

**COMMON  
APPROACHES**

# A CATALOGUE OF COMMON APPROACHES

**DELIVERING OUR BEST  
WORK FOR CHILDREN**

# OUR COMMON APPROACHES

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## DELIVERING OUR BEST WORK FOR CHILDREN

**Save the Children has a long history of delivering high quality programmes. Our experience has made it possible to identify and develop solutions to some of the biggest and most common problems children face today.**

These solutions are our Common Approaches and they represent our best understanding of what works to address these problems. By implementing them where they are most needed, we can achieve more for children in more places across the world, with even more quality and impact.

As of June 2020 we have 18 Common Approaches. Each one addresses a specific problem faced by children – such as how to get treatment for preventable illnesses; learning to read and write; and keeping safe in and around schools.

For each of these problems, we know what works, we have the evidence to prove it, and we have created the guidance to implement it. Our focus now is to come together across our organisation to deliver our Common Approaches according to Country Strategic Plans. We owe it to children to deliver our best work, everywhere. Significantly, the Common Approaches can and should be adapted to different contexts, including humanitarian and development settings.

Our robust Learning Programme is strengthening the knowledge and skills of countries, regions, and members to take up, embed and scale up Common Approaches with high quality and impact. And each Common Approach also comes with a learning agenda so that we can continuously learn and improve as we implement.

Our success depends on support from across the organisation: from our programme experts willing to share their expertise, to our programme implementers willing to do the hard work of implementation, and our fundraisers striving to source funds for the approaches we know work.

This catalogue showcases our Common Approaches with a snapshot of the problem each approach addresses, the solutions it provides and the evidence that shows it works.

Whether you are a CEO or country director, a programme director or fundraiser, an advocacy manager or technical assistance provider, this catalogue can be used as your entry point to understanding each of our Common Approaches.

Thank you for helping us all achieve real and lasting change for children.

**Bidjan Nashat**  
Global Program Quality and Impact Director,  
Save the Children International

# QUESTIONS AND ANSWERS



## **Why do we need Common Approaches?**

Save the Children is a large organisation with many different donors, members and countries. Over the years, we have developed different approaches to addressing the same problems that children face around the world. We need Common Approaches in order to ensure that we are using approaches that represent our best understanding of what works and results in lasting change for children. As our Common Approaches are used more and more across the world, we will know we are doing our best work, everywhere, and we will be able to more easily measure our successes and learn from failures, so that ultimately we can do more for children.

## **Should we use Common Approaches in all programming?**

Country Offices should implement the Common Approaches that are most relevant for their context and that will help achieve the goals outlined in their Country Strategic Plans. Each Common Approach is a response – or solution – to a specific problem facing children.

If a country is addressing a problem for which there is a Common Approach solution, then it is expected that the Common Approach will be used unless there is a strong reason not to.

### **Can Common Approaches be adapted to different contexts?**

Common approaches can and should be adapted in order to ensure that they are appropriate and usable in the local context, including in rural and urban environments as well as humanitarian and development settings. Each one comes with guidance to show how.

In terms of humanitarian contexts, a 2019 analysis found that a majority of Common Approaches are immediately applicable or potentially applicable, depending on the nature of the crisis, in the first phase of a response, and all of the Common Approaches are applicable in the second phase.

By ensuring our Common Approaches are adaptable, we can learn what works and what does not in different contexts and use this evidence to improve our work.

### **Can country offices still be innovative and flexible?**

Common Approaches are not 'cookie cutters' that will always be implemented the same way everywhere. There are certain 'essential elements' of each Common Approach that are central to its success when implemented together, and these are highlighted in the guidance for each Common Approach.

Common Approaches give us a common place from which to grow our learning and from which to use our best thinking. This means that there will be room to innovate, both within the Common Approaches and also outside of them. Within the Common Approaches, we will be able to be more deliberate and intentional about innovations, adaptations and deviations – and to learn from these. In fact, we know that Common Approaches will continue to change, evolve and improve over time as a result of this.

### **What is the Common Approach learning programme?**

We are committed to driving the uptake of our Common Approaches. As a result, the learning programme courses provide professional development opportunities for all staff to build knowledge and skills so that Common Approaches can be implemented and scaled up with high quality. Courses have been organised into three levels: Bronze (Introductory level – for all staff), Silver (core skills for technical staff) and Gold (advanced skills for technical staff). The depth of content at each level increases as well as completion requirements.



# SUPPORTING CHILDREN, FAMILIES AND COMMUNITIES

A visual guide to the different ages that each Common Approach targets



## Public Investment in Children

We work to systematically influence public budgets for child health and nutrition, education, protection and social protection, and to uplift children's voices in public budgeting processes.



## Household Economy Analysis

We use this tool to determine if households have the food and cash they need to survive and prosper. This information allows us to design a response that is appropriate to the situation and effective.



## Saving Newborn Lives

We support a continuum of care for women and babies before and during pregnancy, during and after birth, and even after a woman and her baby have returned home. We also provide special care for premature and sick babies to help them survive.



## Parenting Without Violence

The home should be a respectful, loving and nurturing place for children to grow. We work with parents, communities and children to transform power dynamics, gender norms and practices in the home. We also work with governments to strengthen systems and mechanisms that protect children.



## Life Skills for Success

We help adolescent girls and boys and young men and women equitably acquire five core sets of skills to support their transition into work and in turn support their ability to invest in their children's wellbeing.



## Contraception by Choice

We seek to empower women and girls to exercise their rights to accessing quality contraceptive services and ensure all people have the right to information and services to achieve their reproductive choices.



## My Sexual Health and Rights

We ensure adolescents have access to the right information and services (such as contraceptives and counselling) and that laws, policies and practices are in place to help adolescents understand and promote their sexual health and rights.



## Steps to Protect

We help caseworkers to provide children in need of care and protection with the personalised support they need, when they need it, by using a systematic, step-by-step process.

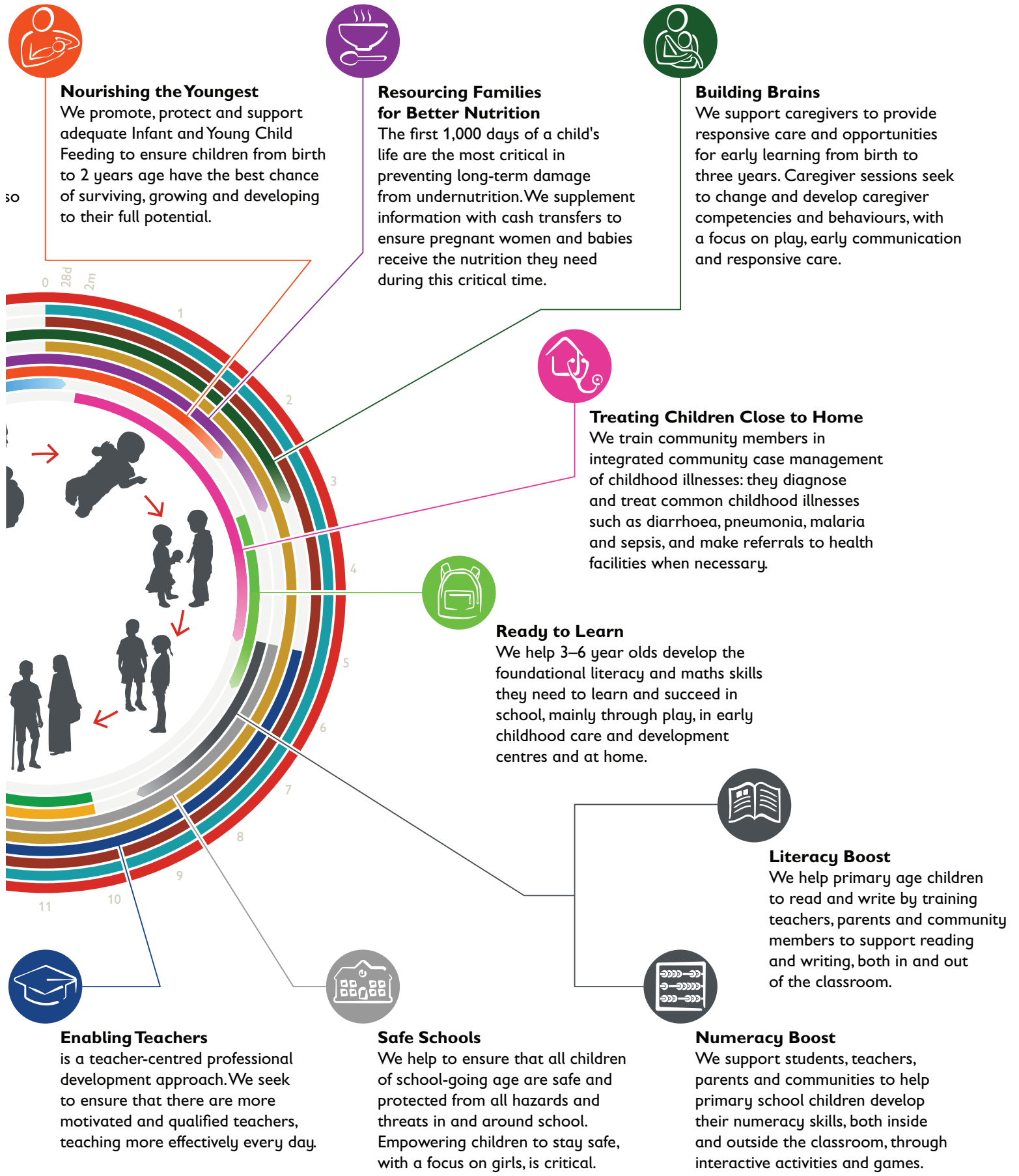


## Child Rights Reporting

All countries must report on the progress they are making on protecting children's rights. We work with children to ensure their voices and recommendations are included in these international reports.



# COMMUNITIES THROUGH COMMON APPROACHES



# BUILDING BRAINS

250 million children worldwide are not meeting their potential because they are not getting the start they need in their early years.



## OUR APPROACH

### SUPPORTING CHILDREN'S DEVELOPMENT FROM 0-3 YEARS

For most children, life before their third birthday is a time for exploration, for discovering movement, healthy foods, enjoying colourful picture books and toys of all shapes and sizes. But many children are denied the important interactions, responsive care and communication opportunities that contribute to learning in their early years, making them more likely to do poorly in school and earn less in later life, entrenching a lifetime of unfairness and poverty.

Building Brains helps parents and caregivers support children's development from birth to three years old. The approach emphasises the importance of listening, responding to young children's individual needs and supporting stimulating and caring interactions between the caregiver and the child. The sessions take place in any setting, including homes, child care centres and health centres.

Building Brains provides technical guidance on the 'responsive caregiving' and 'opportunities for early learning' components of the Nurturing Care Framework, released by WHO, UNICEF and The World Bank Group and partners in 2018:



## THREE CORE COMPONENTS

We hold group sessions, home visits, individual and 1:1 counselling sessions with caregivers of young children – building capacity of childcare staff, health workers and community volunteers to enable parents to engage in early stimulation and responsive care with their young children. We aim to change and improve their approaches to:



### INTERACTIVE PLAY

Caregivers and young children play together interactively with materials that can be found in and around the house, which could be cloths, cups or any safe item, and play games together outside.



### EARLY COMMUNICATION

Caregivers and children interact verbally and non-verbally as well as starting to build words, look at pictures and enjoy reading books together.



### RESPONSIVE CARE

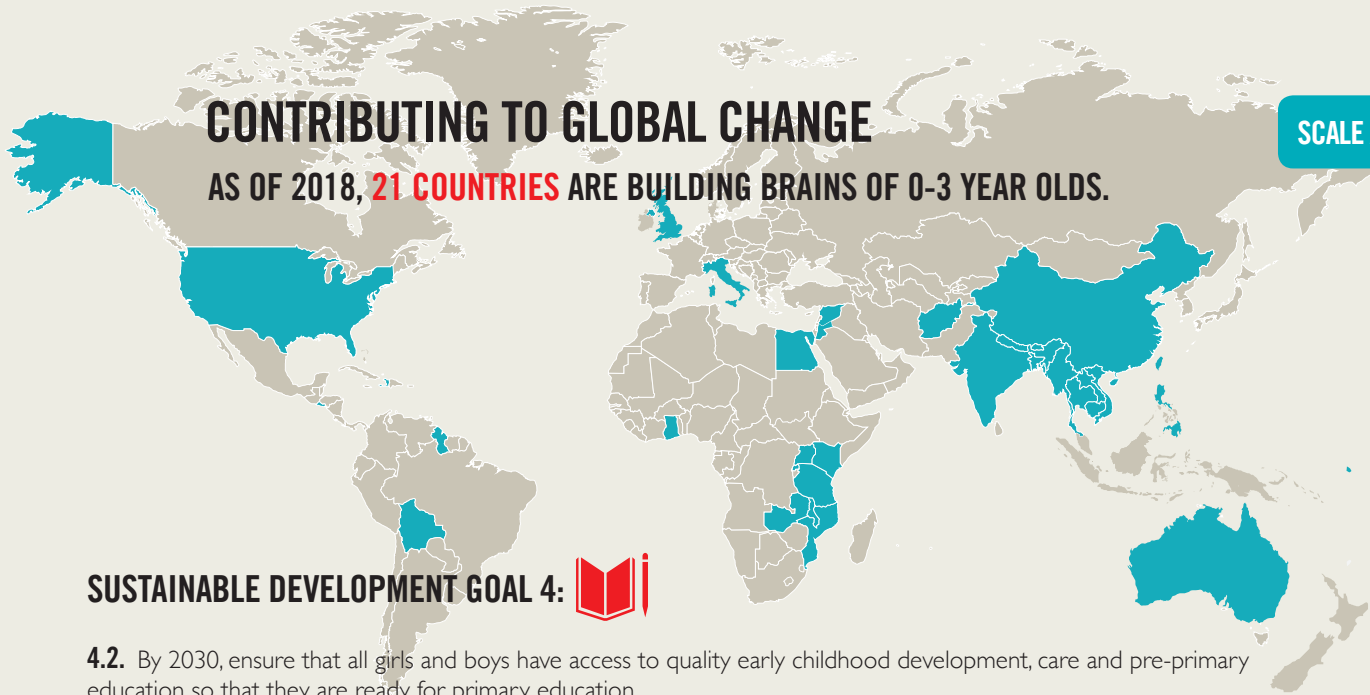
Caregivers form stronger attachments and bond with young children, learn techniques to calm and soothe them, form routines, protect young children from accidents as well as looking after their own wellbeing and how they can manage stress.



# CONTRIBUTING TO GLOBAL CHANGE

AS OF 2018, **21 COUNTRIES** ARE BUILDING BRAINS OF 0-3 YEAR OLDS.

SCALE AND IMPACT



## SUSTAINABLE DEVELOPMENT GOAL 4:

**4.2.** By 2030, 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.

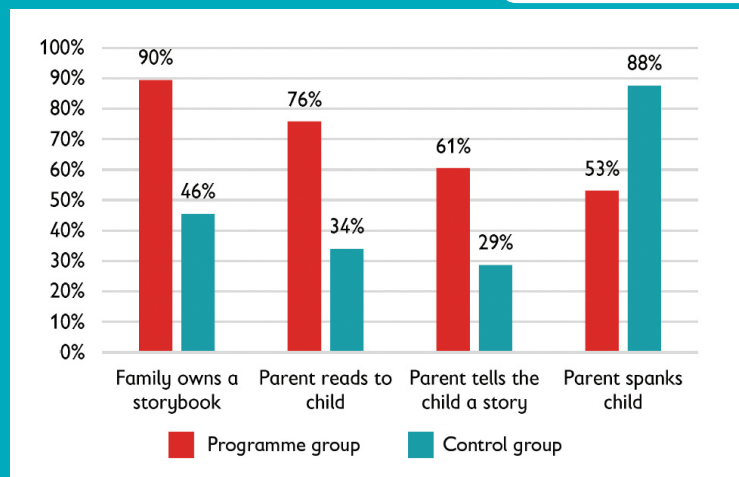
### STIMULATING BRAIN ACTIVITIES

In 2017–18, in Bhutan, we partnered with the Ministry of Health to pilot a programme for children age 0–3 years old in two districts. Health Assistants delivered 12 sessions over the course of the year, teaching parents about child development and interactive activities to help stimulate their children’s brains, along with lessons on health, safety, well-being and positive discipline techniques.

The programme was found to have a medium-to-large impact on children’s cognitive, language and social-emotional development and a small-to-medium impact on children’s motor development.

Caregiver practices also improved. Nearly all caregivers who participated in the programme reported owning a storybook, more than double the proportion in the control group, and many caregivers reported actively reading the book with their child. Introducing children to books and reading at any early age, even before they start speaking, can help children’s brain development.

### EVIDENCE



## ADVOCATING FOR CHANGE

We also advocate for implementation and application of the Nurturing Care Framework and have ‘Call to Action’ briefs endorsed by multiple stakeholders.

We contribute to government policies and systems at national and local level including securing sustained financial investment for early years and supporting leadership and planning for early childhood development. This includes advocating for family-friendly policies and legislation such as paid parental leave, support for children with disabilities and affordable, quality childcare services as well as policies to prevent violence in the home and the surrounding community which negatively affects a child’s early development.

## WORKING IN MULTIPLE CONTEXTS

Building Brains is flexible and adaptable to a range of contexts. For example, in middle to high income countries where child-focused systems and childcare policies are in place, we might reach caregivers through integrated government-run programmes, while in humanitarian contexts, we might use health and nutrition outreach services, baby-friendly spaces or feeding centres. We make sure that messages, activities, materials and illustrations are adapted to reflect local language, beliefs, customs and context.

## COST-EFFECTIVENESS

In Bangladesh, we trained existing health workers to use child development cards, story books and a booklet with children aged 0–3. This approach with cards cost less than \$7 USD per child.

The results showed that Building Brains had significant positive effects on cognitive, linguistic and physical growth – and the activity had larger impacts for lower-income households, girls and less-educated mothers.

## KEY CONTACTS

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# ENABLING TEACHERS

The global shortage of motivated and well-trained teachers is contributing to 250 million children not learning the basics.



## OUR APPROACH

### CHILDREN NEED TRAINED AND MOTIVATED TEACHERS

Enabling Teachers aims to address the global teacher crisis. It draws on the latest internal and global evidence of best practice for teacher motivation and development. Our approach seeks to develop teachers' competencies, whether this is improving teachers' own literacy and mathematics skills, for example, improving their ability to teach or improving their ability to support the wellbeing of girls and boys. The approach also ensures teachers have an enabling environment, or good working conditions. Teachers need a place of work with good staff retention and recruitment, accountability and governance for their motivation and success, so that children learn from a quality education.

Enabling Teachers is applicable in both humanitarian and development contexts and includes two main components:

1. A professional development course, which aims to improve teacher competencies. The course is designed to respond to teachers' individual learning needs and context, using competencies aligned to a recognised framework.
2. An enabling environment, which ensures teachers are supported to be able to succeed in their roles.

## THERE ARE **FIVE** KEY PRINCIPLES FOR ENABLING TEACHERS:



Start with teachers' professional & wellbeing needs within their context



Measure teachers' progress against a Competency Framework



Support different types of continuous professional development for teachers



Partner with education leaders to support teachers' professional development and wellbeing



Partner to strengthen policy and systems that enable teachers to thrive as professionals

# CONTRIBUTING TO GLOBAL CHANGE

WE ARE ENABLING TEACHERS TO DEVELOP IN **12 COUNTRIES.**

SCALE AND IMPACT

## SUSTAINABLE DEVELOPMENT GOAL 4:

**4.1.** By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

**4.C.** By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries.

## ENABLING TEACHERS IN TANZANIA

EVIDENCE

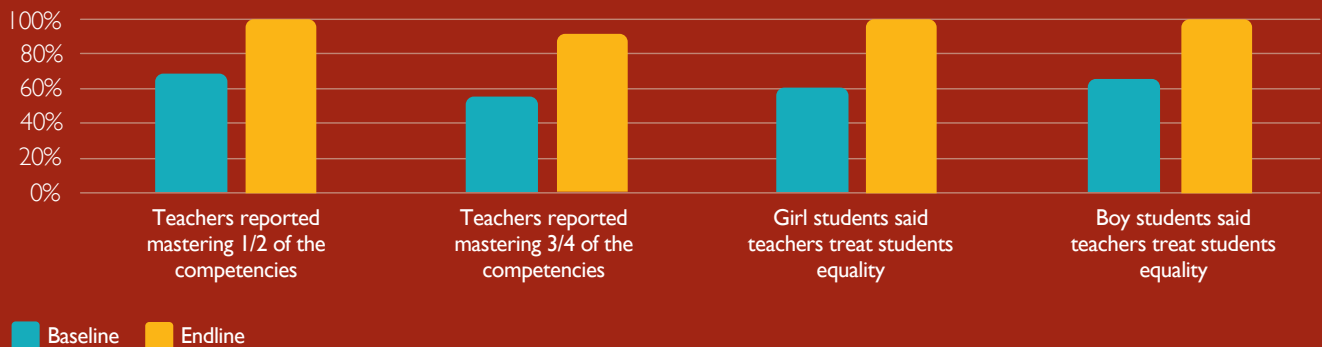
Results from our Enabling Teachers programming in Tanzania demonstrated that:

**68%** of teachers progressed up one or more level in at least six competencies.

Teachers engaged in appropriate learning activities **83%** of the time they were teaching.

**67%** of the teachers' lessons engaged all students in the learning activity.

Further improvements were noted by teachers and students as shown in the graph.



## GENDER EQUITABLE LEARNING

Girls are particularly badly affected by having underqualified teachers. There are often fewer qualified female teachers but female teacher role models are critical in certain areas for girls to access, remain and succeed in school. Enabling Teachers offers teachers the opportunity to consider their own gender bias and expectations and how this may influence their teaching and learning practice. Our approach also prepares teachers with the training needed to promote gender equality.

## WORKING IN MULTIPLE CONTEXTS

In crisis and post-conflict settings, teachers are often in short supply and many have minimal experience or education to prepare them for teaching in tough conditions. Materials and interventions may need to be adapted to the distinct learning needs of children who have experienced trauma and displacement, and adapted to the distinct needs of teachers who may have limited experience. Save the Children's work in the Rohingya Response, the Mozambique Response and the Syria Response demonstrate how the five principles of the Enabling Teachers Common Approach can be effectively adapted to meet these

complex needs. Often this work is done in close collaboration with education clusters and working groups to ensure a more harmonised and impactful approach at a time of instability.

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# LITERACY BOOST

Nearly 400 million children of primary school age cannot read or write.

## OUR APPROACH

### LITERACY IN THE COMMUNITY

Literacy Boost helps primary age children read and write by training teachers, parents and community members to support reading and writing, both in and out of the classroom. The approach is designed to target the most deprived children.

The critical areas for improving literacy in children are...



#### Teacher training

Teachers are trained to incorporate literacy skills into existing curricula and to continually assess their students.



#### Enhancing the literacy environment

Children are provided with materials to practise and enjoy reading in any setting – via Book Banks, for example.



#### Community action

Parents, caregivers, families and communities are equipped to help children learn to read outside of the classroom.



#### Student assessments

Assessments are conducted to identify gaps and measure improvements in children's reading and writing skills.



### LITERACY BOOST PROMOTES SIX CORE SKILLS:



Alphabet knowledge



Phonological awareness



Vocabulary



Comprehension



Fluency



Writing

# CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

WE ARE DOING THIS WORK IN 36 COUNTRIES.

## SUSTAINABLE DEVELOPMENT GOAL 4:

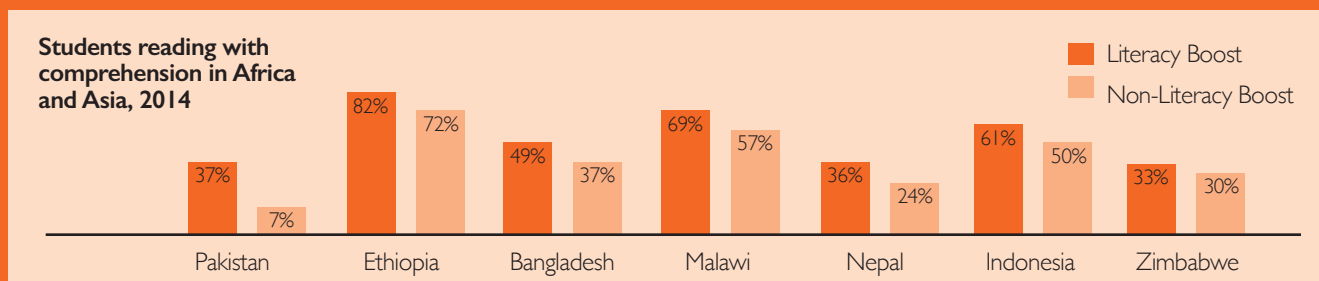
4.1. By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

# A TRACK RECORD OF IMPROVING LITERACY

EVIDENCE

Literacy Boost includes a robust assessment within its design, so a large amount of evidence has been collected to show this approach is effective, replicable and scalable in a range of contexts. Data also shows that Literacy Boost helps the most deprived children learn to read and write, including girls and children from poor households.

Evidence has shown that children are up to 40% more likely to progress to Grade 3 and Literacy Boost benefits the poorest 20% of children.



## ADVOCATING FOR CHANGE

Literacy Boost can and should be used to influence governments to establish a culture of reading in communities. In 2015, research showed that core concepts from this approach were taken up by governments in 20 countries. These include improved teacher training methods, mother-tongue teaching materials and a commitment to community engagement around literacy.

## THE HUMANITARIAN CONTEXT

Literacy Boost can and has been adapted to work in a humanitarian context, and is currently being run in refugee communities in Jordan. We are currently developing and piloting a simplified version for emergency settings that integrates child well-being into the approach.

## COST-EFFECTIVENESS

The cost for implementation in up to 150 schools is usually between \$5,000 and \$10,000 per school, per year. The costs for large-scale implementation (up to 1,500 schools) is between \$3,000 and \$5,000 per school. Costs per child are very hard to calculate due to widely different class sizes.

## KEY CONTACTS

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# NUMERACY BOOST

Over half the world's school-aged children are not learning basic numeracy skills.

## NUMERACY BOOST PROMOTES THREE CORE SKILLS:



Numbers and operations



Geometry



Measurement

## OUR APPROACH

### INTERACTIVE LEARNING

We support students, teachers, parents and communities to help primary school children develop numeracy skills, both inside and outside the classroom. This approach is designed to target the most deprived children. The approach steers teachers away from teaching through memorisation, repetition and workbooks. Instead, it emphasises learning through interactive activities and games, so students can understand and explain their reasoning. It can also be modified to meet the needs of a local education system.

The critical areas for improving numeracy are...



**Teacher training** helps teachers think differently about math concepts and how to teach using child-centred methods.



**Community action** involves the entire community in children's learning outside of school, and demonstrates the importance of maths in everyday life.



**Student assessments** are used to identify gaps and evaluate children's knowledge and problem-solving skills.

# CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

NUMERACY BOOST WAS FIRST PILOTED IN MALAWI AND BANGLADESH IN 2012.

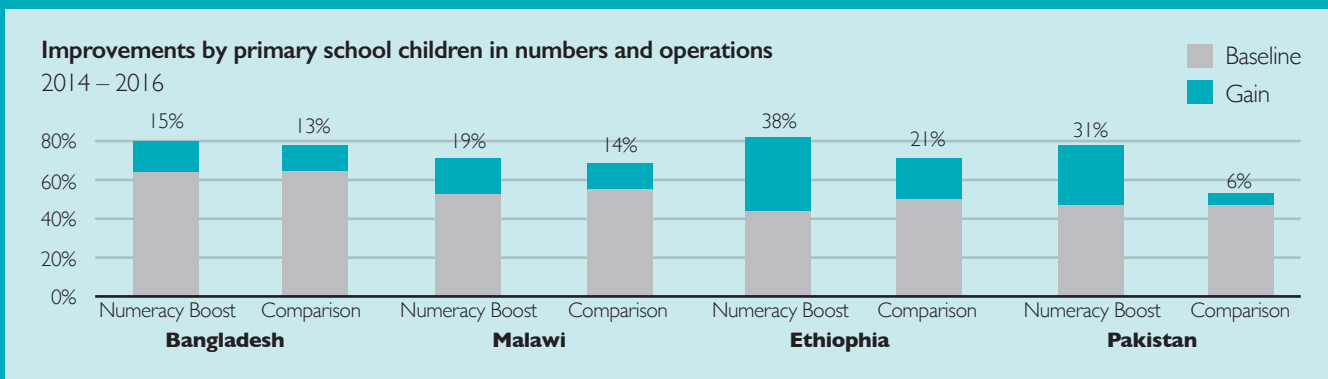
## SUSTAINABLE DEVELOPMENT GOAL 4:

4.1. By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

# IMPACT FOR THE POOREST CHILDREN

EVIDENCE

Numeracy Boost has been proven to improve early grade math skills in students. Evidence of the effectiveness of Numeracy Boost has been collected in six countries: Bangladesh, Egypt, Ethiopia, Malawi, Pakistan and Thailand. Data shows significant gains in core math skills, and in Pakistan, it had the greatest impact for children from the lowest socioeconomic group in the study.



## ADVOCATING FOR CHANGE

We want governments to prioritise numeracy as an essential skill; to explore alternative ways of teaching numeracy and to make teacher training for early grade numeracy more practical and relevant for students.

## WORKING IN DIFFERENT CONTEXTS

Data collected across the countries documented above was taken from students in both rural and urban settings,

and in development and humanitarian contexts, including refugee camps. They all show similar results of significant gain in core math skills.

Toolkits, guidance and materials for implementing Numeracy Boost can be used in any setting.

## ECONOMY OF SCALE

While an official cost analysis has not been done, in 2016 we developed a rough estimate of cost per child by conducting interviews with countries implementing Numeracy Boost. Costs per student ranged from \$5 to \$9 per year. In 2012, a programme that reached 7,000 children cost \$17 per child. But by 2016, the same programme had reached 70,000 children at \$5 per child per year.

## KEY CONTACTS

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# READY TO LEARN

Too many children do not have the foundational skills they need to learn.

## OUR APPROACH

### LEARNING THROUGH PLAY

Ready to Learn is about helping 3–6 year olds develop the foundational literacy and math skills they need to learn. Without this, many do not succeed at school.

We provide training, guidance and understanding of how to develop emergent literacy and math skills through play. This includes using common objects found in homes and communities for counting and sorting, as well as the toolkit itself, which includes a bank of play-oriented activity cards.

### THREE CORE COMPONENTS



**Learning at Centres** enhances preschool practices by supporting teachers to integrate over 100 play-based activities into their daily schedules.



**Learning at Home** extends opportunities to children who have no access to a preschool. This features 25 simple, hands-on games that caregivers can do at home with their children.



**The International Development and Early Learning Assessment (IDELA)** is an easy-to-use assessment that measures children's progress and allows for comparison across multiple contexts.



### EMERGENT LITERACY SKILLS

1. Talking and listening
2. Understanding print
3. Knowing what books are
4. Knowing about the alphabet
5. Understanding sounds and words



### EMERGENT MATH SKILLS

1. Numbers and counting
2. Patterns
3. Sorting and classification
4. Comparison and measurement
5. Geometry



# CONTRIBUTING TO GLOBAL CHANGE

WE'RE DOING THIS WORK IN 21 COUNTRIES.

SCALE AND IMPACT

## SUSTAINABLE DEVELOPMENT GOAL 4:

4.2. By 2030, 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.

## CREATING A LEVEL PLAYING FIELD

EVIDENCE

Ready to Learn helps reduce the inequalities in early learning. When the tools of this approach are added to an existing Early Childhood Development programme, it can triple the gains for children. When used at home, it has been shown to produce similar gains to those in centres, and therefore supports the most deprived children who are not enrolled in preschool.

**PRESCHOOL CHILDREN IN RWANDA IMPROVED\* BY 21% IN LEARNING CENTRES AND 18% AT HOME.**

**PRESCHOOL CHILDREN IN ETHIOPIA IMPROVED\* BY 47% IN THE POOREST AREAS AND 41% IN THE WEALTHIEST AREAS.**

\* Improvements relate to learning and development as recorded from their IDELA score

## ADVOCATING FOR CHANGE

The early learning assessment tool (IDELA) has significantly contributed to a growing body of evidence to help influence policy and practice in early childhood development. The approach, its tools and resources have been embedded into national systems in many countries. In Bhutan, for example, it was integrated into the formal pre-school system at national scale and Learning at Home was integrated into the health system in remote areas.

## READY TO LEARN IN EMERGENCIES

Following the 2015 Nepal earthquake, Save the Children adapted its approach

to directly address the immediate needs of children, focussing on psychosocial support and 30 core activities (as opposed to the usual 100). We also undertook a study to develop an adversity index that would examine how the programme was able to build children's resilience through better caregiving practices.

## RETURN ON INVESTMENT

A dollar invested in this approach has been shown to result in \$3.83 in return benefits, taking into account children going to school, which allows mothers to work. Costs per child decrease with scale and vary depending on the extent of the intervention that is used. In past studies, costs range from \$10 to \$85 per child, depending on the level of

support needed and how it's integrated into current systems. The cost for this approach at home is lower and benefits from economies of scale.

## KEY CONTACTS

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# PARENTING WITHOUT VIOLENCE

76% of children around the world grow up with violence in the home.

## OUR APPROACH

### TRANSFORMING POWER DYNAMICS WITHIN FAMILIES ⓘ

The home should be a respectful, loving and nurturing place for children to grow. We work with parents, caregivers, children and communities to transform power dynamics, gender norms and practices that lead to violence in the home. We also work with governments to strengthen systems and mechanisms that protect children.



**Providing fathers, mothers and caregivers** with the knowledge, skills and attitudes to parent positively without using violence



**Empowering girls and boys**, and working to ensure they feel valued, respected and safe within their family and community



**Supporting communities** so that they are willing and able to equitably protect all girls and boys from violence

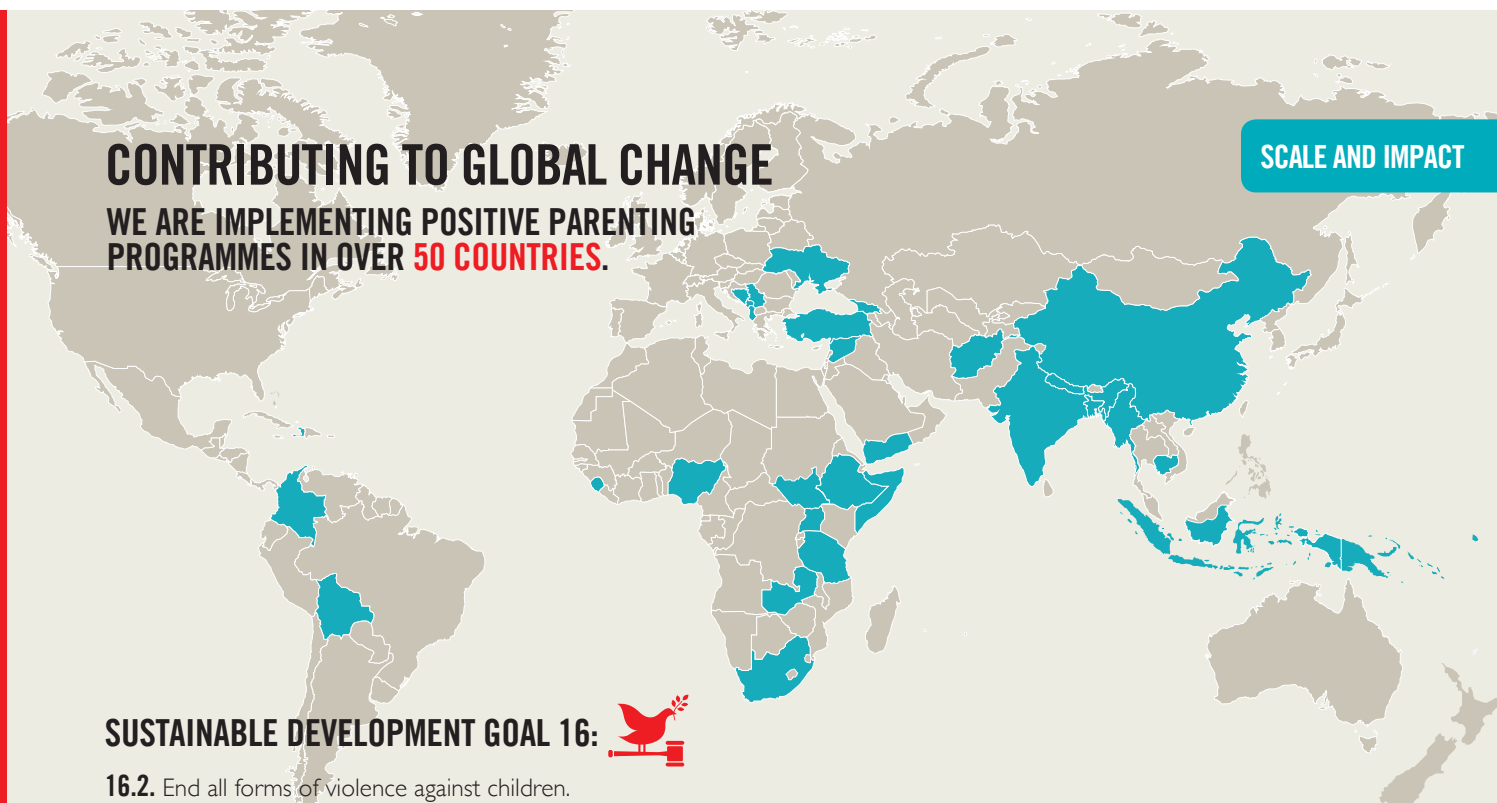


**Strengthening** equitable and gender-sensitive child protection systems

# CONTRIBUTING TO GLOBAL CHANGE

WE ARE IMPLEMENTING POSITIVE PARENTING PROGRAMMES IN OVER **50 COUNTRIES**.

SCALE AND IMPACT



## SUSTAINABLE DEVELOPMENT GOAL 16:



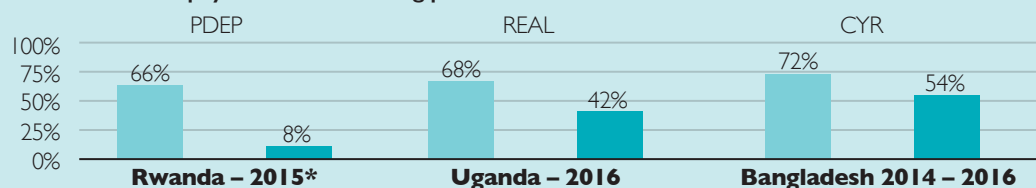
16.2. End all forms of violence against children.

## BUILDING DATA

EVIDENCE

Parenting without Violence has been developed from three existing and proven interventions that reduce the physical and humiliating punishment of children in the home: Positive Discipline in Everyday Parenting (PDEP), Responsible, Engaged and Loving Fathers (REAL Fathers), Children's and Youth Resilience (CYR) – see below.

### Reduction in the physical and humiliating punishment of children



\* Figures relate to reduction of violence from teachers.

We don't yet have evidence of the impact of Parenting without Violence as a single intervention, but we will measure this through comprehensive, mixed-methods research, monitoring and evaluation in the first 12 months of implementation, followed by impact and outcome measurements after one or two years.

## ADVOCATING FOR CHANGE

We want governments to ban physical and humiliating punishment in all settings; scale up Parenting without Violence as part of national parenting, child protection, health, early learning and social protection programmes; and increase resources for child protection systems, including more trained social workers at local levels.

## THE HUMANITARIAN CONTEXT

Parenting without Violence can be implemented in humanitarian settings and protracted emergencies when there is sufficient stability and access to basic needs.

Its activities include an important focus on self-care for parents and understanding children's reactions to distress.

## THE COST OF VIOLENCE

In 2015, Save the Children South Africa found that violence against children cost the economy US\$18.69 billion (nearly 6% of GDP) in one year. This provides the critical evidence necessary to build an investment case for violence prevention among governments.

To build further evidence on the value for money of parenting without violence, a costing analysis in focus countries will be used, alongside evaluative activities, as part of a learning agenda for this common approach.

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# SAFE SCHOOLS

Many children are not safe in and around school. Children's safety is threatened by violence, natural and everyday hazards and conflict that affect their learning and wellbeing.

## OUR APPROACH

### PROTECTING CHILDREN FROM ALL HAZARDS AND THREATS IN AND AROUND SCHOOL ⓘ

Safe Schools is an all-inclusive, all hazards approach to keep children safe in and around schools. Empowering children to stay safe, with a focus on girls, is critical.



Authorities develop and strengthen **policies and systems** for school safety and protection



**School safety management** protects children in and around school



**School facilities** create a safe and enabling school environment



Teachers and children demonstrate self-protection **knowledge, skills and behaviours**

## CONTRIBUTING TO GLOBAL CHANGE

WE ARE IMPLEMENTING ELEMENTS OF SAFE SCHOOLS IN OVER **40 COUNTRIES**.

SCALE AND IMPACT

### SUSTAINABLE DEVELOPMENT GOALS 4 AND 16:



- 4.1. Ensure all children complete free, equitable and quality primary and secondary education.
- 16.2. End all forms of violence against children.

## BUILT ON EVIDENCE

EVIDENCE

Safe Schools draws from decades of experience, learning and research from across the globe – developed from evidence in and beyond Save the Children. It brings together three proven interventions that address hazards facing children in and around schools:

### 1 COMPREHENSIVE SCHOOL SAFETY

Assesses and reduces hazards and risks through safer school facilities, school safety management, risk reduction and building resilience.

### 2 SCHOOLS AS ZONES OF PEACE

Supports children facing disruption to education due to conflict, including attacks on schools, forced recruitment and sexual violence.

### 3 VIOLENCE FREE SCHOOLS

Supports teachers and students to prevent and respond to physical, psychological or sexual violence.

The result is one single approach, bringing together our best understanding and practices of how to address all hazards to keep children safe in and around schools.

A strong learning and research agenda will ensure the continuous improvement of Safe Schools and allow us to measure the impact.

## ADVOCATING FOR CHANGE

Working in partnership is crucial for interacting across every level of a child's life. Safe School works with 'Collective Impact Theory' to bring together partners to help protect children in and around schools.

Depending on the context, advocacy efforts could include: Seeking Government endorsement of the Safe Schools Declaration to support schools during times of conflict, Advocating to hold perpetrators of violence to account, Campaigning to end Physical and Humiliating Punishment in schools.

## WORKING IN MULTIPLE CONTEXTS

Safe Schools is adaptable. It can operate in humanitarian response programming in conflict or disaster prone contexts.

And Safe Schools can also be implemented in development contexts, where there is still a lot of work needed to protect children in schools and bridge the humanitarian-development divide. It is necessary to collaborate with existing programmes where possible.

## KEY CONTACTS

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# STEPS TO PROTECT

**Three quarters of the world's children experience violence. Just a handful of those receive the help they need to recover.**

**MILLIONS OF CHILDREN AROUND THE WORLD ARE** 

- Abandoned**
- Separated from their families
- Recruited into armed forces and groups**
- Forced to flee conflict
- Child labourers**
- Experiencing inadequate care
- Forced into marriage at an early age
- Trafficked Refugees**
- Forced to go on the move

## OUR APPROACH

### CASE MANAGEMENT: A PACKAGE OF SUPPORT FOR EVERY CHILD

We provide those working with children in need of care and protection with a step-by-step process to manage each case, so that children receive the right support they need, on time, and in a systematic way. We help children affected by violence, abuse, exploitation or neglect, and psychological and social support is at the core of this process.

### STEPS TO HELP VULNERABLE CHILDREN RECOVER FROM VIOLENCE



## CONTRIBUTING TO GLOBAL CHANGE

STEPS TO PROTECT EXISTS IN OVER 30 COUNTRIES.

SCALE AND IMPACT

### SUSTAINABLE DEVELOPMENT GOAL 16:



16.2. End all forms of violence against children.

## A WELL-ESTABLISHED APPROACH

EVIDENCE

The use of case management to address a child's needs in an appropriate, systematic and timely manner is well-established within the child protection sector, and the evidence that this produces positive outcomes for children and families is widely recognised.

IN MYANMAR, COMPLIANCE WITH CASE MANAGEMENT MINIMUM STANDARDS IMPROVED FROM 21% TO 71% (MAY 2016 – JULY 2017)

However, there is also a sector-wide acknowledgement that more needs to be done to measure these outcomes. The learning agenda for this common approach will include quantitative and qualitative research, such as surveys, evaluations, focus groups, interviews, etc, to determine the contribution of case management to outcomes for individual children, and their families.

## ADVOCATING FOR CHANGE

We advocate with governments, communities and service providers to recognise the harm caused by violence in childhood and to make services available to the most vulnerable children. Strong community support and a well-planned social services workforce is needed to support families and children to reach their full potential and better recover from violence.

## PROTECTING CHILDREN IN EMERGENCIES

One in six children across the world are living in conflict zones. Case management is critical in

these circumstances, as children in emergencies are at increased risk. The approach can be adapted to manage these complex environments, including children on the move and those who are separated from families due to conflict. *A Practice Handbook: For family tracing and reunification in emergencies* details successes and lessons learnt in South Sudan with Save the Children as the lead agency.

## COST-EFFECTIVE

The main cost of this approach lies in the recruitment and training of the social services workforce, using a competency-based approach with Para Social Workers at the community level. The common approach toolkit includes inter-agency guidance on integrating child protection case management into relevant, related sectors to help make it cost-effective.

## KEY CONTACTS

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An estimated 214 million women are being denied their right to family planning.

# CONTRACEPTION BY CHOICE

## OUR APPROACH

### ENABLING WOMEN AND GIRLS TO MAKE THEIR OWN REPRODUCTIVE CHOICES *i*

All around the world, millions of women and girls are denied their right to information and services for family planning, simply because of where they live, harmful gender norms or because they are living in poverty. The resulting unplanned pregnancies can cost these women and girls their lives – or the lives of their babies.

**Contraception by Choice** seeks to empower women and girls to exercise their rights to access **quality, modern contraceptive services** and ensure all people have the **right information and services** to achieve their reproductive choices – in humanitarian and development settings.

We work to tackle the gender inequalities and unequal power dynamics that contribute to women and adolescent girls being denied their rights. We aim to increase access to, and voluntary use of, modern contraception by:

- 01 IMPROVING INDIVIDUAL KNOWLEDGE, ATTITUDES AND BEHAVIORAL FACTORS
- 02 SUPPORTING AN ENABLING ENVIRONMENT WITH FAMILIES, PARTNERS, AND COMMUNITIES
- 03 IMPROVING SYSTEMS AND ACCESS TO QUALITY HEALTH SERVICES
- 04 INFLUENCING POLICIES AT NATIONAL AND GLOBAL LEVELS

IF ALL WOMEN AND ADOLESCENT GIRLS HAVE THEIR RIGHT TO MODERN CONTRACEPTION FULFILLED, WE COULD SAVE AN ESTIMATED 76,000 MOTHERS' LIVES EVERY YEAR.



# CONTRIBUTING TO GLOBAL CHANGE

WE ARE WORKING TO ENSURE THAT WOMEN AND GIRLS HAVE ACCESS TO CONTRACEPTION INFORMATION AND SERVICES IN **30 COUNTRIES**.

SCALE AND IMPACT

## SUSTAINABLE DEVELOPMENT GOAL 3:

**3.1.** By 2030, reduce global maternal mortality.

**3.2.** By 2030, end preventable deaths of newborns and children under 5 years of age.

**3.7.** By 2030, ensure universal access to sexual and reproductive health care services.

## FACT VERSUS MYTH IN NEPAL

EVIDENCE

In Nepal, the Fertility Awareness for Community Transformation (FACT) project worked with married and unmarried adolescents and adults from marginalised ethnic groups across five districts with the aim of improving fertility awareness, demand for family planning services and family planning uptake and continuation at the community level.

Participants played interactive games which aimed to dispel some myths and misconceptions about fertility and family planning methods and also change negative social and gender norms.

### WOMEN WHO PARTICIPATED IN THE GAMES AND GOT HIGH FERTILITY AWARENESS SCORES WERE...

**2.1 TIMES**

MORE LIKELY TO BE USING A FAMILY PLANNING METHOD

**3.6 TIMES**

MORE LIKELY TO INTEND TO USE A FAMILY PLANNING METHOD IN NEXT 6 MONTHS

...THAN THE CONTROL GROUP

## ADVOCATING FOR CHANGE

We advocate at local, national, regional and global levels to ensure policies reflect rights-based access to family planning, the latest evidence and World Health Organization standards. We also engage civil society organizations to strengthen their capacities to develop their own advocacy agenda, advocate for their communities and hold leadership accountable for commitments made.

## WORKING IN MULTIPLE CONTEXTS

The Reproductive Health in Emergencies Initiative supports reproductive health services, including family planning, in humanitarian settings by training and mentoring frontline health providers, providing commodities and supplies, strengthening supply chains and supporting communities to mobilise to increase awareness and use of health services. From 2011 to mid-2019, the initiative supported activities in more than 10 countries. This led to more than 500,000 people accepting a new method of contraception.

## COST-EFFECTIVENESS

Investing in contraceptive services generates exceptional return on investment for positive development outcomes:

For every additional **\$1** spent to provide **FAMILY PLANNING** in developing countries, there is a decline in unplanned pregnancies and savings of **\$2.20** on maternal and newborn care.

## KEY CONTACTS

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# MY SEXUAL HEALTH AND RIGHTS



**More than 13 million adolescents give birth each year, lacking information or access to services.**

Many adolescents (10-19 years old), particularly girls in low and middle income countries, experience threats to their sexual and reproductive health and rights, such as:

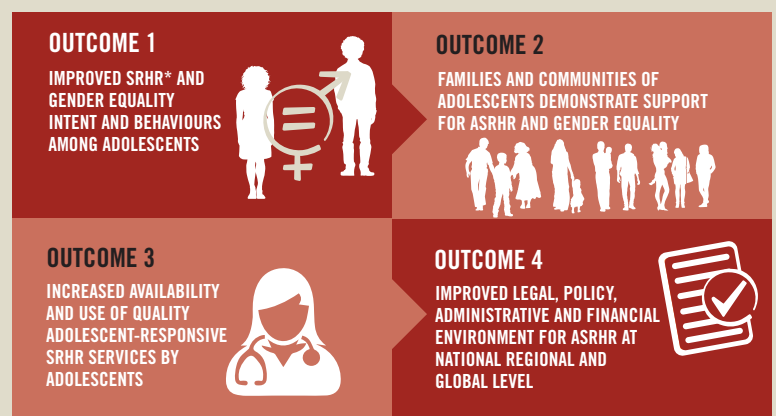
**early and forced sex  
child, early and forced marriage  
sexual and gender-based violence  
unintended pregnancy  
HIV/AIDS**

## OUR APPROACH

### PROMOTING POSITIVE HEALTH OUTCOMES

We support adolescents, especially girls, to understand and promote their sexual and reproductive health and rights. And we work with adolescents, their families and their communities to improve their access to and use of comprehensive information and services (including contraceptives and counselling) within a gender equitable and supportive environment. We also work with health systems to respond to the needs of adolescents, including training health workers and improving health facilities, and advocate to governments for laws, policies, budgets and practices to be in place that support adolescent sexual and reproductive health and rights.

**THERE ARE FOUR OUTCOMES, ALIGNED WITH THE FOUR LEVELS OF THE SOCIO-ECOLOGICAL MODEL, THAT GUIDE PROGRAMMING:**



\* (A)SRHR = (Adolescent) Sexual and Reproductive Health and Rights

# CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

MY SEXUAL HEALTH AND RIGHTS EXISTS IN **31 COUNTRIES.**

SUSTAINABLE DEVELOPMENT GOAL 3: 

**3.1.** By 2030, reduce global maternal mortality.

**3.2.** By 2030, end preventable deaths of newborns and children under 5 years of age.

**3.3.** By 2030, end the epidemic of AIDS.

**3.7.** By 2030, ensure universal access to sexual and reproductive health care services.

## EVIDENCE

### GREAT RESULTS FOR SEXUAL HEALTH AND RIGHTS

The Gender Roles Equality and Transformations (GREAT) project in Northern Uganda was designed and implemented together with The Institute for Reproductive Health at Georgetown University (IRH) and Pathfinder International from 2010–2016. The project aimed to improve reproductive health and reduce sexual and gender-based violence among adolescents, using games and flip books that adolescents can use in small groups, a 50-episode serial radio drama, community dialogue and action and by training existing community health workers and facility staff to strengthen their ability to meet the needs of adolescents.

After the pilot, we made small modifications to improve the program, and the project was taken to scale by local organisations and the Government of Uganda. We have also adapted components of the GREAT project to other contexts and programmes.

### THE RESULTS SHOWED THAT AMONG NEWLY MARRIED AND PARENTING ADOLESCENTS:

EXPOSED TO THE PROGRAMME

**43%**  
USING  
CONTRACEPTION

**48%**  
BELIEVE MEN  
AND WOMEN  
ARE EQUAL

**5%**  
REPORTED  
REACTING  
VIOLENTLY TO  
THEIR PARTNER

NOT INVOLVED IN THE PROGRAMME

**33%**  
USING  
CONTRACEPTION

**37%**  
BELIEVE MEN  
AND WOMEN  
ARE EQUAL

**21%**  
REPORTED  
REACTING  
VIOLENTLY TO  
THEIR PARTNER

## ADVOCATING FOR CHANGE

We consult with adolescents to identify the barriers preventing them from claiming their rights. We then work with the adolescents, their families and communities, to address these issues and advocate for better legislation, policies, guidelines, standards and budgets to support adolescents' rights.

In humanitarian settings, if health systems are absent or broken down, we and our partners are often responsible for establishing direct service provision, particularly addressing the unmet need for contraception at health services. We place special emphasis on preventing sexual and gender-based violence, ensuring our child safeguarding policies are in place, creating linkages with child protection, education and non-food item distributors and collecting data and learning in humanitarian settings.

## WORKING IN MULTIPLE CONTEXTS

My Sexual Health and Rights is designed to be adapted to any context in which Save the Children works. The principles of assessing and addressing the specific barriers and enablers and of tailoring the approach to age and life-stage, as well as meaningfully involving adolescents in the development and testing of the approach to ensure it is right for the specific context, is applicable in any setting.

## COST-EFFECTIVENESS

Cost and cost effectiveness assessments have been done on select interventions that are part of My Sexual Health and Rights, although not yet for the approach in its entirety. For example, meeting the unmet need for contraception among adolescents in developing regions would cost \$21 per use per year and would prevent 2 million unintended births and 5,600 maternal deaths.

## KEY CONTACTS

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# NOURISHING THE YOUNGEST



**Undernutrition contributes to 45% of all deaths of children under 5**

## OUR APPROACH

### THE RIGHT NUTRITION IN THE FIRST 1,000 DAYS OF LIFE

We promote, protect and support adequate feeding of pregnant and breastfeeding mothers, infants and young children to ensure they have the best chances of surviving, growing and developing to their full potential.

We work with individuals, families, communities, as well as organisations at the local and national levels to influence good practice and behaviours for infant and young child feeding and a nutritious diet.

Regardless of the context, the focus of this programming approach is to protect and improve four recommended infant and young child feeding practices and two supporting practices:

## RECOMMENDED BEST PRACTICES FOR INFANT AND YOUNG CHILD FEEDING



## CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

WE ARE NOURISHING THE YOUNGEST CHILDREN IN **23** COUNTRIES.

SUSTAINABLE DEVELOPMENT GOAL 3.2: 

3.2. By 2030, end preventable deaths of newborns and children under 5 years of age.

## REDUCED CHILD STUNTING IN ETHIOPIA

EVIDENCE

From 2012 to 2016, we ran a programme to improve the nutrition of women and children in four regions of Ethiopia. The aim was to reduce stunting in children by focusing on the first 1,000 days of the child's life. We gave counselling to nearly 800,000 mothers and caregivers on how to feed during pregnancy and up to the first two years of a child's life. We also reached more than 40,000 fathers and grandmothers through community dialogues.

The final evaluation demonstrated significant results:

 **13-20%**  
STUNTING AMONG  
CHILDREN AGED  
3-36 MONTHS

 **59%**  
BREASTFEEDING  
WITHIN 1 HOUR  
OF BIRTH

 **33%**  
YOUNG CHILDREN  
EATING A MORE  
BALANCED DIET

 **85%**  
PREGNANT WOMEN  
TAKING ESSENTIAL  
MINERAL SUPPLEMENTS

## WORKING IN ALL CONTEXTS

This approach covers all contexts from development to emergencies, including fragile and conflict affected settings and protracted crises. A strong foundation of IYCF programming in non-emergency times means communities will be ready to respond appropriately when a crisis occurs and also ready to transition back to development actions when times are more stable.

## ADVOCATING FOR CHANGE

To achieve impact at scale, Nourishing the Youngest requires governments to

invest in flexible nutrition programmes which can be adapted in times of emergency and crisis. We call on governments to have costed, multi-sectoral, multi-stakeholder and national nutrition plans and Universal Health Coverage plans that are integrated and embed the Leave No-One Behind principle, and that those plans are funded and implemented.

## COST EFFICIENCY

There is clear evidence that the potential effect of scaling up infant and young child feeding to 90% coverage would have an estimated effect of saving 221,000 lives a year.

The economic benefits for countries of promoting breastfeeding are likely to be very substantial. According to estimates based on data for

96 countries (of 197 countries in UNICEF's 2014 database), the world loses an estimated \$302 billion USD each year through cognitive losses and health treatment costs by not promoting breastfeeding.

## KEY CONTACTS

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# SAVING NEWBORN LIVES

46% of all children who die before their fifth birthday are less than 28 days old.



## OUR APPROACH

### THE CONTINUUM OF CARE *i*

We give a range of support to women and babies before and during pregnancy, during and after birth, and in the first 28 days of life. We also provide special care for premature and sick babies to help them survive. Through this approach, we focus on interventions that have a direct impact on the newborn baby.



## CONTRIBUTING TO GLOBAL CHANGE

WE ARE SAVING NEWBORN LIVES IN **34 COUNTRIES**.

SCALE AND IMPACT

### SUSTAINABLE DEVELOPMENT GOAL 3:

**3.2.** By 2030, end preventable deaths of newborns.

**3.4.** By 2030, reduce premature mortality by one third.

**3.7.** By 2030, ensure universal access to sexual and reproductive healthcare services.

## SIGNIFICANTLY REDUCES NEWBORN & MATERNAL DEATHS

EVIDENCE

Save the Children has been implementing elements of the Saving Newborn Lives approach for almost 30 years. Most of these interventions have been endorsed and supported by leading global health bodies, including the UN, the World Health Organization, major donors and international professional societies. We have authored or contributed to nearly 600 peer reviewed publications and 230 technical guidelines, and we currently have around 80 ongoing research projects on saving newborn lives.

WE KNOW THAT IMPLEMENTATION OF SAVING NEWBORN LIVES INTERVENTIONS COULD PREVENT

**71%**  
NEWBORN DEATHS

**33%**  
STILLBIRTHS

**54%**  
MATERNAL DEATHS

## ADVOCATING FOR CHANGE

Save the Children has played a central role in generating evidence on the reality of newborn deaths, the causes and what works to save newborn lives. In 2012, we produced a pivotal report, *Born Too Soon*, and we have contributed to academic journal supplements, such as the 'Every Newborn' series of the *Lancet*. We champion seminal global events such as World Prematurity Day, and manage the Healthy Newborn Network, a global knowledge-sharing platform. We have ensured, and will continue to ensure, that newborns are central to the global health agenda.

At a national level, we call on governments to carry out situational analyses of newborn health, to invest in newborn care and to ensure it is an integral part of essential health services. We also work with governments to develop policies that strengthen systems and improve the quality of newborn health.

## THE HUMANITARIAN CONTEXT

Women and newborn babies are particularly vulnerable in emergencies and fragile states, and we tailor these interventions to ensure they are the most effective in these contexts. In 2015, Save the Children worked with partners to develop and publish *Newborn Health in Humanitarian Settings: A Field Guide*, which is currently being piloted in South Sudan and Somalia.

## COST AND EFFICIENCY

Saving Newborn Lives uses a number of evidence-based, low-cost interventions that can be carried out in an existing health facility by health workers, or at home by trained community members and families. These include continuous skin-to-skin contact for premature babies (Kangaroo Mother Care), chlorhexidine (antiseptic) gel for preventing infection, resuscitation techniques and exclusive breastfeeding.

The cost of reducing maternal and newborn deaths is less than \$2 for every life saved, including investment in new facilities to increase coverage of care.\*

\*Source: Bhutta ZA, Das JK, Bahl R, et al. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *Lancet*. 2014

## KEY CONTACTS

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# TREATING CHILDREN CLOSE TO HOME

5.9 million children die from illnesses that are preventable, often because they live in places with little or no access to healthcare.

## OUR APPROACH

### ENABLING COMMUNITIES

We train people in communities to manage cases of common childhood illnesses. This includes diagnosing and treating diarrhoea, pneumonia, malaria and newborn sepsis, and making referrals to health facilities when necessary.



#### Community Health Workers

We train select people in remote or disadvantaged communities to act as frontline health workers to diagnose and treat illnesses, and refer severe cases.



#### Communities

We help families and communities know when and how to look for help when a child feels ill.



#### Health facilities

We provide links between the closest health facilities and remote communities, so that referrals are taken seriously and immediately.



#### Governments

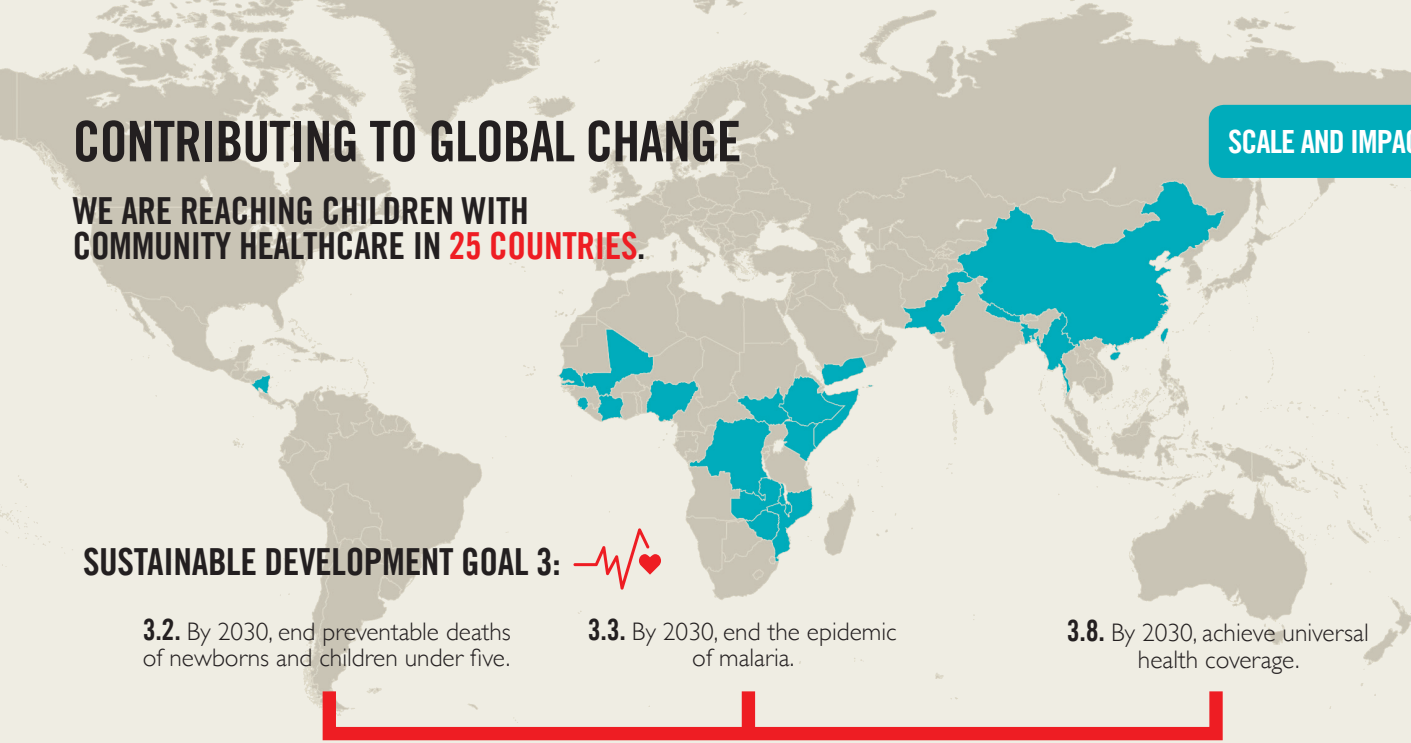
We help develop policies and plans to strengthen local, district and national health systems.



# CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

WE ARE REACHING CHILDREN WITH COMMUNITY HEALTHCARE IN 25 COUNTRIES.



## SUSTAINABLE DEVELOPMENT GOAL 3:

**3.2.** By 2030, end preventable deaths of newborns and children under five.

**3.3.** By 2030, end the epidemic of malaria.

**3.8.** By 2030, achieve universal health coverage.

# REDUCING CHILD DEATHS IN HARD-TO-REACH AREAS

EVIDENCE

Treating Children Close to Home uses the Integrated Community Case Management (iCCM) approach, which was developed by Save the Children in partnership with the World Health Organization and UNICEF. We know that if iCCM is replicated around the world, we could reduce child mortality by two thirds.



## ADVOCATING FOR CHANGE

Save the Children has played a central role in generating evidence for iCCM, has contributed to more than 60 peer-reviewed publications, and has led or helped to develop more than 60 distinct guidelines and tools for iCCM programming. There is strong evidence that this approach reduces child mortality in multiple contexts. We have worked with, and will continue to work with, governments to develop national policies and plans that strengthen iCCM and community healthcare in general.

## WORKING IN MULTIPLE CONTEXTS

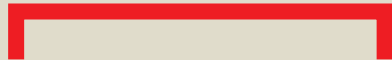
Communities may not have access to healthcare for many reasons. Some are geographically remote, others are located in under-served urban areas, and some

are cut off from services due to conflict or disaster. Treating Children Close to Home can be adapted to work in a variety of settings and Save the Children has been successfully implementing this approach for more than 20 years, including studying its impact following natural disasters and other types of humanitarian crises.

## COST AND EFFICIENCY

A number of country-based studies have demonstrated the range of cost-effectiveness of this approach; for example, in Zambia, the costs of treating a child through iCCM was approximately \$4 per illness, compared to facility-based treatment at \$6.

Findings from a seven-country analysis showed that services must be well-utilised and programme management well-organised for this approach to be cost-effective, affordable and high quality.



## KEY CONTACTS

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# CHILD RIGHTS REPORTING

**Governments are not held accountable when failing children.**



## OUR APPROACH

### REPORTING TOGETHER WITH CHILDREN

Countries must report back on their progress in making children's rights a reality. We work with children and civil society organisations to document and report violations of children's rights when countries are reviewed in three international reporting systems.



#### **UN Committee on the Rights of the Child**

A country review made by child rights experts every five years



#### **Universal Periodic Review**

A peer review of a country's human rights by the UN Human Rights Council



#### **African Committee of Experts on the Rights and Welfare of the Child**

A review of African countries made by child rights experts every three years

### THE PROCESS: CHILD RIGHTS REPORTING

**01** RAISE AWARENESS OF THE REVIEW PROCESS AND DISCUSS CHILDREN'S ISSUES WITH CHILDREN AND CIVIL SOCIETY

**02** COLLECT DATA AND CREATE A CIVIL SOCIETY AND CHILD-INFORMED REPORT

**03** ENSURE CHILDREN'S VOICES ARE HEARD WHEN THE STATE REPORT IS REVIEWED

**04** CAMPAIGN ON THE RECOMMENDATIONS WITH CHILDREN AND CIVIL SOCIETY

# CONTRIBUTING TO GLOBAL CHANGE

WE ARE DOING THIS WORK IN **74 COUNTRIES**.

SCALE AND IMPACT

Child Rights Reporting helps document and report violations of children's rights and so can support most Sustainable Development Goals.

INCLUDING:

**GOAL 3:**  
GOOD HEALTH AND WELL-BEING



**GOAL 4:**  
QUALITY EDUCATION



**GOAL 16.6:**  
DEVELOP EFFECTIVE, ACCOUNTABLE AND TRANSPARENT INSTITUTIONS AT ALL LEVELS



**GOAL 16.7:**  
ENSURE RESPONSIVE, INCLUSIVE, PARTICIPATORY AND REPRESENTATIVE DECISION-MAKING AT ALL LEVELS

## OVER 25 YEARS OF EXPERIENCE

EVIDENCE

We have been engaging with these human rights reporting systems for many years and have built reliable evidence that this approach can lead to policy change, strengthened capacity of children and child rights organisations to engage, and ultimately improved realisation of children's rights.

BETWEEN **75%** AND **100%**  
OF ISSUES RAISED BY SAVE THE CHILDREN AND OUR PARTNERS HAVE BEEN REFLECTED IN THE RECOMMENDATIONS TO A COUNTRY UNDER REVIEW.

### ADVOCATING FOR CHANGE

Advocacy is a core component of this approach. We work with children and local civil society to raise issues when countries are examined by international accountability systems, and to shape the national child rights advocacy agenda by using recommendations. The approach is also a catalyst for strengthening national and regional coalitions of child-focused organisations.

### WORKING IN MULTIPLE CONTEXTS

The approach can be implemented in all contexts, but there can be challenges in fragile states and states with restricted civil society space where we face risks when speaking out on human rights violations. As part of the approach, we carry out assessments on the reputational, operational and physical risks of engaging with human rights reporting systems, for ourselves, partners and, of course, children.

### COST EFFECTIVENESS

It is challenging to evaluate the cost-effectiveness of this approach, as the outcomes of this work – large-scale shifts in policy and increased participation in governance by children and civil society – are difficult to quantify. There are also challenges with measuring to what extent outcomes can be attributed to Save the Children. However, investment in terms of staff time and other resources is low, relative to the proven long-term impact this work has and will have on children's lives.

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# PUBLIC INVESTMENT IN CHILDREN



**Governments do not raise, allocate or spend public funds fairly for the benefit of all children.**

## OUR APPROACH

### PRIORITISING CHILDREN IN PUBLIC BUDGETS ⓘ

Without resources, governments cannot guarantee children's rights. We work with civil society and children to identify specific problems they face in getting an education and medical care, and feeling safe. We analyse how the government budget can solve these problems. And then we help build coalitions to demand that the resources are made available and spent fairly.

Children's participation is crucial in every step to ensure transparency and accountability in the budget-making process.



#### IDENTIFY

a problem facing children and determine the corresponding public budget



#### ESTABLISH

a team through our partnerships and build their knowledge and skills in public budgeting and child rights



#### ANALYSE

and track allocation and spending that affects children's rights in public budgets



#### INFLUENCE

budget and other decision-makers to make changes that benefit children

# CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

PUBLIC INVESTMENT IN CHILDREN IDENTIFIES PROBLEMS THAT CHILDREN FACE AND SO CAN SUPPORT MOST SUSTAINABLE DEVELOPMENT GOALS.

INCLUDING

**GOAL 1:  
NO  
POVERTY**



**GOAL 3:  
GOOD HEALTH AND  
WELL-BEING**



**GOAL 4:  
QUALITY  
EDUCATION**



**GOAL 16:  
PEACE, JUSTICE AND  
STRONG INSTITUTIONS**

Save the Children works in partnership with children and civil society organisations to bring about tangible and systematic change in public budgets, so that they serve the best interests of children. Efforts of this kind in different contexts have helped make significant change for children:

EVIDENCE

IN CAMBODIA THE EDUCATION BUDGET INCREASED FROM \$610 MILLION TO \$818 MILLION (2017-2018)

IN BANGLADESH THE HEALTH BUDGET INCREASED BY 18%, WITH 39% EARMARKED FOR CHILDREN (2016-2017)

30% OF BRAZILIAN MAYORS PARTICIPATED IN A 'CHILD FRIENDLY' PROGRAMME, RESULTING IN THE OPENING OF 1,607 NEW KINDERGARTENS FOR 320,000 CHILDREN (2009-2013)

## ADVOCATING FOR CHANGE

Advocacy is the central component of Public Investment in Children, empowering children to demand the resources necessary from governments to respect, protect and fulfil children's rights. We will support advocacy to influence the budget process by gathering evidence, conducting analysis, and strengthening relationships with budget decision-makers, civil society, members of the legislature and the private sector. These steps will ensure that public investment reaches all children, especially the most marginalised and deprived.

## WORKING IN MULTIPLE CONTEXTS

Public Investment in Children is flexible and designed to be adapted to any context in which Save the Children operates. It can be adapted to contexts where there is little or no budget data, or where the 'civic space' available to make demands of the government is constrained. In humanitarian contexts or where there is no functioning government to engage with, this approach can be used to target donors responsible for financial management to ensure that aid spending is appropriately targeted and accountable to children.

## COST-EFFECTIVENESS

Investing in children now will yield results in the future: estimates show a return of \$16 on average for every \$1 spent on nutrition.

We have strong anecdotal evidence of cost effectiveness of Public Investment in Children. Cost analysis and value for money studies will be undertaken during implementation and cost effectiveness and return on investment analyses will be undertaken following project completion in conjunction with results from an impact study.

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# HOUSEHOLD ECONOMY ANALYSIS

We must understand a family's economic situation before we can know how best to help their children.



## OUR APPROACH

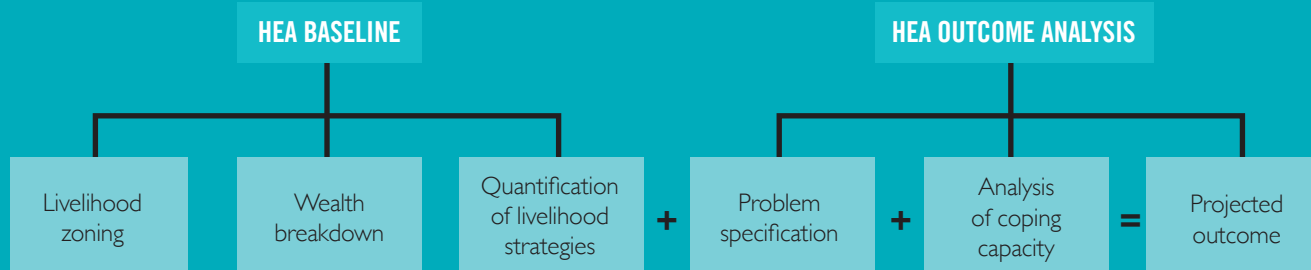
### ANALYSE, ASSESS AND DESIGN

We determine if households have the food and cash they need to survive and prosper. This information allows us to design a response that is appropriate to the situation and effective.

We use this tool to find out...

- How families get the food and cash they need.
- The assets, opportunities and constraints a family has.
- The options available to families in times of crisis.
- How to design programmes and early warning systems that will help families meet their needs at all times.

## SIX STEPS TO CONDUCTING THE HOUSEHOLD ECONOMY ANALYSIS



# CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

WE ARE USING HOUSEHOLD ECONOMY ANALYSIS IN MORE THAN **28 COUNTRIES**.

**SUSTAINABLE DEVELOPMENT GOAL 1:**  
END POVERTY IN ALL ITS FORMS, EVERYWHERE.



## RAPID UPTAKE

EVIDENCE

We developed the Household Economy Analysis tool in the early 1990s, and it has been adopted by multiple partners, such as USAID's Famine Early Warning System Network and the UN Food and Agriculture Organization. The tool has been used by humanitarian and development agencies, and government organisations in over 50 countries.

**+540 BASELINES FOR ANALYSIS HAVE BEEN DONE IN 50 COUNTRIES**  
IN AFRICA, ASIA AND LATIN AMERICA USING THIS TOOL.

## ADVOCATING FOR CHANGE

This tool can be used to inform local, national and global early warning systems and poverty reduction plans through building evidence to increase and identify action towards ending child poverty.

The data collected in the Sahel region of Africa now feeds into national plans to reduce poverty, and has also led to investments in continuing and scaling up the analysis tool to inform national poverty reduction plans and early warning systems in several countries in the region, including Burkina Faso, Niger, Chad, Mali and Senegal.

## EARLY WARNING

The Household Economy Analysis is particularly useful in contexts prone to

slow onset food and nutrition crises, such as a drought or famine. The data collected through the tool helps to identify families most at risk of a shock or crisis; the likely impacts on families and children; and early warning strategies we can implement to support families to lessen or avoid the impacts of a crisis and build their resilience.

After analysing 68 livelihoods zones across the Sahel region of Africa, the Household Economy Analysis provided evidence that could support agencies and governments identify more appropriate interventions to respond to drought-related food insecurity for the poorest households.

## BUILDING CAPACITY

Staff need to be adequately trained in the approach to carry out analyses effectively. An expert can facilitate a training of three to five days. We have also developed online e-learning courses, available in multiple languages, and are developing a new software to facilitate analyses.

## KEY CONTACTS

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# LIFE SKILLS FOR SUCCESS

Young people from the poorest households often lack the required skills to transition to decent work.

## OUR APPROACH

### SUPPORTING YOUNG PEOPLE TO SUCCEED IN WORK AND LIFE

145 million adolescents live in extremely poor households. We help the poorest and most deprived young people, from age 10 – 24, to develop five core sets of transferable life skills to positively transition to adulthood and secure decent work.

We have a three-pillar approach to helping young people acquire the skills they need. This includes providing a supportive learning environment where they feel safe, motivated and respected, as well as opportunities to learn through practice and in real-life situations.

## 5 SETS OF TRANSFERABLE LIFE SKILLS



1 - Communication skills



2 - Higher-order thinking skills



3 - Positive self concept



4 - Self control



5 - Social skills

## THE 3 PILLAR APPROACH

SUPPORTIVE LEARNING ENVIRONMENT

REAL-LIFE PRACTICE

PARTICIPATORY AND EXPERIENTIAL LEARNING

METHODOLOGIES, ACTIVITIES AND POLICIES THAT PROMOTE GENDER EQUALITY AND ADOLESCENT AND YOUTH PARTICIPATION



# CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

WE ARE IMPLEMENTING LIFE SKILLS FOR SUCCESS IN  
**32 COUNTRIES**

## SUSTAINABLE DEVELOPMENT GOAL 4 & 8:



- 4. Ensure Inclusive and equitable education and promote lifelong learning opportunities for all.
- 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment, and decent work.

# IMPROVING LIFE SKILLS AND EMPOWERING GIRLS

EVIDENCE

Recent evaluations in Africa and Asia show promising results both in terms of the effectiveness of building transferable life skills, and also value for money by improving socioeconomic outcomes.

**ASIA:** IN ASIA, WE TRAINED OVER 77,000 YOUTH. OF THE YOUTH INTERVIEWED, 60% SHOWED AN IMPROVEMENT IN THEIR LIFE SKILLS

**UGANDA:** LIFE AND VOCATIONAL SKILLS OFFERED TO ADOLESCENT GIRLS IN SAFE SPACES LED TO A 35% INCREASE IN THE LIKELIHOOD OF THEIR ENGAGEMENT IN INCOME-GENERATING ACTIVITIES

## ADVOCATING FOR CHANGE

We call on governments to invest and develop policies and interventions that enable young people to build the required skills and access decent economic opportunities. We also work with the private sector to develop vocational education and apprenticeships or employment for young people.

## RESILIENCE IN EMERGENCY CONTEXTS

Our approach can promote young people's ability to respond to crisis: by building their capacity for critical analysis and decision making, their self-confidence and ability to recognise their own potential – thereby promoting their ability to recover from disruptive life events.

## COST AND EFFICIENCY

While costs vary across contexts, programs that include life skills components have a good return on investment. In India, a life skills course for female garment workers designed by Gap – including time management, effective communication, problem solving and financial literacy – led to increased worker productivity and retention, and showed a 256% net rate of return to the companies' investment 20 months after the program.

## KEY CONTACTS

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# RESOURCING FAMILIES FOR BETTER NUTRITION

Families need cash, information and access to quality services to prevent young children from suffering malnutrition.



## OUR APPROACH

### CASH + OTHER INTERVENTIONS = BETTER NUTRITION

The first 1,000 days of a child's life are the most critical in preventing long-term damage from undernutrition. Resourcing Families for Better Nutrition is one of our 'Cash Plus' approaches. This means we provide cash transfers as well as complementary interventions, including information to families to ensure pregnant women and babies receive the right kind of food and access to essential healthcare and nutrition services.

## CORE COMPONENTS

Cash transfers for pregnant women and young children



Social and Behavioural Change Communications on Nutrition and Health Practices

Referrals and linkages to health and nutrition services

## CONTRIBUTING TO GLOBAL CHANGE

SCALE AND IMPACT

THIS PROGRAMME IS BEING RUN IN **8 COUNTRIES:**  
NIGERIA, MYANMAR, CAMBODIA, NEPAL, GUATEMALA, SOMALIA.

### SUSTAINABLE DEVELOPMENT GOAL 2:

- 2.1. End hunger and ensure access to safe, nutritious food all year round.
- 2.2. End all forms of malnutrition, reach agreed targets on stunting and wasting, and address nutritional needs of pregnant women.

## GROWING EVIDENCE ON 'CASH PLUS' PROGRAMMES

EVIDENCE

There is a growing body of evidence to show that combining cash transfers with nutrition-specific interventions can significantly improve the health of mothers and babies.

**BANGLADESH**  
STUNTING REDUCED  
BY 7%

**PAKISTAN**  
WASTING REDUCED  
BY 6%

**NIGERIA**  
EXCLUSIVE BREASTFEEDING  
INCREASED BY 150%

## ADVOCATING FOR CHANGE

We are calling on governments, national stakeholders and development partners to ensure families are resourced for better nutrition in the first 1,000 days as a core part of comprehensive social protection systems. In the long-term, this approach will be implemented by national and local governments. Engaging governments in implementation and monitoring processes is therefore a critical part of the programme's design.

## WORKING IN EMERGENCY CONTEXTS

Children caught up in conflict or disasters are particularly vulnerable to undernutrition. Cash, alongside other interventions are increasingly being used to respond to humanitarian emergencies as alternatives to food distributions. Resourcing Families for Better Nutrition can also be used as a preventative measure to protect families and children in case of a disaster.

## COST AND EFFICIENCY

In Nigeria, the Child Development Grant Programme, which resources families for better nutrition, had a benefit cost ratio of 5 to 1 (5 Naira for every 1 Naira invested). As a comparison, other types of cash transfers in the region had a benefit cost ratio of 4 to 1. This analysis in Nigeria demonstrated strong value for money, and Save the Children is working to further develop the evidence base on cost-effectiveness of cash combined with nutrition-specific interventions.

## KEY CONTACTS

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Save the Children

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Visit the [Common Approaches page](#) on OneNet to find technical packages and resources.