ACTIVITIES AND PROGRESS TO DATE

PROGRAMME GOAL: **To reduce the infant mortality rate in 19 municipalities in the state of Pernambuco by two-thirds over three years and improve comprehensive care services to at least 15,000 children throughout the project area**[1].

Objective	Partner	November 2011 – April 2012 Activities	Outcomes and Impact	Indicators*	Next Steps: May to October 2012
OBJECTIVE 1: Improve the health and nutritional status of children up to five years of age.	North-eastern Centre for Folk Medicine (CNMP)	The following activities were carried out from November 2011 to April 2012: 1.1. Carry out a follow-up examination of children in the focus group to test for anaemia and check their height and weight. 1.2. Continue with the nutritional education workshops, repeating the nutritional survey to collect evidence of the changes in the nutritional status of children and their families. 1.3. Produce nutritional education material to work with while carrying out nutritional education workshops with the remainder of the families who are part of this project.	1.1. and 1.2: We have continued with the nutrition education workshops with 54 mothers. Once these were concluded, we conducted a nutrition questionnaire and tests for height/weight and anaemia. The results of these were hugely encouraging and are outlined in the narrative report. 1.3. We have produced posters with guidance on nutrition for distribution among professionals and families (see Annex 1) as well as a nutritional education information booklet which we piloted in training sessions. The pilot revealed the need for modification which has delayed printing	**3,500** families have greater levels of awareness and informed about care for babies, adopting and increasing breastfeeding and care of children (data sources: case studies in collaboration with the Mother Owl Programme; interviews with mothers; records from meetings and training sessions; monitoring studies). **7,086** children under five are accessing health programmes in target areas (data sources: Mother Owl database) **100%** of participating children have improved nutritional status. **59%** of professionals working with children demonstrate improved understanding of issues related to nutrition and health (data sources: KAP – Knowledge, Attitudes and Practices – research and interviews with a sample of individuals participating in	The following activities will be conducted from May 2012 to October 2012: 1.1. 36 nutritional education workshops with mothers and families. We will establish 12 groups of 15 participants in urban and rural areas. 1.2. Development of three Control Groups, each with 15 participants (18 workshops) over six months. 1.3. Carry out the Introductory Module of the Course on Comprehensive Early Childhood Care, targeting professionals in the Mother Owl Programme in the municipalities of Salgueiro and Serra Talhada.

[1] The child mortality rate across Pernambuco is currently reported as being at around 22.8 per 1,000 births, higher than the national average of 20 per 1,000 births (UNICEF, 2008). However, we believe this will be much higher. A baseline study will be carried out in the target communities so as to ascertain a more exact figure. We will then work to lower this rate by two thirds in two years.

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			(although this is now underway).	training activities).	
		1.4. Carry out workshops with the nutritionists from the education authorities to present proposals for changes to the school menu. Together with the nutritionists, we will meet with the Education Secretaries to implement these new proposals.	1.4. While we have conducted collaboration workshops with the Department for Education, the complexities of working with government ministries mean that this is taking time to yield concrete results in terms of school meals. We will however continue to work with them in the coming year in order to achieve positive outcomes.		
		1.5. Provide technical support to the school gardens in four schools, helping them to attain self-sustainability.	1.5. While the the school gardens yielded great success initially, Pernambuco has been affected by extreme drought, with families struggling to access water even for drinking and washing. We are working on a plan to rebuild and strengthen the sustainability of the gardens in the future.		
OBJECTIVE 2: Improve the psycho-social well-being of small children and support their development in the early years of schooling in education facilities and in their families.	CCLF	The following activities were carried out from November 2011 to April 2012: 2.1 Monitor the capacity of teachers in developing annual planning and in their incorporation of new techniques and	2.1 and 2.4 We have monitored teachers in their use of new techniques and knowledge in their daily routine, noting that they appear more aware of the health, protection and	**59 %** of health and education professionals demonstrating improved comprehension of standards for well-being and their obligations in regards to caring for children (data sources: interviews with professionals; KAP research; baseline data). **50 %** of project target-school	The following activities will be conducted from May 2012 to October 2012: 2.1. Train teachers, staff and administrators in three new pilot schools – including one urban school, one indigenous school and one

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		knowledge in their daily routine. 2.2 Conduct Knowledge Attitude and Practice (KAP) surveys to analyse the impact of our project on key beneficiary groups. 2.3 Publish results of our experiences in the pilot schools. 2.4 Carry out planning and support teachers ready for the next round of workshops with parents and community leaders on the learning and development of young children.	well-being of the children and utilise reading, toys, play and music to help children develop their relationships and perspective on their world. We have supported teachers in their planning and helped to prepare they for the next round of training workshops. 2.2 We have conducted a KAP survey which found increased views of affection, care and attention as key requirements for early childhood development, and the need for dialogue over physical punishment. 2.3 We have developed a publication of our experiences in the schools, which will be published in our project publication "Comprehensive Early Childhood Development Model", which is currently undergoing revision for final publication. 2.4 See activity 2.1	education plans incorporate specific cultural needs of children in targeted communities over the course of project implementation. **100 %** of planned Reading Corners are established/built in schools (data sources: written Institutional Education Plans; meeting records; interviews with children and teachers).	*Quilombola* school – with a focus on early childhood pedagogical practices. 2.2. Implement Reading Corners in 10 new pilot schools. 2.3. Conduct workshops with 100 families from the new pilot schools addressing comprehensive early childhood development. 2.4. Continue teacher monitoring in schools that underwent training in the first phase (2010-11).
OBJECTIVE 3: Improve the	Acari; International Child Development	The following activities were carried out from		**59 %** of health and education professionals demonstrating	The following activities will be conducted from May 2012 to

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comprehension of care-providers and professionals on the rights and protection of children	Programme (ICDP)	November 2011 to April 2012: 3.1. Additional basic health care professionals trained to disseminate the ICDP methodology among targeted families. 3.2. Support provided for each basic health care professional, reaching an additional 20 families through the ICDP methodology.	3.1. An evaluation conducted in November 2011 indicated a need for amendments to the methodology prior to its continued roll out. This has delayed activities slightly. We have conducted a planning meeting with technical teams to organise the training which will be conducted in the next reporting period. 3.2. This will be carried out after the training is conducted in the next reporting period. We expect the 260 health professionals to each reach 25 families.	improved comprehension of the standards for well-being and their obligations in regards to caring for children (data sources: interviews with professionals; KAP research; baseline data). Level of development of the ICDP in schools and by families and its impact on improving the quality of life for targeted children (data sources: interviews with professionals and families).	October 2012: 3.1. Training in the ICDP methodology for 260 professionals in 13 municipalities. 3.2. Training in the ICDP methodology for 6,500 families. 3.3. Development of case studies with families that have participated in training activities.

*** In order to better capture the changes we are making to children's lives in light of the findings of the baseline, Save the Children has been revising the programme indicators for the broader European Commission programme, which they have approved. While the majority of the indicators used here remain unaffected, a number have been slightly altered in line with this. We are however confident that these new indicators capture the impact which your support is having on children's chances of surviving and developing healthily.**