



Our child health programs focus on empowering frontline health workers to deliver preventative and curative care to address **three of the major killers of children under 5: pneumonia, diarrhea and malaria**. Trained and supported frontline health workers in the most-in-need communities and countries can often deliver lifesaving care such as immunizations, antibiotics, oral rehydration solution, zinc and malaria drugs, ultimately increasing access to and the quality of child health services. Frontline health workers enable families, communities and governments to be active partners in improving the health and survival of children.

INTEGRATED COMMUNITY CASE MANAGEMENT

Integrated community case management (iCCM) is a broadly endorsed global strategy to reduce child mortality, in which a health system trains, supplies and supervises community health workers (CHWs) to manage sick children who have limited access to facility-based health services. **iCCM is “integrated” because it addresses multiple, potentially life-threatening syndromes.** Through iCCM, CHWs can deliver appropriate, lifesaving treatments closer to where children live. By combining preventive and curative measures, each complementing the other, iCCM achieves better results for children. We support iCCM efforts in more than 20 countries, with our largest programs in **Bangladesh, Ethiopia, Malawi, Mali, Mozambique, Nicaragua, Pakistan and South Sudan.**

In Ethiopia, we worked closely with the Federal Ministry of Health to scale up iCCM in five regions covering a population of 13 million people, including an estimated 5.1 million children under 5. From 2010 to 2015, with partners, we built the capacity of more than 9,500 health extension workers (HEWs), health workers and supervisors in iCCM and strengthened the Integrated Management of Neonatal and Child Illnesses and supervisory skills through in-service and pre-service trainings. Our program also helped to establish supportive supervision, and program review and clinical mentoring mechanisms to ensure quality services.

KEY FACTS

- 5.4 million children under 5 died in 2017 (UN IGME).
- While 85% of infants receive the recommended vaccinations for diphtheria, tetanus and pertussis, only 28% are immunized for rotavirus and 44% for pneumococcal disease (WHO).
- Globally, the leading causes of death for children under 5 are preterm birth complications (18%), pneumonia (16%), intrapartum-related complications (12%), diarrhea (9%), and sepsis/meningitis (9%) (WHO).
- Malaria is responsible for 5% of under-5 deaths (UNICEF).

OUR REACH

- In 2018, our work led to 14 million lifesaving health interventions for malaria, pneumonia, diarrhea and acute malnutrition.
- In Ethiopia, HEWs benefitting from our support treated nearly 121,000 cases of pneumonia, more than 190,000 cases of diarrhea, almost 11,000 cases of severe acute malnutrition, and more than 68,000 cases of malaria.

CHILD HEALTH IN HUMANITARIAN SETTINGS

During times of crisis, access to quality health services becomes increasingly limited or non-existent. In the initial phase of an emergency, we collaborate with health systems and other partners to support existing health centers and village clinics, and establish mobile medical care and temporary health facilities to reach displaced or underserved populations. We developed new guidance for continuing CCM during emergencies, a review of which found that iCCM services can continue during a natural disaster, albeit with disruptions. Our interventions in humanitarian settings include management of childhood illnesses and preventive interventions such as vaccinations and health/hygiene promotion.

IMMUNIZATION

We work to reduce morbidity and mortality in children under 5 by improving routine immunization coverage and by supporting the rollout of pneumococcal vaccines, sustainably and at scale, particularly in populations with the most unimmunized children. We improve immunization service delivery by supporting outreach services, increasing demand for immunization by mobilizing communities, training health workers, and supplying essential cold chain equipment, such as refrigerators and cold boxes.

PNEUMONIA CENTENARY CAMPAIGN

We are working with partners across the Save the Children movement and in partnership with UNICEF to develop and implement national policies and plans to reduce child deaths due to pneumonia in nine priority countries. Our goal is to identify strategic investment opportunities and elevate pneumonia as a priority with opinion leaders and donors in support of resource mobilization and program efforts. These investments will protect the health of children by increasing access to and uptake of preventive vaccines and health services to accurately diagnose and effectively treat pneumonia.

PNEUMONIA RESEARCH

We have conducted research in Bangladesh and Malawi with the World Health Organization (WHO) to assess new approaches to community-level management of pneumonia, including the use of pulse oximetry (a test used to measure blood oxygen level), treating children 2-59 months old with chest in-drawing, and treating children 7-59 days old with fast breathing.

MALARIA CONTROL

In countries where malaria is endemic, we are scaling up proven, evidence-based interventions, such as improved case management, including the use of rapid diagnostic tests and combination drugs; the distribution of long-lasting insecticide treated bed nets; intermittent preventive treatment of malaria in pregnancy; seasonal malaria chemoprevention for children (presumptive treatment in monthly intervals); and indoor spraying.

DIGITAL HEALTH

We apply and support the design and implementation of digital health (appropriate, health-related mobile technologies) to increase the quality and use of high-impact practices at scale for improved maternal, newborn, child and adolescent health and survival. Our focus is on phone and tablet applications to improve health worker performance and on messaging to improve links between community members and health facilities.

PROGRAM HIGHLIGHTS AND EXAMPLES

We have played an important role in the **Global Polio Eradication Initiative** (1999-2019) in **Angola**, **Bangladesh**, **Ethiopia**, **Nepal**, **Nigeria** and **South Sudan** through the CORE Polio Partners.

Through USAID-funded and PATH-led **MalariaCare** (2012-2017), we provided technical assistance for community-based diagnostics and case management through frontline health workers, supported the development and revision of training packages and job aids, and facilitated links with community groups and NGOs.

As the **Global Fund prime recipient** in **Côte d'Ivoire**, **Myanmar** and **Nepal**, our programs provide malaria prevention and treatment services, improving ministry of health and implementing partner capacity, behavior change communications, bed net distribution, indoor spraying, and case management at the facility and community levels.

Through the USAID-funded and Abt-led **ZAPIM** project (2015-2020) in **Zimbabwe**, we provide technical assistance for community-based diagnostics and case management through CHWs, support the revision of training packages and job aids, facilitate linkages with community groups and NGOs, and ensure that data are used for decision-making.

We work with opinion leaders and donors in support of resource mobilization and program efforts. These investments will protect the health of children by increasing access to and uptake of preventive vaccines and health services to accurately diagnose and effectively treat pneumonia.

Save the Children believes every child deserves a future. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children - every day and in times of crisis - transforming their lives and the future we share.