supporting positive change in child protection, education, youth skills development, and health outcomes, as well as in the humanitarian response arena.

Our full report contains much more data, including data visualizations, and analysis.

Child Protection

THE CHALLENGE: 50% of children experience violence each year².

OUR GLOBAL PROGRESS: We see progress in our contributions to making children’s worlds safer — more caregivers, children, and youth are perceiving their communities to be safe, with an increased likelihood to report harms. We have **over 50 programs across 18 countries showing at least preliminary evidence of positive change for child protection outcomes** in all three regions.

 Globally, from 2017 to 2019, **we saw positive changes in caregiver perceptions of their communities often or sometimes being safe for children** — with an increase of **19%**. In 2019, 85% of caregivers felt that their communities were often or sometimes safe — and 11% of caregivers reported that their communities were never safe.

PROGRAM EVIDENCE SNAPSHOT FOR CHILD PROTECTION: Through our **Jukumu Letu (“Our Responsibility”)** project in Kenya (2018-2021), we saw an **increase in children’s involvement in their own protection:** The highest increases were in children’s voices being considered on protection issues affecting them (about 91%), children empowered to actively speak out about child abuse (about 90%), and creation of avenues for children to air grievances and give their opinion on issues affecting them (about 82%). This increased involvement is just one of the project’s positive child protection outcomes.

OUR SDG CONTRIBUTIONS: Goal 1: No Poverty, Goal 5: Gender Equality, Goal 16: Peace, Justice and Strong Institutions

² Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, 137(3), 1–13.

Education

THE CHALLENGE: Worldwide, 58% of children and adolescents are not reaching minimum proficiency levels in mathematics and reading — with the lowest proficiency levels seen in **Sub-Saharan Africa, Central Asia and Southern Asia, and Western Asia and North Africa**³.

OUR GLOBAL PROGRESS: We have **more than 35 programs across 12 countries showing at least preliminary evidence of positive change for education outcomes** across all three regions for children and young adolescents ages 0 to 14. ChildFund is making a global impact in moving critical education outcomes forward, including improvements in: caregiver knowledge and skills to support early learning and development; school enrollment and attendance; child developmental milestones; and school performance. However, our regional-level findings echo those identified above in “the challenge.”

 **We saw global increases from 2017 to 2019 in both reading fluency and basic math skills.** A larger proportion of children in the Americas achieved reading (67%) and math (42%) competency compared to children in Asia and Africa. In Asia, 57% and 34% of children achieved sufficient reading and math skills, while in Africa, only 40% and 27% of children achieved the same.

OUR SDG CONTRIBUTIONS: Goal 4: Quality Education.

³ United Nations Children’s Fund (UNICEF) (2019). *Every child learns: UNICEF education strategy 2019-2030*. New York, NY: Author.

Skills Development

THE CHALLENGE: In 2020, more than one in five young people worldwide aged 15–24 was not employed, in job training, or in school — and two out of three of these were young women⁴.

OUR GLOBAL PROGRESS: We see progress in our contributions to enhancing youth (ages 15 to 24) work readiness and critical life skills. As more adolescents and youth graduate from business and technical skills training, we can see that **more than 35 programs across 13 countries show at least preliminary evidence of positive change for skills development outcomes** across all three regions in which ChildFund works.

 Globally, around 1/3 of youth participated in skills training (28% in Africa, 21% in the Americas, and 34% in Asia) and from 2017 to 2019, **we saw a 14% increase in youth who graduate from basic business and technical skills training** (from 9% to 23%). Across all regions in 2019, we found that girls were slightly more likely to drop out of skills training programs than boys (51%, 53%, and 52% of those who dropped out in Africa, the Americas, and Asia, respectively), even in Asia where the majority (55%) of skills training program participants were girls.

OUR SDG CONTRIBUTIONS: Goal 4: Quality Education, Goal 8: Decent Work and Economic Growth

⁴ O’Higgins, N. (2019). *Young people not in employment, education, or training*. Geneva: International Labour Organization (ILO).



Health

THE CHALLENGE: In 2019, an estimated 5.2 million children under 5 years worldwide died mostly from preventable and treatable causes. The leading causes of death for older children, adolescents and youth are also preventable and/or treatable⁵.

OUR GLOBAL PROGRESS: Working across our three developmental life stages, we see progress in our contributions to improving the physical health and well-being of children and their families with **over 50 programs across 14 countries showing at least preliminary evidence of positive change for health outcomes** in all three regions in which ChildFund operates. Some examples of positive change include:

 One of our safe drinking water projects in **Kenya helped to increase household use of water treatments** by 53% (from 46% to 99%) and one of our child nutrition enhancement projects in Sri Lanka helped to increase the rate of children ages 0 to 5 reaching appropriate age weight by 55% (from 37% to 92%).

OUR SDG CONTRIBUTIONS: Goal 2: Zero Hunger, Goal 3: Good Health and Well-Being, Goal 6: Clean Water and Sanitation

⁵ Requejo, J. & Diaz, T. (2021). Rise, respond, recover: Renewing progress on women's, children's and adolescents' health in the era of COVID-19. UNICEF, The Partnership for Maternal, Newborn & Child Health, and WHO.



Humanitarian Response

THE CHALLENGE: During the past five years, it has been estimated that, globally, nearly one in four children live in countries affected by humanitarian crises, often without access to health care, proper nutrition, clean water and sanitation, education, or protection⁶.

OUR GLOBAL RESPONSE: Crossing program sectors (child protection, education, health, skills development) and life stages, we see progress in our contributions to help reduce the impacts of disasters, and help build child, family, and community resiliency in emergencies. We have **over 30 programs across 9 countries showing at least preliminary evidence of positive change for disaster risk reduction (DRR) and/or livelihood strengthening outcomes** in areas of the world where children and their families are experiencing humanitarian crises. We also see the contributions, and important cross-sector lessons learned, of our **COVID-19 response activities**, which have **reached over 4.8 million children** across our four response priority areas (health, livelihoods, safety, education). Some examples of our positive change include:

 One of our DRR programs in **Kenya helped to increase community knowledge of the main risks associated with floods** by 44% (from 26% to 70%), and another DRR program in **Indonesia helped to increase the DRR knowledge of young children** (ages 5-6) with 63% of the program children able to name at least one type of natural disaster and 43% able to identify a safe place to go in a disaster, compared to 9% and 6% among comparison group children.

⁶ UNICEF. (2016, December 9). Nearly a quarter of the world's children live in conflict or disaster-stricken countries [Press release]. Retrieved from <https://www.unicef.org/press-releases/nearly-quarter-worlds-children-live-conflict-or-disaster-stricken-countries>.

Our COVID-19 response actions have included:

- More than 96,400 kits with essential hygiene supplies delivered to families and more than 1,500 handwashing stations built to protect children and their families from disease.
- \$6,099,820 in direct cash and voucher assistance provided to 176,958 families to help them fight hunger.
- Over 7,050 adolescents and youth received text and voice messages with information on violence prevention, including where to report violence.
- Over 93,300 students supported with at-home educational materials (learning kits) to continue learning at home.

PROGRAM EVIDENCE SNAPSHOT: Through our **Novel Coronavirus (2019-nCov) CFK Integrated Response program** in **Indonesia** (2020) that established community handwashing stations and delivered health communication materials, awareness messaging, and emergency cash assistance to families, we saw a **decrease in household hunger:** moderate hunger decreased by 10% (24% to 14%) for a sample of 3,901 households.

OUR SDG CONTRIBUTIONS: Goal 1: No Poverty, Goal 2: Zero Hunger, Goal 3: Good Health and Well-Being, Goal 4: Quality Education, Goal 11: Sustainable Cities and Communities, Goal 13: Climate Action, Goal 16: Peace, Justice and Strong Institutions



LOOKING FORWARD

As we close our *Destination 2020* strategy and move into our 2030 strategy, we see evidence of promise in our impact — and the potential for enhanced and new connections.

Our work contributes to the SDGs, by reducing poverty and hunger, fostering good health and well-being, promoting quality education, and ending violence through peace, justice, and strong institutions.

Conditions such as the pandemic, climate change, migration and violence threaten recent gains in child health, education, and safety. Millions of children have been orphaned due to the pandemic. Rates of extreme poverty for children are expected to increase.

Studying our contributions and learnings shared in this Impact Report, we see new areas to explore and develop as we move into our 2030 strategy GROWING CONNECTIONS.

It is in response to the changing world — and with scaled impact in mind — that we set an ambitious goal for our new strategy period: **By 2030, local partners and ChildFund will reach ~100 million deprived, excluded, and vulnerable children and family members annually to help children grow up healthy, educated, skilled and safe.**

Over the next 10 years, we will reach more children by adding new program approaches and by evolving our role in international development.

Our key programmatic strategies to support this transformation and journey include strengthening our collective, global evidence base for our programs, enhancing our ECD programming and policy support, and digital delivery of programming as well as:

■ **Expanding our global M&E platform to create an organizational culture that is connected — and informed — by data.** This includes system enhancements to integrate and aggregate data so that we can support knowledge generation and have greater insight into our work and learning and to expand our global M&E indicators to reflect our 2030 strategy **GROWING CONNECTIONS** and SDG target indicators.

■ **Deepening our programmatic capacity to keep children and youth safe online.** We increasingly see through our work, particularly with the onset of COVID-19, the importance the internet in facilitating social connections and how the growth in internet connectivity is accompanied by a substantial increase in online sexual exploitation and abuse of children (OSEAC). We will, thus, focus on developing innovative programmatic interventions, expanding our advocacy efforts, and identifying new partnerships for increased reach and impact.

■ **Measuring our child protection advocacy results.** With 90% of our country offices having advocacy plans in place with issues identified, our next step is to develop, test, and identify best practices so that we can measure — and learn from — the outcomes and impact of our policy reach and change.

■ **Growing connections through new partnerships.** The social connections we have developed through community-level partnerships played a crucial part in our rapid COVID-19 response. To increase our reach and impact, we seek to develop similar “connections” with other types of partners, including donor and research partnerships to support our evidence generation and impact.

GROWING CONNECTIONS means more children participating in proven programs supported by trusted partners. ChildFund is making a bold commitment to foster more and stronger connections with children, communities, partners, sponsors and donors to ensure that children **grow up healthy, educated, skilled and, above all, safe** so that their development can come to fruition.



“At ChildFund, our purpose is to connect children and adolescents with what they need to grow up healthy, educated, safe and with life skills that allow them **to reach their full potential.**”

— *Sonia Bozzi, ChildFund Mexico Country Director*

Photo by Oscar Saigain

INTRODUCTION

CHAPTER

1

As a **child-focused** international non-governmental organization, ChildFund has worked since 1938 with local partners, government, and other partner organizations to create the safe environments children need to thrive. ChildFund's twofold purpose is: (1) to help vulnerable children around the world by improving their lives and helping them become adults who bring positive change to their communities; and (2) to promote societies that value, protect, and advance children's worth, protection, and rights.

OUR VISION:

A world in which every child realizes their rights and achieves their potential.

OUR MISSION:

Help deprived, excluded, and vulnerable children improve their lives and become adults who bring positive change to their communities, and support societies that value, protect, and advance children's worth and rights.

WHERE WE WORK:

We are active in marginalized and vulnerable settings in 24 countries across the Americas, Africa, and Asia.



- | | |
|----------------|-----------------|
| Bolivia | Senegal |
| Brazil | Sierra Leone |
| Ecuador | Uganda |
| Guatemala | Zambia |
| Honduras | Cambodia |
| Mexico | India |
| United States* | Indonesia |
| Ethiopia | The Philippines |
| The Gambia | Sri Lanka |
| Guinea | Timor-Leste |
| Kenya | Thailand |
| Mozambique | Vietnam |

* Mississippi, Texas, and Virginia



Photo by Jake Lyell

HOW WE WORK

We work with hundreds of local partners — about 50% have been our partners for over 20 years. Leveraging our platform of long-term experience and mutual trust we have built in these communities, we are able to build connections that:

- Strengthen relationships within families, communities, and government systems.
- Strengthen communities in support of child protection and child development.
- Enhance children's voices and agency.

“CONNECTION IS WHAT WE DO, WHO WE ARE. IT IS OUR TOUCHSTONE.”

— ANNE LYNAM GODDARD, PRESIDENT AND CEO

CONNECTIONS: In our work, we place the child at the center of all we do and consider the different “layers” of potential support and risk to children. We build connections across multiple layers as we engage with children, families, and communities to foster development, prevent violence, strengthen institutions. We also advocate with high-level government actors and community leaders for broader reform and social change. This helps us to create nurturing and protective environments for children in which they can thrive.



We **connect** with children and their families in communities by enrolling children into our sponsorship programs and matching them with individual donors.

We also **connect** with children, their families, and their communities through our grant-funded projects to contribute to positive outcomes for all enrolled children, their siblings and other family members, other children, community members, and the wider society.

OUR REACH: In 2020, working with **240 partners**, with the support of **213 grants** to reach **13 million people** in Africa, Asia, and the Americas.



LIFE STAGES: We work **within and across three child development stages (“life stages”)** to tailor our interventions to meet children’s evolving needs as they develop from infancy through young adulthood. Our Life Stage Approach is driven by a theory of change per “stage,” outlining the conditions that need to be met to support children in achieving a core set of developmental outcomes. These outcomes focus on infants and very young children in Life Stage 1 (ages 0 to 5) being healthy and secure; children in Life Stage 2 (ages 6 to 14) being educated and confident; and adolescents and youth in Life Stage 3 (ages 15 to 24) being skilled and involved.

COMMUNITIES: Working with our local partners, we support community practices that protect children and strengthen community groups that work to prevent and respond to incidents of violence against children. We link these informal community-based child protection mechanisms with formal child protection services to ensure that children have access to social workers, police, health care, and other entities responsible for protecting children.

CHILD-CENTERED: We place children’s voices and experiences at the center of our work. By empowering children and youth to claim their rights, they become agents of change in their own lives and mobilize their peers to action. We **actively engage children and youth in defining both problems and solutions.** Within and across

the communities in which we work, they guide us about the issues we need to research and advise us how to best collect information about children.

PARTNERSHIPS: Our successes are not ours; they belong to the children and family members who participate in our programs. What they accomplish on their own behalf is supported and fueled by ChildFund’s longstanding and solid relationships not only within our program communities but also with local and national government, institutional donors, peer organizations and other actors.

ADVOCACY: We promote policy change in support of children at all levels — from grass-roots activities with our local partners to advising national policymakers to advocating within global movements like the Global Partnership to End Violence Against Children. We are also a member of ChildFund Alliance, a global network of 12 development organizations serving children in 70 countries.

At a national level, ChildFund country offices and our partners are actively advocating for policy change and improvements in government budgeting and implementation so that vulnerable children in all communities feel the effects of positive policies.

THOUGHT LEADERSHIP: In line with our mission, we have recently embarked on a journey to share our thought leadership on child development issues for vulnerable children through our research, reflection, and learning.

Our **four central thought leadership themes**¹ reflect our passion for learning, growing as an organization, and making a positive, sustainable difference in children’s lives. They reflect and speak to where we have been, where we want to go, and who we want to influence.

¹ ChildFund International (2018). *Thought leadership white paper*. Washington, D.C.: Author.

Our four themes focus on and emphasize “**connections**” — child with family, child with peers, child with donor, family with community, community with child protection risks and needs:

- 1 Learning from the intersection of child protection and child development as we integrate child protection issues into our program design and delivery.
- 2 The role of community systems of support for child protection, which includes learning from our community-based child protection (CBCP) mapping activities and action planning.
- 3 The role and importance of relationship building and development across life stages and social systems (e.g., child-caregiver, parent-teacher, child-community, child-sponsor, relationship with our local partners) in the programs and initiatives that we develop and implement; and
- 4 The importance of meaningful child participation — the child’s voice and role in creating a safe world.

Taken as a whole, the themes represent key aspects of our approach to creating more nurturing and protective environments for children across the life stages. Cross-cutting these themes are compelling child protection issues of relevance to the international community (e.g., online exploitation, human trafficking, child marriage, the role of boys in violence prevention and male caregivers in child development, mobile populations, migration, caregiver well-being, and social-emotional learning (SEL) across the life stages). These also **reflect important areas of contribution for the United Nations Sustainable Development Goals (SDGs)**.²

² United Nations (2015). *Transforming our world: The 2030 agenda for sustainable development*. New York: Author.



Photo by Jake Lyell



Photo by Jake Lyell



Photo by ChildFund Kenya Staff

OUR PROGRAMS

Our country offices work with their local partners to support marginalized and vulnerable people, particularly children and their families, to escape from poverty, respond to emergencies and natural disasters, and improve their access to basic services such as education, health, or water and sanitation.

Our programs, which address both specific- and cross-life stage needs of children as they develop and grow:



Aim to ensure that from pregnancy through age 5, infants and young children (IYC) enjoy **improved development and early learning outcomes** and are protected at home and in their communities. These programs, often delivered in the home and/or early child development center settings, seek to strengthen the knowledge and positive practices of parents and primary caregivers, including male caregivers, and often include a focus on enhancing early learning in the home through parent-child play activities (i.e., “playful parenting”) — and supporting caregiver well-being.



Focus on **improving health outcomes for children and their families** and include the delivery of water, sanitation, and hygiene (WASH) interventions in both emergency and non-emergency settings. These also include programs that target maternal and child health and nutrition by addressing multi-sector needs, such as basic healthcare, nutrition, stimulation, and protection for children and the well-being of pregnant and lactating mothers.



Seek to **improve learning outcomes of school-aged children** (ages 6-14) by enhancing the skills of children, their caregivers, and/or their educators to provide supportive and safe learning environments — which includes reducing school-based violence. Intervention strategies include providing technical assistance in educational settings to increase teacher effectiveness, improving classroom learning environments and for the home environment, educating and providing tools to caregivers on how they can best support their children’s learning outcomes and progress.



Photo by Jake Lyell



Address the adolescent sexual and reproductive health (SRH) needs of children and youth in the 6 to 19 age range (Life Stage 2 and Life Stage 3) by providing them with comprehensive, age-appropriate knowledge on sexual and reproductive health, helping them adopt safe and healthy sexual and reproductive health practices, and have increased access to adolescent-friendly counseling and services.



Promote economic strengthening and poverty reduction through the provision of food security and livelihood strengthening interventions to children and their families. Intervention strategies include providing households with cash and voucher assistance, education, and training to enhance crop, livestock, and vegetable production. Strategies also include training and practice in natural resource management at household and community levels.



Focus on youth agency and positive youth development by building adolescent and youth civic engagement skills and capacities of youth aged 15 to 24 so that they can create safe and inclusive communities through leadership and advocacy. Our programs also provide youth with entrepreneurship and employability skill training so they may improve their living conditions and gain economic independence.



Provide emergency response relief to children, families, and communities in the form of food, clean water, and other essentials, like blankets and hygiene kits. Intervention strategies also focus on child protection and emotional support. We establish Child-Centered Spaces to give children a safe place to play, learn and just be kids. These spaces protect children and allow their parents time to secure basic necessities. In addition, our programs provide training on disaster preparedness and risk reduction so that when emergencies happen, children, families, and communities know how to respond and can recover more quickly.



Foster child protection and safe environments for children, adolescents, and youth. These programs, often implemented in schools and community spaces, aim to ensure that children and youth grow up feeling safe and protected. They provide children and youth with the necessary skills, including social-emotional (SEL) skills, to be self-confident, resilient, and to maintain positive relationships free from violence. They may also address strengthening community-based child protection systems and preventing and responding to psychological distress among the most vulnerable affected children.

Photo by Jake Lyell





Photo by Oscar Siagian

OUR STRATEGY 2017 TO 2020

In 2017, we affirmed our commitment to ending violence against children by placing child protection at the heart of our organizational strategy:

Destination 2020³

OUR GOAL FOR 2020

MORE CHILDREN are living in conditions that enable their optimum development at each stage of their lives, including being protected from abuse, neglect, exploitation and violence.

³ ChildFund International (2020). Destination 2020: Innovation. value. impact. Richmond, VA: Author.

In support of our strategic goal, during this time period, we have more purposefully focused our work on child protection — across our programs and organization. This has included:

- **Situational Analysis:** Using community-based child protection (CBCP) mapping (see below) to better understand — and respond to — the changing forms of violence that children experience as they reach different developmental stages.
- **Program Design:** Using this rich, contextual information to help communities develop action plans and design new programs to respond to child protection needs and issues to prevent and respond to violence at home, school, and in the community.
- **Integration:** Working at the intersection of child protection and child development by connecting child protection learning and outcomes within our programs on early childhood development, education, and health, including within emergency settings.
- **Policy Change:** Advocating at local and national levels for improved laws and services to protect children.

Community-Based Child Protection (CBCP) Mapping

To conduct our situation analyses, we and our local partners use participatory research methods to map and better understand the protection harms and risks, as well as the corresponding available child protection mechanisms and services for children in the resource-limited settings in which we work.

- This CBCP mapping has been a major initiative of **Destination 2020** as we have sought to deepen our child protection work — and to integrate and link the contextual understanding of child protection risks and harms and child protection systems in our programming.
- **Community members use findings from the CBCP mapping to develop community action plans.** These action plans address the community's protection concerns for

children — and often contain key steps that inform future programming. As of December 30, 2020, we completed CBCP mapping in over **390 communities across Africa, Asia, and the Americas — with close to 2/3 of the communities completing action plans.**

- At a national level, our country offices and local partners use this rich contextual information **to inform and fuel advocating for policy change, improvements in government budgeting, and implementation** to benefit vulnerable children.

■ **90%** of our country offices have developed advocacy plans. Identified advocacy issues include:

- **Child marriage** (Guinea, Mozambique, Sierra Leone, The Gambia, Zambia, and India).
- **Online sexual exploitation and abuse of children (OSEAC)** (Kenya, Indonesia, The Philippines, Ecuador, and Mexico).
- **Systems strengthening** (Ethiopia, Kenya, India, Ecuador, and Guatemala).
- Corporal punishment (Ethiopia, Sri Lanka, and Bolivia).
- **Child labor** (Senegal and India) and **migration/trafficking** (India and Honduras).

■ From the start of the COVID-19 pandemic, guided by our **Forward Strong: ChildFund's COVID-19 Response Plan** and informed by our deep community connections — many of which have been honed by our CBCP mapping work — we have responded to promote the health, livelihoods, protection, and continued education of children and their families across our area of operations. These response activities provided us with the opportunity to connect our programs and learn across sectors as we helped children, families, and communities respond and adapt to the crisis of the pandemic — and to build resiliency.

Photo by Jake Lyell



SHARING OUR IMPACT

As an INGO working in complex and diverse community settings in low- and middle-income countries with vulnerable populations, we **characterize our impact** using multiple dimensions: (1) the **positive change** we see in our core outcomes as measured by performance data — our global monitoring of key indicators and our programming evidence; (2) by the **feedback we receive** from children, families, sponsors, partners, and stakeholders with whom we work on how our work with them has made a positive difference in their lives — and in their communities; (3) **how we apply learning** about what works well and does not work well in our programs and strategies to refine and improve delivery and outcomes to ultimately achieve greater impact; and (4) how we **contribute to global, collective outcomes** for children and their families — to the Sustainable Development Goals (SDGs)⁴.

Since 2013, we have been sharing our achievements in making a difference in children's lives through biennial Impact Reports. These reports represent a celebration of the children's lives we touch — and the positive connections we make in the world in which they live and grow.

■ Our **first Impact Report** (in 2013) introduced our **Life Stage approach** and shared our progress in contributing to children's well-being at each life stage.

⁴ Adopted by the United Nations in 2015, the SDGs represent a "universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity".

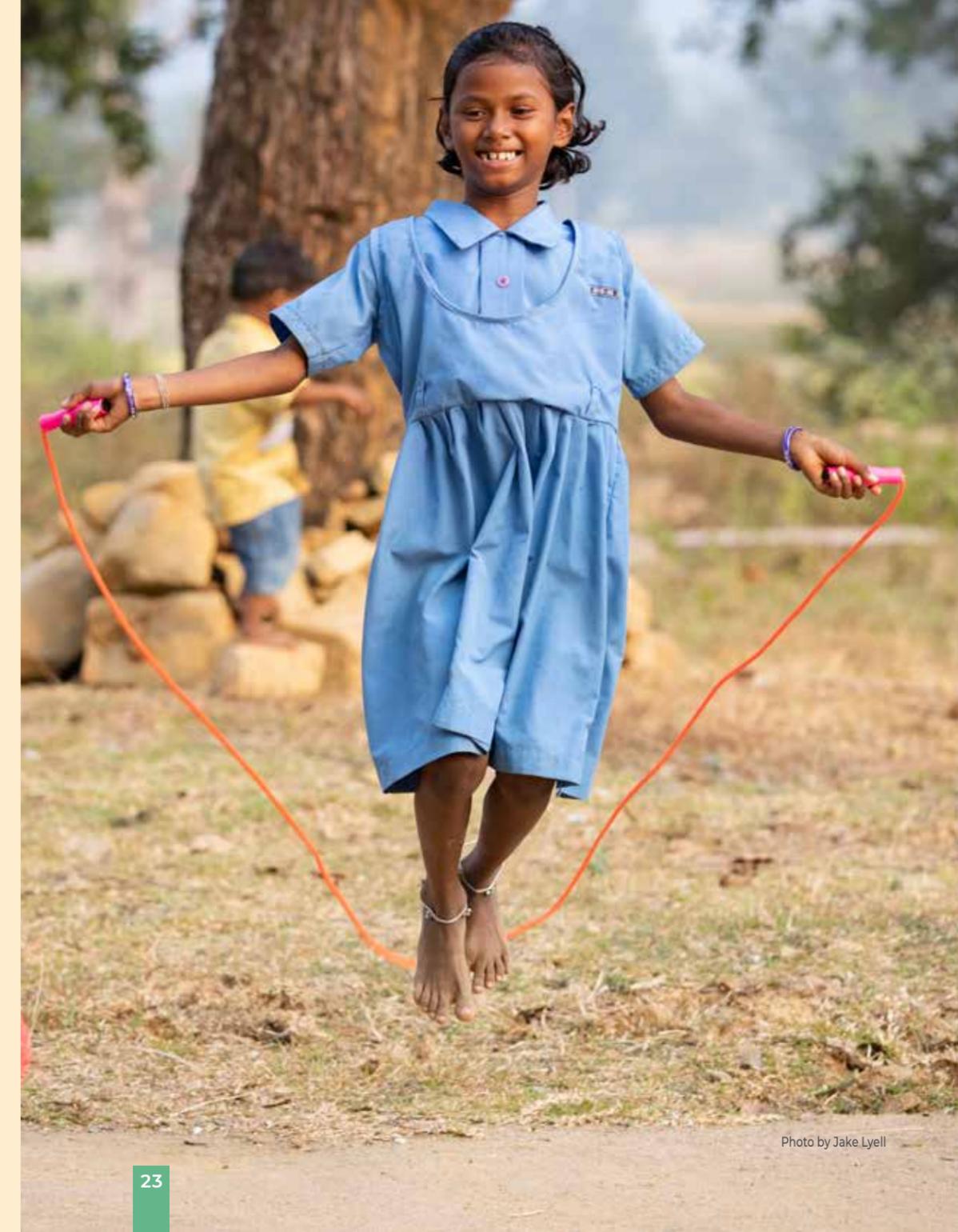
■ Our **2015-2016 Impact Report** introduced our **organizational focus on child protection** across all three life stages, setting the stage for our 2020 strategy.

■ Our **2018 Impact Report** reviewed our progress on our **journey to deepen child protection across our organization and our global programs** — as a major goal of our **Destination 2020** strategy.

Our 2020 Impact Report

Thus, as we close our **Destination 2020** strategy period, our **2020 Impact Report**:

- 1 Shares our cumulative contributions to positive change from our evaluated interventions for children, adolescents, and youth for key outcome areas: child protection, education, skills development, and health.
- 2 Shares our global experiences and results in responding to humanitarian crises, including the COVID-19 pandemic, in Africa, Asia, and the Americas.
- 3 Identifies our contributions to key SDG targets related to child protection, education, skills development, and health — and across our humanitarian response efforts.
- 4 Seeks to promote and elevate our thought leadership in niche and emerging areas as we begin our 2030 strategy, **GROWING CONNECTIONS**.



OUR DATA AND EVIDENCE

Our Global Monitoring and Evaluation (M&E) Data

Our global monitoring and evaluation (M&E) process captures data on outcome indicators from all enrolled children across the countries and communities in which we work. We use these indicators that are aligned with our life stage theories of change to measure our progress towards achieving our core outcomes for children. During our **Destination 2020** strategy, with its deepened focus on child protection, we have expanded our global M&E process to capture child protection indicators for children across all life stages. Working with our local partners, we collect data on our life stage indicators and participant reach on an annual basis. **Annex A (Methodology)** provides more detail on our global M&E surveys and methods.

As part of our global M&E data collection, in **2019**, across all three of our life stages, we talked to:

- **17,246 caregivers of infants and young children (IYC) aged 0 to 5** (Life Stage 1) in 19 countries about community safety and their caregiver practices.
- **18,441 children and young adolescents aged 6-14 years** (Life Stage 2) in 19 countries about community safety and their experience of witnessing violence at school, as well as home and school learning experiences and support.
- **13,475 adolescents and youth aged 15-24 years** (Life Stage 3) in 19 countries about community safety, their knowledge of child protection

reporting mechanisms and their willingness to report violence against children. We also asked them about their access to and use of health services and technical training, as well as their civic engagement.

Using this global M&E data, we can examine where we have seen positive change from **2017 to 2019** in our child protection and life stage indicators and view data profiles on other key indicators for caregivers (Life Stage 1), children (Life Stage 2), and adolescents and youth (Life Stage 3)⁵.

Our Programming Evidence

We conduct focused outcome and impact evaluation studies of our programs to assess their contributions to our core programmatic outcomes within and across contexts. These studies are driven by our organizational Learning Agenda focused on our thought leadership niches.

Since 2018, we have been developing an **Evidence Repository**, a centralized, curated collection of completed evaluations of ChildFund implemented programs/interventions from 2012 onward. Organized by intervention, we use the Repository to synthesize and profile our organizational program evidence across life stages, region/country, and outcomes (child protection, education, including early child development, health access and practices, life skills development). We use a tiered evidence model, informed by the INSPIRE package evidence levels⁶ and evidence-based programming in general⁷, to assess the

⁵ We were unable to complete our 2020 data collection effort due to the COVID-19 pandemic.

⁶ World Health Organization (2016). INSPIRE: Seven strategies for ending violence against children. Geneva: Author. <https://apps.who.int/iris/handle/10665/207717>

⁷ See for an overview of ChildFund's approach to conducting real-life evaluation studies in dynamic context settings, Strouse, D. L., & Moore, K. (2019). Commentary: Contextualizing Alternatives to RCTs: Measuring the Impact of a Non-Governmental Sponsorship Organization's Projects to Strengthen Children's Supportive Environments. *New directions for child and adolescent development*, 2019(167), 141-158. <https://doi.org/10.1002/cad.20315>



“Our program evidence tells us what works and what does not work — and combined with our research, if not, why not. It also tells us where we need more evidence. We are growing our evidence base to inform our learning, adapt where needed, and identify programs to scale to improve the lives of children, youth, and their communities around the world.”

— *Darcy Strouse, Director of Research and Learning, ChildFund International*

level of evidence (**preliminary, promising, effective**) for specific outcomes targeted by the programs — as well as where and how we are contributing to the **17 global SDGs**.

As of December 2020, the Evidence Repository contains **101 evaluated programs**. Evaluated programs range from early child development interventions to emergency response interventions, across all three regions. Programs have been evaluated by internal evaluations and/or external evaluations (i.e., conducted by a third-party research organization). Funding sources for the evaluations include U.S. federal donors, foundations, ChildFund Alliance organizations, and ChildFund's sponsorship funds.

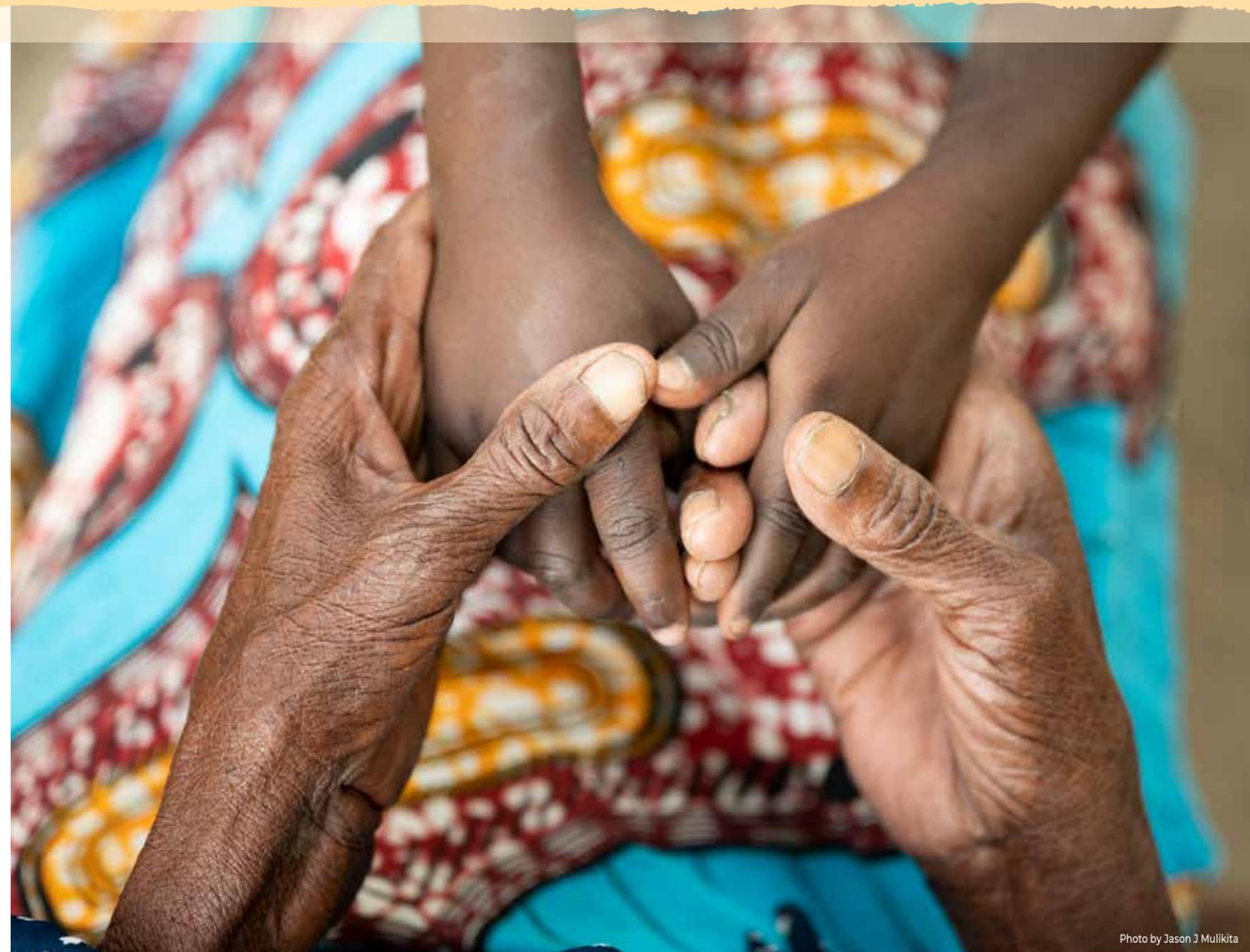


Photo by Jason J Mulikita

We have seen our programmatic evidence-base grow over time (see Figure 1-1). The most frequent life stage targeted by the evaluated programs (see Figure 1-2) is Life Stage 1, focused on infants and young children (25 programs), with the majority of programs targeting children across multiple life stages (58 programs)⁸.

Figure 1-1. ChildFund's Programmatic Evidence-base: 2012 to 2020

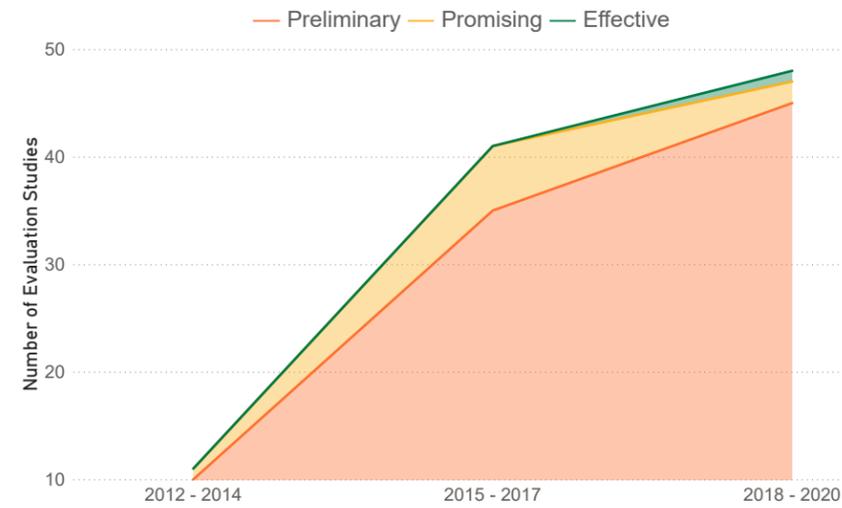
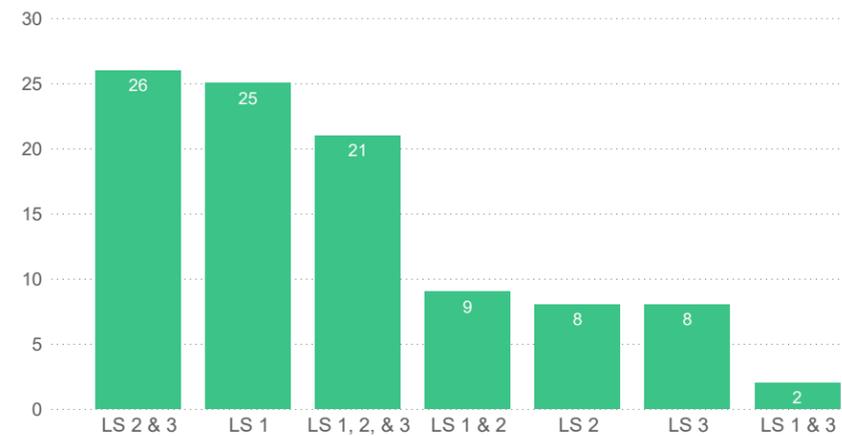


Figure 1-2. ChildFund Programmatic Evidence-base: No. of Evaluated Programs by ChildFund Life Stage*



*LS 1 = Life Stage 1 (ages 0-5); LS 2 = Life Stage 2 (ages 6-14); LS3 = Life Stage 3 (ages 15-24)

⁸ See Annex A (Methodology) for more detailed information about the Repository, including its structure and content, tiered evidence level classification criteria, and evidence synthesis methods.



Photo by ChildFund Kenya Staff

OUR IMPACT REPORT

In **Chapters 2 through 5**, we share the progress and evidence of contribution and positive change that we see in our four core outcome areas — **Child Protection, Education, Skills Development, and Health**. Specifically, we share:

- Observed positive changes in our global M&E data on child protection and life stage indicators;
- Evidence generated by our evaluated programs supporting positive changes for key outcomes; and
- Contributions to specific SDGs.

For each outcome area, we share “evidence snapshots” from the 2017 to 2020 time period for evaluation studies we conducted in all three regions — Africa, Asia, and the Americas. The snapshots illustrate specific intervention outcomes.

■ **Chapter 6** highlights the work we do in the **Humanitarian Response** arena and shares results and learnings from our **COVID-19 response activities**.

Finally, **Chapter 7, Looking Forward**, of this Impact Report presents a final summary of “where we have been” and “where we are going” and our **Annex A (Methodology)** provides a more detailed overview of the research and analysis methods used to generate the findings shared in this report.



“Parents need to be educated on their roles as caregivers. Let them know their responsibilities as parents. They should be responsible to their children who also in future **will in turn be responsible for them.**”

— Women's Group Leader
from ChildFund CBCP
mapping (unpictured)

CHILD PROTECTION

CHAPTER 2

THE CHALLENGE

50% of children experience violence each year¹.

Data from the United Nations Children's Fund (UNICEF) highlight the pervasiveness of violence against children (VAC) around the world. Globally, three in four children aged 2 to 4 experience some form of violent discipline on a regular basis. 1 in 2 children under age 5 are living with a mother who is a victim of intimate partner violence². For older children, adolescents, and youth, the recent *Global status report on preventing violence against children 2020*³ shares that, worldwide, one-third of students (ages 11 to 15) have been bullied by their peers during the past month — and for girls and young women (under age 20), 120 million have experienced some type of forced sexual contact.

Individual children may experience multiple types of violence simultaneously and at different stages along the life course. And, the estimated economic damage of physical, psychological and sexual violence alone is in the magnitude of \$7 trillion, up to 8% of global GDP⁴, making VAC one of the leading burdens on the global economy.

¹ Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, 137 (3), 1–13.

² United Nations Children's Fund (UNICEF) (2017). *A familiar face: Violence in the lives of children and adolescents*. New York: Author.

³ World Health Organization (WHO) (2020). *Global status report on preventing violence against children 2020: executive summary*. Geneva: Author.

⁴ Pereznieto, P., Montes, A., Routier, S. & Langston, L. (2014). *The costs and economic impact of violence against children*. New York: ChildFund Alliance and Overseas Development Institute (ODI).



Photo by Daytona Lee Niles



Photo by Oscar Siagain



Photo by Jake Lyell

OUR GLOBAL PROGRESS

On a promising note, well-designed programs⁵ have achieved violence reductions of 20-50%. As part of our *Destination 2020* strategy, we used the results of our community-based child protection (CBCP) mapping to better understand the protection harms, risks, and needs within specific communities. In turn, our country offices and their local partners integrated this contextual understanding of child protection issues at the home, school, and community levels into their programs.

ChildFund's child protection-targeted programs address children's protection needs across the life stages. Parents and caregivers are supported to develop responsive and protective parenting practices to create safe homes in which infants and young children can thrive. Our programs also educate children and youth, parents, teachers and community members to recognize, report, and speak out against violence in all of its forms. Communities are then empowered to question cultural norms that perpetuate, justify, and normalize violence against children, and provide safe places to learn and play outside of the home and school — in the community and during humanitarian emergencies.

This chapter shares both the progress we see in our global M&E data and our programming evidence in keeping vulnerable children safe.

Although there is still room for positive change and sustainability, we see progress on some of our global M&E child protection indicators and data. This change is particularly seen in caregiver, child, and adolescent/youth perceptions of community safety and their knowledge of where to report harms. Although we cannot, overall, directly attribute this change to our programs, we can see through our programming evidence (see Section 3 below) how our programs have positively contributed to enhancing child safety in the home, school, and community.

⁵ World Health Organization (WHO) (2020). *Global status report on preventing violence against children 2020*. Geneva: Author.

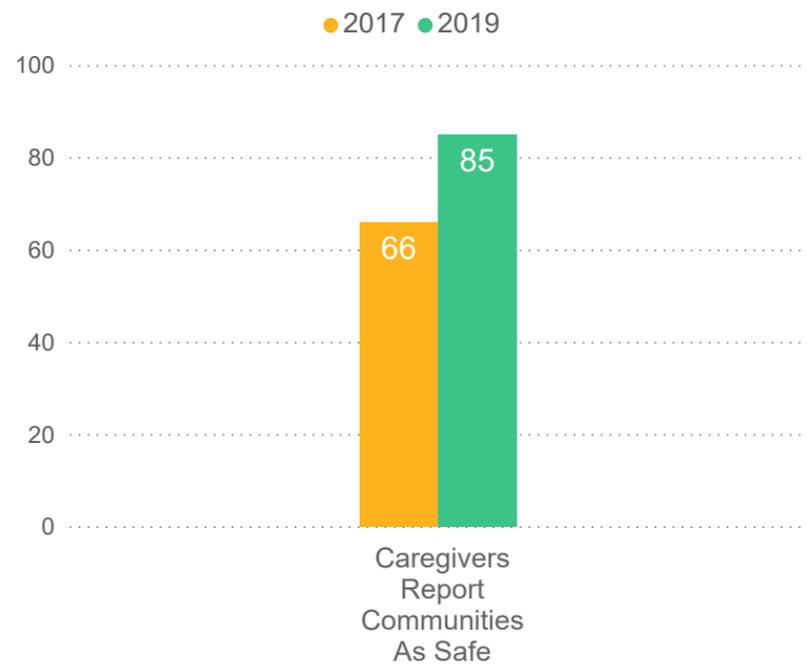
Perceptions of Community Safety

In 2017 and 2019, through our global M&E data collection, we asked caregivers if their community is a safe place for children. We posed a similar question to children 6-14 years of age and youth over 14 years to ascertain their perceptions of community safety.



Globally, from 2017 to 2019 (see Figure 2-1), we saw positive changes in caregiver perceptions of their community being safe for children often or sometimes — with an increase of 19% for caregivers (see Figure 2-1).

Figure 2-1. Caregiver Perceptions of Community Safety: 2017 vs. 2019 (Global, %)



* 2017 - "Safe" = Safe always/most of the time/some of the time; 2019 - "Safe" = Safe always/ sometimes/often

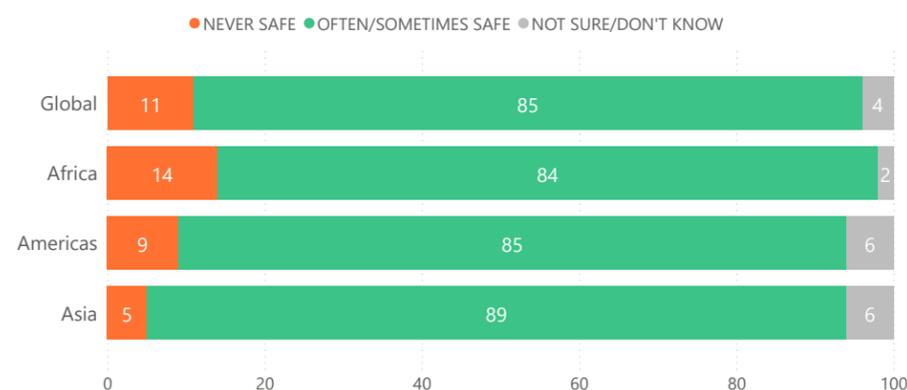


Caregivers

Globally, 85% of caregivers felt that their community was often or sometimes safe; 11% felt that it was never safe (see Figure 2-2 below).

- 84%, 89%, and 85% of caregivers in Africa, Asia, and the Americas, respectively, felt that their communities were often or sometimes safe for children.
- 14% of caregivers in Africa, 9% in the Americas, and 5% in Asia reported that their communities were never a safe place for children.

Figure 2-2. Percentage of Caregivers Reporting Community as Safe: 2019

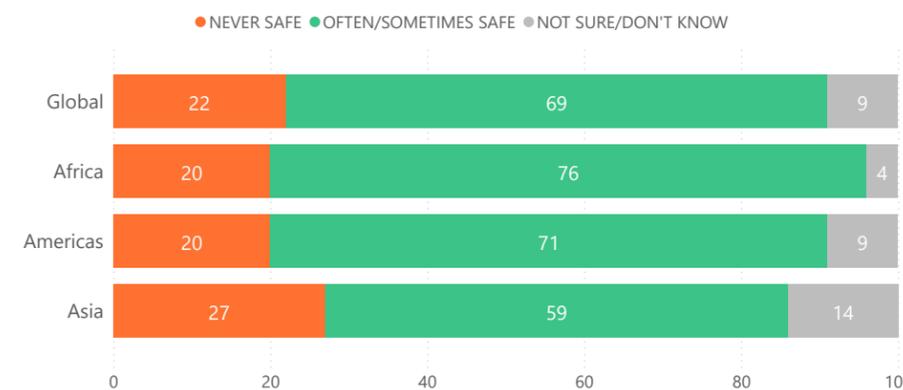


Children

Globally, 69% of children felt that their communities were often or sometimes safe (68% of girls and 69% of boys); 22% of children reported that their communities were never safe (see Figure 2-3).

- 76%, 59%, and 71% of children in Africa, Asia, and the Americas, respectively, felt that their communities were often or sometimes safe for children.
- 20% of children in Africa and the Americas, and 27% in Asia, believed that their communities were never safe places for children.

Figure 2-3. Percentage of Children Reporting Community as Safe: 2019



"I became a child advocate in my community," says an adolescent girl who **survived sexual harassment** at the hands of a teacher — then **used her experience to help others.** "These dialogues are helping me to be **bold and fearless.** Now I have the courage and confidence to speak among elders. **Now, I am a no-nonsense girl when it comes to reporting issues of abuse.**"

— Adolescent girl, participant in our Sexual and Gender-based Violence project. Read more [here](#).

Youth

Youth had higher perceptions of community safety relative to caregivers and children (see Figure 2-4), with 91% of youth feeling that their communities were often or sometimes safe (89% of girls and 93% of boys). Only five percent reported their community as never safe for children.

- Regionally, 91%, 91%, and 90%, of youth in Africa, the Americas, and Asia respectively, felt that their communities were often or sometimes safe for children.

Figure 2-4. Percentage of Youth Reporting Community as Safe: 2019

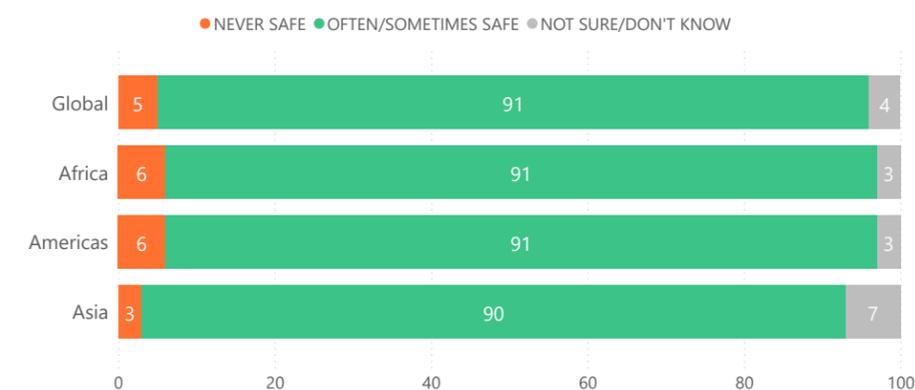




Photo by Jake Lyell

Reporting Harms

We asked caregivers of children under the age of 5, children aged 6-14, and youth over 14 years whether they feel comfortable telling someone if they knew something bad was happening to a child, if they know where or to whom they could report, and whether they would get help.



From 2017 to 2019 (see Figure 2-5), we saw positive changes in caregiver, child, and adolescent/youth knowledge of where to report harms if they knew something bad was happening to a child — with increases of **10%** for caregivers, **21%** for children, and **5%** for adolescents/youth.

Figure 2-5. Knowledge of Where to Report Harms: 2017 vs. 2019 (Global, %)

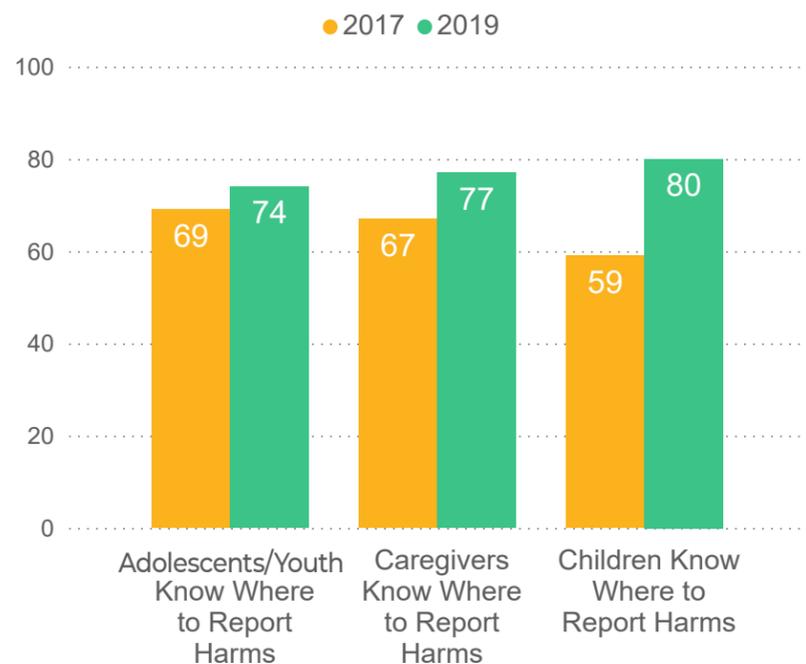


Photo by Oscar Siagian

Caregivers

On average, 73% of caregivers felt comfortable talking to someone about harm being done to a child. In cases where they knew that something bad was happening to a child, 77% of caregivers knew where or to whom to go for help and 80% reported they would get help for the child (see Figure 2-6).

■ Among caregivers in Africa, 82% were comfortable telling someone, and 84% would get help. Similarly, in the Americas, 75% of caregivers reported being comfortable telling someone, and 86% reported they would get help. In Asia, however, only 62% of caregivers felt comfortable telling someone, 67% knew where to get help, and 71% reported they would get help.

Figure 2-6. Percentage Reporting They Would Get Help for the Child: 2019 (Global)

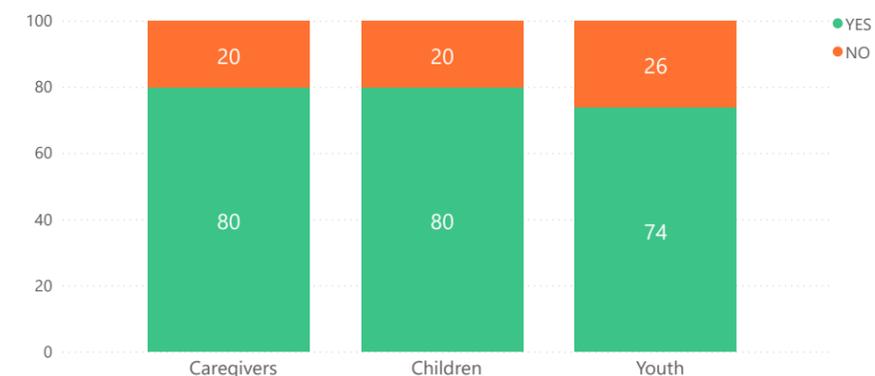


Photo by Jake Lyell

Children and Youth

Among children, 69% of children and 65% of youth reported being comfortable telling someone about a harm done to a child, a slightly lower percentage than caregivers. Similarly, 80% of children reported that they would take action and get help in cases where they knew something bad was happening to a child; however, only 74% of youth reported the same (see Figure 2-6).

■ Similarly, in Africa, 77% of children felt comfortable telling someone, and 80% reported that they would get help, while among youth, 73% were comfortable telling someone and 76% reported they would get help.

■ In the Americas, 71% of children and 67% of youth felt comfortable telling someone, and 87% of children and 82% of youth reported they would get help.

■ As with caregivers, however, lower percentages were reported in Asia, with 59% of children feeling comfortable telling someone and 74% reporting they would get help. Among youth, 53% were comfortable telling someone, and only 65% reported they would get help.

Overall, we see a similar trend across all regions, with **fewer caregivers, children and youth being comfortable telling someone about something bad happening to a child — but higher percentages of willingness to take action.**

OUR PROGRAMMING EVIDENCE FOR CHILD PROTECTION OUTCOMES

53 OF OUR EVALUATED PROGRAMS sought to enhance the safety of children's home environments (13 programs), schools and other learning environments (16 programs), and/or communities (38 programs). Over half (31) of these programs targeted children across multiple life stages, with 14 targeting children across all three life stages.

Photo by Oscar Siagian



Where are we contributing to positive change for child protection outcomes?

As shown in Figure 2-7, these programs have enabled children in 18 countries (8 countries in Africa, 4 countries in the Americas, 4 countries in Asia) to gain new knowledge about child rights, protective factors and improvement in child protection behaviors. These behaviors include:

- children's knowledge about their rights and protective mechanisms
- number of extant child protection mechanisms in a community
- reduction of different forms of violence in the home, school, and community
- children's perceptions of feeling safe in their schools and communities.

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

As shown in Figure 2-8, 6 (11%) of these programs have generated promising evidence and 47 (89%) have generated preliminary evidence for program contributions to enhancing safe environments for children at the home, school, and community levels, with no programs generating effective evidence.

Figure 2-7. Child Protection Contributions by Region and Country

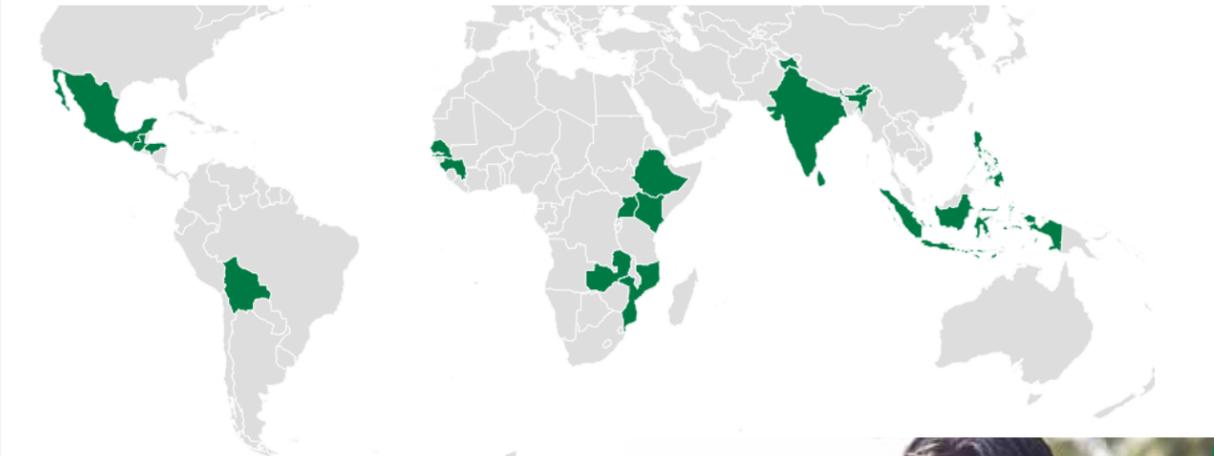
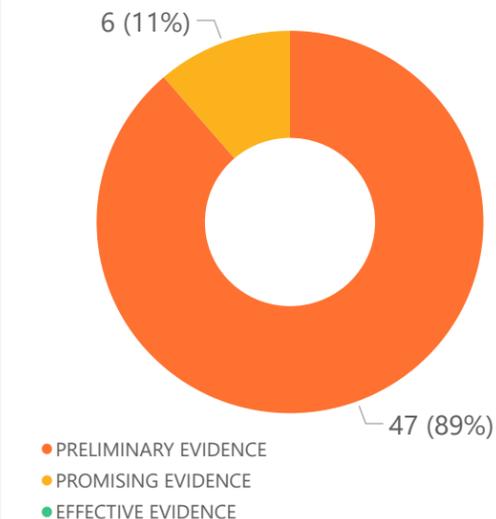


Figure 2-8. Evidence for Positive Change in Child Protection Outcomes



- PRELIMINARY EVIDENCE
- PROMISING EVIDENCE
- EFFECTIVE EVIDENCE



Photo by Alys Matthews



“Our inclusion in activities and decision-making at home and in the community will allow us to enjoy the same rights as other children without disabilities. As children and young people with disabilities, **we will help to organize and strengthen people with disabilities** in our communities. We will also share our skills and talents to **help our community** or barangay deliver programs and services for our fellow children and youth with disabilities. And lastly, we will reach out to **our fellow children and young people with disabilities** so that we will be able to provide support to them.”

— Excerpt from manifesto developed as part of *EMBRACE project in the Philippines*



Photo by Jake Lyell



Photo by Jake Lyell

■ **PROMISING** — The **Enhance Child Welfare through Better Community Awareness, Strengthen the Capacity of Government Structure, and Economic Opportunities towards Overall Child Development⁶ project in Ethiopia** used activities such as community conversation and dialogue, the formation and support of girls’ clubs at school, and a marketplace campaign to mobilize the community to respond to harmful traditional practices (HTPs). The project helped to protect children from HTPs by increasing the engagement with and influence of the duty bearers and local social actors and contributed to reducing the prevalence among children ages 5 to 17 of emotional abuse to 36% (compared to 77% at control sites) and physical abuse to 2% (compared to 11% at control sites). Program results were used to support the implementation of national and local laws, policies, and actions plans that address problems in child protection.

■ **PROMISING** — The ten-year **Child Development Program⁷ in India** program provided children across all three ChildFund life stages with a long-term, comprehensive package of services across sectors (child protection, health, education, livelihood) to enhance their overall development; the program also worked with key stakeholders to improve the quality and coverage of services for children and their families. The program contributed to reducing the proportion of children experiencing humiliation by teachers in schools in the program’s intervention area to 16% compared to the control area (22%) and helping to raise

6 Cirma, T. (2016). End-term evaluation survey of “enhance child welfare through better community awareness, strengthen the capacity of government structure, and economic opportunities towards overall child development” project in Fentale district. Addis Ababa: Abamela Business Plc.

7 Ganesh, P. & Innacy Saint Rock, Q. (2018). Outcome evaluation of ChildFund India-supported child development program. Cape Town: Centre for Social and Scientific Research (CSSR) and QLA Solutions.

awareness about the complaint mechanisms available in schools for child protection issues to 54% (compared to 29% in the control area). The level of awareness of existing Village Child Protection Committees was much higher in the intervention area (51%) compared to the control area (8%).

■ **PROMISING** — The USAID-funded **Parents and Teachers Joining Forces for Children through Social Spaces (PUENTES) project in Honduras⁸** piloted, in an urban setting, a comprehensive, curricular school-based violence prevention approach targeting violence in the home and at schools called Miles de Manos (MdM) or “Thousands of Hands.” MdM, which consists of three components — family, school, and integration or “bridge” — that had previously been tested by ChildFund Honduras with its local partners in rural areas. The PUENTES project helped to enhance the safety of both children’s home and school environments — increasing caregivers’ use of positive discipline techniques in the home by 5% (from 60% to 65%) and increasing students’ reporting of feeling safe and secure in school and at home by 21% (from 70% to 91%).

■ **PRELIMINARY** — The **Enhancing Local Capacities to Make Better Communities for Children and Youth with Disabilities (EMBRACE) project in the Philippines⁹** promoted social inclusion and protection for children and youth with disabilities (CYWDs) by building their capacities through education and trainings and organizing them into child advocacy groups. The project helped 680 CYWDs (ages 15 to 24) lead the

8 ChildFund International. (2017). *Puentes project: Final report*. Washington, D.C.: Author. “Puentes” is Spanish for “bridges.”

9 Aguilar, V., & Patriarca, E. (2016). Inclusion and protection of children and youth with disabilities in the Visayas Regions: The EMBRACE project experiences end-of-project evaluation.

#WeAreIncluded Convention of children and youth with disabilities, and the development of a manifesto written by 57 CYWDs with their caregivers and stakeholders. (See excerpt on left)

■ **PRELIMINARY** — The **Integrated Community Based Child Protection and Youth Project in Kajiado County in Kenya¹⁰** engaged adolescents and youth as advocates in their own protection, and strengthened the school-based child protection mechanism to support them. The project contributed to adolescents and youth feeling enhanced empowerment to participate in their protection needs — an increase of 30% (from 41% to 71%).

■ **PRELIMINARY** — In **Ethiopia**, the 18-month **Safe School Environment for Children project¹¹**, reached 4,301 girls ages 10 to 16 and 1,000 community members through the delivery of classroom-based trainings for teachers and students on gender based violence, child protection, and life skills and community dialogues (on topics such as joint decision-making for men and women, harmful traditional practices, and domestic violence) to raise gender awareness at the community level. The project contributed to the reduction of gender disparity and incidences of gender-based violence and harmful traditional practices; school-based violence was reduced by 40% (from 42% to 2%) and abuses to girls outside homes (community-based violence) by 43% (from 49% to 6%). Abuses at home were reduced by around 8% (from 9% to just under 1%).

10 ChildFund. (2020). Endline evaluation report: Integrated community-based child protection and youth project in Kajiado county. Washington, D.C.: Author.

11 ChildFund Ethiopia. (2019). *Internal evaluation report on “building child friendly resilience project –BCR II project”*. Addis Ababa: Author.



Photo by Oscar Siagian



Photo by Daytona Lee Niles

Program Evidence Snapshot

CHILD PROTECTION | KENYA

Jukumu Letu (“Our Responsibility”) Child Protection Project¹²



WHEN: 2018 to 2021

WHERE: Tharaka South and Igambangombe Sub-Counties in Tharaka Nithi County, Kenya

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

REACH: Approximately 19,500 children

SUPPORTED BY: ChildFund Korea

IMPLEMENTED BY: ChildFund Kenya

EVIDENCE LEVEL: Preliminary

GOALS:

- Increase the responsiveness of child protection (CP) mechanisms.
- Build the capacity of community-based CP champions.
- Increase participation of children in their own protection.
- Decrease the number of girls adversely affected by harmful cultural practices, such as female genital mutilation (FGM).

HOW WE STUDIED THE PROGRAM:

- A one-group pretest-posttest study design.
- Data were collected with child and caregiver surveys, stakeholder key informant interviews and case studies¹³.

¹² Ondoro, K. & Osir, B. (2020). *Mid-term evaluation of the Jukumu Letu child protection project in Tharaka South and Igambangombe sub-counties*. Nairobi: African Research and Development Ltd. (ARD).

¹³ According to research conducted by Plan International Kenya, GTZ and the Kenya Bureau of Statistics, female genital mutilation is at 95 percent especially in Tharaka South and 58 percent in other parts of Tharaka Nithi county. <https://kw.awcfs.org/article/fgm-a-thorny-issue-for-tharaka-nithi-girls/>

HIGHLIGHTS:

- **Increased reporting of CP issues and awareness of existing child protection systems:** Children who are aware of CP reporting mechanisms for incidences of child abuse and violence increased by 33% (from 35% to 68%). There was also a 15% improvement in children reporting cases of abuse (from 10% to 25%).
- **Increased children’s involvement in their own protection:** The highest increases were in children’s voices being considered on protection issues affecting them (about 91%), children empowered to actively speak out about child abuses (about 90%), and creation of avenues for children to air grievances and give their opinion on issues affecting them (about 82%).
- **Changing community perceptions of FGM:** There was a considerable decline in the positive perception of FGM. An aggregate of 97% of respondents affirmed that most community members will accept alternative rites of passage for girls instead of FGM compared to 16% previously, with change being highly attributed to education (99%).

LESSONS LEARNED:

- Given that most of the children preferred to report cases of abuse to caregivers, or close relatives, more targeted community awareness sessions and training should be directed to caregivers on child rights, child protection and care, existing systems, and reporting channels.

SDG CONTRIBUTIONS



“**Positive change** has been brought about by the efforts of projects like the “Jukumu Letu” educating parents on the **rights of children** frequently in meetings and the negative [effects] associated with harmful traditional practices such as FGM has on girls”

— *In-depth interview, female participant*

KEY TAKEAWAYS

Working across our three life stages, we see progress in our contributions to making children's worlds safer — more caregivers, children, and youth are perceiving their communities to be safe, with an increased likelihood to report harms — and we have over 50 programs showing at least preliminary evidence of positive change for child protection outcomes in all three regions of the world.

The main SDG contributions of this body of work are:

1 NO POVERTY



5 GENDER EQUALITY



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



Specifically, the contributions of our programs in the child protection arena further the realization of **SDG targets**:

- **1.3** to “implement social protection systems;”
- **5.2** to “eliminate all forms of violence against women and girls;”
- **16.2:** to “end abuse, exploitation, trafficking, and all forms of violence against children”

LIFE STAGE

1

FOR INFANTS AND VERY YOUNG CHILDREN (LIFE STAGE 1), we see the benefits of working with local partner organizations to enhance caregivers' knowledge and skills to provide discipline without violence, and in educating families and communities on the risks of violence to children and to know when and how to report abuse to social service providers. Thus, we will continue to:

- Design, implement, and evaluate our programs that provide direct support to caregivers to build upon their innate desire and capacity to keep their children safe; and
- Empower communities to protect young children — involving community volunteers, ECD teachers, or Child Protection Committees in supporting vulnerable families, including connecting children in trouble to the help they need.

LIFE STAGE

2

FOR CHILDREN AND YOUNG ADOLESCENTS (LIFE STAGE 2), we see the positive effects of building safe learning environments for them — and we will continue to:

- Build support systems that encourage all children to attend school and actively participate in their own learning and development;
- Provide children with the social and emotional skills that foster healthy and non-violent relationships;
- Train educators and work with the education system at community, district and national levels to reduce tolerance for peer-to-peer bullying and violence; and
- Provide children access to safe learning and play environments, such as Child-Friendly Spaces, during times of crisis. This has been an important component of our COVID-19 response work (see **Chapter 6 on our Humanitarian Response work**). For children in situations where schools are not operating, these spaces provide them with psychological support and provide them with the skills they need to feel safe and secure.

LIFE STAGE

3

FOR ADOLESCENTS AND YOUTH (LIFE STAGE 3), we see progress in educating them on the different forms of abuse, exploitation and violence that they experience as they move toward adulthood — and providing them with the life skills and opportunities they need to keep themselves safe. Moving forward, we will continue to:

- Design, implement, and evaluate interventions that reflect the divergence of gender roles and protection challenges. This includes providing adolescent boys with social and emotional skills that foster healthy, non-violent relationships and supporting girls and young women in advocating for their right to make decisions about their lives;
- Provide opportunities for youth to exercise their agency and advocate for their protection rights. Through our programs, we will continue to empower adolescents and youth to speak up and take action against violence that affects them and their communities; and
- Reach marginalized groups such as youth with disabilities, youth from ethnic or religious minorities, and youth who identify with non-traditional gender or sexual identities to ensure that their voices are heard.



“Our role as an NGO is to **complement what the Government is doing**. We work with local governments to ensure that access to services for children and for child well-being are easily accessible by the parents, the children themselves and [that there are] structures that support children in places such as schools and healthcare.”

— Moses Otai, Country Director, ChildFund Uganda

Photo by Jake Lyell

EDUCATION

CHAPTER 3

Girls wear pink uniforms at a school constructed by ChildFund in Butaleja District, Uganda

THE CHALLENGE

Worldwide, **58%** of children and adolescents are not reaching minimum proficiency levels in mathematics and reading — with the lowest proficiency levels seen in Sub-Saharan Africa, Central Asia and Southern Asia, and Western Asia and North Africa¹.

Projections by the International Commission on Financing Education Opportunity indicate that 825 million young people will not have the basic literacy, numeracy, and digital skills to compete for the jobs of 2030².

Factors contributing to the learning crisis include access to learning and learning completion, particularly in low-income countries.

Access to pre-primary education is on the rise, however, it is progressing slowly. This is particularly the case in low-income countries where 78% of children are missing out on education³. For example, 2018 data from the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics (UIS) shows that in low-income countries, only 24% of children are enrolled in pre-primary education, improving to just 41% enrolled in the year prior to starting primary school.

For children attending school, completion rates are also a critical issue. Among school-age children in low-income countries, just over half (56%) of children complete primary school, 28% of adolescents complete lower secondary school and only 13% of

¹ United Nations Children's Fund (UNICEF) (2019). Every child learns: UNICEF education strategy 2019-2030. New York, NY: Author.

² The International Commission on Financing Global Education Opportunity (2016). The Learning Generation: Investing in education for a changing world. The Education Commission. <https://report.educationcommission.org/downloads/>.

³ United Nations Children's Fund (UNICEF) (2019). Every child learns: UNICEF education strategy 2019-2030. New York, NY: Author.

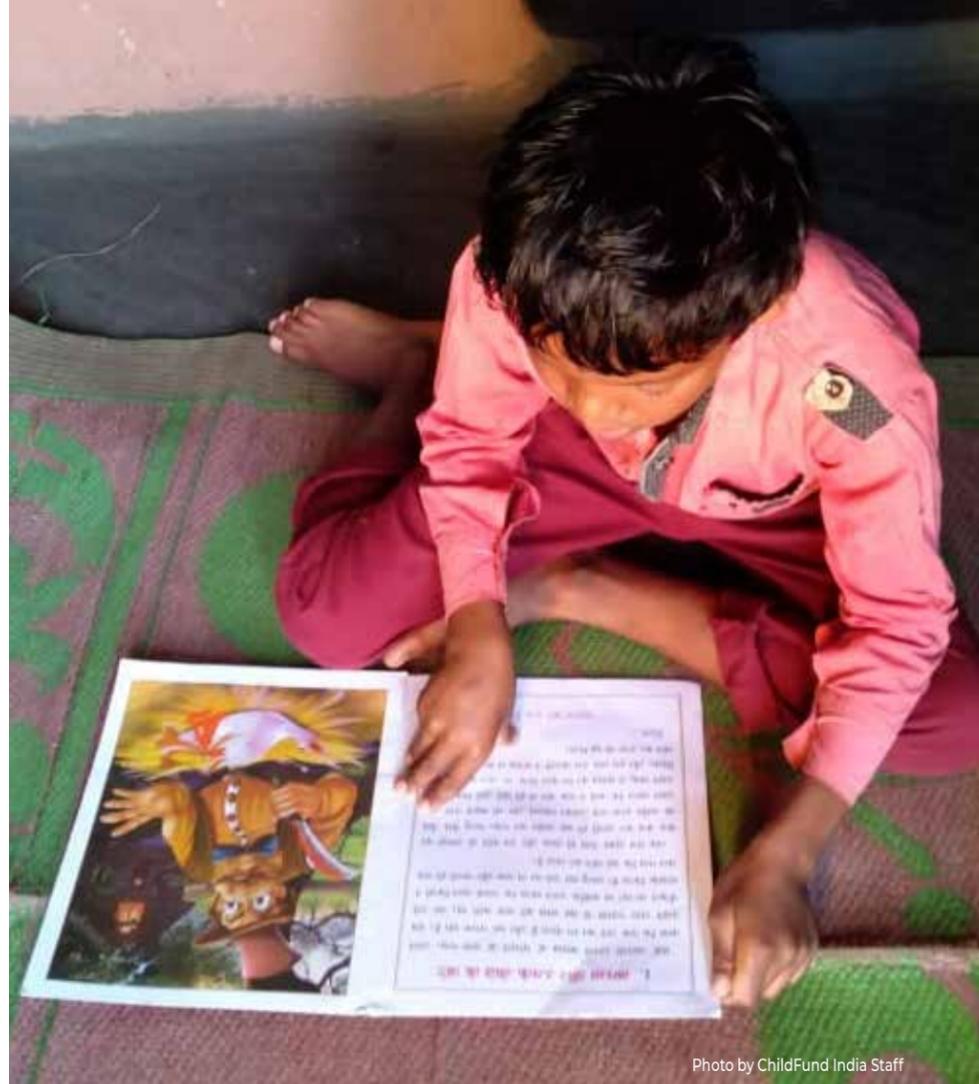


Photo by ChildFund India Staff

youth complete upper secondary school⁴. School attendance rates are also lower in countries facing emergencies such as conflict and natural disasters.

The COVID-19 pandemic has only augmented these education challenges with approximately 131 million children worldwide missing 75% of in-person school learning from March 2020 to September 2021⁵, placing an increased need for learning support within the home context.

⁴ United Nations Educational Scientific and Cultural Organization (UNESCO) (2020). Global education monitoring report, 2020: Inclusion and education: All means all. Paris: Author.

⁵ United Nations Children's Fund (UNICEF) (2021). Education disrupted: The second year of the COVID-19 pandemic and school closures. New York, NY: Author.

OUR GLOBAL PROGRESS

Successful learning is linked to economic growth and other benefits for children and their families, including reduced poverty, improved health, enhanced civic engagement, and greater life satisfaction⁶.

We know that early learning and skills acquisition are critical for lifelong learning and development — and that supportive home and school environments are essential for supporting foundational skills development. For example, research has shown that early childhood development (ECD) interventions that enhance nurturing care by promoting caregiver-child interactions have lasting benefits for children. During the period of 0-3 years of age, interactions with infants — including smiling, touching, talking, storytelling, listening to music, reading books, and engaging in play — help to build neural connections which permanently strengthen a child's ability to learn⁷.

Globally, ChildFund implements multiple early childhood development programs that focus on early stimulation and deliver parenting education through both home visits and group sessions. These programs have prioritized increasing quality parent-child play activities, promoting responsive parenting including ensuring children have adequate supervision, proper nutrition, hygiene, and sanitation.

Preschool attendance sets the stage for a child's journey through education; children who have attended pre-primary education are more likely to start school on time, and to attain minimum reading and mathematics competencies in primary school and beyond.⁸ Through our programming, we have also established early childhood learning and development centers in several countries to help support preschool attendance.

⁶ UNICEF (2019). Every child learns: UNICEF education strategy 2019-2030. New York, NY: UNICEF.

⁷ World Health Organization, United Nations Children's Fund, World Bank Group (2018). Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization.

⁸ UNICEF. (2019). *A World Ready to Learn: Prioritizing quality early childhood education*. New York, NY: UNICEF.

For school-age children (ages 6 to 14), our programs focus on building supportive learning environments both at home and in the school environment. These programs promote high quality academic teaching and child literacy, and support students, teachers, and parents to create a safe and inclusive learning environment that keeps children protected from harm. They also promote emotional, physical, and psychological well-being — to support staying in school and learning achievements.

This chapter shares the progress we see in our global M&E data and our programming evidence focused on providing Life Stage 1 (ages 0 to 5) and Life Stage 2 (ages 6 to 14) children with the foundations, including supportive environments, that they need for lifelong learning.

At the ECD level, although there is still variation across countries, we have found, from 2017 to 2019, a 10% reduction in the proportion of caregivers leaving their children at home without adequate supervision. We have also seen improvement in the proportion of caregivers regularly interacting with children in play or learning activities. For primary-school children, globally, we can see an enhanced level of family engagement in their children's school affairs — and we have found improvements in both student's reading and math performance levels.



Photo by Jake Lyell

Nurturing Care in the Home for Infants and Young Children

In 2017 and 2019, caregivers of children ages 0 to 5 shared how often they left children alone in the care of another young child, as well as their frequency engaging with their children in specific playful interactions that support learning (reading, counting, singing songs, etc.).

From 2017 to 2019 (see Figure 3-1), we saw a reduction in caregivers reporting leaving their child alone or in the care of a child younger than 10. The proportion of caregivers leaving their child alone decreased from 47% to 33% over the two-year period — a 14% decrease.

Figure 3-1. Percentage of Caregivers Reporting Leaving Child Alone: 2017 vs. 2019 (Global)



In 2019, one-third (33%) of caregivers had left their child alone or in the care of a child younger than 10 years old in the week prior to the survey. This varied across the regions, and between countries:

- A higher proportion of children in Africa (45%) were left alone or in the care of another child, relative to 24.5% and 14% of children in Asia and the Americas, respectively.

- Over two-thirds of children in Zambia (62%) were left at home alone or with another child, and over half of the caregivers in Uganda (55%) and Guinea (58%) did the same. More than 40% of caregivers in the Gambia, Sierra Leone, Mozambique, and Kenya left their child alone or with another child, while 30% or fewer in Senegal and Ethiopia did the same.

- In Asia, global data identified differences across countries. Caregivers in India had the highest percentage of children left alone or in the care of another child (34%) compared to the Philippines (28%) and Indonesia (11%).

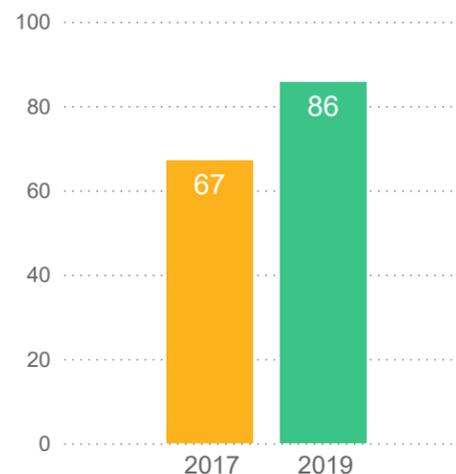
- Regionally, the lowest proportion of children left alone or in care of another child was in the Americas, with 17% in Guatemala and Bolivia, 13% in Honduras, and 10% in Ecuador.

From 2017 to 2019 (see Figure 3-2), we saw a positive change in caregiver support for learning (“playful parenting”), with the proportion of caregivers interacting with children in a play or learning activity increasing from 67% to 86% — a 19% increase.



Photo by Jake Lyell

Figure 3-2. Caregiver Support for Early Learning: 2017 vs. 2019 (Global, %)



Our global M&E survey includes questions adapted from the UNICEF Multiple Indicator Cluster Survey (MICS)⁹ for Children Under Age 5 to assess interactions with children (see inset).

⁹ <https://mics.unicef.org/about>

In the week prior to the delivery of our global M&E survey, 86% of caregivers reported that household members interacted with children in at least one of seven play/learning activities, while only 18% of caregivers reported four or more activities (the UNICEF MICS standard).

- Regionally, the proportion of household members interacting with children using at least one activity is similar (Africa and Asia – 86%; Americas – 87%), however, variation in engagement in four or more activities differs, with 27% of caregivers in Asia reporting engaging in four or more types of interactions with children, higher than in Africa (19%) and the Americas (5%). This low engagement level in the Americas is primarily driven by a low percentage of caregivers in Guatemala (1%), and Honduras (2%) reporting having engaged in four or more activities with their children. Similarly low levels of engagement were also reported by caregivers in Ethiopia (3%), Mozambique (1%), and India (7%).

In the past week, did any household member over the age of 15 do any of these activities with the child? (Choose all that apply):

- Read a book/looked at picture books with the child.
- Told the child a story.
- Sang songs or lullabies with the child.
- Played with the child indoors, outdoors, or while doing daily chores.
- Named, counted, or drew things with the child.
- Played with toys (homemade or store bought) with the child.
- Played games with the child.
- No, none of these activities in the last week.



Photo by Justin Willet

Family Support for School-Age Learning and Student Math and Reading Achievement

In 2017 and 2019, with our global M&E data collection, we examined children’s (ages 6 to 14) perceptions of family support for their learning — and their school achievement in reading and math.

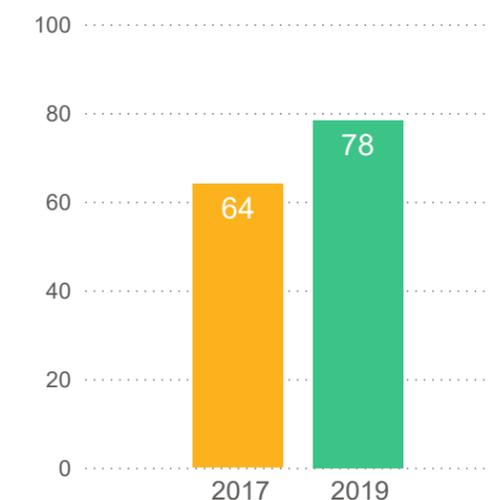
To assess family support for learning, we asked children whether anyone in their family had visited their school to speak with their teacher, volunteer for a school activity, participate in a parent meeting, attend a school event, or for any other reason in the previous six months.

Children’s school performance was reviewed using the Annual Status of Education Report (ASER) tool to assess minimum levels of literacy and numeracy for children ages 6 to 14.¹⁰

Globally, as shown in Figure 3-3, from 2017 to 2019, we saw family member involvement in children’s school affairs increase from 64% to 78% — a 14% increase.

¹⁰ <http://www.asercentre.org>

Figure 3-3. Family Engagement in Learning: 2017 vs. 2019 (Global, %)



Most children had family members who had visited their school for one or more of these activities (78% globally):

- In Asia, 85% of children had family members active in their school affairs, while 81% and 78% of children reported the same in the Americas and Africa, respectively.
- The high regional average in Asia was primarily driven by children in Sri Lanka and the Philippines, 95% and 91% of whom reported that their family members were active in school affairs. In India and Indonesia, 81% of children had family members active in their school affairs.
- In the Americas, Honduras had the lowest proportion of children with active family members (53%), followed by Ecuador (61%). In Guatemala and Bolivia however, over 90% of children reported that their family members had been to their school at least once in the past six months.
- There was also variation in family participation in schools in Africa: 67% of children in Guinea, 79% in Uganda, 82-89% in Zambia, Senegal, and Kenya, and over 95% in Sierra Leone and Mozambique had one or more family members active in school affairs.

 Globally, from 2017 to 2019 (see Figure 3-4), **we observed children's improvement in reading fluency and comprehension** (4% increase) and **achievement of basic math skills** (8% increase).

Across all regions in 2019, as shown in Figure 3-5, children were more likely to achieve sufficient reading fluency and comprehension (defined as reading at story level) than meeting basic competency in math skills (defined as being able to perform division).

Figure 3-4. Reading and Math Performance: 2017 vs. 2019 (Global, %)

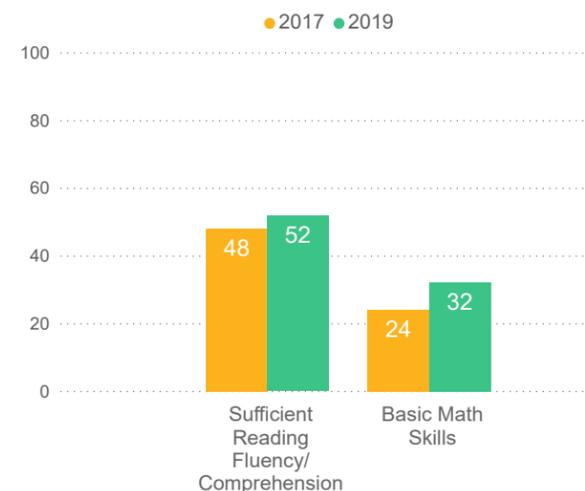
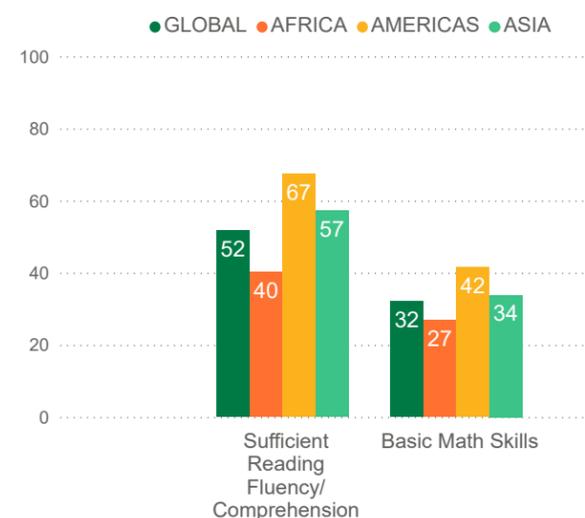


Figure 3-5. Children's School Performance Indicators: 2019 (%)



Regionally, a larger proportion of children in the Americas achieved reading (67%) and math (42%) competency compared to children in Asia and Africa. In Asia, 57% and 34% of children achieved sufficient reading and math skills, while in Africa, only 40% and 27% of children achieved the same.

- In Africa, less than 10% of children in Guinea achieved reading and math competency — the lowest across all countries. Similarly, fewer than 15% of children in Sierra Leone achieved reading fluency and basic math skills. Most children in Senegal (52%) and Kenya (59%) achieved reading fluency and comprehension; however, a lower percentage (42%) achieved basic math skills.
- In Asia, a majority of children in the Philippines (50%), India (53%), Sri Lanka (58%), and Indonesia (68%) achieved sufficient reading fluency and comprehension. However, as noted above, a smaller percentage achieved basic math skills, with 47% in Sri Lanka, 38% in India, 26% in the Philippines, and 32% in Indonesia.

■ In the Americas, a majority of children in Bolivia and Ecuador also attained basic math competency, the only countries in our sample to do so, with 78% and 71% of children achieving reading fluency and 61% and 57% achieving basic math skills, respectively. Relative to other countries in the region, children in Guatemala had lower scores, with 43% and 16% achieving reading fluency and basic math competency, respectively.

OUR PROGRAMMING EVIDENCE FOR EDUCATION OUTCOMES

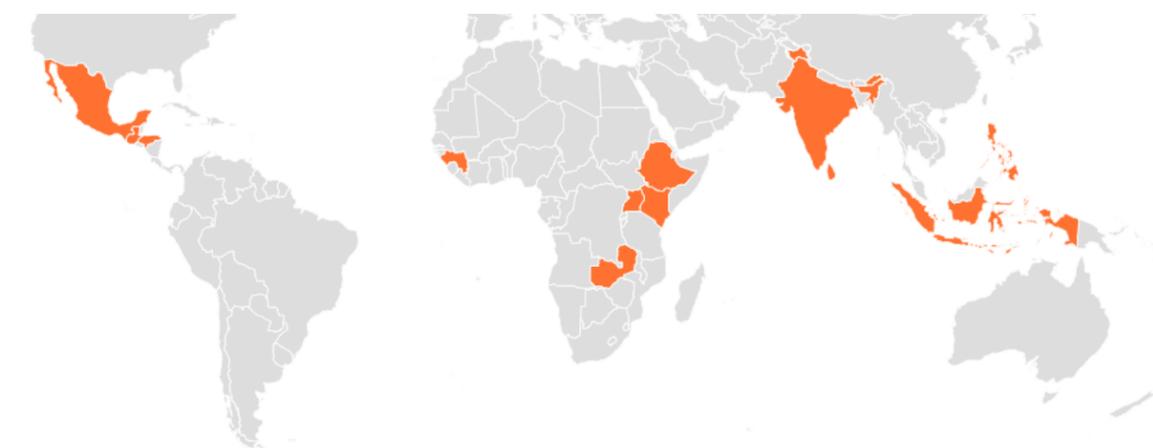
39 OF OUR EVALUATED PROGRAMS targeted education outcomes. Programs focusing on Life Stage 1 (ages 0 to 5) children targeted early childhood development stimulation outcomes (17 programs) and/or responsive caregiving/positive parenting (14 programs). Programs focusing on Life Stage 2 children (ages 6 to 14) and Life Stage 3 adolescents and youth (ages 15 to 24) sought to improve access to quality inclusive education (7 programs) and enhancing school learning outcomes (16 programs).

Photo by Jake Lyell

Where are we contributing to positive change for education outcomes?

As shown in Figure 3-6, these programs have enabled children in 12 countries (5 countries in Africa, 3 countries in the Americas, 4 countries in Asia) to improve early child development stimulation outcomes for Life Stage 1 children and quality inclusive education and school learning/achievement outcomes (including literacy and numeracy skills; school attendance and dropout rates) for children in life stages 2 and 3.

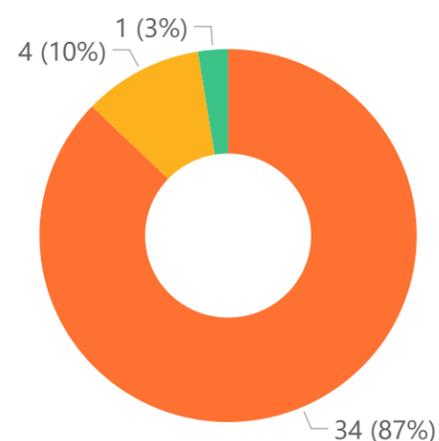
Figure 3-6. Education Contributions by Region and Country



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

As shown in Figure 3-7, preliminary evidence was generated for 34 (87%) of the evaluated programs, promising evidence for four (10%), and one program, evaluated with a randomized control trial (RCT), yielded effective evidence.

Figure 3-7. Evidence for Positive Change in Education Outcomes



- PRELIMINARY EVIDENCE
- PROMISING EVIDENCE
- EFFECTIVE EVIDENCE

Our ECD contributions for infants and young children and their caregivers include:

■ **EFFECTIVE** (see also Evidence Snapshot below) — **Nuestros Niños Sanos y Listos (NNSL) (Our Children, Healthy and Smart) project** in **Guatemala**¹¹ delivering parenting education through home visits and group sessions, evaluated with a RCT, contributed to significant increases in parent-child play activities and children's cognitive and fine motor skills. Group session participants showed a 6% increase in play activities compared to the control group, while home visit participants showed a 4% increase.

■ **PRELIMINARY** — ChildFund's **Parenting Practices for Early Childhood Development (ECD) project** in **The Gambia**¹² conducted awareness campaigns on the importance of responsive caregiving and delivered parenting education through monthly parenting group sessions and home visits by community facilitators to support parents and caregivers with knowledge, attitudes, and skills to nurture children's holistic development. The project helped 1,200 parents and caregivers in 30 rural villages to enhance their knowledge and practices to promote children's well-being, with 62% of parent/caregivers reporting "a lot of change" for making time to play and talk (gently) to their child.

■ **PRELIMINARY** — In **Sri Lanka**, the **Early Child Development Project**¹³ implemented in 16 ECD centers in 6 communities focused on improving the access of children, including children with disabilities, to quality and holistic ECD services to help children achieve developmental milestones. It also sought to enhance ECD teachers' knowledge and skills. The project increased the proportion of children achieving age-appropriate developmental milestones by 13% (from 73% to 86%).

¹¹ Brousset Chaman, H. M. (2019). *Implementation completion and results report (ICR) document-pilot to improve the development and nutrition of young children in poor rural areas in Guatemala-PI45410* (No. ICR00004878, pp. 1-57). The World Bank.

¹² Proulx, K. (2020). *Parenting practices for early childhood development (ECD) in The Gambia project: Stock-taking review*.

¹³ Deek Solutions. (2019). *End of project evaluation report: Early child development project*. City: Author.

■ **PRELIMINARY** — The **Ensuring Children's Nutrition and Age-Appropriate Development in Mullativu Project (ECNAAD) in Sri Lanka**¹⁴ employed a peer education approach to improve the knowledge of lead mothers, parents and caregivers on proper nutrition, hygiene and sanitation practices, early stimulation and ECD. The project helped to improve the proportion of children achieve age-appropriate developmental milestones by 62% (from 37% to 99%).

■ **PRELIMINARY** — In **Uganda**, the **Early Childhood Learning and Development (ECD) project**¹⁵ implemented in 15 ECD centers, used activities such as community sensitization, capacity building of caregivers, village health volunteers and management committees, renovating and equipping ECD centers to raise parents' awareness of the concepts, benefits, and standards of ECD services. The project contributed to increasing the proportion of parents sending at least one or more of their age-eligible children to an organized early learning center, nursery school, kindergarten, or community ECD by 12% (from 65% to 77%).

■ **PRELIMINARY** — ChildFund's **Assuring the Essentials of Optimal Development for Infants and Young Children Affected by HIV and AIDS in Kenya and Zambia project**,¹⁶ funded by the Hilton Foundation, employed a community-based approach with technical support provided to partner community-based organizations (CBOs). The CBOs worked with communities to identify and build the capacities of caregivers who were part of existing community groups, known as community support structures at the household level and in community groups through home visiting sessions and/or group parenting sessions. Overall, the project reached 36 mentors, 333 facilitators, 5,876 caregivers and 8,042 infants and young children (ages 0 to 5). Post-training, 94% of

¹⁴ Management Frontiers (Pvt) Ltd. (2019). *Evaluation report: Ensuring children's nutrition and age appropriate development in mullativu project (ECNAAD)*. Colombo: Author.

¹⁵ Promise Consult International Ltd. (2020). *Final endline evaluation report: Busia maternal newborn & childhood survival (MNCH) project*. Kampala: Author.

¹⁶ ChildFund International. (2018). *Endline evaluation report: Assuring the essentials of optimal development for infants and young children affected by HIV and AIDS in Kenya and Zambia*. Washington, D.C.: Author.

the caregivers in Zambia and 91% of the caregivers in Kenya reported that the group parenting sessions/home visits positively influenced how they care for their child. 93% of caregivers reported providing more toys and objects for their children to play with and 59% reported that they played more with their children. Positive changes in child behavior were also observed, with 93% of children identified as smiling, laughing, and/or playing with the caregiver.

Our school-age learning outcomes include:

■ **PROMISING** — The USAID-funded **Lifelong Learning Project (Read and Learn)** delivered in the Western Highlands region of **Guatemala**¹⁷ delivered early grade reading instruction approaches and materials in bilingual contexts, provided technical assistance to the Ministry of Education to enhance teacher effectiveness and language literacy acquisition, and promoted parental and community participation in children's education. The project contributed to first grade students in the intervention municipalities acquiring higher abilities in reading K'iche' and Mam (local languages) compared with students in the control municipalities. Second grade students in the intervened municipalities acquired higher abilities in reading K'iche' compared with students in the control municipalities; 58% of students in the intervened municipalities showed growth in K'iche' language compared to 43% in the control municipalities.

■ **PRELIMINARY** — In **India**, the **Combating Child Trafficking through Sustainable Livelihood Development project**¹⁸ implemented networking at local levels, capacity building, awareness raising, skills training and social services with

¹⁷ DevTech Systems, Inc. (2016). *Lifelong learning project midterm performance evaluation report*. Arlington: Author.

¹⁸ Choudhary, N. (2019). *End-line review: Combating child trafficking through sustainable livelihood development in Udaipur, Rajasthan (2016-19)*.

targeted groups. Rural skills training in families where there was a risk of ill-prepared migration of a young person helped improve incomes and keep children in school and at home. The project contributed to decreasing the proportion of out of school children (ages 6 to 14) by 20% (from 42% to 22%), with 1,024 previously out of school children enrolled in school.

■ **PRELIMINARY** — The **ABK3 Livelihoods, Education, Advocacy, and Protection Against Exploitative Child Labor in Sugarcane Areas (ABK3 LEAP) project** in the **Philippines**¹⁹ delivered a multi-sector approach through: (1) direct educational and livelihoods services and linkages for 54,479 children and 30,412 households; (2) capacity building of local and national institutions; (3) policy advocacy, awareness raising, leveraging government and private sector; and (4) research to provide reliable data on child labor in sugarcane areas. The project helped to increase student enrollment in junior high school by 36% (from 20% to 56%).

■ **PRELIMINARY** — In **India**, the **Promoting Access and Continuity in Education (PACE)**²⁰ project reached 943 children (ages 6 to 14) from tribal communities through a mix of intervention strategies to address barriers to children's education, including: the provision of alternative education through establishing community-based learning centers (CBLCs); the establishment of community volunteer groups (CBLC committees) to improve parents' awareness of the importance of children's education; targeting resources to poor families; and advocacy efforts at the community and district levels to promote children's education rights. The project helped to increase the proportion of children enrolled in school or a community-based learning center by 65% (from 26% to 91%).

¹⁹ Del Rosario, B.P., Adaro, C.E., Rolle, J.M., Clavero, C.S. & Del Rosario, M.A.P. (2016). *ABK3 LEAP endline study: A report on the livelihoods, education, advocacy, and protection project to reduce child labor in sugarcane areas*.

²⁰ ChildFund India. (2020). *Promoting access and continuity in education, Kotra Block, Udaipur: End-line evaluation report*.



Photo by ChildFund



WHEN: 2015 to 2019

WHERE: Rural Guatemala - 113 communities in the departments of Huehuetenango, San Marcos, Quiché, and Totonicapán

CHILDFUND LIFE STAGE: 1 (0-5 years old); focus was ages 0 to 24 months

REACH: 5,500 children, 850 “lead mothers”²²

SUPPORTED BY: Japan Social Development Fund

IMPLEMENTED BY: ChildFund Guatemala, Association of Integral Development Cooperation of Huehuetenango (ACODIHUE), Cooperation for Western Rural Development (CEDRO)

EVIDENCE LEVEL: Effective

GOAL(S): • Improve caregiver interactions and feeding practices with infants and young children to enhance their physical, cognitive, and emotional development outcomes. • Increase community support of positive child development outcomes.

HOW WE STUDIED THE PROGRAM:

• External evaluation using a cluster randomized control trial to compare the effects across 3 study arms (home visits, group meetings, control) in 113 communities. • Data were collected on 2,022 children and their households.

²¹ Brousset Chaman, H. M. (2019). *Implementation Completion and Results Report (ICR) Document-Pilot to Improve the Development and Nutrition of Young Children in Poor Rural Areas in Guatemala-P145410* (No. ICR00004878, pp. 1-57). The World Bank.

²² The use of volunteer mothers from the communities to deliver these services (home visits) is part of similar Government-funded programs – for example, the *Cuna Más* program in Peru.

HIGHLIGHTS:

- Nuestros Niños Sanos y Listos (NNSL) targeted communities in the northern Guatemalan highlands with high poverty and malnutrition and where over 50 percent of children ages 3 to 59 months experienced stunted growth.
- **NNSL improved young child participants’ cognitive fine motor and language skills**, ensuring they will be better prepared to learn once in school.
- **NNSL placed mothers and caregivers at the center of their children’s development** by giving them the tools to stimulate and monitor their children’s physical, cognitive, social-emotional, and linguistic skills.
- **Two different intervention delivery modalities were used and compared:** group meetings (used in 38 communities) and home visits (used in a different set of 38 communities).
- **The rigorous impact evaluation showed that both home visits and group meetings were effective** in improving parental practices supporting child stimulation, increasing the variety of play material and the play activities conducted by the caregiver and improving children’s fine motor and language skills, with group meetings being slightly more cost-effective.
- Greater program intensity (i.e., more sessions attended across both modalities) was found to increase program impact.

ENGAGING LEAD MOTHERS TO IMPROVE DEVELOPMENT OUTCOMES FOR YOUNG CHILDREN:

- ChildFund and our local partners hired social workers, who, in cooperation with indigenous community governing structures, identified and trained female volunteers.
- These volunteer lead mothers educated caregivers on the importance of early stimulation and activities to engage their children.

SDG CONTRIBUTIONS



NNSL SAMPLE OUTCOME EFFECTS:

- As a percentage change (analyzed with an Intention to Treat model), group meeting participants showed a 6% increase in caregiver-child play activities compared to the control group, while home visits showed an increase of 4%.
- Children in the group meetings showed a 2% increase in cognitive and fine motor skills compared to the control group, while children in the home visit group showed an increase of just under 1.5%.



Photo by Jake Lyell



Photo by Rachel Ringgold

Program Evidence Snapshot

WHEN: 2015 to 2018

WHERE: Sri Lanka - 8 districts in 6 provinces (Trincomalee, Nuwara, Eliya, Matale, Puttalam, Anuradhapura, Hambantota and Batticaloa districts)

CHILDFUND LIFE STAGE: 2 (6-14 years old)

REACH: 25,000 children, 859 teachers, 183 schools

SUPPORTED BY: ChildFund New Zealand, ChildFund Sri Lanka

IMPLEMENTED BY: ChildFund Sri Lanka, VOICE Area Federation, Abhimana CDA, T-Field Child Development Federation, Ruhunu Wellassa Area Federation, Child Development Fund, Vavunathivu Development Organization

EVIDENCE LEVEL: Preliminary

GOAL(S): Improve the learning outcomes of children of primary grades through child-centered teaching and learning.

HOW WE STUDIED THE PROGRAM:

- One-group pretest-posttest study design.
- Data were collected with school observations, focus group discussions with primary teachers and parents, interviews with principals and staff of local partner organizations, and consultations with children.

²³ Atukorala, K. (2018). ATLAS project and evaluation report.

EDUCATION (SCHOOL LEARNING) | SRI LANKA

ATLAS | Improving Child Centered Education through Active Teaching Learning Approaches in Schools²³



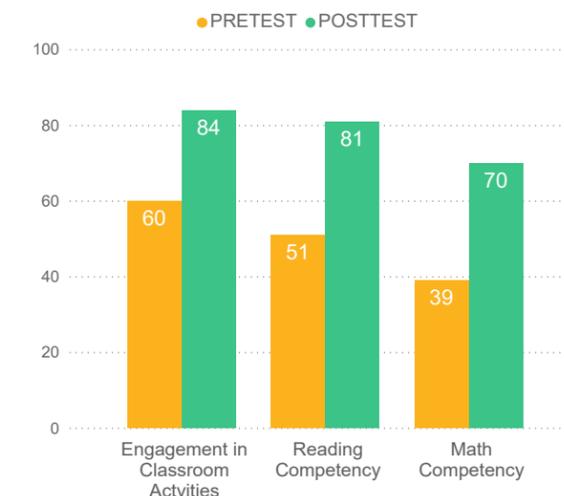
HIGHLIGHTS:

- **Children's engagement in classroom learning activities increased** by 24% (from 60% to 84%).
- **Children's overall grade-level academic competencies increased** by 14% (from 40% to 54%) — 30% in reading (from 51% to 81%) and 31% in math (from 39% to 70%).
- 100% of the children said that they liked coming to school because of the teaching methods.

LESSONS LEARNED:

- Vertical scaling-up would introduce the ATLAS methodology beyond grades 1-5 to include all grades (grade 6 onwards) to continue the child-centered teaching methodology and classroom positive learning culture as children advance from one grade to the next.

POSITIVE CHANGES IN CHILDREN'S LEARNING OUTCOMES %



SDG CONTRIBUTIONS



“The ATLAS project gives a new methodology that contributes to the national level objectives of education and **increases the achievement level of children**”

— Primary Education Director

KEY TAKEAWAYS

Providing a foundation for lifelong learning and development is a major focus of our life stage programming, and **we see progress in our contributions to building nurturing environments to support learning** for very young children, as well as primary school children. With more than 35 programs showing at least preliminary evidence of positive change for education outcomes across all three regions of the world, there is a global impact in moving critical education outcomes forward. These outcomes include caregiver knowledge and skills to support early learning and development; school enrollment and attendance, including pre-primary attendance in ECD centers; and child developmental milestones and school performance.

The main **SDG** contribution of this body of work is:



Specifically, the contributions of our programs targeting education further the realization of **SDG targets**:

- **4.1** to “ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes”
- **4.2** to “ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”
- **4.6** to “ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy”

LIFE STAGE 1

FOR INFANTS AND YOUNG CHILDREN (LIFE STAGE 1), we see the promise of our programs that have 1) worked with community-based organizations to promote responsible and protective parenting by delivering parenting education through home visits and group sessions; 2) targeted enhancing parent-child play activities to increase children’s cognitive, language and fine-motor skills, preparing them for early childhood learning and primary school; and/or 3) been delivered at ECD centers to influence the number of children attending early learning centers. Moving forward, using lessons learned from these programs, we will continue to:

- Listen to caregivers’ needs and to design and implement programs that increase their capacity to care for and nurture their children during the critical early years of life.
- Empower community volunteers, ECD teachers, and/or Child Protection Committees to support vulnerable families — both in educating and protecting very young children in the communities in which we work.
- Augment policy support for early childhood education and protection needs by engaging community leaders and government representatives to help them better understand the



Photo by Jake Lyell

challenges of nurturing very young children — and the critical need to create systems of support for them; this includes advocating for communities and governments to consider the needs of children aged 0-5 when designing and delivering nurturing care and protection systems.

- Test, refine, and build an evidence base for our two standardized intervention packages focused on positive parenting and building nurturing and protective home environments for children ages 0 to 5; these program models are **Responsive and Protective Parenting (RPP)**²⁴ and **Growing With You**²⁵.
- Explore ways in which we can use ECD centers to both support the delivery of caregiver skills development and training and provide very young children with access to pre-primary education.

²⁴ ChildFund’s Responsive and Protective Parenting (RPP) program model aims to ensure that from pregnancy through age 5, children enjoy improved development and early learning outcomes and are protected at home and in their communities. The model seeks to achieve this by building and reinforcing the nurturing care capacity of local partners/community-based organizations (CBOs) and Sub-National Government Partners, local stakeholders, and caregivers; the model is being implemented (3-year duration) in Africa, Asia, and the Americas.

²⁵ ChildFund’s Growing with You program model supports the growth and development of infants and children under 6 years. The model’s curriculum strengthens the knowledge and positive practices of parents and primary caregivers and strengthens protective environments at the family and community level; the model is being implemented (5-year duration) in the Americas and Africa.

LIFE STAGE 2

FOR CHILDREN AND YOUNG ADOLESCENTS (LIFE STAGE 2), we note our contributions to furthering safe and supportive learning environments for children both at home and at school. Through this work we have not only increased the likelihood that children will attend school and reach academic performance goals, we have also promoted social change in both the home and community. Moving forward, we will continue to:

- Design, implement, and evaluate programs that promote high quality academic teaching and child literacy, as well as enhance essential life and psychosocial skills for children.
- Help caregivers and families to create supportive and safe home environments for learning; this includes supporting the child’s physical, cognitive, social, and emotional, development as they grow older and enter early adolescence; our emphasis on family engagement therefore remains relevant as children grow older — and has increased importance given the large numbers of children who are still learning from home due to the COVID-19 pandemic.



Photo by Daytona Lee Niles

- Design tailored programs that promote high quality academic teaching, child literacy and numeracy, as well as enhance essential life skills for children.
- Build upon our programs showing promising evidence for improved learning outcomes and reduced out-of-school rates for children — especially for children at risk of migration and exploitative labor.
- Test, refine, and build an evidence base for our two standardized intervention packages focused on safe learning environments for school-aged children — ChildFund’s **School-Based Violence Prevention (SBVP)**²⁶ and **Safe and Protected Children**²⁷ program models.

²⁶ The SBVP program model seeks to improve learning outcomes for children ages 6-12 by enhancing the skills of children, their caregivers, and their educators to prevent, mitigate, and respond to violence against them thus, creating safer home and school environments to support learning; the model is being implemented (2-year duration) in Africa and Asia.

²⁷ Implemented in schools and community spaces, the Safe and Protected Children program model aims to ensure that children and youth aged 6 to 14 grow up in safe and protective families, schools, and communities; the model is being implemented (5-year duration) in the Americas.

CHAPTER
4

SKILLS DEVELOPMENT



“I wanted to help people. **And I wanted to show other girls that there is no course they can't take.** If I had not received this training, I would have probably been at home farming [which] for now, isn't a good source of income. In this area, even some who have completed university have no job. But **if you take vocational training, it is hard to fail** in getting one.”

— Young woman, on deciding to train as an electrician with a scholarship from ChildFund's Youth Vocational Skills project in Kenya.



THE CHALLENGE

In 2020, more than **one in five** young people worldwide aged 15–24 was not employed, in job training, or in school — and two out of three of these were young women.¹

As a global issue, the highest rates (30% or more) of youth who are not engaged in employment, education or training are found in northern and southern Africa and southern Asia². It is also estimated that by 2030, in addition to the more than 250 million children and youth worldwide who are out of school, another 825 million children will not obtain the basic secondary-level skills — including life skills, socio-emotional skills, technical and vocational skills — necessary to support continued learning, productive employment and civic engagement³.

The COVID-19 pandemic has further exacerbated employment pathways for young people worldwide, with youth employment falling by 8.7% in 2020, compared to 3.7% for adults⁴. Critical factors contributing to the pandemic's negative economic consequences on older adolescents and youth include disruptions in education and training, an increased lack of job opportunities — and mental health concerns for these youth⁵.

¹ O'Higgins, N. (2019). Young people not in employment, education or training. Geneva: International Labour Organization (ILO).

² O'Higgins, N. (2019). Young people not in employment, education or training. Geneva: ILO.

³ United Nations Children's Fund (UNICEF). (n.d.). Adolescent education and skills. Retrieved September 9, 2021, from <https://www.unicef.org/education/skills-development>.

⁴ ILO (2021). Statistical brief: An update on the youth labor market impact of the COVID-19 crisis. Geneva: ILO.

⁵ ILO (2020). Youth and the COVID crisis: Impacts on jobs, education, rights, and mental well-being. Geneva: ILO.



Photo by Jake Lyell

OUR GLOBAL PROGRESS

ChildFund's programs target the development of skilled and involved youth, and prepare adolescents and youth to find work in safe environments, free from physical danger, sexual harassment, and exploitation. Overall, our work with adolescents and youth is designed to improve their economic, physical and social well-being. Thus, our programs also focus on providing them (and often their caregivers, educators, and other community members) with the social and emotional skills necessary to foster healthy and non-violent relationships in home, educational, and workplace settings.

Two of the core outcomes we seek through our programming for older adolescents and youth are for them to be employed at a living wage in non-exploitive work and be change agents in their family and community. We empower adolescents and youth to find their "voice" and to speak up about violence and other issues that affect them and their communities. In particular, we make efforts to reach out to marginalized groups such as youth with disabilities, youth from ethnic or religious minorities, and youth who identify with non-traditional gender or sexual identities to ensure that their voices are heard.

This chapter shares the progress we see in our global M&E data and our programming evidence in equipping youth with the skills they need to succeed in work and life — and transition into young adulthood.

Through our global M&E data collection, and in addition to reporting on knowledge and practices related to child protection (see Chapter 2), adolescents and youth ages 15 to 24 (Life Stage 3) share information on their participation in technical skills training and their civic engagement. Although data points are still relatively low at both a global and regional level, we do see progress in youth graduating from basic business and technical skills training — with only a small differential, in 2019, in the jobs training dropout rate for girls and boys (ranging from 2% to 6% regionally). For civic engagement, we were not able to examine temporal progress but do see, globally, over 1/3 of youth reporting participation in civic behaviors.

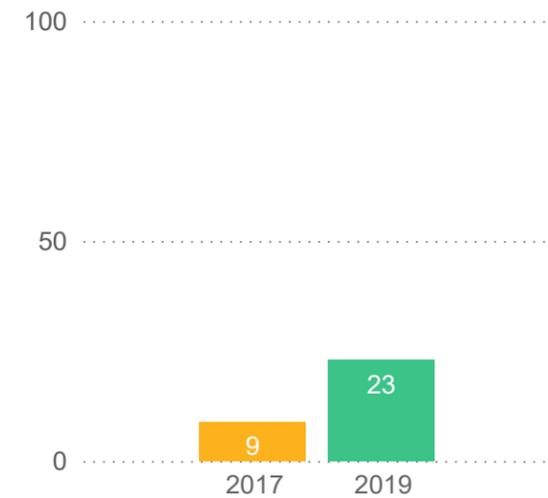
Youth participation in business and technical skills training

In 2017 and 2019, through our global M&E data collection, we assessed youth participation in, and completion of, training programs designed to help them find employment, a trade, or to start a business within the previous year.

Our data show that, globally, around 1/3 of youth attend skills training (28% in Africa, 21% in the Americas, and 34% in Asia).

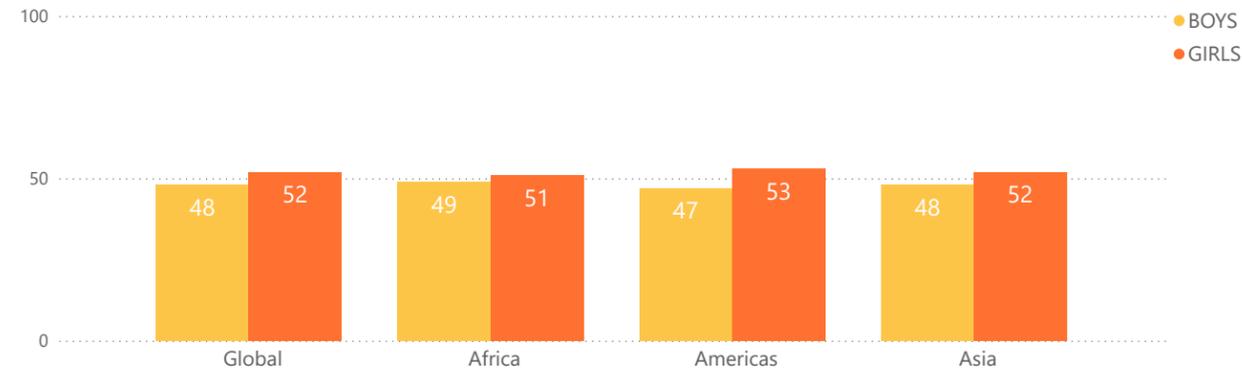
 From 2017 to 2019, we saw a positive change in youth who graduate from basic business and technical skills training — increasing from 9% to 23% — a 14% increase (see Figure 4-1).

Figure 4-1. Percentage of Youth Graduating from Skills Training: 2017 vs. 2019 (Global)



Across all regions (see Figure 4-2) in 2019, we find that girls were slightly more likely to drop out of skills training programs than boys (51%, 53%, and 52% of those who dropped out in Africa, the Americas, and Asia, respectively), even in Asia where the majority (55%) skills training program participants are girls.

Figure 4-2. Percentage of Youth Dropping Out of Jobs Training (2019): Girls vs. Boys



A closer look at country-specific differences (based on 2019 data) shows that:

- In Africa, Guinea has a low proportion of youth starting jobs training, and the highest drop-out rate; with 21% of youth starting jobs training programs, and only 42% graduating. A similarly high percentage of youth in Senegal do not complete training programs, with only 55% graduating.

- Youth in Zambia and Sierra Leone were more likely to complete business skills training; among the 22% and 39% of youth respectively who start business skills training, fewer than 20% dropped out.

- Compared to youth in Africa and the Americas, a larger proportion of youth in Asia have access to training programs; 39% and 36% of youth in the Philippines and Indonesia have attended jobs training programs. They are also less likely to drop-out, with over 80% graduating in India, Indonesia, and the Philippines. In Sri Lanka, about 30% of youth drop out before completing training programs.

- Youth in the Americas are more likely to complete jobs training programs relative to the other regions. In Ecuador, among the 33% of youth who start jobs training programs, 86% graduate; in Honduras, 26% attend jobs training with 90% graduating; and in Guatemala, 21% of youth enroll in jobs training, with 92% graduating.

Youth as change agents

Our global M&E data collection also asks a series of questions to determine whether youth are actively engaged as agents of change in their families and communities. We determine the proportion of youth who engage in civic behaviors, which we define as participation in activities such as attending community meetings, participation in projects within their communities, and voting in elections. We also identify youth who engage in advocacy.

- Globally, as shown in Figure 4-3, 29% of youth feel empowered by their communities, 36% of youth are actively participating in the civic process, with 22% also advocating before public authorities.

- The level of civic engagement varies across regions, with 39% of youth in Africa engaged, relative to 32% of youth in Asia and the Americas. A higher percentage of youth in Africa (35%) feel empowered by their communities, compared to 30% in Asia and only 13% in the Americas. However, only 20-22% of youth in all three regions are engaged in advocacy.

Figure 4-3. Youth As Change Agents: 2019 (%)

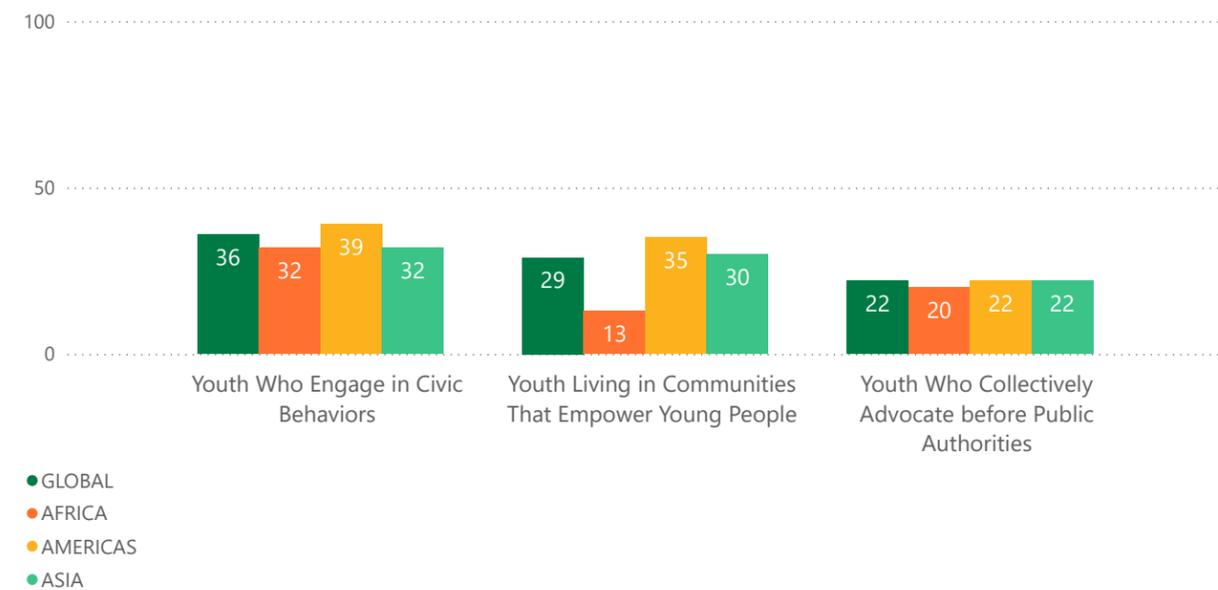


Photo by ChildFund

“Leading for me is already natural because **people have invested in my skills** so that I could recognize my rights, my strength, and understand that I can represent other girls! **[Through ChildFund activities] I was able to recognize the value of my voice and my actions to transform my reality and that of my community.**”

— Youth leader sponsored since childhood and an active participant in ChildFund Brazil initiatives, including Voice Now! and Infoteen.

OUR PROGRAMMING EVIDENCE FOR SKILLS DEVELOPMENT OUTCOMES

36 of our evaluated programs targeted skills development outcomes, including youth work readiness skills (10 programs), critical life skills (16 programs), and youth agency — empowering them to be agents of change in their communities (18 programs).



Photo by Caitlin Woodward

Where are we contributing to positive change for skills development outcomes?

As shown in Figure 4-4, our evaluated programs have enabled adolescents and youth in 13 countries (6 countries in Africa, 3 countries in the Americas, and 4 countries in Asia), to enhance social skills, decision-making skills, critical thinking skills, and/or job preparation skills.

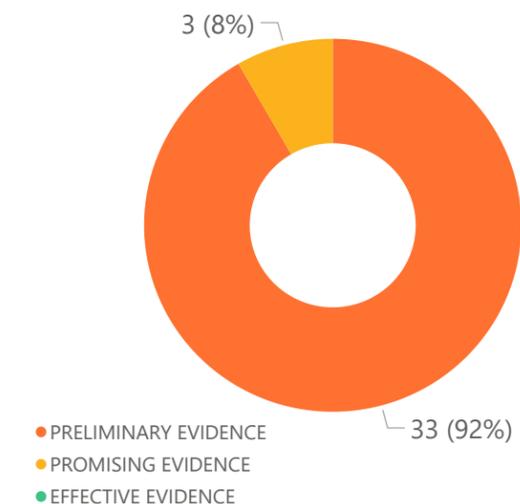
Figure 4-4. Skills Development Contributions by Region and Country



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

As shown in Figure 4-5, 3 (8%) of the evaluated programs have generated promising evidence and another 33 (92%) have generated preliminary evidence for contributions to skills development outcomes.

Figure 4-5. Evidence for Positive Change in Skills Development Outcomes



■ **PROMISING** — The **Child Development Program in India**⁶, that sought to enhance overall child development across all three ChildFund life stages, delivered life skills education reaching 47% of children in the intervention area compared to 18% of children in the control area, and 29% of youth in the intervention area participating in awareness programs on career opportunities compared to 8% in the control area.

■ **PROMISING** — The **Lifelong Learning Project (Read and Learn)**⁷ delivered in the Western Highlands region of **Guatemala** extended alternative basic education and workforce training opportunities to out-of-school youth and offered opportunities for meaningful youth civic engagement and service in their communities. The project contributed to positive changes in youth self-esteem, self-confidence, and the ability to work with adults.

6 Ganesh, P. & Innacy Saint Rock, Q. (2018). *Outcome evaluation of ChildFund India supported child development program*. Cape Town: Centre for Social and Scientific Research (CSSR) and QLA Solutions.

7 DevTech Systems, Inc. (2016). *Lifelong learning project midterm performance evaluation report*. Arlington, VA: Author.

■ **PRELIMINARY** — In **Zambia**, the **Nurse and Life Skills Training Project**,⁸ funded by the Mastercard Foundation, offered life skills training to e-learning nursing students (ages 15 to 24) to improve their interpersonal and relationship skills, communication skills, and critical thinking and decision-making skills. In terms of interpersonal skills results, 77% of students indicated that they always showed respect for diversity such as cultural, ethnic, spiritual, and emotional differences in individuals, 64.5% showed the ability to respect other people's opinions even when different from their own, and 55% reported effective participation in teamwork. In addition, 75% indicated that their relationships were free from any form of violence and 67% said they never did things to please others when they knew they were wrong.

■ **PRELIMINARY** — The **Preventing Irregular Migration in Central America and Mexico (PICMCA) project** which focused on adolescents

8 Kaima, M.C. (2017). *Survey to track the acquisition and application of lifeskills by first and second year elearning student*.

and youth in **El Salvador, Guatemala, Honduras, Mexico, and Nicaragua**⁹ contributed to youth employability by providing 875 youth with scholarships for technical training and/or alternative education, and linked 962 youth with formal internships, jobs, and/or apprenticeships.

■ **PRELIMINARY** — In **Uganda**, the USAID-funded **Deinstitutionalization of Vulnerable Children in Uganda (DOVCU) project**¹⁰, developed and tested a package of services at the community level in order to prevent the separation of children from their families and facilitate the reintegration of children back into family-based care. Using a participatory approach, formal and informal stakeholders from all levels of governance were engaged in skills building and training activities. The project helped to reduce psychosocial distress in children who had been separated from their families, and raised community level skills and knowledge to effectively manage psychosocial conditions and stress among these children.

■ **PRELIMINARY** (see also Evidence Snapshot below) — In **India**, the **Developing Youth as a Change Agent program**¹¹ contributed to youth having increased leadership and confidence to share their issues and address them, advocating for changes in their communities, and collectively linking with the local governance structures for larger community benefits — with 90% of youth representatives engaged in community local governance.

9 Children Believe, ChildFund International & EDUCO. (2020). *Year 4 annual report: Preventing irregular child migration in Central America and Mexico (PICMCA/CON-FIO) D-002443*.

10 Severinsson, A.N. (2018). *Endline performance evaluation of the project: Deinstitutionalization of orphans and vulnerable children in Uganda (DOVCU project)*. Minneapolis: Maestral International.

11 ChildFund International. (2019). *Developing youth as a change agent: Findings of participatory peer review by Asia review team*. Washington, D.C.: Author.



WHEN: 2017 to 2020

WHERE: Lampung, Indonesia

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

REACH: 2,427 adolescents/youth, 300 caregivers, 120 teachers, 120 other community members

SUPPORTED BY: ChildFund Korea

IMPLEMENTED BY: ChildFund Indonesia, Yayasan Pembinaan Sosial Katolik (YPSK)

EVIDENCE LEVEL: Preliminary

GOAL(S): Empower adolescents (ages 12 to 15) with critical life skills as well as financial and social skills to be confident and active participants in their community.

HOW WE STUDIED THE PROGRAM: • One-group pretest-posttest study design. • Data were collected with focus group discussions with key stakeholders.

¹² Hukom, G. (2019). 3rd year final report: Adolescent confident in thinking, valued in life and empowered (ACTIVE) project. Jakarta: ChildFund Indonesia.

HIGHLIGHTS:

- **Primary intervention strategies** included information sharing, communication, and training through workshops.
- Adolescents were included in the community consultation process.
- At the end of the program, adolescents and youth showed:
 - 1. Improved social skills**, with 50% understanding what bullying is.
 - 2. Enhanced life skills**, with 70% able to understand their strengths and weaknesses through an increase in self-confidence and diligence.
 - 3. Increased financial skills**, with 90% of adolescents have a savings habit (compared to 0% at baseline) and understand the concept of savings through planning and budgeting.

LESSONS LEARNED:

- Parents, teachers, and facilitators should play a key role in encouraging children to save their money. Most parents give their children an allowance, but often forget to remind them to save some of it.

SDG CONTRIBUTIONS



“After participating in an ACTIVE session every week, the **children are more enthusiastic** about going to school, **more confident** in expressing their opinions, confident in **being involved** in social and financial activities in the village especially at the Market Day... Children who were shy and did not recognize their talents, nowadays, they are able to **show their talents** at the art performance in Paswitan and get extra money for their group activities from **selling their handycraft.**”

— ACTIVE facilitator



Photo by Oscar Siagian



Photo by Daytona Lee Niles

Program Evidence Snapshot

SKILLS DEVELOPMENT | INDIA

Developing Youth As A Change Agent¹³



WHEN: 2018 to 2019

WHERE: Villages in the Kaushambi district of Uttar Pradesh

CHILDFUND LIFE STAGE: 3 (15-24 years old)

REACH: 400 adolescents and youth in 15 villages; 109 families benefitted from the project's youth collectives.

SUPPORTED BY: Centre for Learning and Excellence in Child Development (CLECD)

IMPLEMENTED BY: ChildFund India, Grameen Seva Sansthan (GSS)

EVIDENCE LEVEL: Preliminary

GOAL(S): Empower youth leaders by helping adolescents and youth develop leadership attributes and actively contribute to their community's development.

HOW WE STUDIED THE PROGRAM:

- One-group posttest study design.
- Focus group discussions with key stakeholders.

HIGHLIGHTS:

- **A key intervention strategy was the formation of “youth collectives”** — an organized group of adolescents and youth residing in a village; each collective engaged in community sensitization, awareness building, and capacity building.
- **15 youth collectives were formed** — one per village — and they formed a federation, Yuva Jagriti Manch Kaushambi, with elected member officials.
- After receiving training in videography, 7 youth collectives filmed documentaries on social issues affecting their communities.
- Youth collectives painted and shared 400 social messages through intensive wall writing campaigns focused on mobilizing support for community issues.
- **Youth collective members voiced that they felt empowered** through the process of receiving skills development support — and mobilizing themselves as a group into action.
- Youth, caregivers, and Government stakeholders all identified that **the project contributed to increased awareness of gender discrimination** — the integration of girls and boys and the elimination of “girls-only” and “boys-only” issues.

LESSONS LEARNED:

- When it comes to engaging youth and empowering them, there needs to be a conscious effort to intentionally involve and give voice to those youth who participate less and/or are not represented or missed (e.g., LGBTQI, youth with disabilities).

SDG CONTRIBUTIONS



“The project has taken a bold approach and **challenged community norms**, with good results! The biggest result is the **youth’s transformative leadership qualities, especially of girls**, that emerged during the team interactions.”

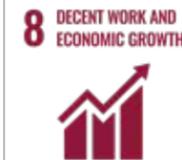
— ChildFund India Staff Member

¹³ ChildFund International. (2019). *Developing youth as a change agent: Findings of participatory peer review by asia review team*. Washington, D.C.: Author.

KEY TAKEAWAYS

Since skills development is the major focus for our Life Stage 3 (ages 15 to 24) programs, **we see progress in our contributions to enhancing youth work readiness and critical life skills.** As more adolescents and youth graduate from business and technical skills training, we can see that more than 35 programs show at least preliminary evidence of positive change for skills development outcomes across all three regions where ChildFund works.

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



Specifically, the contributions of our programs in the area of youth skills development further the realization of **SDG targets:**

- **4.4** to “increase the number of youth who have relevant skills, including technical and vocational skills”
- **8.6** to “reduce the proportion of youth not in employment, education or training”

Although our work in this area largely focuses on older adolescents and youth, through our cross-life stage programming we are committed to ensuring a safe transition through adolescence — and to addressing the increased challenges for youth training.

Young woman displays a dish she made in her small restaurant. She benefits from a ChildFund-supported youth entrepreneurship training program which teaches business and entrepreneurship skills to economically vulnerable youth, and provides them equipment and loans to begin a small business.

LIFE STAGE

2

FOR OLDER CHILDREN AND YOUNG ADOLESCENTS (LIFE STAGE 2), we observe positive changes in youth self-esteem, self-confidence, and other social skills. Looking ahead, as we seek to strengthen young people’s interpersonal skills and resources at earlier ages, we will continue to:

- Equip children, adolescents, and youth with the social and emotional skills to build healthy relationships and thrive in all areas of their lives; and
- Implement and test standard packages of intervention strategies, such as our **School-Based Violence Prevention (SBVP)** program model¹⁴ designed for children ages 9 to 12, that integrates proven social and emotional skills building curricula into standard sets of intervention strategies (i.e., program models) that can be delivered globally; in this way, we build upon young people’s skills and resources to contribute to their lives and communities.

¹⁴ Nelson, J. (2021). *Adapting School-Based Violence Prevention (SBVP) program activities during COVID-19 for child well-being*. April 26-29: Comparative and International Education Society (CIES) 65th Annual Conference.

LIFE STAGE

3

FOR ADOLESCENTS AND YOUTH (LIFE STAGE 3), gains are noted in workforce training and preparation, life skills acquisition, and increased sense of empowerment to become active participants in their community. As future and current parents and potential leaders, involving youth is critical if we are to bring about lasting change, reducing the vulnerability of the next generation of children. Moving forward, we will continue to:

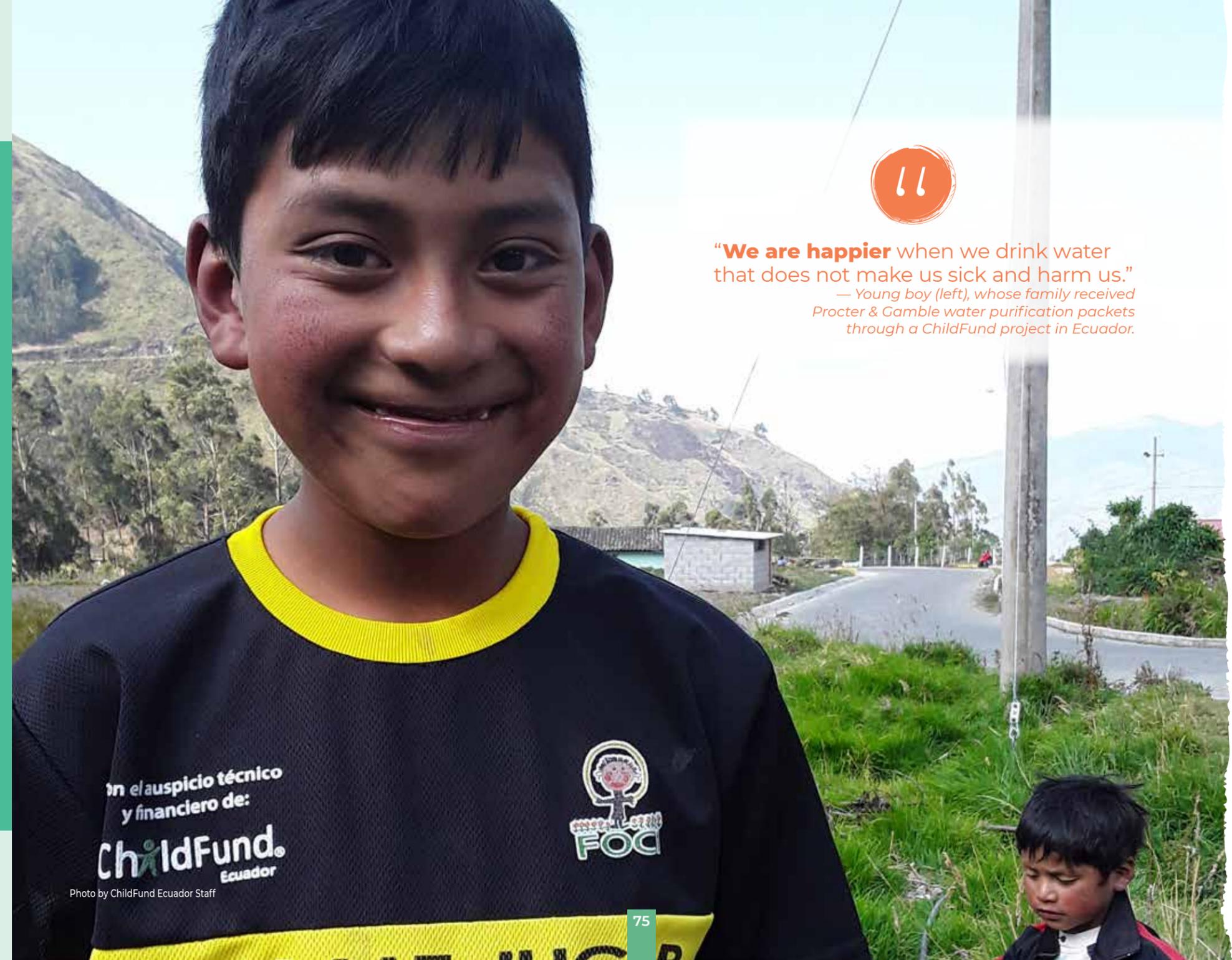
- Design, implement, and evaluate programs that provide job training to adolescents and youth as they make the transition from school to employment, ensuring equal access to both boys and girls;
- Design tailored programs that address the deep-rooted gender inequality that defines the life experiences of girls and young women, advocating for their right to make decisions about their lives (including their education);
- Facilitate opportunities for meaningful civic engagement and advocacy in their communities for adolescents and youth, including through our **Civic Participation, Transformation and Opportunities (PACT)**¹⁵ program model, currently being implemented in the Americas;
- Proactively engage with young people to solicit their feedback, ideas, and solutions concerning the challenges of greatest importance to them, through initiatives like our youth-centered design methodology, **Voice Now!**¹⁶, which has included an online adaptation because of the COVID-19 pandemic.

¹⁵ PACT focuses on building youth leadership and advocacy as well as entrepreneurship and employability skills so that young people may improve their living conditions and gain economic independence.

¹⁶ Voice Now! is ChildFund’s global effort to gather feedback, ideas, and solutions directly from adolescents and youth (ages 15 to 24) around the challenges of greatest importance to them in their communities; the initiative uses a youth-centered design methodology to leverage ideas and build solution prototypes that could be scaled into replicable program models and/or community-based activities.

CHAPTER
5

HEALTH



“We are happier when we drink water that does not make us sick and harm us.”
— Young boy (left), whose family received Procter & Gamble water purification packets through a ChildFund project in Ecuador.



Photo by Boas Opedun

THE CHALLENGE

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



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



Photo by Boas Opedun

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

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

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

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

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

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

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

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

Adolescent sexual and reproductive health is another area of concern with at least 777,000 girls under age 15 giving birth every year in the developing world⁴ and 3.9 million girls aged 15 to 19 undergoing unsafe abortions. Girls who become pregnant before age 18 are more likely to experience violence within a marriage or partnership⁵ and adolescent pregnancy and childbearing often results in girls dropping out of school, endangering their future education and employment prospects.⁶

Critical to children at each life stage, as well as their caregivers, is access to safe drinking water, and improved sanitation and hygiene (WASH). Twenty-six percent of the world's population lacks safely managed drinking water services, with close to half (46%) lacking safely managed sanitation services, and almost one-third (29%) of the population globally lacking a basic handwashing facility in the home in 2020.⁷ This puts children and families at higher risk of illness and death from water-borne diseases.

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

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

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

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

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

OUR GLOBAL PROGRESS



Photo by Jake Lyell

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

The leading causes of death in children under 5 years⁸ can be prevented or treated with access to simple, affordable interventions including immunization, adequate nutrition, safe water and food, and quality care by a trained health provider when needed. Globally, under-5 mortality declined by almost 60% since 1990 to 38 deaths per 1,000 live births in 2019. However, progress has been uneven; 53% of child deaths occurred in sub-Saharan Africa and 28% in central and southern Asia⁹.

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

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

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

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

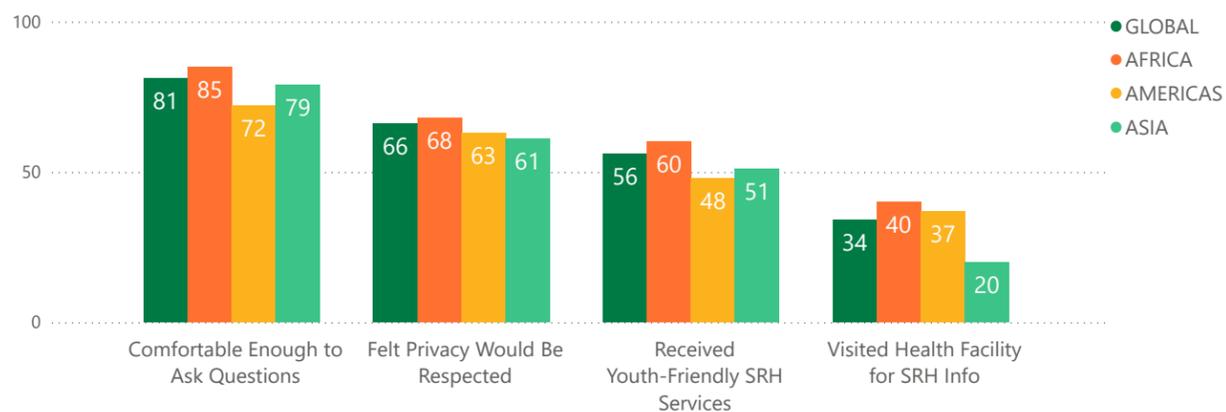
⁸ Preterm birth complications, birth asphyxia/trauma, pneumonia, congenital anomalies, diarrhea, and malaria

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

Youth Access to Sexual Reproductive Health Services

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

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



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

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

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

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



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

— Adolescent girl (far right), India

Photo by Jake Lyell

OUR PROGRAMMING EVIDENCE FOR HEALTH OUTCOMES

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



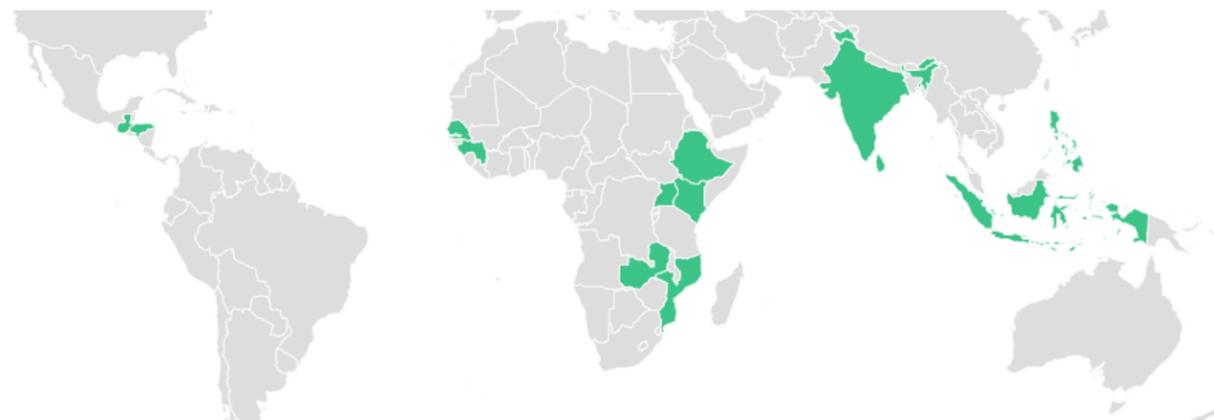
Photo by Daytona Lee Niles

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

Where are we contributing to positive change for health outcomes?

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

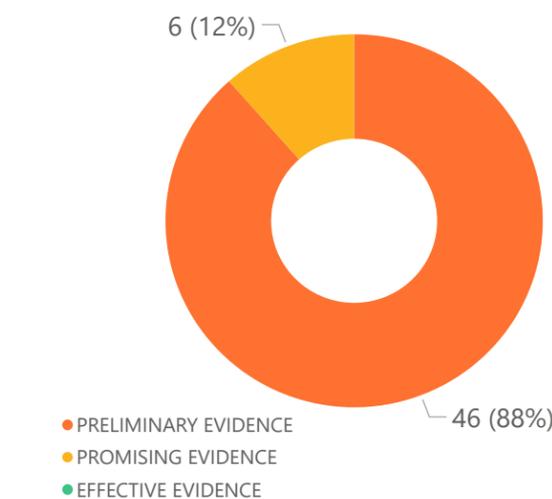
Figure 5-2. Health Contributions by Region and Country



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

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

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



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

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

between mother and infant from birth) and 98% practiced it, compared to 12% and 9% in control areas.

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

■ **PRELIMINARY** — In **Sri Lanka**, the **Ensuring Children's Nutrition and Age-Appropriate Development in Mullativu Project (ECNAAD)**¹² used a peer education approach to deliver

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

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

education and training to families on proper nutrition, hygiene, and sanitation practices. The project contributed to enhanced child nutrition and health outcomes by helping to increase the rate of children ages 6 to 23 months being fed at least four food groups by 64% (from 31% to 95%) and children ages 0 to 5 reaching appropriate age weight by 55% (from 37% to 92%).

■ **PRELIMINARY** — In **Kenya**, the **Water, Sanitation, and Hygiene (WASH) and Nutrition Project in Turkana North, Turkana South and Loima Sub Counties**¹³, through the use and adoption of a community-led total sanitation strategy (CLTS) approach¹⁴, contributed to households increasing their use of soap and water for washing hands by 13% (from 59% to 72%), bathing daily by 17% (from 74% to 91%) and reducing household reporting of diarrhea cases by 23% (from 34% to 11%).

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

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

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

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

HEALTH | KENYA

Community and School WASH (Mazingira Bora) Project in Mukuru and Kasarani Informal Settlements, Nairobi¹⁶



WHEN: 2018 to 2020

WHERE: Mukuru and Kasarani informal settlements, Nairobi, Kenya

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

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

SUPPORTED BY: ChildFund Korea

IMPLEMENTED BY: ChildFund Kenya, Metropolitan Childcare Organization

EVIDENCE LEVEL: Preliminary

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

HOW WE STUDIED THE PROGRAM:

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

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

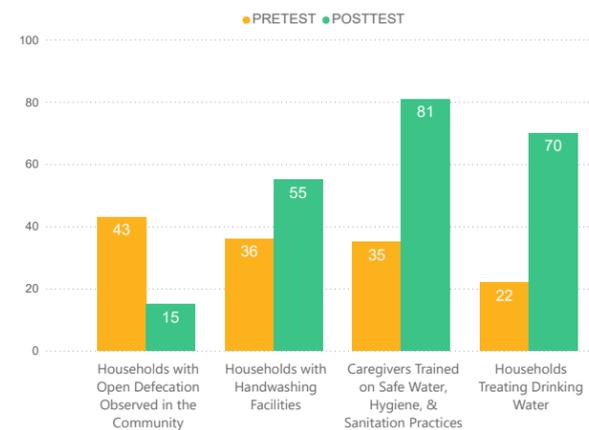
HIGHLIGHTS:

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

LESSONS LEARNED:

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

HOUSEHOLD WASH OUTCOMES %



SDG CONTRIBUTIONS



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

— Key Informant Interview participant



Photo by ChildFund Kenya Staff



Photo by Jake Lyell

Program Evidence Snapshot

HEALTH | UGANDA

Busia Maternal Newborn & Childhood Survival (MNCH) Project¹⁷



WHEN: 2017 to 2020

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

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

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

SUPPORTED BY: ChildFund Korea

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

EVIDENCE LEVEL: Preliminary

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

HOW WE STUDIED THE PROGRAM:

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

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

HIGHLIGHTS:

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

LESSONS LEARNED:

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

SDG CONTRIBUTIONS



“Before the MNCH project, we never visited homes for pregnant women and mothers of children under the age of 2.”
 — Health care worker, Busia District, Uganda

KEY TAKEAWAYS

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

The main SDG contributions of this body of work are:

2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



6 CLEAN WATER AND SANITATION



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

- **2.2** to “end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons”
- **3.1** to “reduce the global maternal mortality ratio...”
- **3.3** “...combat water-borne diseases and other communicable diseases”
- **3.4** to “reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being”

- **3.7** to “ensure universal access to sexual and reproductive health-care services”
- **3.8** to “...achieve access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”
- **6.1** to “achieve universal and equitable access to safe and affordable drinking water for all”
- **6.2** to “achieve access to adequate and equitable sanitation and hygiene for all and end open defecation”

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

LIFE STAGE
1

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

- Support the healthy growth and development of infants and children under age 6, through standardized, holistic programs like our Growing with You program model, currently being implemented in the Americas (Bolivia, Ecuador, Guatemala, Honduras). **Growing with You** strengthens the knowledge and positive practices of primary caregivers on topics like health-care and nutrition, while also focusing on child development and protection outcomes.
- As a critical area of support, to use best practices and program evidence to design, implement and evaluate standard packages of intervention strategies focused on maternal and child health, such as our **Mother and Child Health and Nutrition (MACHAN)** program model, developed by our India country office. MACHAN addresses children’s (ages 0 to 5) multi-sector needs, including basic healthcare, nutrition, stimulation, and protection. MACHAN also seeks to improve the well-being of their caregivers, particularly that of pregnant and lactating mothers.

LIFE STAGE
2

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

- Support parents and families to meet the evolving health needs of children as they grow and transition into adolescence and young adulthood; this includes providing more food with adequate nutrition content for growing children, dealing with children’s emerging sexuality, and addressing adolescent social and emotional development needs.
- Provide adolescents and youth access to information about sexual and reproductive health to reduce early pregnancy and prevent the transmission of diseases — including through the delivery and study of **ChildFund’s Loving and Taking Care of Myself¹⁸** and **Girls’ Adolescent and Reproductive Rights: Information for Management and Action (GARIMA)¹⁹** program models focused on adolescent sexual and reproductive health practices. Both program models also engage parents to improve how they communicate with their children on issues related to sexual and reproductive health.
- Given the importance of mental health for adolescents and young people, we will continue to build socioemotional skills in children and adolescents and provide them with psychosocial support that can promote good mental health and overall well-being.

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

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

LIFE STAGE
3

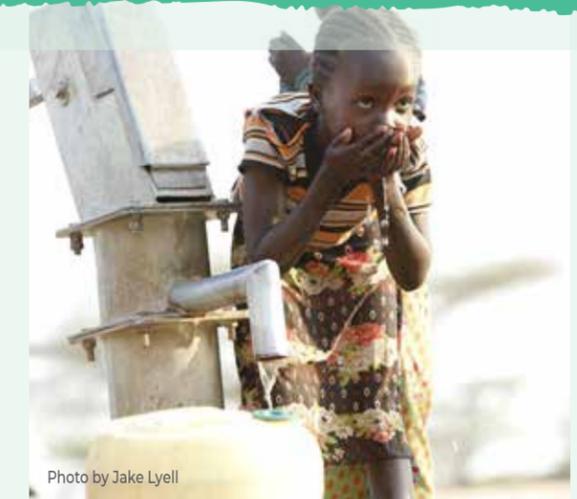


Photo by Jake Lyell

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

- Build greater community and caregiver understanding of child health needs across life stages related to WASH as well as other health and hygiene practices — in emergency and non-emergency settings.
- Refine, enhance, and standardize — and examine the cost-effectiveness of — our approaches to delivering specific intervention strategies focused on WASH outcomes (in both emergency and non-emergency settings). Strategies will include direct provision of WASH hardware, health messaging, participatory mechanisms (i.e., community consultation), and systems-based approaches (i.e., pricing reform, access to WASH facilities and services, private sector partnerships).



Photo by Jake Lyell



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

— Mother of two, Guatemala

HUMANITARIAN RESPONSE



THE CHALLENGE

During the past five years, it has been estimated that, globally, nearly **one in four** children live in countries affected by humanitarian crises, often without access to health care, proper nutrition, clean water and sanitation, education, or protection.¹

Armed conflict, natural disasters and other emergencies expose these children to violence, exploitation, abuse, and neglect — and their mental health and psychosocial needs are often neglected, with negative long-term effects for their future development.² As the number of crisis-affected children continues to rise, the proportion of future generations who experience severe distress also increases.

The emergencies faced by the most vulnerable children today, exacerbated by the COVID-19 pandemic, threaten to undermine immense progress made in recent decades, progress which includes reductions in the number of children dying before their fifth birthday and living in poverty.³

Predictions about the impact of the pandemic on children have included a 142 million increase in the number of children living in monetarily poor households (with the largest impacts in Sub-Saharan Africa and South Asia where 2/3 of these children live) and up to 44 million children hungry due to enhanced disruptions in food systems and health and nutrition services.⁴ The impact of the pandemic on children's education and mental health needs include over 1 in 7 children directly affected by lockdowns, with over 1.6 billion children suffering some degree of education loss — and disruptions to their “routines, education, recreation...leaving many young people feeling afraid, angry, and concerned for their futures”⁵.

1 UNICEF. (2016, December 9). Nearly a quarter of the world's children live in conflict or disaster-stricken countries [Press release]. Retrieved from <https://www.unicef.org/press-releases/nearly-a-quarter-worlds-children-live-conflict-or-disaster-stricken-countries>

2 UNICEF. (2021, August 27). Protecting children in humanitarian action. Retrieved from <https://www.unicef.org/protection/protecting-children-in-humanitarian-action>

3 WHO. (2020, September 8). Children: improving survival and well-being. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

4 UNICEF. (2020, November). Children in monetary poor households and COVID-19: Technical note. Retrieved from <https://data.unicef.org/resources/children-in-monetary-poor-households-and-covid-19/>

5 UNICEF. (2021, October 4). Impact of COVID-19 on poor mental health in children and young people 'tip of the iceberg' [Press release]. <https://www.unicef.org/press-releases/impact-covid-19-poor-mental-health-children-and-young-people-tip-iceberg>



Photo by Jessica Fauvet

OUR GLOBAL RESPONSE

PROGRAMMING EVIDENCE AND COVID-19 RESPONSE RESULTS

We know that children — with their futures ahead of them — pay the highest price of humanitarian crises, with their families and communities also impacted.

Through our programming, we provide emergency support to children and their families before, during and after disasters and conflicts. This support includes providing children in these emergency situations with child-friendly and safe learning spaces as well as community service providers with training to deliver psychosocial support to family members. We also provide families and communities with food and nutrition security and economic stability along with training and other support to attenuate the effects of disasters and to build resilience.

This chapter shares our programming evidence focused on providing children across all three life stages — as well as their families and communities — support in disaster risk reduction and livelihood strengthening in emergency contexts.

Given the unprecedented COVID-19 pandemic that started during the final year of our *Destination 2020* strategy period, this chapter also shares the results of our global emergency response to the pandemic — and the learnings we take from our response activities into our new strategy period.

(Left) One of the families ChildFund communications staff visited with in Maputo, Mozambique when there to document the distribution of basic goods to vulnerable families. We discussed with families how they learn about COVID-19, and key ways to prevent its spread.

OUR PROGRAMMING EVIDENCE FOR DISASTER RISK REDUCTION (DRR) OUTCOMES

15 OF OUR EVALUATED PROGRAMS targeted disaster risk reduction. These programs have improved community members' knowledge, attitudes, and practices on disaster preparedness and have also helped to lessen the negative impacts of climate change.

Where are we contributing to positive change for DRR outcomes?

Our evaluated programs targeting DRR have reached children and their families in 5 countries — Ethiopia and Kenya in Africa, and India, Indonesia, and the Philippines in Asia (see Figure 6-1).

Figure 6-1. Disaster Risk Reduction (DRR) Contributions by Region and Country

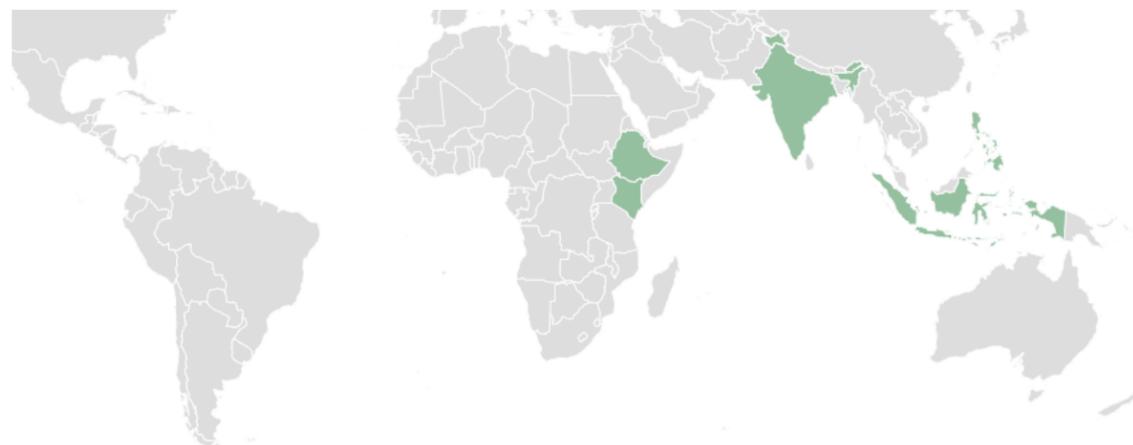
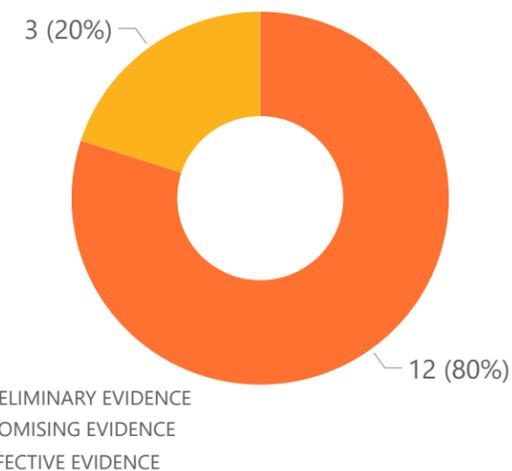


Photo by Jake Lyell

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

Figure 6-2. Evidence for Positive Change in DRR Outcomes



As shown in Figure 6-2, 3 (20%) of the evaluated programs have generated promising evidence and 12 (80%) of the programs have generated preliminary evidence for contributions to disaster risk reduction outcomes.



Photo by ChildFund India Staff

PROMISING — In Indonesia, the **Disaster Risk Reduction in Early Childhood Development Program (DRR-ECD)**⁶ was implemented in the disaster-prone rural island of Sumba in eight community-based preschools. The program provided preschool children and teachers with access to the information and resources to help them mitigate and respond appropriately to three types of disasters that occur on the island (earthquake, floods and landslides). Most children attended the program for two years prior to entry into primary school (Grade 1) and received daily DRR-focused lessons through stories, and nature and art activities (i.e., the creation of seasonal calendars to identify the months of the year where storms were most likely to occur.) The program contributed to increasing children's DRR knowledge (ages 5-6); 63% of DRR-ECD children could name at least one type of natural disaster and 43% were able to identify a safe place to go in a disaster, compared to 9% and 6% among comparison group children.

PRELIMINARY — In Kenya, the **Community Based Adaptation and Disaster Risk Reduction project**⁷ delivered to the drought prone Turkwell, Kerio and central divisions of Turkana County reached 10,017 adults and 5,279 children helping to build their adaptive capacity to mitigate the impacts of climate change on agro-pastoral livelihoods. The project helped increase community knowledge of the main risks associated with floods by 44% (from 26% to 70%) and contributed to enhanced family resiliency to the effects of climate change by helping to increase the proportion of households cultivating drought resistant crops (sorghum) by 41% (from 48% to 89%).

⁶ Proulx, K., & Aboud, F. (2019). Disaster risk reduction in early childhood education: Effects on preschool quality and child outcomes. *International Journal of Educational Development*, 66, 1-7.
⁷ EcoSARD Consultants. (2016). DRR end-of-project evaluation. Nairobi: Author.

PRELIMINARY — The **Disaster Risk Reduction, Child Protection and Climate Resilience Project in Kenya**⁸ helped to improve disaster preparedness knowledge, attitudes, and practices in target communities in Saku Sub-County of Marsabit by strengthening the community's capacities, knowledge management, awareness creation, and adaptation mechanisms to improve disaster and climate change resilience. The project contributed to a 22% increase (from 2% to 24%) in the proportion of households who would prepare emergency supplies, and a 12% increase (from 4% to 16%) in the proportion of households who would secure protective assets.

PRELIMINARY — The **Building Child-Friendly Resilience - BCR II Project**, working in the Dugda district of the Oromia Regional state in Ethiopia⁹, where droughts are a recurring problem, and pregnant and lactating women and children under 5 are most at risk, helped to establish a functioning DRR system by increasing target farmers' DRR knowledge, strengthening the community early warning system, and promoting child-friendly child disaster risk reduction programs in schools.

⁸ Waweru, T., & Wanjau, K. (2020). Post KAP survey report for disaster risk reduction child protection and climate resilience project in Saku sub-county, Marsabit county. Nairobi: African Research and Economic Development Consultants Ltd. (AFREDEC).
⁹ ChildFund Ethiopia. (2019). End-line survey report on "safe school environment for children project". Addis Ababa: Author.



WHEN: 2019 to 2020

WHERE: Municipalities of Makilala, Tulunan, Midsayap, and Aleosan, Northern Cotabato, Central Mindanao, The Philippines

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

REACH: 24,369 participants in 37 schools (23,666 learners, 524 teachers, and 179 caregivers)

SUPPORTED BY: ChildFund International, ChildFund Korea, Taiwan Fund for Children and Families (TFCF) and ChildFund Australia

IMPLEMENTED BY: ChildFund Philippines, Hauman-BREATH

EVIDENCE LEVEL: Preliminary

GOAL(S): • Provide immediate psychosocial relief to families and teachers affected by the Mindanao earthquakes. • Provide safe temporary learning spaces.

HOW WE STUDIED THE PROGRAM:

• A one-group posttest study design. • Primary and secondary data were collected and analyzed.

¹⁰ Diaz-Albertini, F. (2020). Central Mindanao earthquake emergency response: Final report. Metro Manila: ChildFund Philippines.

HIGHLIGHTS:

- **Intervention strategies** included psychological first aid (PFA) support for affected teachers, caregivers, and students; safe temporary learning spaces (TLS) integrating psychosocial support (PSS) sessions for children upon school resumption; provision of teachers' kits, learners' kits and hygiene kits.
- **5 safe TLS were created, benefiting 1,905 children.** These spaces gave them and their teachers a sense of security and protection and helped classes resume two weeks after the devastating earthquakes.
- **452 teachers participated in PFA and PSS sessions** to equip them with the skills to provide emotional support to students and resume a regular school routine:
 - Through the PFA/PSS sessions, teachers had a safe space to express their concerns and properly process their experiences.
- 111 of the teachers were trained as facilitators and became part of the pool of the Cotabato Department of Education's PFA facilitators to assist in times of emergencies.

LESSONS LEARNED:

- PFA interventions should complement child-friendly spaces — and should be integrated into emergency preparedness plans for country offices and their local partners.

SDG CONTRIBUTIONS



During the [Emergency Response] implementation, it was also found that psychological first aid (PFA) interventions are integral to **increase the chances of normalcy for both teachers and learners.**
— *ChildFund Philippines staff member*

Young boy (right), from the Philippines, sits outside near the wreckage after multiple earthquakes struck the Philippines in October 2019.



Photo by ChildFund

OUR PROGRAMMING EVIDENCE FOR LIVELIHOOD STRENGTHENING

20 OF OUR EVALUATED PROGRAMS targeted improving households' and communities' economic statuses and livelihoods. These programs have delivered food security interventions such as cash and voucher assistance (CVA) or food baskets and agricultural support (e.g., family gardens, livestock, and fish farming).



Photo by ChildFund Zambia Staff



"From the time the new disease came, it was difficult to find any jobs," she says. **"Sometimes we would go to bed hungry.** Other times, neighbors gave us some food." Learning she was going to be a recipient of ChildFund's cash assistance program was the good news she needed to keep going during the worst of the pandemic. **"It's like we now have parents that provide for us,"** she says of ChildFund. "I used the first payment to buy food, uniforms, books and other school supplies. I even got some plates, which we didn't have before."

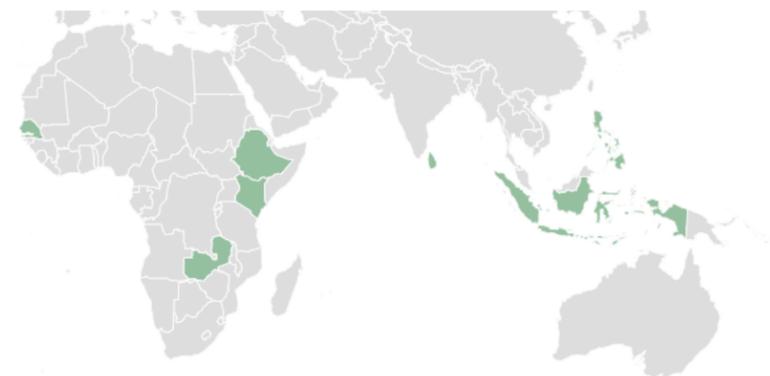
— Adolescent girl, Zambia

Adolescent girl (left) who is the sole breadwinner of her family. She began doing odd jobs after school to make a little money: selling bananas, harvesting other people's crops. But then the COVID-19 crisis hit.

Where are we contributing to positive change for livelihood strengthening outcomes?

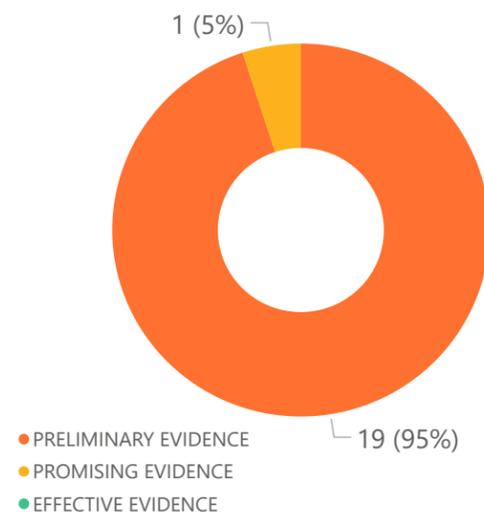
Programs have been implemented and evaluated in five countries in Africa and three countries in Asia (see Figure 6-3).

Figure 6-3. Livelihood Strengthening Contributions by Region and Country



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

Figure 6-4. Evidence for Positive Change in Livelihood Strengthening Outcomes



As shown in Figure 6-4, 19 (95%) of the evaluated programs have generated preliminary evidence for contributions to livelihood strengthening, with one program generating promising evidence.

PROMISING — In Ethiopia, the **Enhance Child Welfare through Better Community Awareness, Strengthen the Capacity of Government Structure, and Economic Opportunities towards Overall Child Development project**¹¹ provided start-up capital for 300 vulnerable

¹¹ Cirma, T. (2016). *End-term evaluation survey of "enhance child welfare through better community awareness, strengthen the capacity of government structure, and economic opportunities towards overall child development" project in Fentale district.* Addis Ababa: Abamela Business Plc.

households, offered business skills and entrepreneurship training, and supported income generating activity groups through technical assistance, regular follow up, and supportive supervision. The project contributed to 82% of female-headed households of abuse survivors and other vulnerable children reporting that their livelihoods had improved.

PRELIMINARY — The USAID-funded **Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM) project** in Uganda¹² piloted sequenced and overlapping economic strengthening interventions (including financial literacy and business skills training, coaching caregivers, and supporting children's saving groups), integrated with social support services, delivered at household and child levels. The project reached 700 families, helping to increase the proportion of families in the lower economic risk category by 48% (from 20% to 68%).

PRELIMINARY — In Sri Lanka, the **Economic Empowerment for Vulnerable Families Project in Trincomalee District**¹³ delivered 1,700 goats and continuous technical guidance to 425 households. The project helped to increase the proportion of families engaged in goat farming by 75% (from 7% to 82%), with 98% of families reporting that they had used the farming and business knowledge and skills taught to them — and the **Batticaloa Livelihoods Enhancement Project**¹⁴, reaching 3,089 families, provided support through loans, business skills training and peer mentoring to enhance livelihood security of low-income households. The project helped to increase the average monthly household income by 164% (2.6

¹² ChildFund International. (2018). *Endline report ESFAM project: Economic strengthening to keep and reintegrate children into families (ESFAM) project, Uganda.* Washington, D.C.: Author.

¹³ Institute for Participatory Interaction in Development (IPIID). (2016). *Economic empowerment for vulnerable families project in Trincomalee district: End-line assessment report.* Colombo: Author.

¹⁴ Industrial Services Bureau (ISB). (2016). *Evaluation of the Batticaloa livelihoods enhancement project in Sri Lanka.* Kurunegala: Author.



Photo by LPMM KUPANG Staff



"I had never had experience making bean sprouts, but during the COVID-19 situation, I am excited because LPMM KUPANG [ChildFund's local partner] is still able to teach us real-life skills to make a bean sprout."

— Young girl (above), Indonesia

times) and the average monthly income for women-headed households by 271% (3.7 times).

PRELIMINARY — The USAID-funded **Yekokeb Berhan Program for Highly Vulnerable Children in Ethiopia**¹⁵ implemented an economic strengthening package that included savings and loan provision services, organizing caregivers into community savings and self-help groups (CSSGs), and supporting initiatives through training components that emphasize starting and operating a small-scale business and other income-generating activities. The project contributed to reducing the proportion of households experiencing a severe food shortage by 10% (from 41% to 31%). The number of households having a sustainable daily income also increased by 25% (from 58% to 83%).

¹⁵ ABH Services PLC. (2017). *Yekokeb Berhan program for highly vulnerable children in Ethiopia: Endline evaluation report.* Addis Ababa: Author.

LIVELIHOOD STRENGTHENING | THE GAMBIA

Livelihood Stabilization Through the Delivery of Unconditional Cash Mobile Money Cash Transfer (MMCT) Project¹⁶



WHEN: 2017 to 2018

WHERE: The Gambia

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

REACH: 100 households

IMPLEMENTED BY: ChildFund The Gambia, Eastern Foni Federation

EVIDENCE LEVEL: Preliminary

GOAL(S): Provide emergency economic stability to families.

HOW WE STUDIED THE PROGRAM:

- One-group posttest study design
- Data were collected with household survey and focus group discussions with program staff.

HIGHLIGHTS:

- We delivered unconditional mobile money cash transfers (MMCTs) of \$42/month to 100 households hosting internally displaced persons (IDPs).¹⁷
- Households used the cash primarily for **food (80%), education (47%), and health services (17%).**
- **100% of households reported that they liked using mobile money**, citing that it was easy to access, confidential, and cost-effective.

LESSONS LEARNED:

- Providing ongoing community-based technical support to households to assist new mobile phone users and troubleshooting MMCT technical issues is critical to achieving sustainability.

SDG CONTRIBUTIONS



“Thanks to ChildFund partner organization Eastern Foni [Federation], **I was able to use the cash** I got in February, March, and April to purchase food for the family, clothes, and shoes for the children, and cover their educational costs. I also used part of it to pay for wife’s medical bill.”

— MMCT participant



Having benefitted from first of two months of unconditional cash transfer support, a mother of 8 said: “I used the cash to buy rice and a gallon of cooking oil. With the intervention, **the distress that my children and I endured disappeared.** We now are comfortable.”

— Widowed mother of 8, The Gambia



Photo by ChildFund

¹⁶ Lwanda, F. & Phillips, B. (2018). *An assessment of ChildFund’s emergency cash transfer project in The Gambia*. Washington, D.C.: ChildFund International.

¹⁷ Political turmoil following the December 2016 presidential elections left 160,000 people internally displaced. See Internal Displacement Monitoring Centre (IDMC) (n.d.). *Gambia*. Geneva: Author.

OUR COVID-19 RESPONSE RESULTS

By rapidly scaling up our humanitarian programming across all of our country offices, we have been able to help mitigate the spread of the outbreak in vulnerable communities, assist families in putting enough food on the table and to be able to pay for school supplies, minimize the negative consequences of social isolation and the stress of the pandemic for children and their families, and support children in continuing to learn at home.

Through March 2021, ChildFund supported over **4.8 million children** by implementing responses **across all four of our COVID-19 priority areas in 20 countries.**

Our interventions were guided by a formal plan — **Forward Strong: ChildFund's COVID-19 Response Plan** — developed in concert with other members of the ChildFund Alliance. The Plan's four intersecting priority areas target health, livelihoods, child protection, and education.

ChildFund's COVID-19 Response Plan Priority Areas

1 HEALTH PROMOTION

Stop COVID-19 from infecting children and families.

2 LIVELIHOOD SUPPORT

Ensure that children get the food they need.

3 CHILD PROTECTION

Keep children safe from violence — physically and emotionally.

4 EDUCATION

Help children continue learning.



Photo by Jake Lyell

1 HEALTH PROMOTION

Stop COVID-19 from infecting children and families.

Our COVID-19 Health Response Highlights:

- Delivered more than 96,400 **kits of essential hygiene supplies to families** including 5,900-plus kits in Africa; 48,538 kits in Asia; 42,052 kits in the Americas.
- Installed more than 1,500 **handwashing stations** in Africa (Kenya, Senegal, Sierra Leone, Zambia) — and built 7 **community sinks** in the Americas (Honduras, Mexico).
- In the Americas, distributed 201,168 **medical supply kits to health centers on the front lines.**
- Provided over 3,348,000 **water purification kits to families**, including 2,158,320 kits in Africa and 1,190,678 kits in the Americas.
- In Zambia, supported **drilling of boreholes to ensure availability of clean water** for hygiene purposes and domestic consumption.
- In Zambia, Kenya, and Indonesia, in support of country governments, provided support to **disinfect health facilities and other public places.**

To help children and families **protect themselves from COVID-19**, we installed community hand-washing stations and community sinks; drilled boreholes to ensure availability of clean water for hygiene purposes and domestic consumption; and distributed soap, hand sanitizer, gloves, and masks to families and frontline health workers.

We educated communities about symptoms, hygiene measures and where to get tested or treatment. This messaging and information was disseminated through social media, TV, mass media, national and local radio programs, through megaphones, and through learning materials included in food baskets.

We have also supported local health institutions in establishing testing, isolation, and treatment centers, and local governments with mass COVID-19 screenings and testing.

For children who are being treated for COVID-19 or are subject to quarantine measures, we have created child-friendly spaces with age-appropriate toys and reading materials.

2 LIVELIHOOD SUPPORT

Ensure that children get the food they need.

Our Livelihood Support Response Highlights:

- Delivered \$6,099,820 in direct **cash and voucher assistance** to 176,958 families: 84,823 families in Africa, 65,523 families in the Americas, and 26,612 families in Asia.
- Delivered through local partners over 122,800 food baskets to families: 6,284 **food baskets** to families in Africa, 77,836 in the Americas, and 38,700 in Asia.
- In Asia, **delivered seeds** to more than 5,800 households to help them start vegetable gardens.
- In the Americas, **family gardens and poultry initiatives** benefitted 2,358 and 1,726 families, respectively.

Delivering COVID-19 Awareness Raising and Prevention Messaging in India:

In India, ChildFund together with government partners and UNICEF, implemented an innovative awareness approach using a **stage on wheels**, which folk performance teams used to deliver critical health messages to the public. Several vehicles were decorated with **posters depicting COVID-appropriate behavior** and WASH practices to pro-mote mass awareness about the pandemic and COVID-19 vaccination. **Awareness vehicles** were also used to conduct **Handwashing Campaigns** at schools with further outreach to the communities to promote mass behavior change.

In 19 countries, ChildFund provided cash and voucher assistance (CVA) to vulnerable families to help keep food on the table, pay rent, education, and to cover other basic needs. Targeted families for this support have included those who have lost their income because of COVID-19, child- or elder-headed households, and/or households affected by disability or chronic illness.

Where possible, we **distributed food, basic household items including hygiene supplies directly**, often in “baskets” or “kits”. These food baskets were delivered following COVID-19 protection measures and guidelines, often with the support of local partners.

In addition, we supported **sustainable solutions** to help families put food on the table. For example, we provided support for home-based vegetable gardens, poultry farming, fish farming, and agricultural support (i.e., seeds and livestock) for rural households. Our country offices in Asia and the Americas were the most likely to provide this form of support.

Photo by Sahr Ngaujah



“When my mother told me of the money from ChildFund, **I danced**. She used part of the money to buy us **school materials**, and **food items** for our home.”

— Young girl (above), Sierra Leone

Through our global food security assistance outcome study, which examined the use and contributions of our food security assistance for 13,210 households across 17 countries¹⁸ and included a sub-study (6,479 households from 5 of the 17 countries) of the **contributions of our cash assistance to diminished household hunger**, we learned:

1 Households receiving assistance were **satisfied overall** with the cash (95%), voucher (97%), and food basket assistance (96%) they received — and over 90% felt that **the assistance was easy to obtain** (see Figure 6-5).

2 Households receiving cash assistance were **the least likely to report that the assistance was enough to cover necessities**, with less than half (47%) stating so. This may mean that while the cash assistance mitigated the adverse effects of the pandemic and was welcomed by beneficiaries as a result, it may not have been sufficient to meet their basic needs, accrued from their loss of livelihood (see Figure 6-5).

■ Households receiving **food baskets** were the most likely to feel that the **assistance covered basic needs (90%)**.

18 Africa (n=6,671): Ethiopia, The Gambia, Guinea, Kenya, Mozambique, Senegal, Sierra Leone; Asia (n=3,878): India, Indonesia, Philippines, Sri Lanka; Americas (n=2,661): Bolivia, Brazil, Ecuador, Guatemala, Honduras, Mexico; See Annex A for additional information on COVID-19 Response Global Outcome and Process Evaluations.

Figure 6-5. Satisfaction with Food Security Assistance (%)

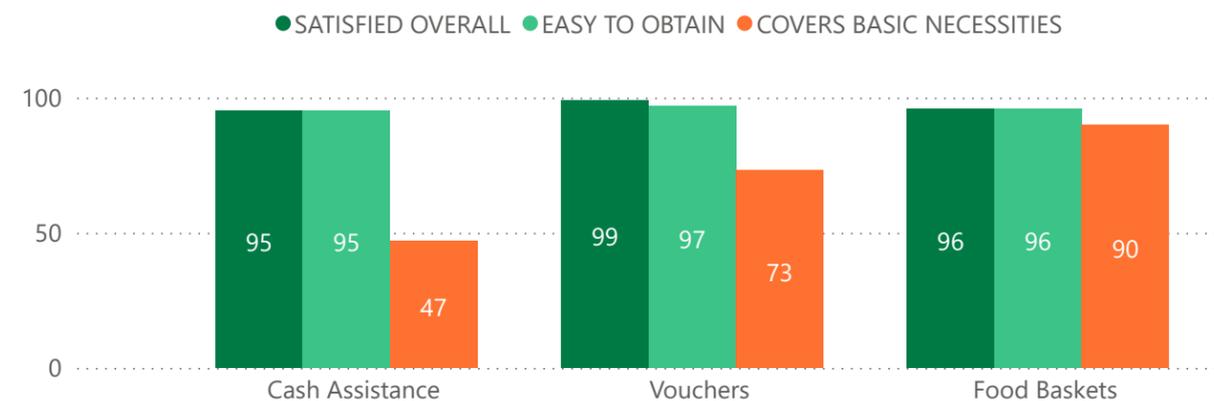


Table 6-1. Household Hunger Pre/Post Cash Assistance

	PRE-TEST			POST-TEST		
	LITTLE TO NO HUNGER	MODERATE HUNGER	SEVERE HUNGER	LITTLE TO NO HUNGER	MODERATE HUNGER	SEVERE HUNGER
ALL COUNTRIES (n=6,242)	64%	33%	3%	85%	14%	1%
The Gambia (n=751)	72%	27%	1%	94%	6%	<1%
Indonesia (n=3,894)	74%	24%	2%	85%	14%	1%
Sierra Leone (n=527)	62%	36%	2%	84%	15%	1%
Sri Lanka (n=115)	68%	30%	2%	97%	4%	0%
Zambia (n=955)	15%	76%	9%	77%	23%	1%

3 Across the five countries (Indonesia, The Gambia, Sierra Leone, Sri Lanka, Zambia) participating in our pre-test/post-test study, our cash assistance **helped to reduce household hunger**¹⁹. As shown in Table 6-1, we saw an overall **21% increase in households experiencing little to no hunger**, a **19% decrease in households**

experiencing moderate hunger and a **2.1% decrease in severe hunger**.

■ Reductions in moderate and severe hunger are seen in each country, with the greatest downward shift in household hunger occurring in Zambia (54% decrease in moderate hunger, 8.6% decrease in severe hunger) and Sri Lanka (27% decrease in moderate hunger, 2% decrease in severe hunger).

19 As measured by USAID's Household Hunger Scale (Ballard, Coates, Swindale, & Deitchler, 2011). <https://www.fantaproject.org/sites/default/files/resources/HHS-Indicator-Guide-Aug2011.pdf>



Photo by Jake Lyell



“Mapping is really useful to identify risky areas...ChildFund and [local partner] CRSA taught us about the types of violence, and how to identify and report instances of violence. **They help us to see a way out of violence.**”

— Young woman (center), shown here leading a community mapping session with other youth in Bolivia.

3 CHILD PROTECTION

Keep children safe from violence — physically and emotionally.

Our Child Protection Response Result Highlights — Child Protection

■ 7,050 adolescents and youth received text and voice messages **with information on violence prevention, including where to report violence**.

■ **Violence prevention messaging** reached more than 119,00 families in the Americas, more than 64,000 people in India, and over 19,000 people in Sri Lanka.

■ In Guatemala, 495 **messages on childcare and violence prevention** were sent to families.

■ In Africa, 5 countries supported the **development of child-friendly spaces**.

■ 85 staff from 15 countries **trained to deliver psychological first aid**.

As we worked to help keep children safe from violence, using community knowledge and connections from our CBCP mapping activity, we supported **community-based child protection systems** in Africa, Asia, and the Americas to identify, respond to and refer cases of abuse, neglect, violence and/or exploitation. For example, in Kenya, in Machakos and Kitui counties, ChildFund worked with 42 child welfare protection committees to sensitize over 4,300 children and community members on child protection and gender-based violence.

In all three regions, a main response activity was to **spread violence prevention awareness** via radio campaigns or through distributing educational posters. Many of our country offices also provided **psychosocial support** by training local partners on how to deliver **psychological first aid**, offering live and recorded TV shows and radio discussions about psychosocial support, and **delivering social and emotional learning programs for children**.

Psychological First Aid (PFA):

Developed by the World Health Organization (WHO), PFA is a pathway for immediate psychosocial support for affected populations during and/or in the immediate aftermath of an emergency. The overall objective of PFA is to improve the psychosocial well-being of parents, caregivers, children, and youth, particularly in times of crisis or distress.

We also provided temporary shelters for children who live on the street and arranged safe and appropriate care for children who were separated from their caregivers.



Photo by ChildFund India Partner Staff



Photo by José Hernández



Photo by José Hernández



Photo by José Hernández

Creating “No Pressure Zones” with Children in Texas

In Texas, our No Pressure Zones, implemented together with AmeriCorps, focus on strengthening children’s **social and emotional learning (SEL) skills**. The No Pressure Zones, formerly called Dream Corners, are safe, child-friendly spaces ChildFund established first in several low-income urban and rural Rio Grande Valley, Texas, schools.

During the pandemic, we collaborated virtually with a small group of children, youth, and their families to co-design the virtual and mobile “No Pressure Zones” that observe COVID-19 protocols. Engaging in Spanish and English, as relevant, our activities have included:

■ **Virtual book readings**, where we pre-record book readings with SEL themes and post them on social media, inviting students to read along and participate in various follow-up activities. For example, we read and discussed with children the *My Hero is You* book on coping and staying safe during the pandemic, with an accompanying puppet show.

■ **In-person community “curbside” mobile visits** to distribute information, PPE, activity packets, and books for children to participate in virtual programming.

■ **Online video demonstrations** of fun “connection” activities such as art, music, role play, writing, and games that allow students to put their SEL skills into practice.

The book readings include mini-surveys, based on the particular book of a six-week unit, to provide children the opportunity to express their hopes, dreams, fears and/or worries in a safe, fun, and creative way. Discussing what they shared via the mini-survey also lets them know that what they have to say matters.

These activities reflect what children, youth, and their parents/guardians said they would like to see prioritized during the pandemic during our co-design process. They also provide an opportunity for our program staff and participants to continue to be connected during the pandemic and allow us to monitor their well-being given the stress the pandemic has caused for many.



“Safe spaces are even more crucial than ever, so we have adapted our programming to a virtual modality to help kids navigate through this very scary time.”

— ChildFund staff member

Above: *My Hero is You* puppets made by AmeriCorps member José Hernández; AmeriCorps school liaison Diana de la Fuente reads a book to children in one of our in-school No Pressure Zones in Texas.

4 EDUCATION

Help children continue learning.

Our Education Response Highlights

- Globally, over 93,300 students supported with at-home educational materials (learning kits)
- Learning kits and materials delivered to more than 25,500 students in Africa, and over 67,500 students in Asia.
- 298 tablets, 8,908 school kits and 10,424 story books delivered to students in the Americas for at-home learning.
- Over 2,280 solar lights delivered to students in Africa to support their learning at home.

While schools remained closed, we supported **children’s learning** through **activities and tutoring sessions online and by radio and TV**. We also distributed **home learning kits** with materials and guidelines for their use, particularly in communities where internet access is low. In many cases, additional programming was needed to support teachers in helping children learn via distance education.

Learning materials and support were provided to caregivers so that they were equipped to provide time and support for their children to learn the lessons shared online or aired on radio and TV stations. For example, in Guatemala, with support from the LEGO foundation and in coordination with the Ministry of Education, we pivoted the home-based delivery of content and activities from our ongoing *Juega Conmigo* (Come Play with Me)²⁰ project to engage vulnerable households in **meaningful play activities between children and their caregivers** through radio

²⁰ *Juega Conmigo* is ChildFund’s innovative play-based project, being implemented in the Northern Highlands of Guatemala that uses home-based and group sessions (led by mother guides) to engage caregivers, community members, and Government leaders to deepen and bring to scale playful parenting practices to promote growth and learning through play in children aged 0-4 in predominately indigenous communities.



The way I see the ‘Come play with Me’ program,” says Lead Mother Julia, “is that it **inspires children’s confidence**. We help them to open their minds and through this they can express themselves.”

— Lead Mother, *Come Play with Me* project, Guatemala



Photo by Jake Lyell

Lead mother (far left) visits with a mother and her child to conduct play activities in Guatemala’s highlands.

drama, text messages and storybooks. The project also includes broadcasting **playful health messages** in coordination with the Ministry of Health.

Delivery of Home-Based Family Activity Kits (HFAK) in the Philippines:

In the Philippines, ChildFund developed the HFAK intervention at the beginning of the pandemic, and kits have been delivered to over 19,900 families. The kits consist of daily play-based activity guides with literacy and SEL activities, along with information to support caregiver well-being.

The kits were developed in collaboration with 12 local civil society organizations in five languages to ensure equity, inclusiveness, and cultural sensitivity.

An evaluation of the kits found that 97% of survey respondents (n=432) reported the kits helped children cope and reduce anxiety.

Messaging was used to stimulate education and recreation activities within families and communities across all three life stages, particularly in the Americas and Asia.

Connecting to our Priority Area 3 emphasis on keeping children safe from violence, we supported across our country offices **monitoring the increased risk of online sexual abuse** that accompanies children’s greater exposure to the internet. For example, in Ecuador, our country office conducted the #NaveguemosSeguros campaign that integrated advocacy and communication actions to promote safe use of internet.

An important strategy employed across regions to reach students and facilitate continuity of learning was adapting educational content to alternative formats such as virtual classrooms and broadcasting online activities over social media.



WHEN: May 2020 to August 2020

WHERE: The communities of Pasar Minggu, Jati Padang, Lebak Bulus and Cilandak Barat in South Jakarta District, Jakarta Province, Indonesia

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

CHILDFUND'S COVID-19 RESPONSE PRIORITY AREA(S): 1-Stop COVID-19 from infecting children and families
2-Ensure that children get the food they need

REACH: Over 8,000 households

SUPPORTED BY: ChildFund Korea

IMPLEMENTED BY: ChildFund Indonesia, Yayasan Panti Nugraha (YPN) and Perkumpulan Marga Sejahtera (PMS)

EVIDENCE LEVEL: Preliminary

GOAL(S): Improve the health protection of children and caregivers and reduce financial stress and illness during the COVID-19 pandemic.

HOW WE STUDIED THE PROGRAM:

- One-group post-test study design.
- Data were collected with key informant interviews (local government and community leaders), focus group discussions and household surveys with cash assistance recipients.

²¹ Ubaidillah, H. & Sukanto, R. (2020). Final report: 2019 novel coronavirus (2019-nCov) CFK integrated response program in Indonesia. Jakarta: ChildFund Indonesia.

HIGHLIGHTS:

- **Intervention strategies** included establishing handwashing stations, delivering health communication materials, and providing emergency cash assistance and health education awareness to prevent COVID-19 transmission.
- **13 handwashing facilities were installed** to enable people to wash their hands properly and 8,323 households were provided with basic health and hygiene items (i.e., soap, hand sanitizer, masks, gloves, etc.).
 - All handwashing stations were officially handed over to community and local government for further maintenance and management to ensure their sustainability.
- **5,500 child-friendly information, education, and communication materials** (flyers, handouts, etc.) and 12 banners were distributed to educate the public on adapting to new health habits during the COVID-19 pandemic.
- **Household hunger was reduced**, with moderate hunger decreasing by 10% (24% to 14%) for a sample of 3,901 households.

LESSONS LEARNED:

- Collaboration with local government to determine the location of each handwashing station helped to maximize their benefit to the communities.
- Distribution of flyers to families receiving cash assistance helped increase health promotion reach.

SDG CONTRIBUTIONS



“The cash assistance is very helpful. I can pay all our electricity bills, buy my children’s favorite food as well as diapers and vitamins for them. I am also eventually able to re-run my small shop,”

— Household member (Mother)



Photo by Oscar Siagian

KEY TAKEAWAYS

Working across our three life stages and four program sectors, **we see progress in our contributions to help reduce the impacts of disasters, and help build child, family, and community resiliency in emergencies.** Combined, we have over 30 programs showing at least preliminary evidence of positive change for DRR and livelihood strengthening outcomes, respectively, in areas of the world where children and their families are experiencing humanitarian crises, including natural disasters and conflict. We also see the contributions, and important cross-sector lessons learned, of our COVID-19 response activities — critical learning that has informed our new 2030 strategy, **GROWING CONNECTIONS.**

The main SDG contribution of this body of work are:	1 NO POVERTY 	2 ZERO HUNGER 	3 GOOD HEALTH AND WELL-BEING 
	4 QUALITY EDUCATION 	11 SUSTAINABLE CITIES AND COMMUNITIES 	13 CLIMATE ACTION 

Specifically, the contributions of our Humanitarian Response work further the realization of **SDG targets:**

- **1.5** to “build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.”
- **2.1** to “end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.”
- **2.3** to “...double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers,

pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment.”

- **3.4** to “reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.”

- **4.1** to “ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.”

- **11.b** to “...increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels.”

- **13.1** to “Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.”

- **16.2** to “end abuse, exploitation, trafficking, and all forms of violence against children.”

Through our **COVID-19 response activities**, we note our contributions to building child, family, and community resiliency in the face of the pandemic by addressing needs in all four priority areas — rapidly and simultaneously in all three regions of the world. Although barriers such as internet and telephone connectivity along with mobility restrictions have been global issues for us in reaching children and their families across all four of our response priority areas, we learned the importance of social connections and coordination, communication and messaging, and online adaptation²². Moving forward, we will apply these cross-cutting lessons learned from our global COVID-19 response to:

- **Continue to strengthen and leverage our social connections to facilitate rapid responses in emergencies.** A critical overall enabler for our COVID-19 global response was the leveraging of existing social connections in communities (i.e., deep community engagement) established through both long-term relationships with local partners and the use of the results (i.e., deep community knowledge) of our CBCP mapping activity (see Chapter 2 — Child Protection). These connections enabled us to nimbly initiate, complement, and adapt services to meet the immediate needs of children and their families.
- **Implement critical coordination with other organizations to facilitate responses**, including coordination with public and private organizations

²² See Annex A for information on our COVID-19 Response Global Process Evaluation

(including peer organizations and health centers), local and national governments and actors, policy, and community leaders — and building new partnerships.

- **Expand and enhance online adaptation.** To rapidly respond to community and family needs across our four priority areas with mobility restrictions in place, our country offices had to quickly pivot existing, relevant resources and activities (e.g., WASH education, CVA distribution, caregiver and child education/recreation, psychosocial support) to online platforms and mechanisms. Our work in encouraging children, youth, communities, and stakeholders to engage in a new online world further supported this pivot. Using this learning, we will continue to provide — and enhance — resources and guidance to support digital transformation both for humanitarian response, and for our overall programming.

Looking forward, we will use our past and current emergency response experiences to:

- **Use our lessons learned from our successful and well-received COVID-19 food security assistance delivery in 19 countries**, to further hone, adapt, and share our approach, processes, and best practices for CVA and other types of food security assistance. These are critical components of social protection systems that can address families' immediate financial needs — and build a foundation of community resiliency for future shocks.

“It is evident that in the communities where we have taken the time to develop **child protection plans**, there is fundamentally a **better understanding of the risk and protective factors among the children in their communities**. Now during COVID-19, partners in these areas can make **more targeted and impactful interventions for households most at risk.**”

— *Child Protection Specialist, the Americas*

“It is essential to train teachers and children in the **use of digital tools**, in order to facilitate their adaptation to the new context and to cope with different activities without being emotionally overwhelmed.”

— *ChildFund Ecuador staff member supporting COVID-19 response activities*

- **Improve, refine, and disseminate our technical tools and packages for child protection programming in emergency/humanitarian settings**, with a special focus on child-friendly spaces (CFS), PFA, and support to community-based child protection systems. This includes continued development and dissemination of **Encircle**²³ — ChildFund’s community-based psychosocial support (CBPSS) resource hub for people, organizations, and communities working to protect and foster the well-being of children and youth in crisis.

- **Expand our humanitarian programming support** to reach more of the increasing numbers of children who are severely impacted by disaster situations and need humanitarian assistance; this will emphasize areas affected by protracted conflict and displacement crises both within our current countries of operations and, potentially, in a select number of new ones.

²³ Encircle content focuses on training and program design for ChildFund staff, and other professionals who work with children and youth in crisis such as lawyers, law enforcement, teachers and educational staff, public health officers, among others — and it includes key interventions, skills, and strategies to implement CBPSS activities and approaches effectively with children, youth, and their families in their homes and communities.

CHAPTER
7

LOOKING FORWARD
OUR NEW STRATEGIC DIRECTIONS



Photo by Jake Lyell

WHERE WE HAVE BEEN

As we close our *Destination 2020* strategy and move into our 2030 strategy *Growing Connections*, we have **increasing evidence of our program results** — and the potential for enhanced and new connections and scaling our impact.

Our most recent **global M&E data** highlight the positive changes our partner organizations and we have made in helping to create safer environments for children and in improving important health, education and skills development outcomes.

These data show improvements in:

- Perceptions of community safety;
- Knowledge of where to report harms;
- The physical health and wellness of children and families;
- Engagement of young children in early learning activities;
- Literacy and numeracy levels for school-aged children; and
- Youth graduating with business/technical skills.

Our **programming evidence** shows positive change in our core outcomes within specific life stages. In addition, many of our programs are directed towards and build evidence for key **outcomes across our three life stages**, emphasizing a holistic, “whole child” approach to our programming. As we move forward, incorporating this whole child perspective will allow us and our partners to better serve children and their families in our programs, throughout the life stages and across sectors.

Photo by Jake Lyell

CHILD PROTECTION

The outcome area for which we have generated the most evidence — child protection — points to the collective success and impact of our **Destination 2020** strategy with its focus on protecting children from harm and integrating this focus across our programs and life stages.

Our strengthening of child protection systems through our community-based child protection (CBCP) mapping work reaffirms that a shared understanding of harms is a prerequisite for taking effective action to keep children safe.

Through CBCP mapping we have learned, and we will continue to learn, about some of the most marginalized groups of children in society. This participatory research helps us, and our partner organizations, respond to the protection challenges that children and youth face in communities around the world. We are also able to use the deep, community-level social connections it builds to help us rapidly respond to humanitarian crises such as COVID-19.

EDUCATION

Our interventions in early education and supportive environments for learning continue to show positive and promising results, particularly through the data we have captured in our early childhood development (ECD) programs. Our local partners have seen increased engagement among caregivers in the first — very important — 1,000 days of their child’s life. More caregivers are engaging in enriching play and learning activities and less punitive parenting techniques, and fewer caregivers are leaving their young children unattended.

For primary school-aged children, we see more engagement among caregivers in their children’s learning and school affairs, leading to overall improvements in reading and math. More work must be done, however, especially in reducing regional disparities — more children overall in the Americas were attaining reading and math proficiency compared with those in Africa and Asia.

SKILLS DEVELOPMENT

We have also seen positive changes in skills development among adolescents and youth. Significant changes have been seen through our data collection among youth who have graduated from business and technical skills training programs, although girls overall are still more likely to drop out.

We and our local partners have seen improvements among older children and adolescents in self-esteem and self-confidence, as well as increased leadership skills, which will bolster their ability to lead productive, healthy, and economically stable lives, and become active participants in their communities.

HEALTH

We see a growing evidence base in support of our programs that target health and hygiene practices and services, particularly for those programs that focus on maternal and child health and WASH. More caregivers are knowledgeable about pre- and post-natal care, infant and child nutrition and caregiving. Improvements have also been seen among adolescents and youth in their knowledge of sexual health and reproduction.

Across the life stages, more families have clean drinking water, access to sanitation and better hygiene practices. Our contributions in the health arena, and our local partners’ adaptation of past and current health programming, were also evident in our COVID-19 response work.

HUMANITARIAN RESPONSE

The pandemic has threatened to disrupt gains in all areas of our work, but our ability to pivot our interventions, thanks to our local partners, has helped to ameliorate these disruptions and continue supporting the children and families in our programs. Our COVID-19 response has shown how nimbly we can address needs — and respond to them across 20 countries — using our social connections at the community level and wrap rapid research and evaluation around our response work to connect learning to action.

Our humanitarian response programs have led to enhanced disaster preparedness for children, families, and/or entire communities, providing families with livelihood strengthening support through food security and cash assistance, and supporting the children’s mental well-being and protection through psychosocial support programming and child safe spaces.

Our work helps children improve their lives and supports the agenda of institutions committed to the well-being of children. Our work contributes to the SDGs, by reducing poverty and hunger, fostering good health and well-being, promoting quality education, and ending violence through peace, justice, and strong institutions.

CHILDREN'S VULNERABILITY — AND WHERE WE ARE GOING



Photo by Jake Lyell

Studying our contributions and learnings shared in this Impact Report, we see new areas to explore and develop as we move into our 2030 strategy **GROWING CONNECTIONS**.

The world is changing for children. The COVID-19 pandemic, climate change, migration and violence threaten recent gains in child health, education, and safety. Millions of children have been orphaned due to the pandemic. Rates of extreme poverty for children are expected to increase. There have been roughly 10 million additional child marriages, 9.3 million children will suffer from malnutrition, and an estimated \$30 billion has been lost in future productivity. As a global community, we also must acknowledge the severe and long-lasting impacts of the COVID-19 pandemic on children, their families, and their communities.

Additionally, the increased reliance on digital technology for learning and entertainment brings with it new dangers for children, even as it offers new opportunities. To combat these evolving threats to children, and to make a difference in their lives, organizations like ours need to evolve as well.

Deepening connections to support the world's children: Our Next Steps

It is in response to this changing world, **GROWING CONNECTIONS** begins with an inspiring, big-picture, long-term goal to generate organizational direction and action: **By 2030, local partners and ChildFund will reach ~100 million vulnerable children and family members annually to help children grow up healthy, educated, skilled and safe.** Over the next 10 years, we will reach more children by adding new program approaches and by evolving our role in international development.

This ambitious goal grew out of our vision of a world where every child realizes their rights and achieves their potential. Our ~100 million number is an order-of-magnitude aspiration to provide substantial impact for many more deprived, excluded, and vulnerable children, and our 2030 strategy provides the pathways for pursuing and achieving this goal.

¹ Jim Collins and Jerry Porras introduced the term Big, Hairy, Audacious Goal or "BHAG" in the book *Built to Last: Successful Habits of Visionary Companies*.

Key programmatic strategies to support this transformation and journey include:

1 Enhancing and scaling our ECD programming and policy support. We see the promise, progress, need, and potential of our work on responsive, protective, and playful parenting, community mentors and ECD centers for proving children with a strong foundation. Thus, we will prioritize: (1) Building an evidence base for positive parenting and nurturing and protective home environments for children ages 0 to 5; (2) Engaging community leaders and government representatives to create support systems for very young children; and (3) Exploring ways in which ECD centers can both support the delivery of caregiver skills development and provide very young children with access to pre-primary education.

2 Deepening our programmatic capacity to keep children and youth safe online. Our response to the challenges children and their families face to sustaining their education, livelihoods, and family cohesion with the onset of

COVID-19 pandemic highlighted the importance of social connections and the importance of the internet in facilitating these connections. But we also saw that the growth in internet connectivity was accompanied by a substantial increase in online sexual exploitation and abuse of children (OSEAC). In response, we will: (1) Increase our programmatic capacity and develop innovative programmatic interventions to address OSEAC; (2) Expand our advocacy efforts; and (3) Identify and initiate new partnerships that will allow us to increase our reach and impact.

3 Digital delivery of programming. In response to COVID-19, our local partners pivoted existing, relevant resources and activities to online platforms and encouraged children, youth, communities, and stakeholders to engage in a new online world. This learning has informed our focus on identifying and implementing best practices in digital program delivery in varied contexts and for different target groups.

4 Building and strengthening our collective, global evidence base for all outcome areas. ChildFund is developing — and testing the fidelity and effectiveness of — a select set of **program models** to improve the delivery quality, efficiency, and collective evidence of specific, integrated sets of interventions to sustain and increase all core outcomes for children within and across life stages.

5 Expanding our global M&E platform to create an organizational culture that is connected — and informed — by data. This includes system enhancements to: (1) Increase our capacity for program monitoring; (2) Integrate and aggregate data so that we can support knowledge generation and have greater insight into our work and learning; and (3) Expand our global M&E indicators to reflect our 2030 strategy **GROWING CONNECTIONS** and SDG target indicators.

6 Measuring our child protection advocacy results. Our country-based advocacy efforts expanded during **Destination 2020**, with 90%

or our country offices having plans in place with issues identified. Next, we must develop, test, and identify best practices so that we can measure — and learn from — the outcomes and impact of our policy reach and change.

7 Growing connections through new partnerships. During **Destination 2020**, it became apparent that the social connections we have developed through community-level partnerships played a crucial part in our rapid COVID-19 response. To increase our reach and impact, we will develop similar "connections" with other types of partners. These partnerships will take many forms: resource mobilization, thought leadership, research and evidence generation, program and policy influence, and developing innovative methods to reach more children, including through digital delivery. ChildFund will evolve to be an agency that has dynamic and impactful relationships with different types of strategic partnerships to reach our **GROWING CONNECTIONS** goals.

GROWING CONNECTIONS 2030: THE PATH FORWARD

GROWING CONNECTIONS means more children participating in proven programs supported by trusted partners. ChildFund is making a bold commitment to foster more and stronger connections with children, communities, partners, sponsors, and donors to ensure that children grow up healthy, educated, skilled and, above all, safe so that their development can come to fruition.

We hope you join us on our ambitious path to support children and families around the world.



Photo by Jake Lyell

ANNEX A: METHODOLOGY

This Annex provides methods details on our 2019 global Monitoring and Evaluation (M&E) data collection, evidence repository, and 2020-2021 COVID-19 response global process and outcome evaluations.

Global Progress — ChildFund’s Global M&E Data Collection

ChildFund’s Global M&E data collection is a two-step process. Every year¹ we collect data on our enrolled population, across all countries and communities in which we work. Our core survey module captures a set of indicators that assess whether the child is present in the community, as well as their child protection, education, and health status and needs. For children in Life Stage 1, the survey is administered to their caregivers, and for Life Stage 2 and 3, the surveys are primarily administered to children. In 2019, this data collection covered 431,498 children.

Our life stage specific modules collect data on a set of core program indicators aligned with ChildFund’s Life Stage theories of change for a sample of enrolled children, to monitor the progress and contributions of our programs. In 2019, we collected monitoring data on 17,246 caregivers of Life Stage 1 (ages 0-5) children, 18,441 Life Stage 2 children (ages 6-14), and 13,475 Life Stage 3 adolescents and youth (ages 15-24).

Survey data were collected via mobile data collection platforms. Data analysis was conducted using Stata version 16 software and following ChildFund’s Global M&E indicator calculation guidelines. Given that ChildFund’s target population are the most vulnerable children and communities, results should not be taken as nationally representative².

¹ We were unable to complete our 2020 data collection effort due to the COVID-19 pandemic.

² Our sampling approach, to control the level of data collection effort at the community level, provided Local Partners with very high numbers of enrolled children choose to collect monitoring data on either their entire enrolled group per Life Stage (census), or on 300 children per Life Stage, whichever is less.

Table A-1. ChildFund’s 2019 Global M&E Data Collection Samples by Region and Country

AFRICA					
COUNTRY	MODULE	LIFE STAGE 1	LIFE STAGE 2	LIFE STAGE 3	TOTAL
Ethiopia	1	7,829	20,023	9,862	37,714
	2	1,501	1,282	1,288	4,071
The Gambia	1	3,095	6,254	5,006	14,355
	2	321	0	650	971
Guinea	1	2,037	2,204	1,469	5,710
	2	312	312	300	924
Kenya	1	10,775	27,773	11,422	49,970
	2	1,320	1,650	1,320	4,290
Mozambique	1	3,955	6,693	1,193	11,841
	2	330	329	0	659
Senegal	1	5,167	11,940	5,964	23,071
	2	1,584	1,077	1,286	3,947
Sierra Leone	1	4,231	7,895	3,969	16,095
	2	330	330	330	990
Uganda	1	4,885	17,539	7,245	29,669
	2	2,819	2,970	2,970	8,759
Zambia	1	8,253	13,458	5,784	27,495
	2	660	660	660	1,980
TOTAL	1	50,227	113,779	51,914	215,920
	2	9,177	8,610	8,804	26,591

ASIA

COUNTRY	MODULE	LIFE STAGE 1	LIFE STAGE 2	LIFE STAGE 3	TOTAL
India	1	13,739	19,451	12,295	45,485
	2	1,244	2,582	2,292	6,118
Indonesia	1	4,771	13,882	6,460	25,113
	2	1,330	2,294	855	4,479
Philippines	1	7,169	14,982	5,449	27,600
	2	2,069	2,309	1,177	5,555
Sri Lanka	1	3,285	9,677	3,194	16,156
	2	0	1,075	280	1,355
TOTAL	1	28,964	57,992	27,398	114,354
	2	4,643	8,260	4,604	17,507

AMERICAS

COUNTRY	MODULE	LIFE STAGE 1	LIFE STAGE 2	LIFE STAGE 3	TOTAL
Bolivia	1	4,717	10,800	4,873	20,390
	2	832	1,239	966	3,037
Brazil	1	234	220	151	605
	2	234	220	151	605
Ecuador	1	1,459	11,147	5,770	18,376
	2	476	627	620	1,723
Guatemala	1	4,622	8,135	4,394	17,151
	2	912	985	592	2,489
Honduras	1	4,156	13,642	3,939	21,737
	2	972	668	620	2,260
Mexico*	1	3,612	10,309	9,044	22,965
TOTAL	1	18,800	54,253	28,171	101,224
	2	3,426	3,739	2,949	10,114

For Data Collection Survey **Module “1”** = Core Module and **“2”** = Life Stage Specific Modules; * = Life Stage Specific data were not collected.

Programming Evidence — ChildFund’s Evidence Repository

The Evidence Repository is an internal, centralized, and curated collection of completed evaluations of ChildFund-implemented programs/interventions. As of December 30, 2020, the Repository contained reports for 101 evaluated programs. Reports were systematically coded by trained behavioral researchers using a standardized codebook that includes fields to capture basic descriptive information (e.g., program/intervention name, country, region, ChildFund Life Stage, etc.), as well as information on the intervention, the program evaluation study design, and evaluation outcomes (see Table A-2 for key sample data fields).

Table A-2. Sample Evidence Repository Fields

FIELD	DEFINITION
Intervention Context	What the implementation area/location is like
Intervention Delivery Setting	Where the intervention is taking place (e.g., site like school or level like family)
Intervention Focus	What this intervention/project aims to achieve (its goal or main objective)
Study Design Category	Design category is: 1) Experimental 2) Quasi-experimental 3) Pre-experimental
Study Design Type	Design type used: 1) Randomized control trial 2) Between-groups pre-and post-test design with systematic assignment (matching) 3) Regression discontinuity 4) Interrupted time series 5) Case study/single subject 6) Post-test only with matching 7) Pre- and post-test design with one group 8) Pre- and post-test design that contains two groups without matching 9) Post-test design that contains two groups without matching 10) Post-test only with one group
Type of Data Collection	Methodological approach(es) used: 1) Quantitative 2) Qualitative 3) Mixed
Outcome Area(s)	Outcome domains assessed: Child Protection, Education (Early Child Development, School-Age), Health, Economic/Livelihood Strengthening, Skills Development, Youth Agency, Disaster Risk Reduction
Lessons Learned	Lessons learned and recommendations related to implementation, project design, evaluation process, scalability, sustainability, feasibility

Tiered Evidence Level Classification. Using ChildFund’s tiered evidence levels across outcome areas (child protection, education, skills development, health, etc.), **programming evidence level (PRELIMINARY, PROMISING, EFFECTIVE)** was determined for each evaluation based on the program/intervention’s evaluation study design and related outcome findings (i.e., level of positive change). Within outcome areas, data from coded reports were synthesized across life stages, region/country, and time periods.

Table A-3. ChildFund’s Tiered Evidence Levels

Criteria for evaluating evidence generated by programs (i.e., “evidence out”) through individual evaluation studies — or sets of evaluation studies.

1	<p>Preliminary INDIVIDUAL STUDIES: qualitative or observational studies show positive change in enhancing an outcome related to ChildFund’s Life Stage Theory of Change Outcomes.</p>
2	<p>Promising INDIVIDUAL STUDIES: A high- or moderate-quality impact study using a high quality quasi-experimental design has found favorable, statistically significant impacts in an outcome related to ChildFund’s Life Stage Theory of Change Outcomes.</p>
3	<p>Effective INDIVIDUAL STUDIES: A study using an experimental study design (i.e., with random assignment to intervention and comparison/control groups) has found favorable, statistically significant impacts for an outcome related to ChildFund’s Life Stage Theory of Change Outcomes.</p>

Our COVID-19 Response — ChildFund’s COVID-19 Global Response Study

PROCESS EVALUATION

Our Implementation Tracking Tool enabled us to collect detailed implementation data on a regular basis from all 20 country offices. We used this and other reporting data to answer a set of process evaluation learning questions:

- 1 What were the main response activities?
- 2 What were challenges/barriers to response activities?
- 3 What were facilitators/enabling factors for response activities?
- 4 What were solutions to/lessons learned about response activities?

Monthly country-level situation reports, and regional emergency response reports were also reviewed.

We utilized a qualitative data analysis approach to analyze the data using Dedoose software. Qualitative data codes were developed and systematically applied to identify patterns in the data. Separate analyses for each response priority area within each region were conducted and synthesized across all three regions to delineate common themes.

OUTCOME EVALUATION

Our COVID-19 response outcome evaluation (August 2020 to March 2021) focused on the results of ChildFund’s food security assistance, including its contribution to reducing household hunger. Two sub-studies were conducted: 1) a post-test only study of assistance recipients in 16 countries and 2) a pre- and post-test study of assistance recipients in five countries.

The post-test only study examined household experiences with cash and voucher assistance (CVA) and/or food baskets with a sample of **13,210** study participants (head of household), 64% of whom were women. Study participants completed a brief, 22 item phone survey that was administered approximately three months after beneficiaries received the food security assistance. **Overall, we had a 98% response rate.**

Our global pre- and post-test study examined household hunger before and after the receipt of CVA in a sample of **6,479** study participants from five countries. There was a **96% response rate** for post-test survey completion.

Across studies, the sampling approach used by each country was either systematic or census (all response recipients) based upon the country office’s data collection resources and the size of their response reach.

Survey Design. The outcome surveys used by the global studies were designed to be administered via telephone interview, using the CommCare platform (allowing for a rapid response and social mobility restrictions). We collected data on the type of food security assistance received (cash, voucher, or food basket), satisfaction, use and adequacy of the assistance, and household hunger as measured by the Household Hunger Scale (HHS)³. The HHS is specifically developed and validated for cross-cultural use, allowing for estimation of valid and comparable results across our implementing countries.

Study Samples. Sampling data are profiled in Table A-4 and Table A-5 for each sub-study.

³ Deitchler, M., Ballard, T., Swindale, A., & Coates, J. (2010). Validation of a measure of household hunger for cross-cultural use. *Washington, DC: Food and Nutrition Technical Assistance II Project (FANTA-2), Academy for Educational Development.*

Table A-4. Post-test Only Study Samples by Region and Country

	(N)	% FEMALE
All Countries	13,210	63.6%
Africa	6,671	56.3%
Ethiopia	1,293	57.6%
The Gambia	464	72.6%
Guinea	1,528	23.1%
Kenya	1,081	70.9%
Mozambique	779	69.3%
Senegal	900	66.3%
Sierra Leone	626	66.3%
Asia	3,878	63.0%
India	2,561	58.6%
Philippines	1,182	74.0%
Sri Lanka	135	50.4%
Americas	2,661	83.0%
Bolivia	397	72.8%
Brazil	369	48.8%
Ecuador	396	81.8%
Guatemala	536	94.2%
Honduras	370	91.9%
México	593	96.3%

Table A-5. Pre- and Post-test Study Samples by Country

	Pre- test		Post-test	
	(n)	% Female	(n)	% Female
All Countries	6,479	52.9%	6,242	52.6%
The Gambia	974	63.3%	751	63.5%
Indonesia	3,901	43.3%	3,894	43.3%
Sierra Leone	532	66.9%	527	67.2%
Sri Lanka	115	47.8%	115	47.8%
Zambia	957	74.3%	955	74.3%

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Concept and Coordination: Darcy Strouse, Juliana Bol, Jessica Castro, Chareen Stark, Naomi Rutenberg

Reference Group: Naomi Rutenberg, Erin Kennedy, Christine Ennulat, Anne Lynam Goddard, Paul Bode, Adam Hicks, Michael Brooks

Writing and Graphics: Darcy Strouse, Juliana Bol, Jessica Castro, Chareen Stark, Walter Okello, Erin Kennedy

Editing and Design: Springboard Consulting (Jo Hodges, Shannon Darke), Ashley Helton (Design), Erin Nicholson

Technical Reviewers: Cassandra Scarpino, Betsy Sherwood, Walter Okello, Veronica Burbano, Gustavo Malave Aliendres, Monica Lopez-Boiro

Contributions: Childfund and Local Partner organization colleagues from Bolivia, Brazil, Ecuador, Ethiopia, The Gambia, Guatemala, Guinea, Honduras, India, Indonesia, Kenya, Mexico, Mozambique, The Philippines, Senegal, Sierra Leone, Sri Lanka, Uganda, United States Programs, and Zambia; Marketing and Communications; Programs and Partnerships Research and Learning interns Harsimran Sidhu and Hifzah Malik



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CHILDFUND INTERNATIONAL

2821 Emerywood Parkway
Richmond, VA 23294
+1.800.776.6767

WWW.CHILDFUND.ORG

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