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HOPE
for **Every Child**

How China and UNICEF are making a difference for children through projects supported by Global Development and South-South Cooperation Fund

HOPE FOR EVERY CHILD: HOW CHINA AND UNICEF ARE MAKING A DIFFERENCE FOR CHILDREN THROUGH PROJECTS SUPPORTED BY GLOBAL DEVELOPMENT AND SOUTH-SOUTH COOPERATION FUND

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Contact:

United Nations Children's Fund
Public Partnerships Division
3 United Nations Plaza
New York, NY 10017, USA
Tel: +1 (212) 326-7000

UNICEF China
Public Partnerships Section
12 Sanlitun Lu
Chaoyang District 100600
Beijing, People's Republic of China
Tel.: +86 10 8531 2600
Email: beijing@unicef.org

Contents

List of acronyms

CIDCA	China International Development Cooperation Agency
CHW	community health worker
DHIS	District Health Information Software
DHIS2	District Health Information Software (version 2)
eIDSR	electronic Integrated Disease Surveillance and Response
GDF	Global Development and South-South Cooperation Fund
IDP	internally displaced persons
IHECC	International Health Exchange and Cooperation Centre
IMCI	integrated management of childhood illness
IPT	intermittent preventive treatment
LLIN	long-lasting insecticidal nets
MMR	maternal mortality ratio
MNCH	maternal, newborn and child health
MUAC	mid-upper-arm circumference
OHSP	One Health Surveillance Platform (Malawi)
PHC	primary health care
PPE	personal protective equipment
RR	regular resources
RUTF	ready-to-use therapeutic foods
SAM	severe acute malnutrition
SDG	Sustainable Development Goal
SNNP	Southern Nations, Nationalities, and Peoples (region of Ethiopia)
SSCAF	South-South Cooperation Assistance Fund
VHW	village health worker
WASH	water, sanitation and hygiene

Foreword

Amakobe Sande
UNICEF Representative to China

UNICEF and the Government of the People's Republic of China have a long-term relationship in China, and a promising one in partner nations, that promotes the rights of children everywhere. In addition to implementing eight successive country programmes of cooperation within the country, UNICEF and the Government of China have been working together since 2018 to reach some of the most vulnerable children in low- and middle-income countries through South-South Cooperation.

China, in cooperation with UNICEF, has been providing support to countries through its Global Development and South-South Cooperation Fund (GDF) – previously the South-South Cooperation Assistance Fund (SSCAF). The GDF seeks to accelerate countries' progress towards the Sustainable Development Goals (SDGs) and towards specific targets in areas of universal health care, education and child protection.

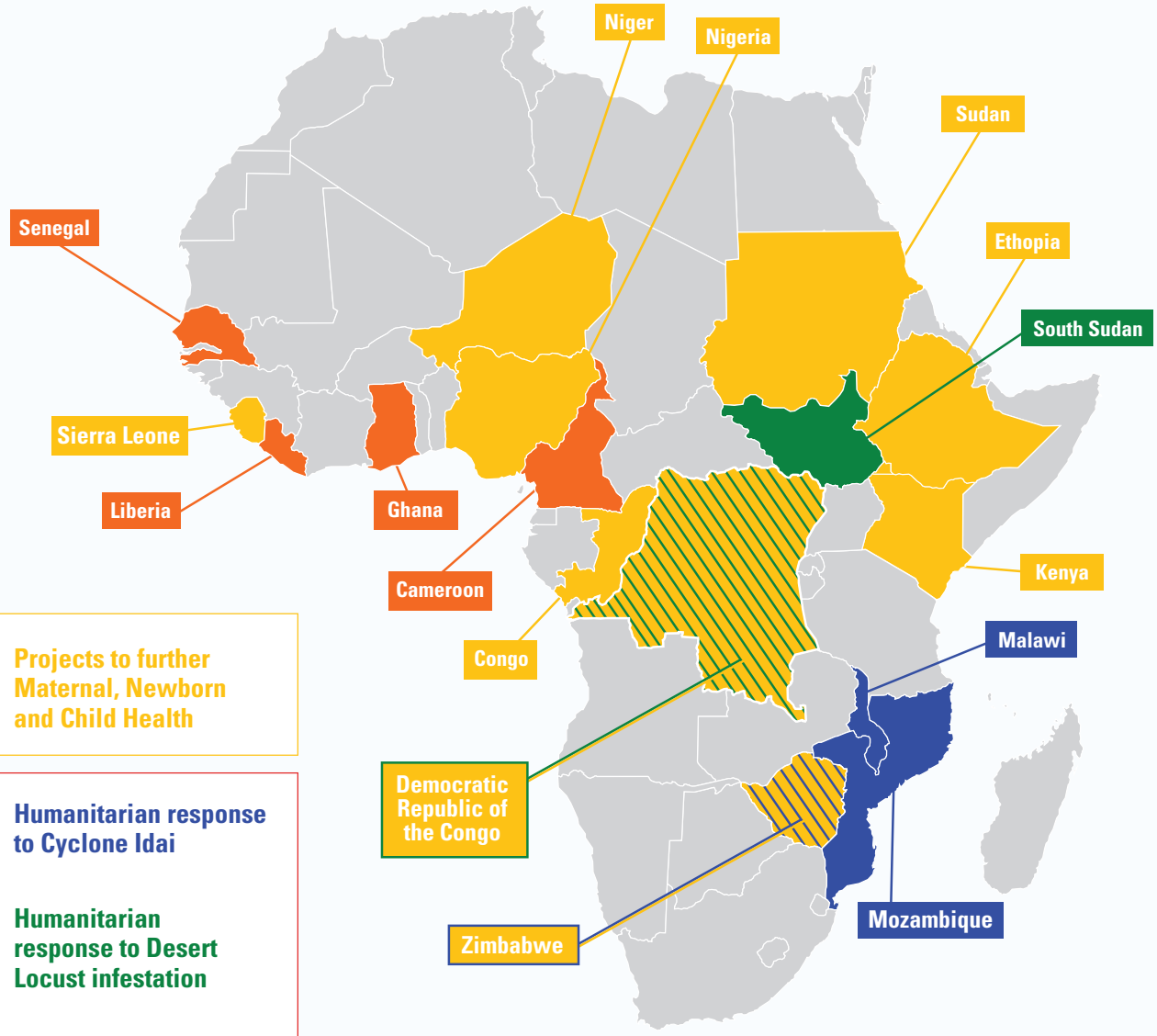
In 2020 and 2021, UNICEF worked with governments and a range of partners in 15 African countries to implement 17 separate projects funded from the GDF. Eight projects focused on expanding maternal, newborn and young child health and nutrition services, and nine supported vulnerable families in recovering from the shocks of Cyclone Idai, the COVID-19 pandemic and the Desert Locust infestation.

By choosing to work with UNICEF, China has helped to ensure that some of Africa's most vulnerable children get a fair start in life. With support from the GDF, and in partnership with national and local authorities, UNICEF offices were able to renovate and revitalize hospitals, maternity wards and special infant care clinics, in line with proven best practices. UNICEF brought new medical equipment, essential medicines and therapeutic foods to remote facilities, with many facilities receiving such items for the first time. Technical teams also supported doctors, nurses, health-care workers and community volunteers in raising their skills, capacities and motivations to keep children alive, healthy and thriving.

As a result of GDF support, the numbers of babies delivered with the support of skilled birth attendants, and children who were immunized, treated for childhood illnesses and given care and treatment for malnutrition, increased in project locations. China's support was greatly appreciated by health workers and local authorities. It sent a message of hope, and a signal that China considers children an important investment priority.

This compilation of case studies summarizes the experience of governments, service providers and partners in GDF-supported countries, and it highlights the China-UNICEF partnership in the achievement of results for children. We share these case studies as part of an exchange of learning, that they may be useful for partners and others, deepening our hope for the survival and empowerment of every child.

Map of **15 countries** with **Global Development and South-South Cooperation Fund support in Africa***



*The Global Development and South-South Cooperation Fund (GDF) was upgraded from South-South Cooperation Assistance Fund (SSCAF) by the Government of China in June 2022."

Note: Maps in this document are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or concerning the delimitation of any frontiers or boundaries.

Introduction

On 29 October, 2018 at UNICEF Headquarters, UNICEF Deputy Executive Director Charlotte Petri Gornitzka signed an agreement on funding in Africa with Vice Chairman of the China International Development Cooperation Agency (CIDCA) Mr. Deng Boqing. The agreement committed US$8 million from the GDF for maternal, newborn and child health in eight African countries.

China and UNICEF
in a strategic partnership for children

For many years, China and UNICEF have worked together in a strategic relationship to advance the rights of the children. They have partnered in eight 5-year Country Programmes of Cooperation for children in China. The Government currently serves on the UNICEF Executive Board and is a contributor to UNICEF regular resources (RR), the voluntary contributions that enable UNICEF to uphold its mandate and mission around the world.

UNICEF received support from the South-South Cooperation Assistance Fund (SSCAF) in 2020–2021, to help developing countries further the 2030 Agenda for Sustainable Development. The SSCAF has since been upgraded by the Government as the Global Development and South-South Cooperation Fund (GDF)*. This compendium of case studies details how through the 17 projects supported by the GDF, UNICEF and governments in 15 African countries have made a difference for children, and what can be learned for future cooperation.

*Hereinafter, projects funded by previous South-South Cooperation Assistance Fund (SSCAF) will be referred to as projects funded by the Global Development Fund (GDF).

UNICEF's role furthering South-South cooperation

Direct bilateral cooperation between two countries that share similar development challenges can be rewarding for both countries – and for children. The sharing of knowledge, new technologies, innovations and development solutions can be critical for both countries along their development pathways, for example, in terms of furthering inclusion and equity. In practice, however, it can be hard to match needs to skill sets available in the cooperating countries and exploit comparative advantages between countries. It is not always clear who can benefit from what, when and where.

That is where UNICEF comes in.

UNICEF has global outreach through its work in over 190 countries and territories in all income groups.[1] UNICEF maintains long-standing partnerships with government officials at ministerial and technical levels working both upstream and downstream. As a global leader in maternal and child health; nutrition; water, sanitation and hygiene (WASH); education; and child protection, UNICEF has a vast knowledge base of good practices curated through regional and global databases, knowledge-sharing platforms and communities of practice. UNICEF also has strong partnerships with civil society and a solid track record of working with business and corporations to secure results for children.

UNICEF brokers technical exchanges between states, leverages investments and comparative advantages, documents the outcomes of its partnerships and considers their applicability for wider learning. When countries identify South-South cooperation as a potential modality, UNICEF acts as a convener, bringing technical, logistical and financial support to the relationship, making it 'triangular' in nature. Over the decades, UNICEF has gained experience supporting South-South and triangular cooperation for children and joined many examples of successful partnerships around the globe.[2] UNICEF therefore is well-positioned to act as a partner in the implementation of grants from China's GDF.

What is South-South and triangular cooperation?

United Nations operational guidelines describes South-South cooperation as "a common endeavour of peoples and countries of the South, born out of shared experiences and sympathies, based on their common objectives and solidarity, and guided by, inter alia, the principles of respect for national sovereignty and ownership, free from any conditionalities. South-South cooperation should not be seen as official development assistance. It is a partnership among equals based on solidarity…".

Triangular cooperation refers to Southern-driven partnerships between two or more developing countries supported by a developed country(ies)/or multilateral organization(s) to implement development cooperation programmes and projects.

Source: High-Level Committee on South-South Cooperation, Framework of operational guidelines on United Nations support to South-South and triangular cooperation (SSC/19/3), United Nations, New York, 2016.

[1] *The World Bank classifies countries in four income groups: low income, lower-middle income, upper-middle income and high income*

[2] *See: United Nations Children's Fund, South-South and Triangular Cooperation in Action: Advancing children's rights and well-being through South-South and triangular cooperation, UNICEF, New York.*

Projects funded by the GDF, implemented with UNICEF

Recognizing the potential for achieving results for children, the Government of China and UNICEF signed an agreement in 2018 to fund implementation of maternal, newborn and child health (MNCH) projects in eight African countries, within the framework of South-South cooperation. Funded through the GDF and managed by CIDCA, the multi-country programme channelled US$8 million in financial, supply and technical assistance to the Governments of the Democratic Republic of the Congo, Ethiopia, Kenya, Niger, Nigeria, Sierra Leone, Sudan and Zimbabwe through UNICEF.

This MNCH partnership aimed to:

1. Promote equitable access to high-impact interventions and contribute to the accelerated reduction of maternal, newborn and under-five mortality in recipient countries;
2. Improve the capacity of policymakers in recipient countries to use evidence to inform the development of policies, guidelines and tools;
3. Connect the demands of recipient countries with China's comparative advantages in MNCH;
4. Promote multilateral exchange and cooperation, and mutual learning on MNCH, between China and African countries.

Following this initial agreement, three additional project streams were negotiated between UNICEF and the Government of China in response to humanitarian crises associated with Cyclone Idai (in Malawi, Mozambique and Zimbabwe), COVID-19 (in Cameroon, Ghana, Liberia and Senegal) and the desert locust infestation (affecting the Democratic Republic of the Congo and South Sudan). These projects addressed acute and urgent needs of some of the most vulnerable children, including children who were displaced and children suffering from severe acute malnutrition or at high risk of cholera, malaria and other diseases in the aftermath of the disasters.

Overall, during 2020 and 2021, UNICEF worked with 15 partner nations to implement 17 China-Africa collaborations through four distinct project streams.[3] Most projects were implemented with national and local counterparts, starting in 2020.

This compendium presents the highlights of these China-Africa collaborations. It draws on the rich experience of national counterparts, UNICEF staff and community-level actors, and it recognizes the work of Chinese government officials and the technical experts who facilitated training and technical exchange between professionals. The compendium contains four MNCH case studies, three humanitarian action case studies and three thematic briefs: on gender equality, resilience and innovations for children.

UNICEF Nigeria received financial assistance from the GDF to support newborn, maternal and young child health. Here, women and children cue for care at a UNICEF-supported mobile MNCH clinic in Farankasa village, Zamfara State, Nigeria

[3] *The compendium does not consider Government of China assistance in the amounts of US$3 million in response to humanitarian emergencies in Lebanon and Somalia in 2017 and US$800,000 for ECD in Myanmar in 2018.*

Maternal, Newborn and Child Health Projects

Summary

In 2020, the Government of China partnered with UNICEF and Ministries of Health in eight African countries to improve the delivery of primary health care (PHC) for pregnant women and newborns through projects funded by the GDF. The eight projects rehabilitated health centres and maternity wards and provided life-saving supplies, equipment and technical training to boost the capacity of health workers to deliver quality, high-impact services.

This type of cooperation is in line with commitments made at the China-Africa Summit, in Johannesburg in 2015, when the Government promised to support African countries to achieve the SDG targets, particularly through "special programmes focusing on women and children." Contributing directly to SDG 3 – ensure healthy lives and promote well-being for all, at all ages – these projects made a contribution to reducing maternal and infant mortality. They also underlined the important role of UNICEF as a facilitator of technical exchanges.

PROJECT PARAMETERS

LOCATION:	Democratic Republic of the Congo, Ethiopia, Kenya, Niger, Nigeria, Sierra Leone, Sudan and Zimbabwe

MAIN GOVERNMENT COUNTERPARTS:

Democratic Republic of the Congo: Ministry of Health, Department of Global Health

Ethiopia: Maternal and Child Health Directorate, Federal Ministry of Health; Ethiopian Midwives Association; Ethiopian Paediatric Society

Kenya: Ministry of Health, Division of Family Health

Niger: Ministry of Health

Nigeria: Gombe State Primary Health Care Development Agency

Sierra Leone: Ministry of Health and Sanitation

Sudan: Ministry of Health, Child Health Programme

Zimbabwe: Ministry of Health and Child Care

Duration of project: 1 January 2020–30 December 2021

Issue

Globally, mothers and their newborns have a greater chance of surviving today than they did just two decades ago. But improvements in maternal, neonatal and young child health are not evenly shared among regions. Sub-Saharan Africa still has the highest maternal mortality ratio (MMR) in the world: 533 deaths per 100,000 live births, resulting in up to 200,000 maternal deaths a year.[4] There are also significant disparities between and within states of the region. Sierra Leone, for example, has the third highest MMR in the world (1,120 deaths per 100,000 live births) and Nigeria's MMR is classified as "very high" (917 deaths for every 100,000 live births). Maternal deaths related to pregnancy or its management are also higher in the Democratic Republic of the Congo, Ethiopia, Kenya, Niger, Sudan and Zimbabwe than on average globally.[5]

Infant and neonatal deaths are also a cause for concern. Sub-Saharan Africa loses the most infants each year; the infant mortality rate is nearly double the global average, and some 52 babies die before their first birthday out of every 1,000 born alive in the region. Most infant deaths occur during the neonatal period. UNICEF estimates that in Sub-Saharan Africa in 2021, between 967,000 and 1.24 million infants died in their first 28 days of life.[6]

This heavy burden of preventable death is related to systemic capacity gaps in the delivery of both MNCH and nutrition services – but also to challenges faced by mothers and caregivers at home and in their communities. Such challenges include bottlenecks to access to quality antenatal care and essential medicines, a lack of well-equipped maternity centres for safe delivery and emergency obstetrics, limited availability of well-trained health professionals, a lack of specialized care for sick and underweight newborns, and gender inequalities and negative social norms that prevent women from seeking timely care.

The African countries assisted through this partnership – Democratic Republic of the Congo, Ethiopia, Kenya, Niger, Nigeria, Sierra Leone, Sudan and Zimbabwe – have made progress in strengthening systems and reducing preventable deaths, but their progress falls short of SDG 3 targets. In all eight countries, the pace of progress is either stagnating or increasing at less than half the rate that is necessary to achieve the goals. With less than eight years left to 2030, rapid acceleration is needed to save lives, strengthen systems and ensure the benefits of sustainable development for all.

By rapidly expanding public health infrastructure and community-based systems, China has already met several SDG 3 targets, by having sufficiently reduced its child, neonatal and maternal mortality. The proportion of births attended by skilled health professionals is above 90 per cent, and full immunization of children is stable at 99 per cent. These achievements, secured in advance of the 2030 deadline, remain aspirational for most countries, many of which struggle with fragility and a high burden of preventable disease and death. Health and nutrition professionals in partner countries can benefit not only from China's development cooperation, but also from its knowledge and experience.

Health worker measuring baby's weight, Zimbabwe

[4] *World Health Organization et al, Trends in Maternal Mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, WHO, Geneva, 2019.*

[5] *United Nations Children's Fund, The State of the World's Children 2021, UNICEF, New York, 2021.*

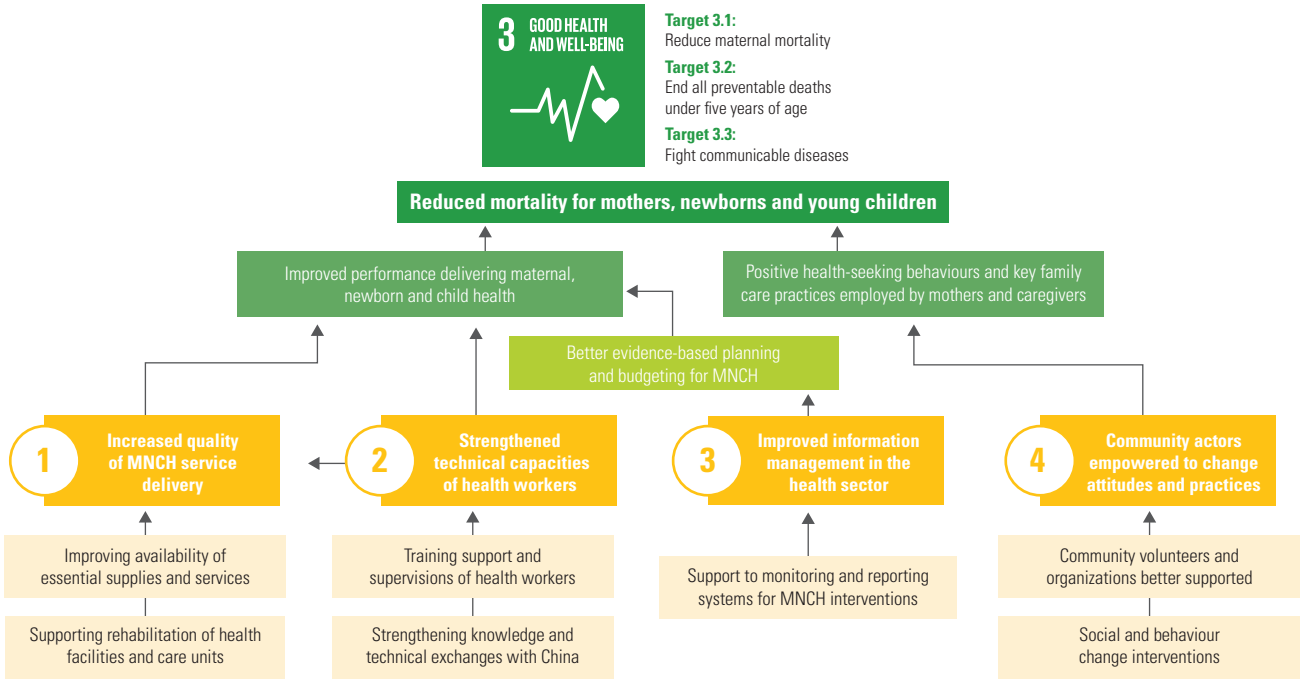
[6] *Ibid.*

Theory of change

UNICEF and GDF-supported health professionals in partner nations believe that ***if*** the quality and coverage of MNCH services offered in facilities increases; ***if*** technical capacities of health workers to deliver MNCH interventions increases; ***if*** the capacities of community workers and volunteers to foster health-seeking behaviours and key family practices in the household are strengthened; and ***if*** data are used for evidence-based planning and decision-making more effectively, ***then*** it is possible to increase access and utilization of quality services, prevent maternal and child deaths, and accelerate progress toward SDG 3.

China's collaboration contributed to four change pathways in assisted countries and helped accelerate their progress towards the SDG 3 targets. It supported: (a) increasing the quality of MNCH service delivery; (b) strengthening the capacities of health workers; (c) improved information management in the health sector; and (d) empowerment of community actors to lead social and behaviour change initiatives (see Figure 1). The case studies highlight the important work of securing change in each of the four pathways.

Figure 1: Theory of change for MNCH projects funded by the GDF



Role of the Government of China

Within the context of South-South cooperation and through the GDF, the Government of China supported the Democratic Republic of the Congo, Ethiopia, Kenya, Niger, Nigeria, Sierra Leone, Sudan and Zimbabwe in their efforts to achieve the SDGs.

China's support, in the form of financial and technical assistance and the sharing of best practices, contributed to the rehabilitation of health centres; the provision of life-saving supplies, equipment and medicines; and the strengthening of local capacities through training opportunities.

Role of UNICEF

UNICEF is committed to realizing a world where no child dies from preventable disease and all children reach their full potential in health and well-being. As a part of this commitment, UNICEF and partners have developed global action plans and partnerships (such as the Every Newborn Action Plan) and supported countries around the world to improve their policy, planning and budgeting processes to further progress against SDG 3.

In the GDF-supported projects, UNICEF worked with governments to rehabilitate health infrastructure, expand the delivery of high-quality maternal and newborn services and raise the capacities of health workers.

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A newborn baby lies on a measuring scale at a health facility in the Southern Nations, Nationalities and Peoples' Region of Ethiopia. Baby weighing scales and other critical supplies were procured and delivered with the generous support of the Government of China.

Change pathway #1:
Increased quality of MNCH service delivery

Closing critical gaps in the delivery of MNCH services in eight African countries

ACTION

UNICEF employed a health systems strengthening approach, targeting community, district and national levels.[7] GDF funding was used to rehabilitate health centres and maternity wards; improve water, sanitation and hygiene (WASH) in facilities; procure and distribute essential equipment and supplies; and support health workers to implement low-cost, high-impact interventions. Doctors, clinicians, nurses, midwives, health extension workers and community health volunteers were reached with training, support and supervision. Training topics included reproductive, maternal, newborn, child and adolescent health; basic emergency obstetric and newborn care; 'kangaroo mother care' to increase the survival of babies born preterm; integrated community case management; and interventions that can promote safe deliveries and the care of newborns with complications. Overall, the interventions boosted the quality of care offered to mothers and their babies in hospitals, maternity wards and clinics.

[7] *United Nations Children's Fund, The UNICEF Health Systems Strengthening Approach: A synopsis, UNICEF, New York.*

RESULTS

UNICEF estimates that 7,916,550 people were reached through the MNCH partnership overall. All eight countries reported that support from the GDF helped improve the treatment and care of pregnant women, mothers and newborns, contributing to reduced maternal and infant mortality.

The new equipment and supplies made it possible to serve vulnerable mothers and children closer to their homes and in new ways. Training improved the knowledge and skills of health workers, giving them additional confidence and motivation to provide quality care. Essential kits for maternal and child health services helped improve the performance of maternity centres in hospitals and paved the way for safer assisted deliveries.

Results were seen across a range of performance indicators, including the following in the project areas:

- **In the Democratic Republic of the Congo,** the percentage of newborns receiving early essential newborn care reached 99 per cent in the project area (14 health areas of Miabi in the Kasai Oriental province). The number of deliveries assisted by skilled birth attendants exceeded the project target.
- **In Ethiopia,** the percentage of deliveries assisted by skilled health providers and the proportion of mothers and newborns receiving early postnatal visits increased by 9 per cent in the project area. The number of sick and small newborns decreased to 7 per cent, less than the national average of 15 per cent.
- **In Niger,** the rate of assisted childbirths increased from 26 per cent to 37 per cent.
- **In Nigeria,** 28,043 pregnant women accessed at least one antenatal care visit and 8,504 pregnant women accessed four or more antenatal care visits. Some 11,659 deliveries were assisted by skilled birth attendants. In addition, 8,603 children were fully immunized by the age of 12 months and 24,808 children under the age of 5 years were reached with integrated childhood services.
- **In Sierra Leone,** 1,000 health facilities and two special newborn care units were established, benefiting a total of 304,763 pregnant women, 232,179 healthy newborns requiring essential care, 7,349 sick newborns requiring medical care and 23,218 infants born with complications requiring care and treatment services.
- **In Sudan,** an estimated 59,400 newborn children and their mothers in West Darfur State were able to access safe delivery and newborn services.
- **In Zimbabwe,** the proportion of deliveries attended by skilled health personnel increased from 78 per cent to 90 per cent in the project areas.

When rennovations and supplies modify behaviour

© UNICEF/Nigeria/2021/Emmanuel Kwapyil

Hawawu, featured in the photo, is the mother of a 2-year-old boy, Adamu Mohammed. When he became ill, she brought him to the Komfulata PHC centre in her local government area (Nigeria).

"When I arrived at the clinic, I saw a completely renovated building. I saw equipment, I saw drugs. Even the nurses appear to be more helpful and friendlier than before. Somehow, deep down inside, I then knew Adamu would recover," said Hawawu.

Komfulata's centre is one of the 10 PHC centres that benefited from GDF assistance. The support helped revitalize MNCH services in the Kwami local government area of Gombe State and contributes to Nigeria's progress towards the SDGs.

Source: This story is adapted from Geoffrey Njoku, "When renovations and supplies modify behaviour," UNICEF Nigeria, 8 November 2021.

©Courtesy of IHECC

Participants in the MNCH training were awarded certificates upon completion of the course.

Change pathway #2:
Strengthened technical capacities of health workers

Health professionals in eight African countries share their experiences and receive training facilitated by China's International Health Exchange and Cooperation Centre

ACTION

China has experiences to share with other nations, particularly in terms public health. Under the framework of the MNCH projects, China established a training programme for practical learning and expert exchanges among nations, which included training for health-sector professionals in the eight assisted countries and a web-based platform for knowledge sharing. The programme was facilitated by the International Health Exchange and Cooperation Centre (IHECC) of the National Health Commission of China and UNICEF.

A total of 138 health-sector professionals – 93 decision-makers or managers, 28 doctors, 9 nurses and 8 others – registered to participate in the programme. UNICEF and IHECC assessed their needs and interests prior to the start of the training and developed a list of topics that complemented the Chinese expertise and comparative advantages of the IHECC.

The training was designed to be modular and based on demand; a portion was to be conducted in person, and a two-week visit of health-sector professionals to China was scheduled for 2020. However, due to the COVID-19 pandemic, the in-person training portion was adapted as an online, interactive course, consisting of three self-paced modules with 17 videos and virtual visits to three Chinese health facilities employing best practices in MNCH. On completing each module, participants were asked to take a quiz and share their comments on a discussion platform. The course was delivered in English and French during November 2020. To support participants with slow internet connectivity, files containing video lectures and reference documents were compressed and emailed to all participants. More than 80 reference documents across the areas of MNCH policies and programmes, as well as resources for COVID-19 prevention and control, were made available to participants.

> *"The trilateral partnership is necessary and valuable due to the different culture and thinking model… For the training, we started with demand-based survey, registration, learning, discussion, final test as well as a next-step plan from all the participants."* (IHECC officials)

The training portion of the learning and exchange programme facilitated by IHECC and UNICEF included three modules, delivered through the online training platform:

- **Module 1** gave an overview of MNCH progress in China, with a focus on efforts to improve MNCH within the health system and recent achievements.
- **Module 2** introduced China's system for MNCH, the National Basic Public Health Programme at community and primary health-care levels, and childbirth and emergency MNCH care in hospitals.
- **Module 3** focused on the enablers of a functioning health system. It covered China's MNCH-relevant policies and technologies, political commitments, strategies, financing, human resources, monitoring and evaluation, and management information systems.

Source: China International Development Cooperation Agency, MCH Training Hub for BRI Counties (website).

©Courtesy of IHECC

A video being recorded at the Beijing Maternal and Child Health Care Hospital, to be used during a virtual field visit with participants in the MNCH training programme.

RESULTS

Overall, participants reported that the training was practical, interesting and relevant to their countries. They particularly valued the live, interactive sessions with one another and Chinese health-sector professionals. In a follow-up survey, 94 per cent of respondents said their knowledge had improved, and 84 per cent said they were willing to apply the experience to their regular work. At the end of the training, 58 professionals achieved a score of 70 or more on the exit quiz and received a certificate of completion.[8]

Participant demand for further training and support from Chinese experts is considered another marker of success. Three additional technical areas were identified for a second round of training, on community mobilization for maternal and child health, strategies for maternal and newborn safety, and neonatal care. This second round was developed by 32 facilitators; training went live in June 2021, with 50 participants.

In August 2021, a wrap-up meeting was attended by 20 representatives from China and 96 representatives from the eight project countries. It provided opportunities to review and celebrate the results achieved, share lessons learned and explore ways to better support each other.

Overall, each partner in the cooperation brought a unique strength to the project. Professionals from the eight participating nations shared in-country lessons learned, thus enabling Chinese facilitators to better appreciate the delivery of MNCH in the African context. Chinese experts delivered the training based on good practices, while gaining valuable experience as they adapted their training and facilitation styles to suit the needs of a diverse, multilingual, African network of professionals. They had to use innovation and exercise flexibility in developing a stimulating and interactive learning journey online. UNICEF brought its technical credibility as an MNCH leader and its well-developed programme network in African countries. These strengths helped shape the course content and attract participants who were eager to exchange and learn.

Interactive online training sessions were conducted in English and French, with simultaneous interpretation. Here, a team of Chinese interpreters works from the booth.

> *In general, this is also a good case for China to gain experiences…Chinese trainers are the experts with professionalism, but they may not have a thorough understanding of Africa and its needs. After the initial demands survey, a match-making was carried out between the list of offerings and list of demands, with which a final programme was confirmed. Experts understood Africa more through this process."* (UNICEF China staff)

[8] *A total of 58 people (42 per cent) scored 70 or above on the exit quiz. Of these, 43 participants (31 per cent) completed all the requested learning activities and achieved a full score.*

©SNNP Regional Health Bureau and UNICEF, 2021

Photo taken during a field visit to the health post in Holte, Derashe woreda (Ethiopia), September 2021.

Change pathway #3:
Improved information management in the health sector

Strengthening health-sector monitoring and reporting mechanisms to bolster evidence-based planning

ACTION

Investing in data and information infrastructure is critical to achieving the SDGs. Without a clear understanding of the status of children, women and underserved communities, and of the effectiveness of programmatic interventions, authorities and service providers cannot effectively plan, budget and deliver social services. Many countries have made significant investments to increase the evidence base in the health sector, including by improving the basic administration systems which support monitoring and reporting at facility level. But often, the functionality, maintenance and integration of administrative data systems used in many hospitals, maternity wards and health centres vary widely, particularly in more remote or fragile contexts.

Many of the facilities in MNCH project areas in the eight assisted countries struggled with limited coverage, functionality and/or integration of their data systems. They also had challenges analysing and using the data collected. There were also variations in the capacities depending on location and health service level. For example, facilities in remote and underserved areas often relied on outdated systems that have not yet maximized the potential of new technologies or practices. There are also challenges in collecting disaggregated data that would enable authorities to better identify the determinants of inequity.

Without good data that capture what is happening on the ground, service providers cannot make sound decisions concerning whom they should target and what supplies and essential medicines are required, and local authorities cannot make sound decisions concerning the services they regulate. For this reason, the GDF support included technical assistance to strengthen monitoring and reporting systems for health management, vital statistics systems, and subnational procurement, supply and distribution systems in the eight assisted countries.

Here are two examples:

In the Democratic Republic of the Congo:

A community-based, real-time monitoring mechanism harnessed the knowledge and potential of community volunteers

In the Democratic Republic of the Congo, UNICEF supported the Ministry of Public Health to establish a community-based multisectoral monitoring mechanism in the Miabi health zone. For many years, health districts across the country have benefited from the work of community outreach units and health development committees[9] joined by village leaders and community members who volunteer their time. These groups support health departments in coordinating community events, vaccination campaigns, health and nutrition awareness raising, infection prevention and control activities and home visits. The volunteers are known and trusted in their communities; they provide an invaluable service in identifying and supporting vulnerable households. However, their information is not always absorbed by health facilities and authorities in the larger administrative zone or public health departments. Thus, the potential of these groups to inform decision-making is often lost.

As a part of a larger programme supporting community structures in all villages of the country, UNICEF worked with local health authorities to establish a community system for real-time monitoring of data on health service coverage. Now, when volunteers visit people in homes in their communities they collect household data on essential MNCH interventions (antenatal and postnatal care, and skilled attendance at delivery) and share these data with health zones on a monthly basis. These data are cross-checked with data gathered at the facility level, inconsistencies are identified and investigated, and actions are prioritized for follow-up. UNICEF worked with authorities to establish the system and provided support to the review of data and analysis during monitoring meetings.

This new mechanism has strengthened the link between communities, health facilities and local authorities and allows for sharper data that can be used to adapt interventions at multiple levels. It provides a more efficient means of managing work, since health workers use the data gathered by the community volunteers to inform future outreach, and it saves them time. It also supports the integration of multiple types of services, as community volunteers often make recommendations and referrals that go beyond the health sector.

[9] *Translated from the French: cellules d'animation communautaire and comités du développement sanitaire.*

In Ethiopia:

Regulatory capacity increased with use of the scorecard for reproductive, maternal, newborn, child and adolescent health

Ethiopia's reproductive, maternal, newborn, child and adolescent health scorecard tracks key maternal and child health indicators and helps multiple stakeholders (including national, regional and local governments; PHC service providers; and community workers) to assess their performance, identify bottlenecks and prioritize collective action. When working effectively, it can foster greater responsiveness and accountability on the part of those working together to promote the survival and health of mothers and young children.

The scorecard was developed by the Federal Ministry of Health; it was initially released in 2013 and progressively rolled out since 2017. UNICEF supported the government to decentralize, strengthen and use the scorecard as a management tool, and the project furthered supported these aims. A training in the use of the scorecard was organized in collaboration with regional health bureaus in Tigray and in the Southern Nations, Nationalities, and Peoples' (SNNP) Region, the Arbaminch Health Science College and Mekelle University. The scorecard system is based in the District Health Information Software (DHIS) platform.

Seventy-one health information management professionals, health-care providers and health managers (50 in Tigray and 21 in SNNP) participated in the hands-on training. They were briefed on the scorecard system components, processes for data collection, and the technology application that supports the data and information management. They were also oriented in the use of the scorecard for analysis. For example, they learned how to navigate the system, produce reports on key performance indicators, and interpret dashboards containing health-sector and facility performance metrics. At the end of the training session, they developed an action plan to apply scorecard system findings in the health facilities.

Following the training, several districts in the SNNP region received follow-up visits by the zonal MNCH technical assistant. Reports from the visits indicated that the scorecard was being used and scorecard data were being analysed. The issue of internet connectivity and speed affected the timeliness and completeness of the analysis, but generally the tool was shown to be working effectively and being used to inform decision-making on the ground.

GDF funding also supported hospitals and PHC units to strengthen patient record-keeping at the facility level. Thirty-six health information system professionals were trained on the scorecard and the DHIS database.

Photos taken during a field visit to the health post in Holte, Derashe woreda (Ethiopia), September 2021.

RESULTS

Health systems strengthening is a long-term endeavour. But around the world, and through the China-Africa collaborations, there are numerous initiatives that are changing the way evidence is gathered and making it possible to better identify and address disparities in the delivery of health-care services. Knowing which children are most vulnerable is the key to sharper targeting of interventions and more equitable outcomes for every child.

©UNICEF Sierra Leone 2021

A pre-term infant receives care in a special newborn unit in Sierra Leone. Equipment was provided through the Government of China-UNICEF partnership.

Change pathway #4:
Community actors empowered to change attitudes and practices

Strengthening volunteer networks and mobilizing communities to increase uptake of services

ACTION

People's knowledge and behaviours directly affect their health outcomes.[10] Gender inequality and negative social norms can prevent people from seeking care in a timely way, contributing to unnecessary health complications. Knowing this, UNICEF and African governments empowered community leaders to form peer-to-peer support groups and design social and behaviour change initiatives in their districts and communities.

UNICEF has a long history of working with civil society organizations, governments and other local influencers to change social norms that threaten people's health.[11] As part of the MNCH projects, teams rolled out culturally appropriate and context-specific approaches to mobilizing communities. These efforts increased the numbers of women and children who opted to use services and helped them adopt safer practices.

[10] *Wijesekera, Sanjay, "Foreword: A new era for Social and Behaviour Change at UNICEF," UNICEF.*

[11] *United Nations Children's Fund, "Strategy for Health: 2016–2030," UNICEF, New York, 2016.*

Activities included the provision of incentives and supplies to community health workers and social mobilizers, technical assistance and training for service providers, and support for social mobilization activities and communication campaigns. Community-level support groups were formed, and outreach, home visits and monitoring mechanisms were extended. Overall, the aim was to improve health-seeking behaviours and key family practices and to stimulate demand for quality and inclusive health care. The projects also strengthened the links between health facilities, community-level workers and vulnerable households.

Below are some of the country achievements made possible thanks to the GDF funding:

- **In the Democratic Republic of the Congo,** an average of 182,450 people in 32,982 households were reached each month with messages on key family practices, through outreach by 1,370 community workers. Furthermore, 142 community outreach units and 14 health development committees were trained to promote community engagement and awareness-raising techniques for behaviour change.
- **In Ethiopia,** 487 health extension workers were trained on newborn and child health care. In their regular home visits they promoted early postnatal care, particularly for sick and small newborns in the community.
- **In Kenya,** 631 community health volunteers were trained on integrated community case management of childhood illness and community MNCH; and 19 members of county health management teams were sensitized on the integrated MNCH flow chart. Some 2,000 community health volunteers (986 men and 1,014 women) received jackets from the Government of China, which identifies them as health service providers at the community and household levels.
- **In Niger,** interventions helped improve community involvement in the management of health services. In seven intervention districts, 50 motorcycles were distributed to 50 integrated health centres that supervised community health volunteers and 1,262 starter kits for curative care were distributed along with incentives for the volunteers. Some 583 community health volunteers were trained in the integrated management of childhood illness (IMCI); 875 volunteers were formally recruited and trained; and 420 managers were trained on IMCI and supervision of the community health volunteers.[12] These efforts helped formalize, support and incentivize the community work force.
- **In Nigeria,** 30 mother-to-mother support groups were formed for the purposes of generating community demand for maternal health; their activities included tracking and referring pregnant women for antenatal care. Eight ward development committees were supported to promote harmonization, integration and coordination of community-based institutions.
- **In Sudan,** 52,399 individuals from the three target localities (Forbaranga, Geneina and Habila) received essential information about maternal and newborn care and the danger signs of complications in both mothers and babies; 80 per cent of those reached were women. Messages were broadcast weekly through the state's local radio station, and information was distributed during field visits to the three localities.
- **In Zimbabwe,** the proportion of households with access to trained village health workers (VHWs) increased from 76 per cent to 83 per cent during the project period. Some 3,500 VHWs were refreshed on community-based care initiatives (including COVID-19 and other health emergencies) and were mentored, coached and supportively supervised. The trained VHWs set up women's groups in the project districts; the women's groups have expanded to other districts, and now there are more than 800 active women's groups in the Mashonaland Central province. The VHWs and health centre committees have an important role in reducing delays in seeking care by pregnant women. By taking health services to the household level, they act as a bridge between the community and the health facility.

[12] *The 875 volunteers formally recruited and trained represented one third of those currently active in the intervention districts. The 420 managers trained included 126 chiefs of integrated health centres and 294 chiefs of health outposts.*

Reaching the last mile with motorcycles

An official ceremony was held in Niamey (Niger) on 17 November 2020 to celebrate the delivery of 50 motorcycles for use by staff in integrated health centres in the seven intervention districts. This ceremony was attended by (from left to right), the Government of Niger's Secretary-General for Health, the Chinese ambassador to Niger, the UNICEF Representative. The motorcycles will strengthen outreach to communities in remote villages and enable social and behaviour change initiatives.

A community health volunteer is visited by the chief of the integrated health centre for the Bouza district, Niger who drives his new motorcycle to the meeting location. During these visits, volunteers were observed providing care, assessed on their service and supported in making any improvements.

RESULTS

Programming for social and behaviour change varied greatly from one country to the next, and so did the results. One key indicator – the percentage of deliveries attended by skilled health personnel – indicated a dramatic improvement across several projects. In the project area, over the project period:

- **In Ethiopia,** the percentage of deliveries assisted by skilled health providers increased by 9.2 per cent;
- **In Niger,** the percentage increased from 26 per cent to 37 per cent;
- **In Zimbabwe,** the percentage increased from 78 per cent to 90 per cent.

These positive trends suggest that mothers and their newborns are safer in their most vulnerable moment of birth, thanks to the determined efforts of community volunteers and health workers in partnership.

Health extension workers play a critical role to save babies

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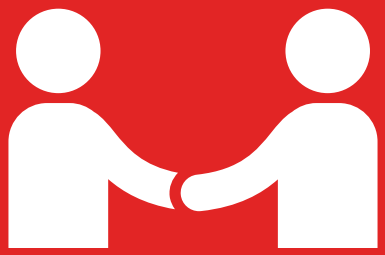
In Ethiopia, Kurate Guda, a health extension worker, visits Tirunesh Khawdia and her 6-week-old baby, Lisan Kusia.

"During our home visits, we make sure that the babies are healthy. We also check how mothers are able to apply what we have taught them," says Kurate.

Source: This story is adapted from Demissew Bizuwerk, "Health extension workers play a critical role to save babies' lives in villages," UNICEF, 9 November 2021.



Humanitarian Action Projects

1.
Humanitarian response to Cyclone Idai

Restoring health and preventing outbreaks

How South-South cooperation prevented disease outbreaks and malnutrition after Cyclone Idai, the worst disaster to hit southern Africa in nearly two decades

PROJECT PARAMETERS

LOCATION:	The project was implemented in 14 districts of Malawi, 4 districts of Mozambique and 2 districts of Zimbabwe.

MAIN GOVERNMENT COUNTERPARTS:

Malawi: Ministry of Health; Department of Disaster Management Affairs

Mozambique: Ministry of Health

Zimbabwe: Ministry of Health and Child Care; Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement; Ministry of Public Service, Labour and Social Welfare; National AIDS Commission

Duration of project: November 2019–December 2021

Summary

In March 2019, Cyclone Idai made landfall and became the worst disaster to hit southern Africa in nearly two decades. The category 4 cyclone caused extreme flooding in Malawi, Mozambique and Zimbabwe, washing away homes, schools, hospitals, transportation networks and communication infrastructure. The damages were some of the worst in recent memory; the International Federation of Red Cross and Red Crescent Societies called them "massive and horrifying."[13] Over 1,200 lives were lost and some 3 million people were affected, more than half them children. Boys and girls displaced by the cyclone, and children living below the poverty line and in areas where basic social services were already limited, faced the highest risk of secondary impacts.

In the context of South-South cooperation, the Government of China, UNICEF and government ministries in the three assisted countries took timely action to save thousands of lives and reduce the vulnerability of children and families. Some 6.5 million people were reached with life-saving supplies, equipment and commodities, while training of government personnel and service providers helped strengthen national response systems. Families were also counselled on practices to improve their health, education, protection and future resilience to shocks.

© UNICEF Malawi/2019/Yanneck Lubanga

UNICEF Representative in Malawi Rudolf Schwenk shaking hands with Chinese Ambassador Liu Hongyang at a ceremony in 2019 marking the grant agreement between the Government of China and UNICEF.

[13] *International Federation of Red Cross and Red Crescent Societies, quoted in BBC, "Cyclone Idai: Mozambique president says 1,000 may have died," 19 March 2019.*

ISSUE

Cyclone Idai brought large-scale damage, destruction and loss of life to Malawi, Mozambique and Zimbabwe in 2019. The incessant rains and floods left over 1.5 million girls and boys in need of food, medical care, clean water, protection and a path to continue their education. As is often the case in disasters, children faced the greatest burden of secondary impacts, including WASH-related disease and malnutrition.

In Malawi, 35,000 internally displaced persons (IDPs) living in camps were at extreme risk of cholera due to stagnant and contaminated water; 5,000 displaced children had severe malnutrition; displaced women faced a higher risk of gender-based violence than before the storm; and heavy flooding interrupted children's education. In Mozambique, 1.8 million people were affected or displaced, 6,768 cases of cholera were reported and 93 health facilities were destroyed. Children became highly vulnerable to malaria outbreaks and malnutrition. In Zimbabwe, public infrastructure and supply chains were crippled, causing massive disruptions of services and putting 30,000 children with severe malnutrition at an even greater risk of disease.

To ensure the health, education and protection of vulnerable children and their families after the cyclone, the three countries appealed for timely humanitarian assistance in the form of medical supplies and equipment, therapeutic foods, educational supplies and training for service providers in the areas of health, education and child protection in emergencies. All efforts were focused on averting an even greater catastrophe: ensuring that things wouldn't get worse for children before they got better.

Malawi, Mozambique and Zimbabwe remain committed to achieving the SDGs, but the disaster caused them to lose momentum against the targets. Efforts supported through the cooperation contributed primarily to SDG 3, but were designed to recover the progress against several SDGs: on zero hunger (SDG 2), good health and well-being (SDG 3), quality education (SDG 4), gender equality (SDG 5) and clean water and sanitation (SDG 6).[14] Massive investment was needed to meet acute and immediate needs, recover from past crises and strengthen resilience to the destructive forces of extreme weather events. For a country like Mozambique, where three successive cyclones caused massive damage in 2019, support was required on all fronts simultaneously.

On 21 March 2019, Cecilia Antonia Santana stands in front of the rubble of the house she once lived in. Cyclone Idai destroyed it, and the homes of thousands living in Beira and surrounding areas in Mozambique.

[14] *SDG 2 is to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture; SDG 3 is to ensure healthy lives and promote well-being for all, at all ages; SDG 4 is to ensure inclusive and equitable education and promote lifelong learning for all; SDG 5 is to achieve gender equality and empower all women and girls; and SDG 6 is to ensure availability and sustainable management of water and sanitation for all.*

ACTION

GDF funds were used to purchase life-saving supplies, equipment and commodities that met immediate needs. The support was also used to strengthen the capacity of government response systems in various sectors, improve health-seeking behaviours of families, and help communities become more resilient.

These projects helped national partners to:

- Prevent a major cholera outbreak by reaching 200,000 people (76,500 children) with safe drinking water and emergency sanitation facilities in Malawi;
- Prevent malaria-related deaths after distribution of 250,000 long-lasting insecticidal nets (LLINs) to 441,495 people; administer 234,833 doses of intermittent preventive treatment (IPT) to pregnant women during antenatal care visits; test 320,000 people for malaria and treat malaria-infected persons in 13 health-care facilities in Mozambique;
- Screen 118,074 children each month for acute malnutrition and treat 3,379 children (1,740 girls and 1,639 boys) with severe acute malnutrition at facility and community-based malnutrition treatment programmes in Zimbabwe;
- Enhance national and subnational capacities to conduct supply forecasting and provide nutrition supplies, medicines and essential commodities in all three countries.

Midway through the programme, UNICEF worked with all partners to adapt interventions to the COVID-19 pandemic context. This support included providing personal protective equipment (PPE); moving trainings and support/supervision activities online; providing educational alternatives virtually and putting in place other protective approaches to avoid the spread of COVID-19 in target communities during implementation of the Cyclone Idai response.

RESULTS

A major disease outbreak was averted. Epidemic outbreaks of disease often follow sudden-impact shocks. However, timely provision of supplies to IDP camps, health facilities and affected communities along with preventive treatment, regular follow-up by health workers and social and behaviour change messages contributed to infection prevention and control of cholera, malaria and other vector- and water-borne diseases. Thus, equipment and medical supplies procured with funding from the Government of China through the GDF reduced some of the harshest secondary impacts of the Cyclone Idai disaster on young children and protected them from a worsening situation.

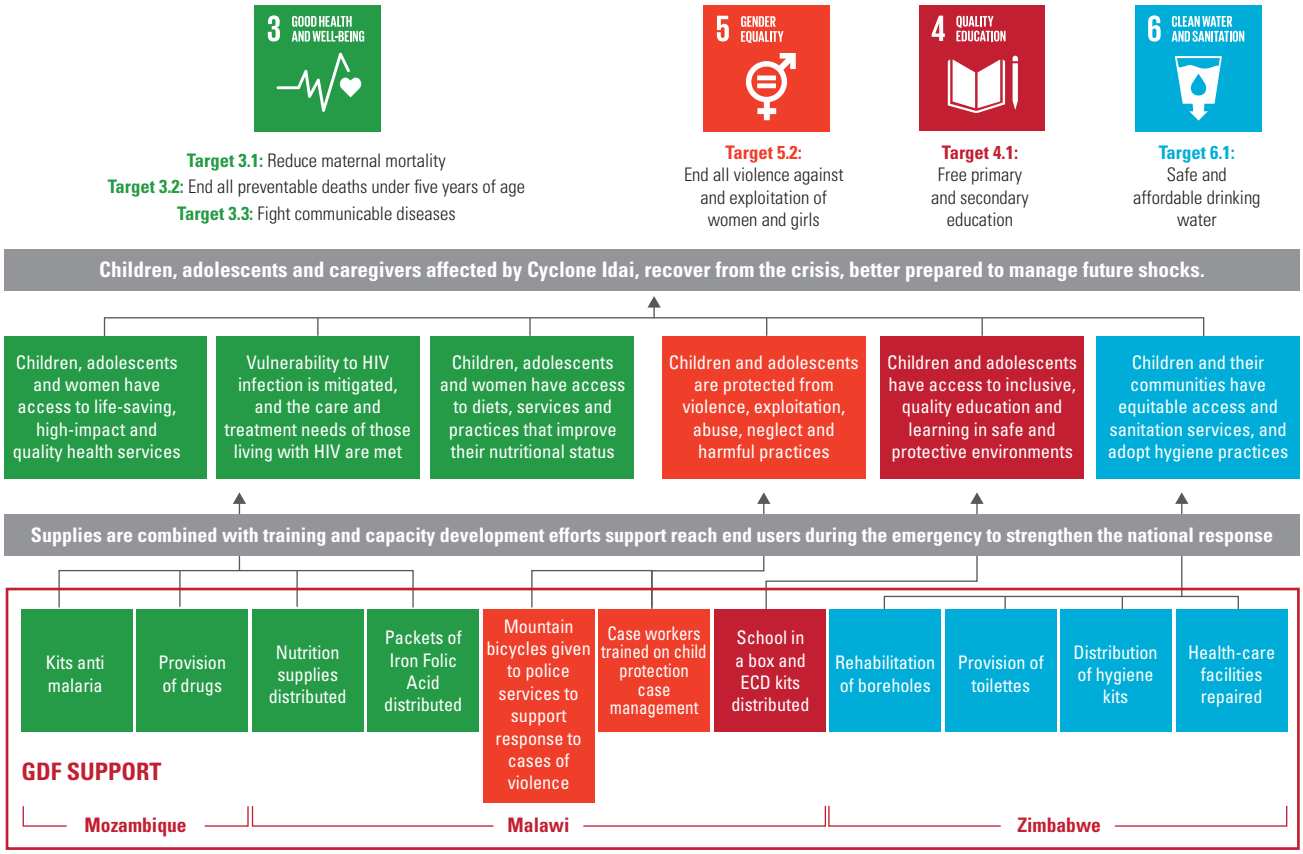
Health workers, community leaders and caregivers worked together to prevent and manage illness. GDF funding furthered collective, community-based action supporting families. Community actors were supported to employ social and behaviour change methods to raise awareness of the importance of timely treatment for illness, the use of mosquito nets and proper hygiene practices in emergencies.

Government capacities were strengthened in supply chain management, contributing to more timely and adequate provision of essential inputs by authorities during future crises. The project enhanced capacities at national and subnational levels to conduct supply forecasting and provisioning of nutrition supplies, medicines and essential commodities such as LLINs.

Theory of change

UNICEF and partners believe that ***if*** there is an integrated response to children's needs in affected areas, including IDP camps and host communities; ***if*** affected communities are provided life-saving health/nutrition supplies and safe water and sanitation facilities; and ***if*** communities receive support to continue learning, treat malnutrition in children, rebuild health infrastructure, strengthen health-care systems and expand child protection services, ***then*** disease outbreak and malnutrition can be prevented, women and children can be protected from violence, and education can be resumed. Figure 2 shows how project objectives and actions contribute to SDG targets.

Figure 2: Theory of change for recovering from Cyclone Idai



Role of the Government of China

The Government of China provided support to affected families, communities and health centres affected by Cyclone Idai. The funding from GDF supported provision of critical supplies for the holistic response to children's needs after the disaster; development of disease surveillance systems to detect, prevent and contain emergency health issues; and access to critical and appropriate protection services, including psychosocial support, birth certificates and an improved protective environment for children affected by the disaster. Funding was flexible, so UNICEF and national authorities were able to direct resources to the sectors and locations with greatest need.

Role of UNICEF

Humanitarian assistance is central to UNICEF's mandate and to realizing the rights of every child. UNICEF responds to more than 300 humanitarian situations every year. The organization is guided by the Core Commitments for Children in Humanitarian Action (CCCs), which promote equality, transparency, responsibility, predictability and a results-oriented approach. In all three countries that received GDF funding, UNICEF has a convening role and coordinates humanitarian action among multiple partners. For example, in Mozambique, UNICEF co-leads national working groups on health, education, social protection and WASH.

GOOD PRACTICES

The following good practices have applicability for other countries:

1. **Governments concentrated on the secondary impacts of greatest risk to children.** In each country, support was targeted to address the main contributors of mortality and morbidity for children. In Mozambique, for example, the project concentrated on the prevention and treatment of malaria, which contributes up to 35 per cent of child mortality and is a main cause of maternal anaemia and stillbirth. Malaria is spread by the bites of mosquitoes, which breed in the stagnant water that follows flooding. Rapid distribution of supplies – 250,000 LLINs, 400 antimalaria kits, and essential equipment, medicines and supplies for newborns and young children – helped avert a potential massive malaria outbreak. The kits were used to screen 320,000 suspected cases of malaria and treat 156,000 identified cases.

This targeted approach to malaria prevention could be replicated in other countries to achieve optimal results. In its updates on SDG 3 and malaria, the United Nations has said: "Gaps in funding and access to life-saving tools are undermining global efforts to curb the disease [malaria], and the COVID-19 pandemic is expected to set the fight back even further."[15] The Government of China's contribution, which complemented national and local priorities, was valuable in the fight against this major cause of child death. Similar achievements occurred in Malawi and Zimbabwe with regard to preventing cholera, malnutrition and other WASH-related diseases, thereby furthering and protecting progress against SDG 3.

Sleeping safely with support from China

© UNICEF/Mozambique/2021/Brito

Marieta, 67, grandmother of eight children (four of them pictured), lost her home when Cyclone Idai hit her neighbourhood of Macharote, in the Sofala province of Mozambique. The family was brought to the Mandrusse accommodation centre, in the nearby Dondo district.

"When we arrived here this was an empty space, there was nothing here. We suffered a lot with mosquito bites, and all the time the children had malaria," said Marieta.

With financial support from CIDCA, UNICEF distributed 250,000 LLINs and malaria medicines to IDPs in the Sofala province as part of the recovery effort after Cyclone Idai. Marieta's family received two nets.

"We finally had a reason to be joyful when there was a big campaign of distribution of mosquito nets here at the centre. It helped a lot, and we are thankful for that," Marieta said.

Source: This story is adapted from Frederico Brito and Claudio Fauvrelle "China and UNICEF working to protect thousands of families affected by cyclone Idai against malaria", 18 August 2021

[15] *United Nations Statistics Division, "Disruptions in detecting and treating communicable diseases could undo years of focused effort," SDG 3 reporting website. <https://unstats.un.org/sdgs/report/2021/goal-03/>, accessed 26 May 2022.*

2. **Integrated approaches supported the holistic needs of the child.** In Zimbabwe, UNICEF used an integrated approach, working with three Ministries – Health and Child Care; Lands, Agriculture, Water, Climate and Rural Resettlement; and Public Service, Labour and Social Welfare – and the National AIDS Commission. The interdepartmental collaboration was key to restoring services and rebuilding systems that are critical to child survival and well-being, including WASH, health, nutrition, HIV/AIDS prevention and child protection. Such a collaborative approach is possible when all stakeholders are galvanized to prioritize the most vulnerable or at-risk populations: pregnant and breastfeeding women, adolescent girls, children with malnutrition, people living with or at risk of HIV, and children with disabilities. To achieve SDG 3, it will be critical to strengthen multisectoral programming, ensuring equity and inclusion of the most vulnerable amid increasingly frequent flooding, drought and other climatic events.

3. **Governments recognize that 'knowing' is half the battle.** Malawi recognized information as key to the detection, prevention and containment of disease outbreaks associated with disasters and invested heavily in strengthening disease surveillance systems. More than 2 million people living in flood and cholera 'hotspots' benefited from the protection of an enhanced electronic Integrated Disease Surveillance and Response (eIDSR) platform. The real-time eIDSR allows health workers at national, district and facility levels to track and document diseases and conditions of concern, making it possible to get ahead of the secondary impacts of crisis. In the event of outbreaks, investigations are carried out within 72 hours and remedial actions are taken. To enhance system functionality, the GDF-funded project supported the training of 835 surveillance personnel (and zonal surveillance supervisors in Lilongwe) on active surveillance methods and the use of the eIDSR platform. This is an important model that can be replicated in other countries.

In Zimbabwe, restoring access to water for drinking and hygiene purposes was a top priority. UNICEF rehabilitated and refortified nearly 200 boreholes in the aftermath of Cyclone Idai, providing access to safe water to more than 65,000 people. Here, work is being carried out on a borehole, Chipinge District. WASH was one sector that recieved GDF funding.

2. Humanitarian response to the desert locust infestation

Saving a child's life with a piece of tape

The Government of China, UNICEF and Ministries of Health in the Democratic Republic of the Congo and South Sudan delivered therapeutic feeding to children with severe malnutrition in the wake of the 2020 desert locust infestation

PROJECT PARAMETERS

LOCATION:	Eight counties of Central Equatoria State, Eastern Equatoria State and Pibor County in Jonglei State in South Sudan. Thirteen health zones in the provinces of Ituri, North Kivu and South Kivu in the Democratic Republic of the Congo.

MAIN GOVERNMENT COUNTERPARTS:

Democratic Republic of the Congo: National Nutrition Programme, Ministry of Public Health

South Sudan: Ministry of Health

Duration of project: November 2020–November 2021

Summary

In early 2020, a crop-destroying desert locust invasion caused widespread damage in the Democratic Republic of the Congo and South Sudan, devastating harvests, increasing food insecurity and jeopardizing the nutrition status of children. As a result of this crisis and other stresses, an estimated 200,000 children in the Democratic Republic of the Congo and 1.3 million children in South Sudan experienced severe malnutrition in 2020.

Through the support of GDF, tangible supply inputs enabled the timely identification and treatment of children with malnutrition in the worst-affected areas. GDF support also contributed to changed knowledge and practices at household and facility levels, so that communities may be better prepared to manage similar shocks in the future.

ISSUE

In 2020, Eastern Africa experienced the worst infestation of desert locusts seen in decades, an invasion that caused massive damage to crops and threated the food security and livelihoods of millions of people. The desert locust is the most destructive migratory pest in the world. It is highly mobile and feeds on large amounts of green vegetation. In the Democratic Republic of the Congo and South Sudan, where multiple, protracted humanitarian crises have long affected food security, the invasion jeopardized the already precarious nutritional status of children.

The governments of both countries remain committed to achieving SDG 2 – to end hunger and all forms of malnutrition by 2030 – but as fragile states affected by disasters, both countries face enormous challenges. Progress against multiple targets has stalled. Malnutrition in children is linked to illness and insufficient diet, which is related to household food insecurity, lack of knowledge on how best to care for and feed young children, unhealthy environments, lack of health-care services and lack of adequate water and sanitation. The delivery of interventions required to address malnutrition is constrained by insufficient resources, limited capacities and critical bottlenecks in the supply chain.

A farmer shows dead locusts found in his field.

ACTION

The GDF contribution from the Government of China helped UNICEF and national partners:

- Procure, distribute and ensure the rapid use of nutrition supplies sufficient to treat over 30,000 children;[16]
- Raise the capacity of 2,224 health workers to detect severe acute malnutrition (SAM);
- Counsel over 130,000 caregivers and mothers in how to provide better nutrition for their children and undertake at-home nutritional screening for malnutrition. This included advice on the use of locally available foods to prepare nutritious and balanced meals for children and the use of measuring tapes to screen children for malnutrition at home;
- Enhance the capacities of government partners to monitor, report and provide timely inputs to their nutrition programmes, leading to more effective resolution of bottlenecks.

In February 2021, UNICEF celebrated the release of ready-to-use therapeutic foods (RUTF) at its warehouse in Lologo, South Sudan. A total of 14,056 cartons of RUTF were dispatched to three states – Central Equatoria, Eastern Equatoria and Jonglei – during the first quarter of 2021. UNICEF Deputy Representative in South Sudan and the Chinese Ambassador are pictured at the warehouse.

RESULTS

Early screening and detection of malnutrition led to the timely treatment of children under 5 years of age, preventing their deaths and/or mitigating any lasting negative impact on their physical, cognitive and social development. Some 31,971 children with SAM (16,784 girls and 15,187 boys) were treated by health-care professionals and community workers with newly improved skills. Approximately 95 per cent of children in the Democratic Republic of the Congo and 93 per cent in South Sudan reached through this project recovered from SAM.

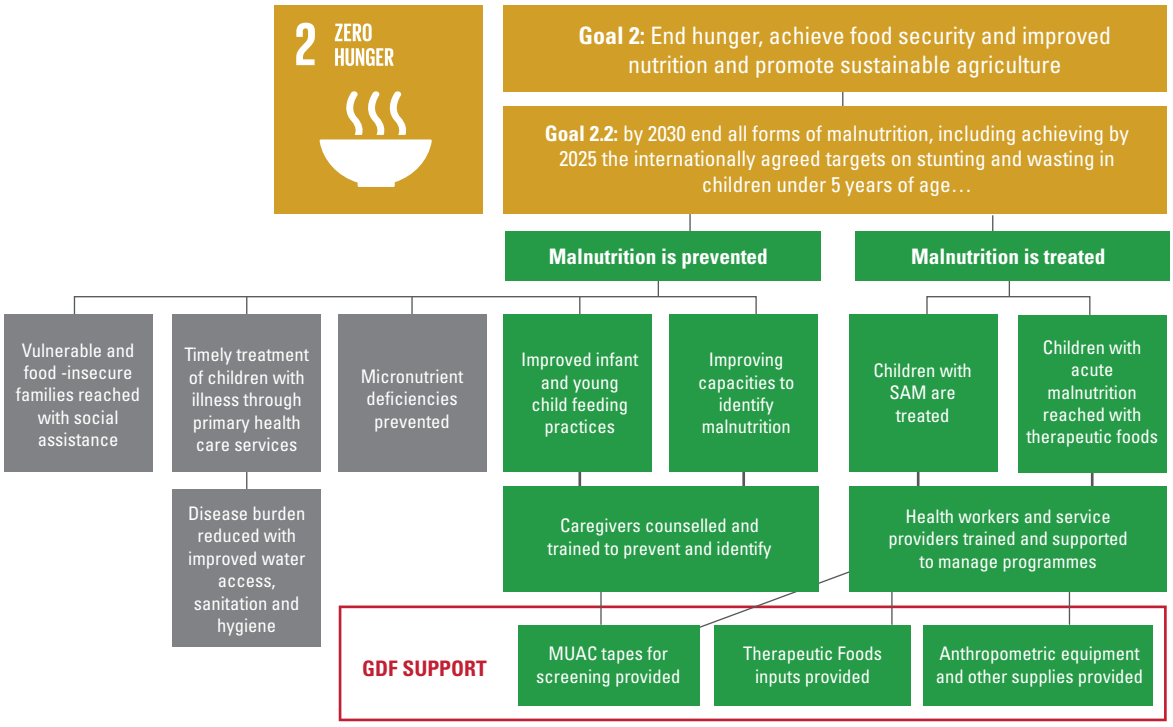
There is also evidence of increased capacity to prevent and treat malnutrition in the future, which is critical given the context of the two countries, where multiple protracted crises are combined with climate stress to cause food insecurity, displacement and a high burden of disease.

[16] *Nutrition supplies included 28,532 cartons of ready-to-use therapeutic foods (RUTF), 115 cartons of F-75 therapeutic milk and 43 boxes of F-100 therapeutic milk.*

Theory of change

UNICEF and partners believe that ***if*** therapeutic food is procured, distributed and used by nutrition service providers; ***if*** health workers and communities are well trained to screen for malnutrition using specific tools such as mid-upper arm circumference (MUAC) measuring tapes; and ***if*** nutrition service providers are supported to sustain and expand their work, ***then*** more children with malnutrition can be identified and treated, enabling them to recover their healthy parameters of energy and well-being. The theory of change also assumes that ***if*** malnutrition can be detected in early stages by caregivers and nutrition workers, and ***if*** caregivers have improved knowledge of ideal infant and young child feeding practices, then malnutrition can be prevented. These actions, and other supportive nutrition-sensitive actions beyond the scope of the project (coloured in grey), contribute toward the fulfilment of SDG 2 (Figure 3).

Figure 3: Theory of change for recovery from the infestation of Desert Locust



Role of the Government of China

The Government of China supported the Democratic Republic of the Congo and South Sudan through the GDF, which furthers SDG achievement in priority countries. China's support was focused on the distribution of critical nutrition supplies and therapeutic foods while increasing the capacities of health workers and communities to identify, prevent and manage malnutrition.

In a 2022 Child Alert, UNICEF reported that international assistance to address wasting is extremely low and on the decline.[17] Global aid spent on severe acute malnutrition amounts to just 2.8 per cent of total health-sector overseas development assistance. China's assistance was therefore highly valuable in the context of scarce resources for governments.

Role of UNICEF

In both the Democratic Republic of the Congo and South Sudan, UNICEF is the nutrition cluster lead agency. In this role, it supports local authorities in coordination with global partners in line with national priorities and treatment protocols in emergencies; supplements the national nutrition pipeline using its global supply chain; and is a 'provider of last resort' in areas unreached by other providers.

A multisectoral approach enables UNICEF to reach communities with a wide range of complementary, nutrition-sensitive services. UNICEF brings its technical expertise and advice to partnerships, and advocates with government for policies and budget allocations, to further progress towards SDG 2.

[17] *United Nations Children's Fund, Severe wasting: An overlooked child survival emergency, Child Alert, UNICEF, New York, 2022.*

GOOD PRACTICES

Three good practices have applicability for other countries:

1. The projects in the Democratic Republic of the Congo and South Sudan were implemented in remote and rural areas affected by insecurity and climate stress. Many caregivers face enormous challenges transporting sick or malnourished children to facilities, particularly during the rainy season, with the result that children sometimes arrive too late for effective treatment. To support parents and caregivers in recognizing the early warning signs of malnutrition, they were provided with MUAC measuring tapes to carry home and offered counselling on infant and young child care and feeding. **Parents and caregivers were trained to identify worrisome weight loss using the MUAC tapes and to seek timely treatment** to prevent irreversible damage to their children's physical and cognitive development.

2. Parents and caregivers who made the difficult trip to facilities were **reached with a broader, integrated package of services that addressed multiple needs across sectors**. One good practice was to offer counselling on early stimulation and play, helping parents to understand critical markers in their young children's development. Community partners also helped to establish mother-to-mother support groups, to reinforce social networks that promote positive norms and practices.

3. Given the challenging context and the advent of COVID-19 during the project period, there were also **good practices related to remote support, supervision and monitoring of project implementation** with partners. UNICEF held Zoom meetings with local actors and started monitoring registries, warehouses and data collection using photographs and other sources of verification that could be sent digitally. Remote guidance was provided when programmes required adjustment, and technical issues were resolved online, which helped ensure proper care standards for children, particularly during the rainy season when access was periodically constrained.

This project underlines the commonality of challenges facing nations affected by climate stress and the value of South-South cooperation, even in emergencies. Although the assistance covered only a small proportion of the population and regions in need, it was provided just in time for many children experiencing malnutrition, potentially saving their lives.

Protecting Sarah's health with a piece of tape

Sarah, on the lap of her mother, Alice, is assessed for malnutrition using MUAC measuring tape at the Gurei PHC Centre in Juba, Central Equatoria (South Sudan). Alice brought Sarah to the centre when the child showed signs of malnutrition. Sarah received treatment and care at the centre that saved her life. Alice received training in improved nutritional practices and in the use of the measuring tape, which she will use to screen Sarah for malnutrition at home. The Government of China provided the MUAC tapes as part of its GDF support in South Sudan.

3.
COVID-19 Response

Putting children first in line

The Government of China, UNICEF and four African nations restore the continuity of MNCH services during the COVID-19 pandemic.

PROJECT PARAMETERS

LOCATION:	Four health districts in Cameroon (Batouri, Kette, Lomie and Moloundou), five districts in Ghana (in the North-East and Savannah regions), three counties in Liberia (Grand Bassa, Margibi and Montserrado) and five drought-prone regions of Senegal (Diourbel, Louga, Matam, Saint Louis and Tambacounda).

MAIN GOVERNMENT COUNTERPARTS:

Cameroon: Ministry of Public Health

Ghana: Ghana Health Services

Liberia: Ministry of Health

Senegal: Ministry of Health and Social Action

Duration of project: December 2019–April 2022

Summary

Without a doubt, the COVID-19 pandemic is the worst crisis to have hit children and families in living memory and in all of UNICEF's 75 years of existence.[18] The Government of China supported the governments of Cameroon, Ghana, Liberia and Senegal through the GDF, in collaboration with UNICEF, to mitigate the harshest impacts of the pandemic on the most vulnerable children.

In line with government priorities and COVID-19 response plans, UNICEF worked in an integrated, multisectoral manner with ministries, departments and communities to restore the services that keep children alive, learning and protected. These efforts helped safeguard hard-won development progress and get countries back on track towards achievement of the SDGs

More newborn babies are surviving and thriving

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Dr. Abdulai Abukari, Northeast Regional Health Director (2nd from left) expressed appreciation for the support from UNICEF and China, saying "

"It's a relief that four of our hospitals are now fully equipped with newborn care centers. Previously, when compilations develop during or after childbirth, the babies have to be referred to Tamale, which is over 5 hours away (over 300 kilometers), usually resulting in exacerbating the issues or causing death. Today, this has all changed. The health staff are also highly motivated with the training they have received to ensure that the quality of health care in the region is improved."

Source: This testimonial is taken from Eulette Ewart, "Newborn babies are surviving and thriving in the North east and Savanah regions", 02 November 2021

[18] *United Nations Children's Fund, "COVID-19 'biggest global crisis for children in our 75-year history' – UNICEF," press release, 8 December 2021*

ISSUE

Many health indicators appeared to be moving in the right direction before the coronavirus pandemic.[19] Globally and in sub-Saharan Africa, maternal and child health was improving, immunization coverage was increasing, and the burden of communicable diseases was slowly declining. Progress was not yet fast enough to meet SDG 3 targets, but there were positive changes that held promise for many vulnerable children. Then, in 2020, COVID-19 hit.

Nothing short of a global catastrophe, the pandemic claimed over 6 million lives and infected countless others; disrupted markets and supply chains; interrupted access to education, health care and other social services; deepened existing poverty and deprivation; and raised new concerns for the protection and mental health of children, adolescents and caregivers. The United Nations in its 2021 SDG report said that years, if not decades, of development progress had been halted or reversed.[20]

For countries in Africa, basic social services were already stressed by resource gaps and the impacts of recurrent disasters. COVID-19 stressed these services even further, and international assistance was critically required. The situation was urgent, because even short gaps in health care or treatment of malnutrition in young children can have lasting and irreversible effects on their survival and development.

For example, COVID-19 caused the following disruptions in Senegal, in 2020:

- Home births increased by 20 per cent, putting both mothers and newborns at risk;
- Vaccine coverage of measles and rubella decreased from 92 per cent in January 2020 to 85 per cent in June 2020, leaving a dangerous gap for children and communities;
- The number of sick children seeking medical consultations in the second quarter of 2020 decreased by 42 per cent compared to the same period in 2019, highlighting caregiver concerns about seeking treatment at local facilities;
- There was a six-fold increase in the estimated number of people at risk of food and nutrition insecurity. Community-based nutrition programmes, including growth monitoring and micronutrient supplementation, were interrupted for four months. There was also a 20 per cent drop in new admissions for the treatment of severe wasting of children under 5 years of age in the second quarter of 2020, compared to 2019.[21]

This situation in Senegal was similar to that of other countries around the world. Yet, Senegal recovered progress against these and other key indicators, thanks to its determined effort and the international assistance that helped the country secure the resources and supplies needed for infection prevention and control and for the adaptation of existing treatment protocols.

[19] *United Nations Department of Social and Economic Affairs, The Sustainable Development Goals Report 2021, United Nations, New York, 2021.*

[20] *Ibid.*

[21] *2019 and 2020 data from DHIS 2, cited in United Nations Children's Fund, The Race Against COVID-19: Outpacing the pandemic for children in Senegal, UNICEF, Dakar, 2021.*

ACTION

As the first cases of COVID-19 were detected in Africa, the Government of China provided resources from GDF in support of the four African partner countries in need of an urgent humanitarian response. Resources were focused on restoring access to the basic health and nutrition services that keep children alive and growing, promoting the utilization of such services, and ensuring they were delivered safely, in line with COVID-19 prevention and control protocols.

As convener of the South-South cooperation relationship and the primary liaison to health authorities in each country, UNICEF provided life-saving nutrition, medicine, vaccine supplies, equipment and other essential commodities to strengthen the government's capacity to provide critical MNCH and nutrition services while implementing COVID-19 protocols.

Massive supply gaps impeded the implementation of protocols, so UNICEF prioritized the procurement and distribution of PPE kits and other materials that would enable services to be delivered safely.[22]

To boost countries' technical capacities to deliver high-impact, quality MNCH interventions, UNICEF also worked with local authorities to deliver training for health workers, birth attendants and nutrition service providers with appropriate learning materials and job aids. Topics included:

- Infection prevention and control measures, appropriate for the context and service delivered;
- Emergency obstetric and newborn care;
- Essential and emergency care to at-risk, small or sick newborns.

Overall, these specific interventions reached:

- 331 health-care professionals, child protection service providers, teachers, community leaders and caregivers with training, capacity development and support/supervision;
- 200 health facilities[23] at various levels with essential supplies, equipment, medicines and therapeutic feeding inputs, enabling them to boost the delivery of safe health and nutrition services during the COVID-19 pandemic.

A midwife providing antenatal care services to a pregnant woman at the Dolo Town Health Center in Liberia

[22] *Specialized supplies for the delivery of routine services included cold-chain medical kits to help ensure the continuity of routine vaccinations; essential medicines, such as antibiotics, to support the treatment of common childhood illnesses; oxygen concentrators that can deliver life-saving oxygen therapy for children suffering from pneumonia or COVID-19; essential equipment for safe deliveries, including obstetric surgical equipment, heart monitors and ultrasound scanner machines; resuscitation tables to help revive infants who are not breathing; midwifery kits and supplies to introduce kangaroo mother care (skin-to-skin contact), particularly with infants with low birth weight or born preterm; therapeutic milk and RUTF for the treatment of severe acute malnutrition (SAM) in children under 5 years old; and iron and folic acid tablets for pregnant mothers, to prevent anaemia.*

[23] *127 health facilities in Ghana and 60 in Liberia, plus facilities in four health districts in Cameroon.*

RESULTS

The project, implemented in Cameroon, Ghana, Liberia and Senegal, reached over 2.7 million persons[24] – including highly vulnerable mothers, infants and young children – with enhanced health and nutrition services. GDF assistance was critical in the sector-wide effort to restore both access to, and trust in, the routine services that are most essential to child survival and development.

In Cameroon:

- 56,956 children were vaccinated against measles and 14,637 children against diphtheria, tetanus, whooping cough (pertussis), polio and Hib disease;
- 410 newborns received kangaroo mother care;
- 1,795 children were treated appropriately for diarrhoea, 4,345 children for malaria and 1,095 children for respiratory tract infections.

In Ghana:

- 475,885 children, 188,103 adolescents and 35,404 women were reached with health and nutrition interventions, including newborn care, vitamin A supplementation, micronutrient powders, treatment of SAM and (for adolescent girls and women) iron and folic acid supplementation;
- 1,829,024 women and caregivers received quality nutrition counselling on infant and young child feeding practices, including early initiation of breastfeeding, exclusive breastfeeding, timely and appropriate complementary feeding, and the proper use of micronutrient powders to improve the quality of diet of infants and young children.

In Liberia:

- 28,935 children aged 6–59 months were treated for SAM in line with Sphere Handbook standards;[25]
- 80,770 children under 5 years of age for childhood illnesses were treated at 60 health-care facilities, and 15,965 pregnant women received at least four antenatal visits and/or benefited from the care of a skilled birth attendant at delivery.
- 352 newborns with low birth weight were provided with care.

In Senegal:

- 18,110 children were treated for SAM; 1,200 of them with complications were treated with appropriate therapeutic foods.

MNCH services helped ensure the well-being of babies in Cameroon during the COVID-19 pandemic.

[24] *Final reports indicate that the project reached 63,510 in Cameroon, 2,528,416 persons in Ghana, 96,740 in Liberia and 18,122 in Senegal*

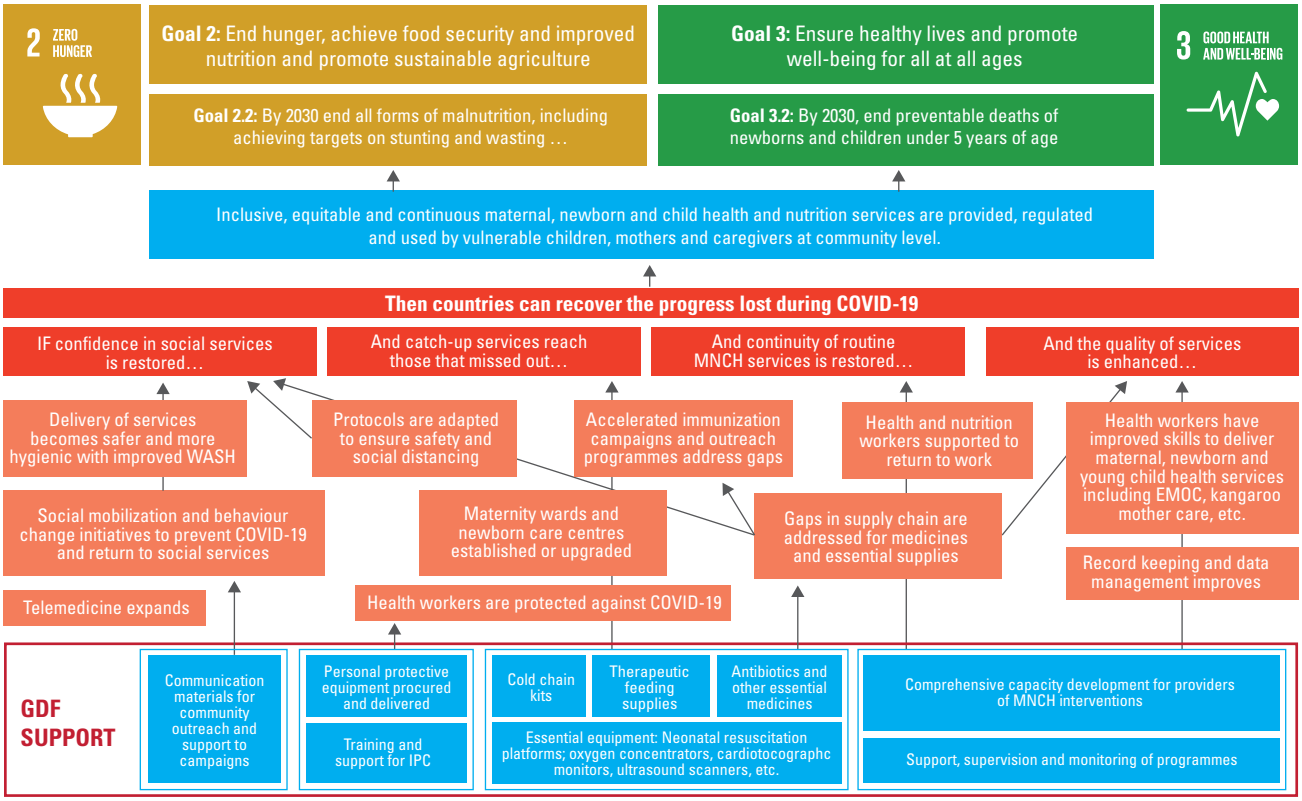
[25] *The Sphere Handbook comprises the Humanitarian Charter, the Protection Principles, the Core Humanitarian Standard, and minimum humanitarian standards in four vital areas of response: WASH, food security and nutrition, shelter and settlement, and health.*

Theory of change

UNICEF and partners in the GDF-supported projects believe that ***if*** authorities can restore continuity of services; if they can enhance their quality; ***if*** catch-up activities are rolled out for children who missed out on key interventions; and if caregivers and communities regain confidence in the safety of services, ***then*** it is possible to regain progress lost on SDG 2 (end hunger) and SDG 3 (ensuring healthy lives) during the first year of the COVID-19 pandemic.

GDF assistance (highlighted in blue in Figure 4): (a) made available essential medical equipment, nutrition supplies and medicines in select health facilities; (b) enhanced capacities of health-care providers and community volunteers to provide MNCH services in line with infection prevention and control measures; and (c) provided hygiene kits in health facilities and at community level. The specificities of the interventions were adapted according to the needs of each of the four countries.

Figure 4: Theory of change for recovery from COVID-19



Role of the Government of China

The Government of China supported Cameroon, Ghana, Liberia and Senegal within the context of South-South cooperation and through the GDF, which furthers SDG achievement in priority countries.

Through its financial support, China provided life-saving nutrition, medicine and vaccine supplies, equipment and other essential commodities to strengthen assisted countries' capacity to provide critical MNCH services and to ensure continuity of services in the short term, while adhering to COVID-19 protocols and implementing public health measures, including infection control.

Role of UNICEF

UNICEF is a technical expert on maternal and child health, the world's largest vaccine procurer and a driving force behind the COVAX initiative to deliver COVID-19 vaccines to people in need around the world.

Drawing on these comparative advantages, UNICEF supported the implementation of the GDF projects, while also working at the upstream level to enhance policy and increase budget allocations to further SDGs 2 and 3.

GOOD PRACTICES

Four good practices have applicability for other countries:

1. **Direct assistance to countries facing the greatest challenges in reaching the unreached.** The Ghana Health Service used GDF funding to establish five newborn care centres in some of the most underserved areas of the country: Walewale, Chereponi, Binde and Nalerigu in the North-East region, and Salaga in the Savanna region. Before these centres opened, mothers had to travel long distances (up to 300 kilometres) with their infants to seek treatment for complications. GDF assistance brought newborn care services to the communities through the procurement of equipment, including kangaroo mother care chairs, radiant warmers, neonatal resuscitation tables, patient vital signs monitors, baby cots, oxygen concentrators, phototherapy machines, pulse-oximeters, electronic scales for weighing babies and other devices. This investment had an enormous impact in an area that was chronically underserved and where newborns were highly vulnerable to persistent infection.

2. **Equipment and supplies are important, but not enough.** Capacity development and on-the-job training require continuous investment. Skilled professionals are needed to operate and maintain new machines, devices and tools and to deliver medicines and therapeutic foods according to treatment protocols. GDF funding enabled UNICEF to combine essential 'hardware' supplies with a focused investment in 'software:' by upgrading the knowledge, skills and practices of health workers and nutrition service providers. UNICEF supplied materials, mannequins for demonstrations, job aids and colourful posters – on COVID-19 prevention, MNCH and nutrition topics – in support of training activities and programme supervision.

3. **It's not just about access, it's also about trust.** The drop in the uptake of essential services during the pandemic was due to many factors, including interruptions in the continuity of service provision as well as a fear of infection on the part of people who use the services. Restoring confidence in the safety of health and nutrition services was recognized as critical to bouncing back from COVID-19. The project supported the procurement of PPE for health workers; training in MNCH and nutrition service delivery in line with infection prevention and control protocols; and in some cases, community outreach and service delivery outside the facility, reaching people in their homes and communities. Training covered COVID-19 treatment protocols and adapting them for MNCH, including the establishment of dedicated maternity spaces for women with COVID; treating infection particularly in mothers, newborns and children; maximizing safety (of patients and health workers); and scheduling appointments to allow for social distancing.

4. **What can't be measured does not exist.** Several of the countries used GDF funding to develop or strengthen peformance monitoring and reporting mechanisms at the facility level, for a better understanding of the needs of children and how services can be improved in response to their needs. For example, five hospitals in Ghana's Savannah region introduced a simple tool for systematically tracking and monitoring newborn admission, treatment and follow-up activities in the community. The tool is now being replicated in other regions. GDF funding supported the development of admission and discharge registers in 28 newborn care units and the training of 30 staff members on the use of the registers. Managed effectively, the registers will improve facility-level planning, procurement of essential supplies, and services management – allowing for adjustments as needed – for newborns and their mothers.

The COVID-19 pandemic is not over. In its 2021 SDG report, the United Nations estimates that 90 per cent of countries are still reporting one or more disruptions to essential health services.[26] Most wealthy nations are expected to regain pandemic-related losses before the end of 2022, following the introduction of economic stimulus programmes, COVID vaccination campaigns and investments in broadband to close the digital divide in these countries. Yet, many African nations continue to face vaccine and supply gaps, interruptions to the continuity of health and nutrition services and education, and declining investment in social services. Although many good practices have emerged from the African experience with COVID-19, there is still a need for global solidarity – and South-South cooperation in particular – to get communities and systems back on track for full SDG achievement.

[26] *United Nations, The Sustainable Development Goals Report 2021.*

Thematic Case Studies

Priscilla Davie and her mother Stella Davie are captured at Bangula Full Primary School in Nsanje District, Malawi. Teachers, students and classrooms were all hard hit by Cyclone Idai, leading to an interruption in learning. Funding from the Government of China helped UNICEF to distribute 225 "school in a box" kits, helping children like Priscilla restart their studies during the emergency.

1. Gender Equality

Equitable outcomes for girls, boys, women and men

Three GDF-funded projects, implemented with UNICEF, furthered gender equality and the empowerment of women and girls in Africa

Summary

During 2020 and 2021, projects supported by the Government of China and implemented with UNICEF benefited women and children in 15 African countries. These projects were designed to respond to specific humanitarian crises on the continent as well as accelerate progress towards SDG 2 (zero hunger) and SDG 3 (good health and well-being). Many of the projects were gender-targeted (they reached women and girls with basic health, nutrition and protection services) or gender-responsive (they promoted equity within the context of existing gender norms); in some cases they were gender-transformative (they empowered women and girls to counter and overcome the norms and barriers that prevent their equitable access to health and nutrition services). Thus the projects also contributed to SDG 5 (gender equality).[27]

Below are three examples of how GDF projects contributed to gender equality, increasing the chances of women and girls to survive, stay healthy and contribute meaningfully to their communities.

ISSUE

Gender equality is a human right and the foundation of peaceful and prosperous societies. However, it remains an aspirational goal throughout the world. Gender is a social construct, subject to various historical, cultural, generational and local expressions. It is also a clear determinant of a person's socio-economic status, safety, health, nutrition, education attainment, employment and overall capacity to participate meaningfully in public life. Gender inequality affects both men and women, but women and girls are affected disproportionately by discriminatory laws, gender norms and harmful practices that prevent them from reaching their full capacity.

In sub-Saharan Africa, legislation and social norms that favour men affect women's autonomy, influence and socio-economic status. Some 34 per cent of girls are married before the age of 18 years; and 36 per cent of women (and 17 per cent of girls) experience female genital mutilation in any of its forms, although 72 per cent desire the practice to stop. Women also have lower rates of access to basic social services and suffer from under-investment in gender-responsive health and nutrition services. The maternal mortality ratio in sub-Saharan Africa remains the worst in the world: 533 maternal deaths per 100,000 live births, which amounts to some 200,000 preventable deaths a year.[28]

Gender inequity remains a pervasive barrier to health equity, meaning SDG 3 cannot be achieved without corresponding progress in SDG 5. Health interventions that directly target women and girls are positive, but have not yet been enough to correct inequities of health status and care. MNCH and nutrition programmes must consider, address and overcome barriers in the existing social context to ensure they do not perpetuate or entrench harmful practices.

ACTION

In December 2019, UNICEF and the Government of China signed an agreement to implement eight MNCH projects in the Democratic Republic of the Congo, Ethiopia, Kenya, Niger, Nigeria, Sierra Leone, Sudan and Zimbabwe. The projects, implemented in 2020 during the height of the COVID-19 pandemic, promoted equitable access to high-impact health services for pregnant women, newborns and children. The Government of China released three additional tranches of funding through the GDF to: (1) accelerate humanitarian action in response to Cyclone Idai in Malawi, Mozambique and Zimbabwe; (2) support the COVID-19 response in Cameroon, Ghana, Liberia and Senegal; and (3) address the infestation of desert locusts in the Democratic Republic of the Congo and South Sudan.

These 17 projects were designed to both respond to crisis and accelerate progress towards SDG 2 and SDG 3. However, they also contained gender-targeted and gender-responsive activities, and in some cases they contained transformative interventions that empowered women and girls to overcome barriers, discriminatory practices and harmful gender norms. The China-Africa collaborations therefore also contributed to SDG 5. The following three examples provide highlights.

[27] *SDG 2 is to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture; SDG 3 is to ensure healthy lives and promote well-being for all, at all ages; and SDG 5 is to achieve gender equality and empower all women and girls.*

[28] *Data in this paragraph are from UNICEF, The State of the World's Children 2021, interactive dashboards and statistical tables. <https://data.unicef.org/resources/sowc-2021-dashboard-and-tables>, accessed 30 September 2022.*

Kenya's investment in community health workers elevates the role of women as agents of change

Community health workers (CHWs) have an essential role in strengthening accountability within the health system and provide an invaluable interface between facilities, communities and households. They play a critical part in extending outreach of services, mobilizing communities and addressing harmful gender norms and practices. In Kenya, gender equality was a key theme of UNICEF advocacy and training supported by the Government of China through the GDF. A course on community-based MNCH contained a specific module designed to teach CHWs how to analyse gender differences and disparities and promote gender responsiveness in service delivery.

Despite their crucial role in health promotion around the world, CHWs are mostly underskilled, underpaid and undervalued in the health system. Many are volunteers, lacking incentives and the equipment and skills needed to be credible and effective. CHWs are primarily women, which reinforces the prevalent gender-stereotyped role of women as unpaid caregivers at home and in society. Similar to China, which invested heavily since 2010 in scaling up the successful 'barefoot social worker' model, Kenya is now investing in expanding the reach and sustainability of its community health volunteers.

Under the Government of China-funded project, UNICEF conducted advocacy with both executive and legislative arms of government in Samburu, Turkana and West Pokot counties to draft and advance the enactment of community health services bills. The new legislation officially recognizes all CHWs as part of the 'level 1' work force of the county health system; they are to be registered, carry formal identification and receive monthly allowances or stipends from their counties. New standardized terms and conditions of appointment of community health assistants will be established to mainstream recruitment.

These changes promise to professionalize the service, empower those who make it work, and ensure more sustainable financing for effective outreach. Since the majority of CHWs are women, these changes mark a significant transformation in the social status of women in their communities, their ability to be effective in their jobs and their potential to inspire those around them. As these legislative changes are implemented, UNICEF will be working with local authorities to ensure gender equity in recruitment, training and management of the CHW workforce.

Fenansi Lechipan is a 32-year-old mother of four and a community health volunteer from Manyatta East Loglogo in Marsabit County, Kenya. She is one of 120 volunteers who participated in a five-day training in community-based MNCH, in August 2020. The training was supported with GDF funding as part of the MNCH project.

"Child marriages and teenage pregnancies are some of the harmful social cultural practices many girls in my community are going through. Having undergone these experiences, I have become a community health volunteer who advocates not only for a healthy community but also for the enrolment and retention of both boys and girls in school," she said. "My drive is to see a healthy Loglogo community where all preventable causes of illnesses and deaths are stopped before they heavily affect the members of my community."

Source: This story is adapted from Boyayo Arero, "I do walk long distances with my small bag on my back to serve the community because that is my passion," Marsabit County Department of Health (Kenya), September 2020.

Mozambique: Gender targeting to reach women with what their families need

Even before 2020, Mozambique was one of 15 countries that accounted for 80 per cent of all malaria deaths worldwide. In the wake of Cyclone Idai and two successive storms, malaria threatened to turn these disasters into catastrophes, as mosquitos were breeding rapidly in stagnant flood waters. Humanitarian aid from the GDF was released to counter the threat.

One of the most effective interventions to prevent malaria is the use of long-lasting insecticidal nets (LLINs), hung over a bed, to prevent mosquito bites when a person is sleeping. The project targeted pregnant women, since malaria is one of the main causes of stillbirth and anaemia and increases the risk of mortality for both mothers and their children. Social hierarchies that favour men, however, influence the access to nets and the uptake of malaria prevention practices. For that reason, a determined effort was made in this project to channel LLIN distribution through the antenatal care platform for pregnant women.

Uptake of antenatal care is high in Mozambique, but some women continue to face barriers to accessing services, due to limited decision-making power at home (wives may require the approval of their husbands to visit a health centre) and/or social stigma associated with HIV (a woman may avoid clinics for fear her neighbours will know she is living with HIV or rumour her to be HIV-positive). To counter such barriers, LLINs were distributed to pregnant women through the network of community health workers, which reaches people through home visits.

Importantly, LLIN distribution was paired with sensitization on the importance of their use during pregnancy – helping women to understand the value of sleeping under them, potentially with their husbands, rather than offering them to their husbands to use alone – and information about malaria symptoms and intermittent preventative treatment (IPT). During the home visits, women were encouraged to adopt healthy behaviours for themselves and their children and to seek treatment at the onset of malaria symptoms.

Overall during the project period, some 250,000 LLINs were distributed for 441,495 people in Mozambique. In addition, UNICEF procured and distributed malaria tests and medicines for treatment to health facilities and communities to respond to the increased number of cases. Some 234,833 doses of IPT medicines were administered to pregnant women, a specific and important contribution to the safety and health of women affected by the disaster.

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In the Dondo district of Mozambique, community health workers supported social mobilization activities to encourage people to use mosquito nets for malaria prevention during the COVID-19 pandemic.

Zimbabwean village health workers change incentives for women in the community

In Zimbabwe, particularly in rural areas, women's responsibility for domestic work and unpaid caregiving limits their choices and often prevents them from finishing their education, engaging in employment or income generation, and participating in leisure activities and civic life. Because of high HIV prevalence in the country, there is stigma attached to women's accessing sexual and reproductive health services, which can affect their uptake of life-saving perinatal care. The re-introduction of user fees for health care is an additional barrier. At least 20 per cent of pregnant women deliver at home due to maternity fees and some cultural and religious beliefs that discount the value of modern medicine.

Village health workers (VHWs) play an important role in strengthening the links between health centres and communities. As frontline workers, they know their communities and the most vulnerable households and can identify, support, treat and refer women and children in need to services. In particular, VHWs refer pregnant women for early antenatal care appointments, conduct training and sensitize mothers on infant and young child feeding, key family care practices, and positive health-seeking behaviours. These efforts help both women and men to prioritize their health and the health of their children, and counter the lack of information and misinformation that contributes to low uptake of services.

VHWs play a critical role in community mobilization around important issues. With support from the Government of China and UNICEF, local authorities and VHWs in Zimbabwe established and supported the formation of more than 800 women's groups in the Mashonaland Central province. These groups targeted women of childbearing age but also included men and significant influencers, such as grandmothers. VHWs now use these groups to promote women's health and autonomy, by staging dramatic events and music concerts and hosting women-to-women discussions. They also address, in culturally appropriate ways, the harmful gender norms that contribute to sexual and gender-based violence and early marriage and that prevent women from breastfeeding, seeking early care for illness and accessing family planning.

To enhance the capacity of the VHW network, the Government of China's support equipped VHWs with essential items (bicycles for outreach, infant weighing scales, respiratory timers, integrated registers, linens for use in demonstrating kangaroo mother care and thermometers) and commodities (oral rehydration solutions, zinc, antibiotic eye ointment and gloves). UNICEF conducted training on MNCH topics and preventing gender-based violence. The latter training covered the signs of such violence and how to recognize them in the community; appropriate case referral and support for survivors; and the accountabilities of health workers to protect, and not abuse, those under their care.

Overall, the project's support to VHWs was enormous, with tangible results. Over the project period, household access to trained VHWs increased from 76 per cent to 83 per cent, and VHWs reached 384,465 households in the Mashonaland Central and Matabeleland South provinces. Approximately 57,175 pregnant women were reached by VHWs and referred to health facilities, and 216,720 women and children received MNCH or nutrition services at outreach points. The proportion of deliveries attended by skilled health personnel increased from 78 per cent to 90 per cent, thanks to social mobilization efforts by VHWs in their communities.

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Germaine, a neonataology major of the Beroua regional hospital in Cameroon, holds a premature baby wearing an electronic bracelet that signals a drop in temperature. This lifesaving wearable technology was procured with funds from the GDF.

2. Innovation

Innovating with and for the most vulnerable

China, UNICEF and eight African governments reach some of the most underserved children with innovative solutions

"Innovative forms of knowledge exchange, technology transfer, emergency response and recovery of livelihoods led by the South are transforming lives."

– António Guterres, Secretary-General of the United Nations, inaugurating the 10th South-South Development Expo in New York, November 2018[30]

[30] *United Nations Department of Economic and Social Affairs, "What is 'South-South cooperation' and why does it matter?" (news), 20 March 2019.*

ISSUE

South-South cooperation spurs innovation and supports the positive adaptation of products and approaches in diverse communities around the world.

However, new technologies and new ways of working are not always successful and do not always reach those that need them most. Both new and existing innovations require champions and early adopters that know local systems, cultures, languages and environments. Programme teams must understand the risks and opportunities inherent in every attempt to integrate new technology or processes, and work in partnership with local communities to ensure change is accepted and sustained.

When innovations are put in place in an effective way, they can save lives, 'leapfrog' over stages of development, and help accelerate progress towards SDG targets.

> *"We can do things differently, and we can do different things… innovation is not only the most sophisticated technologies, sometimes it's the simplest of things. Be bold, be revolutionary… and disrupt…because without innovation, there is no way we can overcome the challenges of our time."*
>
> – UN Secretary-General António Guterres
>
> *Source: The UN Innovations Toolkit*

A newborn baby is held by a health care worker in one of the health facilities in Southern Nations, Nationalities and Peoples region (SNNPR). Supplies were provided using the generous support of the People's Republic of China.

ACTION

As a global leader in MNCH and emergency response for children, UNICEF looks to innovation to meet its most difficult programming challenges. GDF project countries were given access to innovative technologies and approaches that UNICEF has applied elsewhere in the world. Below are three examples of innovations funded through this South-South partnership with African governments: one **product** innovation, one **programme** innovation and one **process** innovation.

1. Product innovation: Reaching the most vulnerable babies with wearable technologies for kangaroo mother care

Under the GDF-supported project in Cameroon, UNICEF and the Government of China provided electronic bracelets as part of kangaroo mother care in hospitals to ensure the continuity of newborn care in the context of COVID-19 (and beyond).[31] Kangaroo mother care is a practice that uses skin-to-skin contact – usually a parent's own body – to warm and nurture a newborn baby, particularly those born preterm or with low birth weight.[32] The bracelets measure body temperatures and will flash and sound an alarm when babies are cold, a signal for the parents to quickly pick them up and hold them using the kangaroo method.

At-risk babies receive the bracelets at or shortly after birth and wear them in the hospital and at home to prevent hypothermia and associated complications. This approach is especially important in hospitals with limited incubators and beds in special baby care units, and in facilities and homes with insufficient heating, since colder night-time temperatures can pose a serious threat and some mothers in their homes might not reach a facility in time. Kangaroo mother care combined with the 'wearables' is a simple, low-cost technology that can save the lives of preterm babies and help them thrive.

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A week after they were born prematurely, Nathan and Franklin, who are twins, came with their mother for an outpatient consultation at the Bertoua regional hospital (Cameroon) and received electronic bracelets for kangaroo mother care. This bracelet flashes and sounds an alarm when babies are cold so their parents will quickly get them warm again.

"With this bracelet, families can prevent the cold at home, especially for children born prematurely. We show mothers how to use it. When it rings, we recommend that they use the kangaroo method, which consists of placing the newborn directly on the chest or inside a pocket in order to warm it up" said Germaine, the neonatology major at the Bertoua regional hospital.

"One of the causes of death in low-birth-weight infants is hypothermia... Thanks to these bracelets, parents will directly receive an alert signalling the presence of hypothermia. This protocol will save lives and obtain a considerable gain in weight for these children so that they can have the chance to live, grow and make their dreams come true," he said.

Source: This story is adapted from UNICEF Cameroon, "Saving premature babies: China's contribution," 4 August 2021.

[31] *UNICEF Cameroon. "Saving premature babies: China's contribution," 4 August 2021.*

[32] *While similar practices have existed in many cultures for a long time, kangaroo mother care is more recently being systematically integrated as a key component of a package of services for essential early newborn care in hospitals and through community health work in many communities in which UNICEF works. UNICEF Papua New Guinea, "Kangaroo Mother Care; A key component of Early Newborn Care" (article), 31 July 2017.*

2. Programme innovation: Empowering parents to manage their children's nutrition status using MUAC tapes

Mid-upper-arm circumference (MUAC) tapes have long been used by health professionals all over the world to detect malnutrition, but parents have only recently become part of the screening process. During the GDF-supported Cyclone Idai and Desert Locust responses in several African nations, the Government of China, UNICEF and service providers promoted the innovation of 'family-led' MUAC screening. This adaptation of programme practice was particularly important in the context of widespread food insecurity, a heavy burden of severe acute malnutrition and limited capacities of health workers to reach children in the aftermath of disaster.

In Zimbabwe, one of the project countries, mothers attended orientation sessions and received MUAC tapes to take home and regularly measure their children's arm circumference. They learned how to identify if a child had malnutrition, how to access the outpatient therapeutic programme centres and how to monitor their children's treatment progress at home. Mothers also received therapeutic foods to rapidly address malnutrition at home.

Zimbabwe scaled up this approach in all GDF-supported districts, as parents felt empowered to manage their children's nutrition status. The demand for the MUAC tapes was so high that UNICEF began exploring local printing options to meet the demand.[33] Even now that the Desert Locust and Cyclone Idai emergency responses have concluded, many communities still use this approach and UNICEF continues to bring it to more remote communities and at-risk populations.

3. Process innovation: Village geo-referencing technology identifies partners for the promotion and delivery of equitable health care

Tahoua is one of the most underserved regions in Niger. According to the latest surveys, infant and child mortality rates in this region are much higher than the national averages and health coverage is among the lowest in the country (47 per cent),[34] with maternal health services lacking continuity and not enough qualified health personnel.[35] During the GDF-supported project to improve MNCH in Niger, UNICEF conducted a mapping of community health actors in Tahoua region using geo-referencing technology. The collaborative approach with local authorities and partners, and the use of geographic information systems, was innovative and the first of its kind in the area.

After mapping over 500 health facilities in the project area, the exercise identified and geo-referenced 2,782 community health actors in 816 villages in the seven target districts.[36] The community health actors and their capacities were then categorized in terms of their potential to support engagement and coordination activities.

As a result of this work, UNICEF and partners identified that among the community health volunteers, 1,262 offer curative care in remote areas (more than 5 kilometres from health centres). This mapping revealed that on average there are about three community agents per village in Tahoua region and that community actors play multiple roles in delivering MNCH services.[37] This information has allowed the Government of Niger to improve planning and access to health interventions through partnerships with regional entities and the individuals already working in their communities.

[33] *UNICEF Zimbabwe. "Zimbabwe Cyclone Idai Quarterly Update."*

[34] *Niger ENISED. 2015.*

[35] *Andriamasinoro, Lalaina Fatratra, and Islamane Abdou, "Improving health care in the most underserved districts of Niger" (article), UNICEF, Niamey, 17 November 2020.*

[36] *United Nations Children's Fund, Improving Maternal, Newborn and Child Health In Eight African Countries: GDF Project Final Report, Reporting period: 1 January 2020–30 December 2021.*

[37] *Ibid.*

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Ready-to-use therapeutic food (RUTF) provided by the Government of China helped address malnutrition in Malawi, after the devastating impact of Cyclone Idai.

3. Risk and Resilience

Resilient systems for every child

Three ways in which the China-Africa collaborations enhanced the capacity of national actors to reduce disaster risks and prepare for the next crisis

ISSUE

Sub-Saharan Africa as a region is particularly vulnerable to the effects of climate change and climate-related disasters. It suffers a disproportionate level of impacts due to high exposure to natural hazards, significant vulnerabilities and governance challenges that affect coping capacities.

For example, rising sea levels are already leading to widespread coastal erosion, particularly in West Africa, reducing the viability of coastal infrastructure and settlements. Rising temperatures also threaten to melt the continent's remaining glaciers and reduce water access and quality, impacting child survival. Extreme weather events are breaking records for destructiveness, as was the case with Cyclone Idai in 2019, which resulted in hundreds of casualties and thousands of displaced persons in Malawi, Mozambique and Zimbabwe. Warmer temperatures are also linked to more destructive droughts and infestations of insects, such as the desert locusts that ravaged the Democratic Republic of the Congo and South Sudan in 2020, and are thought to be a contributing factor leading to outbreaks of both existing and novel diseases, such as COVID-19. Three project streams in the larger China-Africa collaborations funded by the GDF were designed to address some of these specific challenges.

In the face of the global climate crisis, UNICEF is committed to building the resilience of children, households, communities and systems. In every way, disasters threaten the rights guaranteed to children through the Convention on the Rights of the Child and they set back hard-earned progress in meeting the SDGs.

ACTION

The projects funded through the GDF provided opportunities both to address the devastating effects of disasters on children and to build capacities to manage future challenges. Following are three examples.

Malawi invests in disease surveillance, to be better prepared next time

In Malawi, more than 2 million people live in flood and cholera 'hotspot' zones; they face seasonal risks that are becoming more severe as the climate warms. The GDF project not only addressed the immediate needs of children affected by Cyclone Idai, but it also contributed to strengthening the system that detects, prevents and contains disease outbreaks. The electronic Integrated Disease Surveillance and Response (eIDSR) system received new technology and technical and financial support to become more effective in documenting outbreaks and triggering investigations and responses.

UNICEF procured supplies for Malawi's One Health Surveillance Platform (OHSP), which integrates surveillance data on human, animal and ecosystem health, enabling public health officials to simultaneously track issues as diverse as Ebola, COVID-19, avian flu and air pollution, thus permitting analysis of a multitude of threats in specific locations. OHSP tablet computers were deployed to 14 districts in Malawi designated by the Ministry of Health.

The project also supported the training of 835 surveillance personnel (including national, district and facility-level users) and 25 zonal surveillance supervisors in Lilongwe on active surveillance and use of the eIDSR platform in the OHSP system. These personnel have trained other users in turn and are expected to cascade the training to additional stakeholders at the decentralized level. UNICEF also provided maintenance of internet connectivity at the National Epidemiology Unit and supported the District Health Information System (DHIS2) to ensure functionality.

According to system reports, there are already improvements in:

- Timeliness: Timely reporting increased from 7.4 per cent to 76 per cent in the project period;
- Completeness: The proportion of targeted health units with complete eIDSR reports increased from 31 per cent to 82 per cent;[38]
- Responsiveness: 100 per cent of identified outbreaks were investigated and responded to within 72 hours. During the early waves of COVID, the response included active contact tracing, with 96 per cent of primary and secondary contacts traced (12,688 out of 13,217).

The training, supply inputs and technical assistance have also enhanced the potential for local and national health authorities to analyse and use real-time data in their decision-making, particularly during crises. This means a higher level of protection of vulnerable children and all citizens from public health threats in the future.

[38] *District Health Information System, version 2 (DHIS2).*

Niger chooses solar systems, because newborns don't wait until morning

Niger is considered one of the world's most vulnerable countries to increasing risks from climate change, according to the ND-GAIN country index.[39] The frequency and severity of extreme heat, drought and flooding events have already increased significantly, leading to infrastructure damage, displacement and humanitarian crisis.

The country also has one of the lowest rates of electrification in Sub-Saharan Africa. According to the World Bank, just 13.4 percent of the rural population has access to electricity.[40] In a country such as Niger, it can take years if not decades to extend the electricity grid. Effectively protecting power lines against the impacts of natural disasters is another challenge. Finding low-cost, low-carbon, sustainable and off-the-grid solutions to the energy crisis is not only urgent, it is also a critical means of reducing risks in emergencies.

For these reasons, the Niger GDF project prioritized the purchase of solar energy systems for 51 health facilities providing emergency obstetric care in the rural Tahoua region. These systems are now improving the continuity of MNCH services during the night and sustaining cold chains for vaccines, medicines and commodities.

UNICEF worked with local service providers to install the solar panels in delivery rooms, post-partum rooms and duty rooms for midwives. The panels were installed on the roofs of the health facilities and connected to two high-quality batteries. When fully charged, the two batteries provide light for up to 16 hours with the LED lamps installed on the circuit. UNICEF also facilitated the connections between service providers, the health centre and local representatives to maintain the systems.

Zimbabwe invests in community-level child protection actors: critical first responders for children separated from their families during crisis

Zimbabwe is prone to disasters, triggered both by natural events (such as droughts and cyclones) and human systems (such as financial crisis and conflict). The Cyclone Idai and the COVID-19 pandemic both provided opportunities for Zimbabwe to strengthen national emergency coordination and response capacities in the area of child protection, so that all actors would be ready to face the next disaster. The experiences underlined that effective development programming must be combined with activities to reduce disaster risks and prepare for future humanitarian responses.

During both emergencies, Zimbabwe's Ministry of Public Service, Labour and Social Welfare coordinated the child protection working group, with UNICEF support.[41] They used the national case management system, which enables government institutions, civil society organizations and community structures to identify and refer vulnerable children to child protection services. The system also supports the rapid deployment of social workers for case management in times of crisis. In the aftermath of Cyclone Idai, the GDF project supported activities to strengthen these systems and the services that link to them. As a result, the ability of local actors to identify and document cases of vulnerable and separated children in emergencies, trace their family members, support reunification and/or find alternative care and supportive services, has increased.

National and local disaster responses rarely anticipate and allocate sufficient human and financial resources for child protective services. To help address this challenge, the project supported the development of ward and village response plans that prioritized child protection in emergencies. A series of trainings and workshops were conducted; 100 district social workers (48 women and 52 men) were trained on child protection case management and child protection in emergencies. The knowledge and skills acquired enabled them to integrate specific disaster risk reduction and preparedness priorities into the child protection committee plans in districts affected by Cyclone Idai.

The training then cascaded to decentralized levels: the trained district social workers conducted training at the ward level, reaching a total of 280 child protection committee members and child-friendly space facilitators (170 women and 110 men). After the training, these 280 committee members and facilitators rolled out sessions reaching 3,800 community members (2,622 women and 1,178 men) with information on how to prepare for the next emergency, what to do when it strikes, and how to access protection services for vulnerable children in the district. An additional 6,329 community members and key service providers were sensitized on how to mitigate the risk of gender-based violence in emergencies and prevent and respond to sexual exploitation and abuse by service providers. Overall, this represents an important effort to strengthen disaster risk reduction and readiness activities in the child protection sector.

[39] *Notre Dame Global Adaptation Initiative (ND-GAIN), "Niger."*

[40] *World Bank, Global Electrification Database, "Niger."*

[41] *Humanitarian 'clusters' are groups of humanitarian organizations, both United Nations and non-United Nations organizations, in each of the main sectors of humanitarian action. They are designated by the Inter-Agency Standing Committee (IASC). UNICEF is the global lead for the Child Protection Area of Responsibility under the Cluster for Protection, led by the United Nations High Commissioner for Refugees (UNCHR). In Zimbabwe, the child protection working group has been formed to recognize the need for national coordination mechanisms. It is based in Harare and co-chaired by the Department of Social Welfare (Ministry of Public Service, Labour and Social Welfare) and UNICEF.*