

We contribute to:



HEALTH, WASH AND NUTRITION

Basic needs like sufficient and nutritious food, clean water and health and sanitary services are crucial for the sustainable development and resilience of vulnerable children and their families.

Young children in the 0-5 age range are especially vulnerable and prone to waterborne diseases when lacking healthy food and clean water. And even more so in fragile areas involved in protracted crises. Providing access to these basic needs is therefore part of the Help a Child theory of change.

In 2021 we implemented health, WASH and nutrition programmes in the DRC, South Sudan, Somalia and India. In Somalia, almost 100,000 children were screened and, if necessary, treated for malnutrition. In the DRC, through various interventions more than 10,000 people gained access to sufficient and safe water for domestic use. Within our CCCD programmes, attention to basic needs has been provided through the establishment of model kindergartens, parenting courses and awareness campaigns about the importance of healthy food and hygienic practices. In another year of the global COVID-19 pandemic, this has been more relevant than ever.



End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Ensure healthy lives and promote well-being for all at all ages

Ensure availability and sustainable management of water and sanitation for all

Key statistics:

 **33,243**
people supported through
clean water supply

Soap distributed to
85,957 people 

 **81,669**
people have been
reached with hygiene
promotion messages

16,281
young children received
treatment for malnutrition 



KENYA**Healthy** community efforts

In the Tamu CCCD project area, community health volunteers, local administrations and cluster-level associations have collaborated with the Ministry of Health in monitoring community-led total sanitation (CLTS) activities at eight newly built homesteads. This has enabled the community to maintain the open defecation-free (ODF) status

it earned in 2019, which is important in maintaining the overall health of the community, especially by preventing diarrhoea and other waterborne diseases.

In Matuu, Machakos County, Help a Child has strengthened the capacity of 44 community health volunteers in community health

promotion, dialogue, COVID-19 awareness, nutrition, first aid, drug dispensation and maternal health-care. This work is geared towards maintaining the general well-being of children and the entire community.

**Community-led total sanitation**

Community-led total sanitation (CLTS) is an innovative methodology for the mobilization of communities to completely eliminate open defecation (OD). They are facilitated to conduct their own appraisal and analysis of OD and to take their own action to become ODF: open defecation-free.

www.communityledtotalsanitation.org

Community health volunteers in Matuu, Kenya, are coming together for a meeting to discuss safe water use.





INDIA

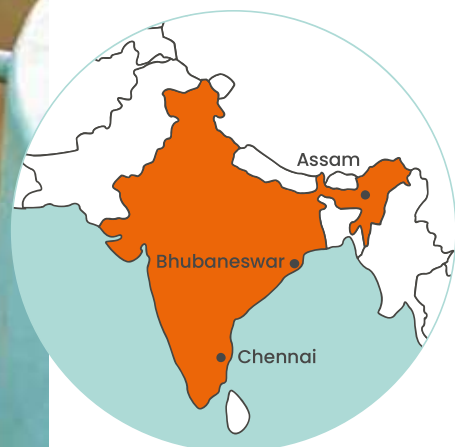
Extra support in response to COVID-19

Several states in India have suffered greatly from the second wave of the COVID-19 pandemic, which started in early March last year. At the end of April, India was the first country in the world to report 400,000 new cases in one day. This second wave was far more devastating than the

first and led to a severe shortage of hospital beds, oxygen and medical supplies. Other effects of the pandemic, such as the closes of schools, unemployment, limited mobility and a lack of food, all further strained the numerous vulnerable households in the country.

Help a Child has received funding from private sources and from EO Metterdaad and Dorcas to respond to some of the needs. In Bhubaneswar, two hospitals have been supported with new respiratory equipment. A 24-hour helpline was established to provide people in need with professional advice and support. A total of 15,000 isolation kits with soap and masks were distributed and 2,000 households received dry rations.

In Chennai, support from Help a Child focused on the educational needs of children during lockdowns. Here, 4,500 school kits and 2,200 food packages were distributed. In Manipur and Assam, Help a Child organized awareness-raising activities, psychosocial mediation, food distribution and the provision of medication.



DRC

Clean schools, **healthy education**



Masisi is affected regularly by violence from armed groups and conflicts between communities. These clashes have led to the displacement of children and their families, and the destruction of community infrastructures such as schools and water points. Help a Child's focus in Masisi is WASH and food security, while Dutch Relief Alliance partner War Child oversees complementary education and protection activities.

The goal in Masisi for 2021 was to improve the WASH infrastructure for nine schools. This has been accomplished. Help a Child has built latrines and set up handwashing facilities that are safe and accessible for children, including those with disabilities. Furthermore, Help a Child has built protected water sources, connected schools to existing water systems and installed rainwater harvesting facilities. We have also supplied sufficient soap, organized a radio awareness campaign and established and trained WASH school brigades to create awareness of hygienic behaviour and COVID-19 prevention. All activities have been implemented in line with the international Sphere standards.

The results: close to 5000 boys and girls can now access a safe and healthy school environment. And significant behavioural change has been observed in hygiene practices.



5,000
boys and girls

can access
safe and healthy
education

9 schools
with improved
WASH facilities



Serving where most needed

Over the past three decades, Somalia has been experiencing a multi-layered and protracted crisis. This has resulted in a dire humanitarian situation, which has been aggravated in recent times by emerging climate-driven shocks (floods and droughts), political tensions, the COVID-19 pandemic and the devastating effects of desert locust infestation. The combined effects are disastrous: 5.9 million people – almost half the population – are in urgent need of humanitarian support. Young children and young mothers are among the most vulnerable groups. Help a Child is grateful for the opportunity to serve the people of Somalia and committed to making a difference for children and families at risk.

Through its international partner Medair and four local partners, Help a Child has implemented an integrated health, nutrition and WASH programme in South Central Somalia. This is part of the Somalia joint response by the Dutch Relief Alliance, funded by the Dutch Ministry of Foreign Affairs and implemented together with Oxfam, SOS Children's Villages, World Vision and their local partners.

Why we work in Somalia, six indicators:

963,000 children
(0-4) in need of nutrition support

162,000
children severely malnourished

1.6 million IDPs in need
of physical and mental care

8.9 million people
have no access to clean water
and sanitary facilities

74 out of 1,000 births
infant mortality rate

46% measles immunization
coverage

Health

For more than 125,000 vulnerable people, we have provided primary health care, reproductive health services and referrals. This includes life-saving services for hard-to-reach communities. Almost 5,000 safe deliveries have been facilitated by trained and skilled health

workers. Some 975 children have received treatment for malaria, diarrhoea and acute respiratory infections. Through the health facilities we support, we have distributed messages to inform people about COVID-19 and to reduce fear and anxiety around this topic. The messages also addressed psycho-

social well-being, MPHSS and stigma reduction.



Read how Care Groups work.

www.helpachild.org/somalia/caregroups



WASH

To reduce waterborne diseases and increase access to clean water, Help a Child, Medair and its local partners have provided access to clean drinking water for 18,600 people. And distributed soap to more than 60,000. Through care groups* and health volunteers, we have created awareness of hygienic practices and behaviour in no fewer than 92,000 people.

The nutrition programmes have had a tremendous impact and saved the lives of many vulnerable under-fives.



Nutrition

We have implemented nutrition programmes at twelve health facilities. Nearly 100,000 children have been screened for malnutrition and more than 16,000 have received treatment for moderate or severe acute malnutrition. The nutrition programmes have had a tremendous impact and saved the lives of many vulnerable under-fives.

Future plans

The Somalia joint response is to continue for at least another two years, and Help a Child has secured funding to prolong the integrated health, WASH and nutrition programme with Medair and local partners. One of the lessons learned from the 2021 programme is that more attention should be paid to child protection and the psychosocial well-being of children, teenagers and women. Help a Child will focus on these areas in 2022–2023, and coach partner staff to add protection activities such as the establishment of child-friendly spaces, support for victims of gender-based violence and facilitation of psychosocial support.

