

**SAVING CHILDREN'S LIVES IN
PERNAMBUKO STATE, BRAZIL
FINAL REPORT: MARCH 2012 TO APRIL 2013**



BACKGROUND

The north-eastern state of Pernambuco is home to more than 90,000 children under five who are living in poverty, most of whom live in the state's rural areas and indigenous and Quilombola communities. For these children, poverty increases their chances of falling ill, being affected by domestic violence and sexual abuse, and missing out on education. Their families lack employment opportunities, have low levels of schooling and live in precarious housing conditions, giving them little opportunity to properly care for and educate their children. Easily preventable illnesses are significant causes of child mortality, with respiratory infections and pneumonia causing 20% and 14% of child deaths respectively. Compounding this, early childhood services for the poorest children are not a priority for local governments, whose occasional initiatives tend not to tackle early childhood issues in a joined-up way or have adequate funding to address early childhood needs effectively.



Left: Children whose families participated in ICDP meetings received follow up visits.

The ICDP methodology is designed to strengthen the emotional and interactive bonds between adults and children in families, fostering a more protective and caring environment for children to grow up in.

OUR ACHIEVEMENTS FOR CHILDREN

Over the last three years, your support has helped us to improve children's lives in 19 municipalities of the Pernambuco State. Details of what has been achieved each year can be found in the accompanying Saving Children's Lives in Pernambuco State Achievements report. However, overall, together we have:

- Provided an integrated package of health, nutrition, education and protection services for the benefit of **16,652 children** against a target of 15,000 children.
- Trained **1,254 health and education professionals** with the knowledge and skills to help prevent childhood disease and malnutrition
- Indirectly reached a total of **32,315 children** against a target of 30,000. Indirect beneficiaries are those who benefit as a result of improvements made to the direct

beneficiaries. This includes 30,330 children benefiting from trained health professionals and 1,985 children benefiting from trained teachers in schools.

- Reached **11,505 families** with vital information that will help to improve their children's development and wellbeing through health, nutrition, education and psychosocial support.
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IMPROVING CHILDREN'S HEALTH AND NUTRITION

In 2012, the Pernambuco state was struck by its most severe drought in 60 years, affecting 1.3 million people, including children across the state. In the first half of this reporting period, we tested 329 children for anaemia; 28% were found to be anaemic and the figure was higher among children under two years old, at 47%. In the second half of the year we tested 333 children and 30% were found to be anaemic.

In light of these findings, during the third year of this project, we ran a total of **19 nutrition education workshops**, with the participation of 217 parents and 193 children in Serra Talhada, Orocó, Cedro, Belem de São Francisco and Triunfo. These workshops explored the eating habits of families and found that there were significant iron deficiencies and high consumption levels of sugars and fats. Based on these observations, the workshops offered guidance on improving the nutritional diet of children and promoted healthier eating habits that would increase the intake of essential vitamins and iron. The workshops also discussed the careful handling of food to promote healthier and more hygienic practises in the home, helping to avoid common childhood illnesses such as diarrhoea.

As detailed in our previous report activities in Juaziro and Senhor de Bonfim in the state of Bahia were planned for 2013. As the programme would only concentrate on two municipalities of the entire state, a review is currently in progress to evaluate the feasibility and impact of the planned work to ensure it would achieve sustainable results. If the work is commissioned, it would take place as part of the wider European Commission project and we would be happy to keep you updated on progress made during the remaining course of this project.



Left: A child is tested for anaemia. Right: A child's height is measured.

During the workshops mothers fed back that the nutritional guidelines helped them to improve their children's diet in the home by reducing the amount of fried food being eaten, introducing beans and raw vegetables to meals and buying different vegetables such as pumpkin. Fourteen families have participated in a survey to help us monitor how eating habits have changed over time at home as a result of the nutrition workshops. The results

of this survey are being evaluated and will be used to help adapt and improve the workshops where necessary.

To improve **school nutrition**, we developed healthy school menus in the phase one municipalities and worked with 14 schools to implement them. A positive outcome of this initiative was that the subject of improving school meals was included in the Municipal Early Childhood Plans that have been developed. However, we faced several challenges in directly implementing changes to school meals. As education authorities purchased food for the entire public schooling network through a tendering process, it was found that suggested changes would affect the contractual process and needed more time to be implemented. Therefore, the actual implementation of new school meals will require more consultation with educational councils and municipal authorities.

Unfortunately, due to the severe drought affecting the project area, only one out of four of the school vegetable gardens (in Truká) was able to continue, despite being successful initially.

In Serra Talhada and Salgueiro, we also provided **training to 57 Mother Owl professionals on the health and nutrition module** of Full Assistance on Early Childhood course, which aims to promote better health among children through the prevention and treatment of common childhood illness. The health professionals were trained on how to identify early warning signals of disease and malnutrition, promote healthier eating habits and raise awareness on the importance of breastfeeding. Importantly, it was found that Mother Owl professionals significantly developed their understanding of how to improve health and nutrition among children throughout the course of this training. Initially, the participants focused largely on the treatment of poor health and malnutrition through healthcare and improved nutritional diets. However, by the end of the course, they had taken a more holistic understanding of how to prevent poor health and nutrition, highlighting the importance of promoting a healthier lifestyle, improving the socioeconomic conditions of families and increasing access to social welfare services.

BETTER LEARNING AT HOME AND IN SCHOOL

Over the course of this third year, we have continued to develop capacity and resources in schools to provide an improved learning environment for children. This year we **trained 98 teachers on early childhood educational practices**. A wide range of topics were discussed including the concept of infant education, using memories of childhood as the basis of educational games, reading for pleasure, storytelling, group work, cultural identity, child socialisation and record keeping. Schools monitoring visits were conducted throughout the year and we found that teachers were effectively putting the techniques they had learnt into use, engaging children through books, toys, games and music.

We have also set up **reading corners in 15 day care centres** in Serra Talhada, Orocó and Kambiwa, benefitting a total of 909 children. Each reading kit contains 14 titles of children's literature, containing stories of African, African-Brazilian and indigenous origin. The corners have provided valuable resources and spaces to help encourage more reading throughout education, complimenting the training that teachers received.

Five early childhood development workshops were also held for 115 families, with two workshops held in Serra Talhada, two in Kambiwa and one in the Quilombola region of Agusa do Velho Chico. The workshops aimed to engage parents and communities in discussions about what constitutes good quality early childhood education and their expectations for their children's education. The value of reading, story-telling and games in child development was also highlighted, with parents encouraged to reflect on what they learnt through games and stories as children. In Agusa do Velho Chico, there was debate over the concept of a child's right to play, with one mother claiming '*I didn't have time to*'

play, only to work... I think that it is my duty to teach my daughter how to care for herself, not teach her to play'. However, after reflecting on their own childhood memories and discussing the physical and emotional benefits that playing can offer, the mother and other participants came to realise the importance of games in the home and school environment to encourage a child's development and learning.

DEVELOPING PROFESSIONAL SKILLS

During the course of this reporting period, we have **trained health and education professionals** to strengthen their ability to teach parents about supporting child development. This includes:

- **70 professionals from the Mother Owl trained on the International Child Development Programme (ICDP) methodology.** 132 Mother Owl professionals in total have received training throughout the course of this project.
- **441 community health agents** (233 in Serra Talhada and 208 in Salgueiro - a phase one municipality), who will each aim to reach ten families.
- **98 education professionals** from 15 pilot day care centres (for children aged 0-3) and crèches (for children aged 4-5). 909 children attend these centres.

ICDP training for Mother Owl professionals covered key child development topics (nutrition, education and protection), following the International Child Development Programme (ICDP) methodology. The ICDP methodology is designed to strengthen the emotional and interactive bonds between adults and children the families, fostering a family environment and offering greater protection, security and affection. Through this training, the course participants were trained in the "Também Sou Pessoa" (I'm a Person Too) Methodology, the hallmark of the ICDP in the Programme. This helps professionals to deepen their understanding of how to encourage parents to provide improved care and communication to young children.



Left: A group of health professionals receive training on ICDP methodology

70 trained professionals from the Mother Owl programme have begun to hold **ICDP meetings with families** in the six municipalities of Floresta, Itacuruba, Calumbi, Beatnia, Flores and Triunfo, with the aim of ensuring that the ICDP knowledge is passed on to parents effectively. Each professional is assisting ten families each through the group meetings as well as through home visits. These meetings offer a forum for health agents to help parents identify with their child's needs and provide more supportive care and interaction for the good of their child's emotional, cognitive and behavioural development.

As detailed in the previous report interviews with families took place to look at how their child care practices change over time as a result of what they learned from the trained

health and education professionals. An extract from one of these interviews is presented below.

During the interview it was noted that the ICDP booklet was attached to the fridge, helping the family to remember its principles each day. One of the children interviewed reflected on how ICDP methodology had changed how his mother behaved towards her children. He said that prior to the training, his mother would argue with them and say no to anything they asked to do. However, after the course, he felt that his mother talked to them more in an attempt understand their needs and would explain why they were not allowed to do certain things in a calm and gentle manner. He also noted that she spent more time playing with her children and doing crosswords. Overall, the interview found the adoption of ICDP methodology had helped to improve the relationship between the mother and her children, creating more harmony in the home.

An information booklet entitled ‘Eight Proposals for Good Interaction with Children’ was also produced and distributed to 2,500 families to improve parent-child relationships. To date, participating families have been found to have an increased interest in providing improved education and care for their children in the home and the impact of these ICDP sessions will continue to be monitored throughout the remainder of the overall project.

In total throughout the project, 5,110 families have been receiving guidance and training on ICDP methodology from the trained Mother Owl staff and community health agents.

SUSTAINABILITY

This project aims to monitor and support the development of Municipal Early Childhood Plans in the 19 municipalities of the first phase of the project. These plans will improve early childhood services for children aged 0 to 5 years over the next ten years, and will benefit thousands more children in the future.

15 of these 19 municipalities (over 75%) now have the plans drawn up, and we are continuing to support their implementation in these areas. The plans have already been approved by the Municipal Councils for Child and Adolescent Rights in five of these municipalities (Dormentes, Santa Filomena, Santa Cruz, Parnamirim and Bodocó).

MORTALITY DATA

To build a picture of how mortality rates in the Pernambuco State have changed in recent years, we have gathered Ministry of Health data¹ (below) on child mortality in 2008, 2010 and 2011 for the municipality groups targeted in Years One and Two.

Based on the below data, 11 out of 19 of the municipalities demonstrate a decline in child mortality rates (number of deaths between 12-59 months per 1,000 live births). These reductions are due to a combination of different socioeconomic and health-specific factors, so that attribution to any one intervention or the work of a single organisation is impossible. However, given the focus of the Save the Children project on improved health and nutrition practices, as well as its support to the capacity-building of key health worker cadres like the Mother Owls, we can confidently assume that the project has contributed to these mortality reductions.

¹ We recognise that the quality of Ministry of Health data has room for improvement in its accuracy and consistency. However, it currently offers the most appropriate data to map child mortality trends across the state to help us to track key developments.

Official Ministry of Health data for 2012 has yet to be released and will be shared in a future update.

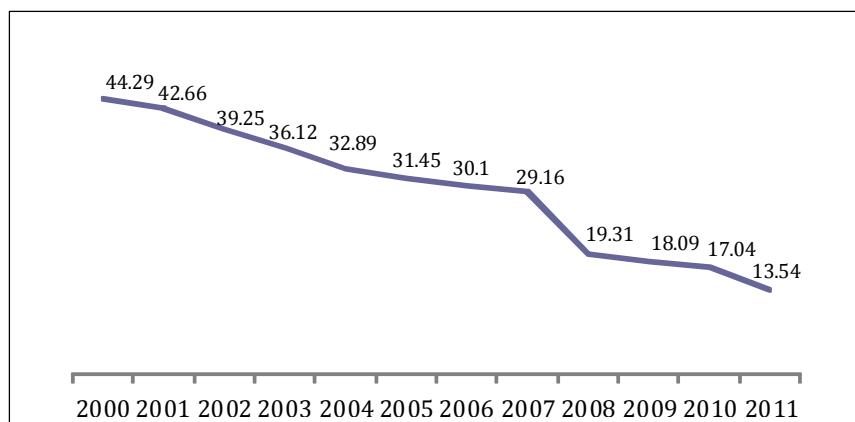
Municipalities targeted in Years One and Two (number of deaths between 12-59 months per 1,000 live births)

	2008	2010	2011
Afrânia	24,3	6,41	8,93
Araripe	26,9	25,41	15,86
Bodoco	28,1	17,94	19,71
Cabrobó	13	9,03	12,59
Dormentes	23,9	11,73	26,32
Exu	17,9	18,03	29,91
Granito	8,7	19,23	17,86
Ipubi	22,5	30,55	17,89
Lagoa Grande	14,2	14,12	16,51
Moreilandia	6,1	40	22,86
Orocó	7,4	37,04	8,33
Ouricuri	17,3	20,99	17,9
Parnamirim	24,9	10,05	4,98
Petrolina	20,9	17,19	19,08
Salgueiro	25,6	15,02	26,69
Santa Cruz	48,7	9,52	23,73
Santa Filomena	25,1	18,45	4,1
Santa Maria da Boa Vista	13,7	23,75	15,8
Trindade	33,5	29,6	17,27

Source: Ministry of Health/Datasus

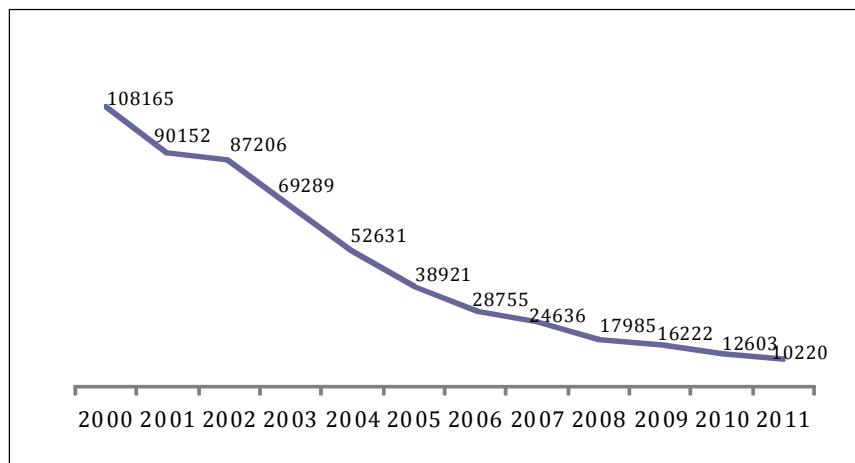
Other indicators imply that the health and wellbeing of children in Pernambuco State is improving. Infant mortality (under 12 months) has declined from 19.31 per 1,000 children in 2008 to 13.54 in 2011. The number of children suffering from malnutrition has also steadily decreased over the years and fell from 17,895 children in 2008 to 10,220 in 2011.

Pernambuco State Infant mortality rate (per 1,000 live births)



Source: Ministry of Health/Datasus 2011

Pernambuco State Number of children under 5 suffering from malnutrition



Source: Ministry of Health/Datasus 2011

Mother Owl data on the number of infant deaths among children reached by the Mother Owl program in 2012 has also been provided below. Although these figures are not representative of the entire number of infant deaths across the municipalities, Mother Owl will continue to collect this data in future years to build an understanding of infant mortality trends.

Municipality	Infant deaths
Mirandiba	5
Terra Nova	2
Afrânio	0
Cabrobó	3
Dormentes	2
Lagoa Grande	3
Orocó	1
Petrolina	4
Santa Maria da Boa Vista	4
Araripina	4
Bodocó	8
Exu	6
Granito	0
Ipubi	4
Moreilândia	2
Ouricuri	7
Parnamirim	3
Santa Cruz	2
Santa Filomena	2
Trindade	3
Betânia	2
Calumbi	1
Carnaubeira da Penha	1
Flores	1
Floresta	3
Itacuruba	1
Santa Cruz da Baixa Verde	2
São José do Belmonte	4
Serra Talhada	8
Triunfo	2
TOTAL	90

Source: Mother Owl 2012

MONITORING AND EVALUATION

Quality and robust monitoring and evaluation is key to our work and ambitions to achieve lasting improvements in children's health and education. We recognise that while this project has made a valuable difference to children and their families in Pernambuco there has been a need to improve the monitoring and evaluation in order to be able to clearly demonstrate the impact of our activities. As such, a monitoring and evaluation consultant visited this project and other Save the Children projects in Brazil in September/ October 2012 and in April 2013.

During the first visit, the following outcomes were achieved:

- The monitoring and evaluation (M&E) processes within Save the Children's projects in Brazil were assessed.
- The M&E team across the projects became more closely aligned to improve M&E processes.
- Staff were brought together to collectively think about M&E and result measurement. Through this process, M&E became seen as a positive part of the project cycle.
- Staff now have a better understanding of the expected results and impact of this project, and how to measure them.

The consultant provided the following **training** to build the capacity of staff to improve M&E within this project, in the following areas:

- The importance and components of M&E (including baseline surveys, targets and logframes), indicators at different levels (inputs, outputs, outcomes and impact), SMART indicators (Specific, Measurable, Attainable, Realistic and Time-bound), M&E planning, quantitative, qualitative, primary and secondary data, data collection, data analysis and measuring impact.
- Total Reach – understanding what this is, how to fill out Save the Children's total reach tool, the need for a unified definition of direct and indirect reach within Save the Children, Fundação Abrinq-Save the Children and all partner organisations. As a result of this training, we have been able to confirm the indirect and direct reach of the programme, as outlined above.

Results-focused M&E tools were developed for the wider European Commission funded project which this project supports. This included a monitoring tool for teachers, children, the government civil society, parents and Mother Owl staff. Across these groups, the tools aim to monitor the training attended and received, the number of families and children reached, activities carried out and any changes identified in attitudes, practices and wellbeing.

In December 2012, a **financial management training course** was delivered to Save the Children project staff and this has led to strengthened budget management skills and a clearer understanding of budgetary issues.

THANK YOU FOR HELPING TRANSFORM LIVES IN BRAZIL

Save the Children would like to thank Tufton Oceanic for your support to this programme over the last three years. Your generosity has enabled us to directly reach 16,652 children with a vital package of improved health, nutrition, education and protection services. We will continue to keep you updated on progress made during the remaining two years of this project supported by the European Commission.