



GLOBAL HEALTH

Child Health

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In partnership with ministries of health, national and international organizations, and donors, Save the Children works to improve the quality, availability, and use of key health practices and services by developing and testing low-cost, sustainable approaches at the level of primary care, including community-based approaches to address critical challenges and scale up evidence-based interventions.

Save the Children's child health programs focus on supporting frontline health workers to deliver preventive and curative care to address **three of the major killers of children under five: pneumonia, diarrhea, and malaria.**

Trained and supported frontline health workers in the most-in-need communities and countries can often deliver lifesaving care such as immunizations, antibiotics, oral rehydration solution, zinc, and malaria drugs, ultimately increasing access to and the quality of child health services. Frontline health workers enable families, communities, and governments to be active partners in improving the health and survival of children.

Save the Children believes every child deserves a future. In the United States and around the world, we do whatever it takes – every day and in times of crisis – so children can fulfill their rights to a healthy start in life, the opportunity to learn and protection from harm. With over 100 years of expertise, we are the world's first and leading independent children's organization – transforming lives and the future we share.

KEY FACTS

- Five million children under five died in 2021, the vast majority these deaths could have been prevented, even in low-resource settings in sub-Saharan Africa and Asia, where nearly 90% of these deaths occur (UN IGME 2023).
- Globally, the leading causes of death in children under five years are preterm birth complications, pneumonia, birth asphyxia or trauma, diarrhea, and malaria (UN IGME).
- In 2022, while 84% of infants received three doses of vaccine protecting against diphtheria-tetanus-pertussis (DPT3), and nearly as many received at least one dose of measles-containing vaccine, only 41% are immunized for rotavirus and 60% for pneumococcal disease (WHO). And over 14 million infants did receive even a single dose of DPT vaccine.

OUR IMPACT

- In Cote d'Ivoire (2020-2023), 8,500 community health workers (CHWs) were mobilized in hard-to-reach communities of 53 health districts, serving 5.8 million people, including 895,627 children under five.

Integrated Community Case Management (iCCM)

iCCM is a broadly endorsed global strategy to reduce child mortality, in which a health system trains, supplies, and supervises community health workers (CHWs) to manage sick children who have limited access to facility-based health services. iCCM addresses multiple potentially life-threatening diseases. Through iCCM, CHWs can deliver appropriate, lifesaving treatments closer to where children live. By combining preventive and curative measures, each complementing the other, iCCM achieves better results for children. We have supported iCCM efforts in 23 countries, with our largest program currently in Cote d'Ivoire.

Immunization

Our mission is to ensure equitable access to life-saving immunization so that no one, child or adult, is left behind. We work to reduce illness and death in children under five from vaccine-preventable diseases by improving routine immunization coverage and by supporting the rollout of vaccines, sustainably and at scale, particularly in populations with the most under- or unimmunized children. We improve immunization service delivery by supporting facility and outreach services, increasing demand for immunization by mobilizing communities, training health workers, and supplying essential vaccine supply chain equipment.

In Save the Children's current routine immunization strengthening project in Somalia, during December 2020 – March 2023, we facilitated immunization of 67,601 children (34,482 girls and 33,119 boys) with Penta1. Among the children reached, 6,489 (3,197 girls and 3,292 boys) were identified as zero-dose children from hard-to-reach/inaccessible villages in both states (Jubaland and Galmudug). Additionally, a total of 45,727 women of childbearing age received at least the second dose of tetanus toxoid (TT) vaccine.



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Providing Health Care in Her Community

Saleha, 21, was born and raised in a community in Mumbai, India where she now works as a community health worker for Save the Children. Families in her community don't have easy access to hospitals, so home visits from community health workers, like Saleha, are extremely important – even more so during the COVID-19 pandemic.

Saleha has supported many children in her community to overcome malnutrition, to be vaccinated, and to get treatment for pneumonia and other diseases. She feels that she has realized the dream she had as a child: to be able to help and change the community where she lives.

Child Health in Humanitarian Settings

During times of crisis, access to quality health services becomes increasingly limited or non-existent. In the initial phase of an emergency, we collaborate with health systems and other partners to support existing health centers and village clinics and establish mobile medical care and temporary health facilities to reach displaced or underserved populations.

We developed [guidance for continuing community case management \(CCM\) during emergencies](#), a review of which found that iCCM services can continue during a natural disaster, albeit with disruptions. Our interventions in humanitarian settings include management of childhood illnesses and preventive interventions such as vaccinations and health/hygiene promotion.

Digital Health

Save the Children works with ministries of health to develop digital tools for CHWs and health facility staff that can improve the quality and efficiency of their work. We support digital tools that can improve links between community members and health facilities. In Nicaragua and Bangladesh, we have developed clinical diagnostic tools with local partners; in Malawi, we have worked with the Ministry of Health (MoH) to add key components onto an overall app being used by Health Surveillance Assistants. In Kenya, our Child health team led a pilot project during 2018-2020, using a digital platform (called the THINKMD tool) to improve the quality of child health services delivered by health care providers (HCPs) in Kibra informal settlement areas in Nairobi. This digital platform was compliant with WHO's recommended guideline for integrated management of newborn and child illnesses (IMNCI), and was designed to help sick child assessment, diagnosis and management by HCPs. Comparing baseline and endline assessment results, the major findings from this pilot revealed : 1) Proportion of HCPs who preferred Amoxicillin dispersible tablet (which is the recommended treatment for childhood pneumonia) was increased from 3% at baseline to 38% at end line; 2) Proportion of HCPs who were aware that antibiotics should NOT be used for the management of simple diarrhea increased from 14% (at baseline) to 50% (at end line); 3) At end line, more than 90% of HCPs were found compliant in their practice to IMNCI guidelines for sick child assessment, diagnosis and management. Currently, with support from Mooney foundation, the use of this digital THINKMD tool has been expanded to an additional 11 urban informal settlement (slum) areas in four sub-counties (Ruaraka, Embakasi south, west and central) in Nairobi, Kenya to serve 45,239 children under five through 190 trained health care providers as users of this digital tool.

Malaria Control

We work to scale malaria interventions which significantly contribute to prevention, diagnosis, and treatment. Our interventions include improved case management at facility and community levels, including rapid diagnostic tests and combination drugs; the distribution of long-lasting insecticide treated bed nets; intermittent preventive treatment of malaria in pregnancy; seasonal malaria chemoprevention for children; vector control; social and behavior change; surveillance; and drug and insecticide resistance monitoring, among others.

Child Health Program Highlights

Niger: USAID Kulawa

USAID Kulawa (2020-2025) [aims to](#) increase utilization of quality child health, family planning, and nutrition services in 17 districts across three regions of Niger. USAID Kulawa—meaning “care” in Hausa—seeks to improve access to quality health services and strengthen ownership and management of health services by communities, in partnership with citizens, government, and service providers. In 2022, 246,897 children under-five were treated for diarrhea. In addition, a total of 193,070 children were immunized against measles before their first birthday. To strengthen health coverage and reach zero dose and under-immunized children, the project supported outreach and mobile clinic activities to reach 18,030 children with immunization services in 2022.

Ethiopia, Niger, & Nigeria: CORE Polio

In Ethiopia, Niger, and Nigeria, the **USAID-funded CORE Polio projects** aim to contribute to the eradication of polio, strengthen routine immunization in key areas and ultimately reduce the rates of child deaths and disease caused by vaccine preventative diseases (VPDs). Each project aims to build partnerships between international, national, and sub-national organizations involved in polio and support organizations in their efforts to strengthen national and regional routine immunization systems. These projects also support organizations' efforts to detect and report cases of polio, as well as other

infectious diseases, and support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities.

Kenya: Reducing Infectious Disease in Children under Age Five

This **Pfizer Foundation-funded three-year project (2020-2022)** increased sustainable immunization among populations with low coverage in Kenya. Our collaborative efforts with the MoH improved access to and use of high-quality immunization services among semi-nomadic and nomadic pastoralists in Mandera and Wajir counties, and in the Kibera urban slum of Nairobi County. The project facilitated full immunization coverage for 93,879 children and we reached 200,554 community members with relevant messages on health, nutrition, and child vaccination. Immunization coverage increased in the project area by 26 percentage points (from 62% at baseline in 2020 to 88% at endline in 2022), contributed to a decrease in the incidence of vaccine preventable disease outbreak among children, including childhood pneumococcal disease, rotavirus, and diarrhea, and a reduction in overall under-five mortality.

By project end, we strengthened MoH and public health systems in Nairobi, Mandera and Wajir counties to ensure that routine and supplementary immunization activities are carried out efficiently by the government and that strategies are in place to reach unvaccinated children in the hard-to-access areas. Additionally, we also extended our support to the Kenya MoH for the transition from Gavi (the Vaccine Alliance) support to a self-reliance national immunization program in near future. Results from a cost-efficiency analysis of this project in Kenya revealed the approximate cost for a fully immunized child as \$21 US dollars, while the per capita cost for communicating health messages to community members and health care worker training was \$10 US dollars, and UNICEF estimated approximately \$32 US dollars as vaccine delivery cost (=total cost – cost of vaccine and supply) per fully vaccinated child with standard schedule for children < 24 months).

Zimbabwe: Zapim II

Save the Children is a partner to the Abt Associates-led **Zimbabwe Assistance Program in Malaria (ZAPIM) II (2021-2026)**, which aims to enhance coverage of malaria control and elimination measures. Focus areas include case management and malaria during pregnancy; provision and distribution of long-lasting insecticidal nets; social and behavioral change communication; operations research; and comprehensive monitoring and evaluation. Save the Children is leading the social behavior change and community-level activities including community action cycle and case management. We work in 12 districts of three provinces and have trained 447 volunteer health workers (VHWs) and refresher trained an additional 1,022. We improve quality of care by supporting 527 peer supervisors who provide more immediate supervision to VHWs.

Global: USAID MOMENTUM Country and Global Leadership project

Save the Children is a core partner in the Jhpiego-led **MOMENTUM Country and Global Leadership Project (2020-2026)**, providing leadership on child health, newborn health, nutrition, community health, adolescent health, and water, sanitation, and hygiene (WASH). [Our work includes](#) promotion of effective integration across these areas. Current areas of focus include: improving the quality of facility-delivered health care for children, including small or sick newborns; strengthening the delivery of services that are part of the Integrated Management of Childhood Illnesses (IMCI); addressing inequities in access to care by strengthening community health services for children, especially the effective management of pneumonia, diarrhea, malaria, and malnutrition; and working at all policy levels – global, national, and sub-national - to bring renewed focus to those children most at-risk from these still-too-common childhood killers. To date, child health activities have been part of the project's work in Ghana, Indonesia, Kenya, Madagascar, Malawi, Nigeria, Sierra Leone, Uganda, and Zambia.