

The challenges

In 2016, 5.6 million children under age five died. The 48 hours immediately following birth is the most crucial period for newborn survival. Globally 2.6 million children died in the first month of life and 2.6 million are stillborn (WHO).

More than half of these early child deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions. After the neonatal period pneumonia, diarrhoea and malaria are the leading cause of death.

Children in sub-Saharan Africa are more than 15 times more likely to die before the age of 5 than children in high income countries.

Estimated 300 thousands mothers died from preventable pregnancy or childbirth related causes every year (WHO). Malnutrition is one of the main underlying contributing factor, making children more vulnerable to severe diseases.

In 2017, some 155 million children under 5 are stunted, while 52 million children are underweight (WHO).

Our target groups

Boys and girls under 5 with a focus on first 1000 days and their mothers .

Our 2030 goal and strategic vision

Based on the Vision 2030, **Terre des hommes (Tdh) will become a recognized and renowned global actor for children's health** and will contribute to decrease maternal and child mortality, and the prevalence of child malnutrition.

The programme targets boys and girls under 5 and their mothers, and the focus will be given to high-impact interventions, namely 1) **perinatal care** focusing on the before, during and after childbirth where the majority of mothers' and babies' deaths takes place and 2) **leDA**, a mobile diagnostic and decision support tool that helps health workers diagnose and treat children < 5 correctly, and has the potential to reach millions of beneficiaries.

Activities for treatment and prevention of malnutrition will be carried out with an emphasis on a more integrated approach.

Within this target and focus, we will also influence high impact areas (e.g. malaria and HIV/AIDS).

In particular, we will look for existing state-of-the-art life-saving interventions, adapt and implement them for the fragile contexts where we have a deep understanding of the unmet needs and pilot innovative projects conceived and implemented with renowned partners.

Each action will be embedded in the local health system, build local partnerships, pursue **sustainability** and **aim at scaling it up for systemic change**.

The Tdh's approach will have a **strong community anchorage** to respond better to the needs of mothers and their children, to support the health workers and make them accountable to the beneficiaries.

The core interventions will be supported by other activities instrumental to a successful implementation such as **WASH, food security and livelihood, social behavioural change communication, community empowerment and disaster risk reduction**.

The organisation acknowledge the importance of gender equity and adapt its interventions to create positive changes in social norms.

We will pursue our objectives through establishing a pool of experts and volunteers, **efficient partnerships** and an extensive **network of alliances**, to stay abreast with the latest global health innovations, influence global advocacy, acquire on-the-edge technical expertise and best practice.

We will leverage and exploit the **technological advancements** for more **cost effective**, impact relevant and **efficient interventions**, making the interventions suitable for **scaling up**.

We will set-up a **robust and pragmatic M&E system** to steer our projects effectively and in a timely manner. We will be equipped by **practical programme management tools** supported by **light and essential processes**. Up-to-date analysis and reporting will ensure alignment of our interventions. **Impact assessment** will be part of each intervention and will help us prioritizing them.

We will also exploit the surge of data collection to support **evidence-based research and actions**, provide **analysis for decisions** and **quality improvements**.

Tdh Health Programme directly contributes to SDG 2 “Zero hunger” namely 2.1: end hunger and ensure access to safe, nutritious and sufficient food all year round and 2.2: end all forms of malnutrition, SDG 3: “Good health and wellbeing” especially 3.1: reduce maternal mortality, 3.2: reduce newborn mortality and 3.8: achieve universal health coverage and SDG 6: “Clean water and sanitation” with regards to 6.1: universal and equitable access to safe and affordable drinking water for all, and 6.2: access to adequate and equitable sanitation and hygiene for all.

It also strives to ensure that no child is deprived of his or her right of access to health care services (Article 24 of the Convention on the Right of the Child) and in particular to (a) To diminish infant and child mortality, (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care, (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution, (d) To ensure appropriate pre-natal and post-natal health care for mothers, (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents. It endeavors to life survival and development (article 6), to birth registration (Article 7) and to ensure that the institutions, services and facilities responsible for the care of children shall conform with the standards established by competent authorities.

The critical changes needed to address the challenges and achieve our goal

This Theory of Change (TOC) illustrates the changes that need to happen to achieve improved quality of care and enhanced nutrition services for boys and girls under 5 and their mothers. Based on our analysis, we have identified three inter-related pathways of change, involving three pillars: the Health System, the Communities and the beneficiaries. All interventions will be conceived to contribute to one or more of the changes illustrated in these pathways:

1. **Health system**, - we will support health workers to enhance their skills and abilities to reduce maternal, new-born and children morbi-mortality. We will support and work with governments to strengthen the system and provide evidences for adequate decision making.
2. **Communities**, - we partner and work with Community Committees to build up their capacity to manage, monitor and improve their health and nutrition services and to strengthen the collaboration between National Health System and Community Health System.
3. **Mothers, children and their families**, - we will engage with, support and work with them to improve their knowledge and raise awareness. We will empower them to make healthy choice for themselves and their children, encourage them to access health and nutrition services, and create enabling mechanisms to sustain healthy environment.

Theory of change Health Programme

**By 2030 there has been a significant and sustained reduction
in maternal newborn and child morbi-mortality in Tdh intervention areas**



MNCH
Maternal, Newborn
and Child Health

IMCI
Integrated Management
of Childhood Illnesses

HCF
Health Care Facilities

WASH
Water, Sanitation and Hygiene

Our approach: Innovation – Partnership – Sustained Systemic change – Data Driven – Advocacy – Research

The change pathways in our TOC are built over Terre des hommes' decades of experience in Public Health Care. They are based on **eight key assumptions** about how we think our programme can best influence change:

Assumptions: Health system	Assumptions: Communities	Assumptions: Mothers, children and their family
<ul style="list-style-type: none"> • <i>Tdh believes that if health facilities are upgraded and frontline worker properly trained, they will build trust, motivation and provide quality services to the targeted population.</i> • <i>Tdh assumes that if governments have timely quality data, they will take decision to optimize budget and HR allocation and to conduct policy review.</i> • <i>Digital innovation in health is necessary to cope with the lack of trained health workers and poor infrastructure in order to maximise improvements on public health.</i> 	<ul style="list-style-type: none"> • <i>Tdh believes that if community facilities are well managed and monitored, resources will be allocated more efficiently by the government.</i> • <i>Tdh assumes that communities engagement will create trust, accountability, motivation and enable adequate response to the needs at the doorstep of their people.</i> • <i>Tdh believes that if community actors are trained and aware, they could challenge social norms which discriminate against women and could promote safe health, hygiene and nutrition practices.</i> 	<ul style="list-style-type: none"> • Tdh believes that if mothers know about good health, hygiene and nutrition practices, and are empowered in the family, they can make healthy choice for their own and their children. • Tdh recognise that enhancing WASH, livelihood and disaster risk reduction are essential interventions to improve maternal and child health and nutrition.

Threat to impact: The main critical conditions that can jeopardise the logic of this Theory of Change are related to political instability, corruption, natural or man-made disasters, insecurity and insufficient financing.

Terre des hommes' added value and contribution to change

To reach greater impact and enable systemic change, Tdh will continue to **focus on innovative** projects like Integrated e-Diagnosis Approach (leDA) and innovative training approach (SIMSONE) which proved to be **efficient and scalable**.

Tdh recognises that it alone cannot sustain support to children and mothers in the long term, thus alongside National Government and district health team, Tdh works to **strengthen the health system** and **identify key partners** to build inner capacities leading to sustained systemic changeability.

Tdh believes that **integrated and multi-sectorial interventions** are of higher impact and sustainability, that is why Tdh is working towards transversal perinatal health and nutrition projects integrated in the health system network and tackling enabling conditions such as Water Hygiene and Sanitation component as well as food security, livelihood and disaster risk reduction components.

Tdh has long experience of **working with communities** to build confidence, skills and enable mothers to make healthy choices for themselves and their children and to access quality health care services. Having a strong understanding of the different vulnerabilities of families and community health care systems, Tdh has developed a range of **community based approaches**.

How we will measure our contribution to change

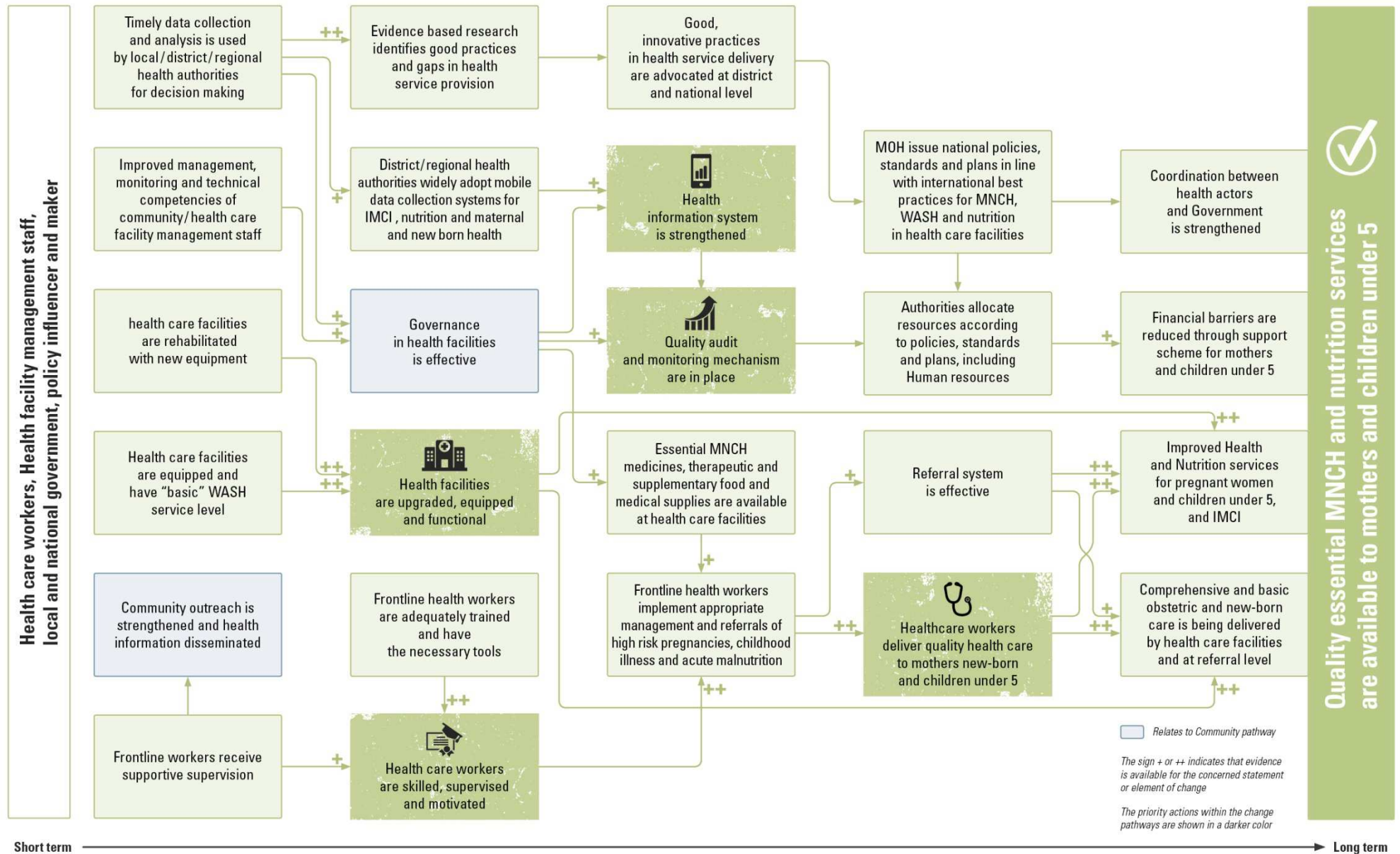
Every year, through our projects' monitoring and evaluation systems we will test our assumptions and gather evidence about our contribution to change. To this end, we have identified few global indicators.

Indicators: Health System	Indicators: Communities	Indicators: Mother, children and their family
<ul style="list-style-type: none"> •% of women receiving 4 antenatal Consultation (ANC) during pregnancy •% of women receiving at least 1 postnatal consultation (PNC) in the first 48h •% of women delivering with qualified staff •% of Acute Malnourished cured /sex and age •% of under 5 affected by diarrhoea and receiving Oral Rehydration Salts and Zinc /sex and age •% of newborn breastfed within the 1st hour /sex. •% of Health Care Facility (HCF) providing a "basic" level of WASH services (water, sanitation, hand hygiene & medical waste management) 	<ul style="list-style-type: none"> •proportion of HCF submitting timely report •proportion of HCF with supervision visit •proportion of HCF collecting and using data for performance monitoring •% of communities using WASH FIT or (or similar self-evaluation tool) for HCF 	<ul style="list-style-type: none"> •% of Household with hand washing facility with water and soap •% of newborn < 6month exclusively breastfed •% of under 5 with suspected pneumonia referred to health facility or qualified staff.

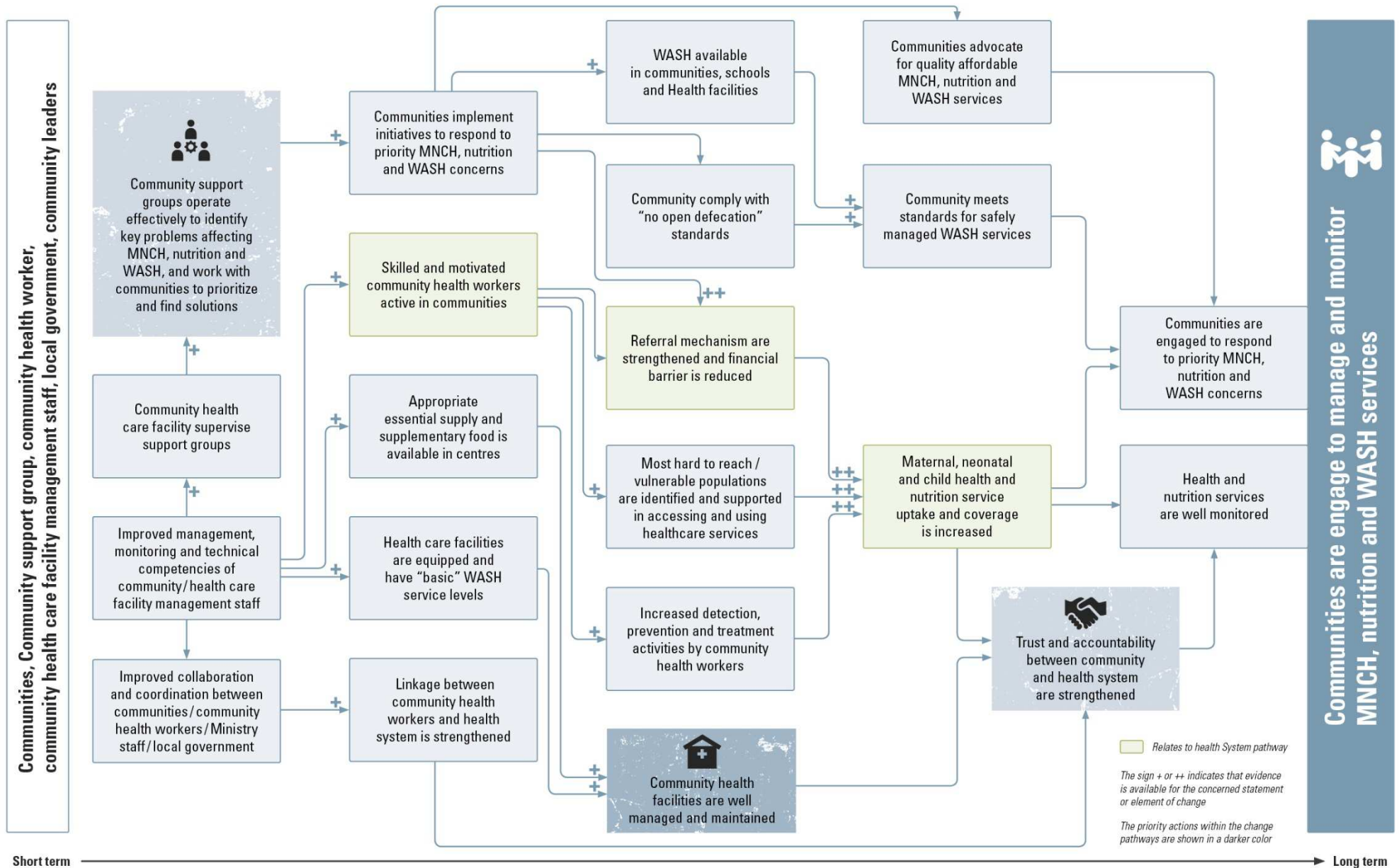
Our detailed pathways of change

The detailed pathways of change for health systems, communities, and mother, children and their families, are shown below. The pathways illustrate **what kinds of changes** we hope to see in the short, medium and long term, and list the **programme strategies and interventions** that we will use to contribute to change. During this strategic period, we will **focus and prioritise our programme efforts** towards achieving the changes highlighted in our Theory of Change visual. The priority changes, reflected in the summary visual, are highlighted and illustrated by colour and shape in the detailed pathways below. All new programme interventions will be designed to contribute to one or more of these pathways.

Theory of change Health System Pathway



Theory of change Community Pathway



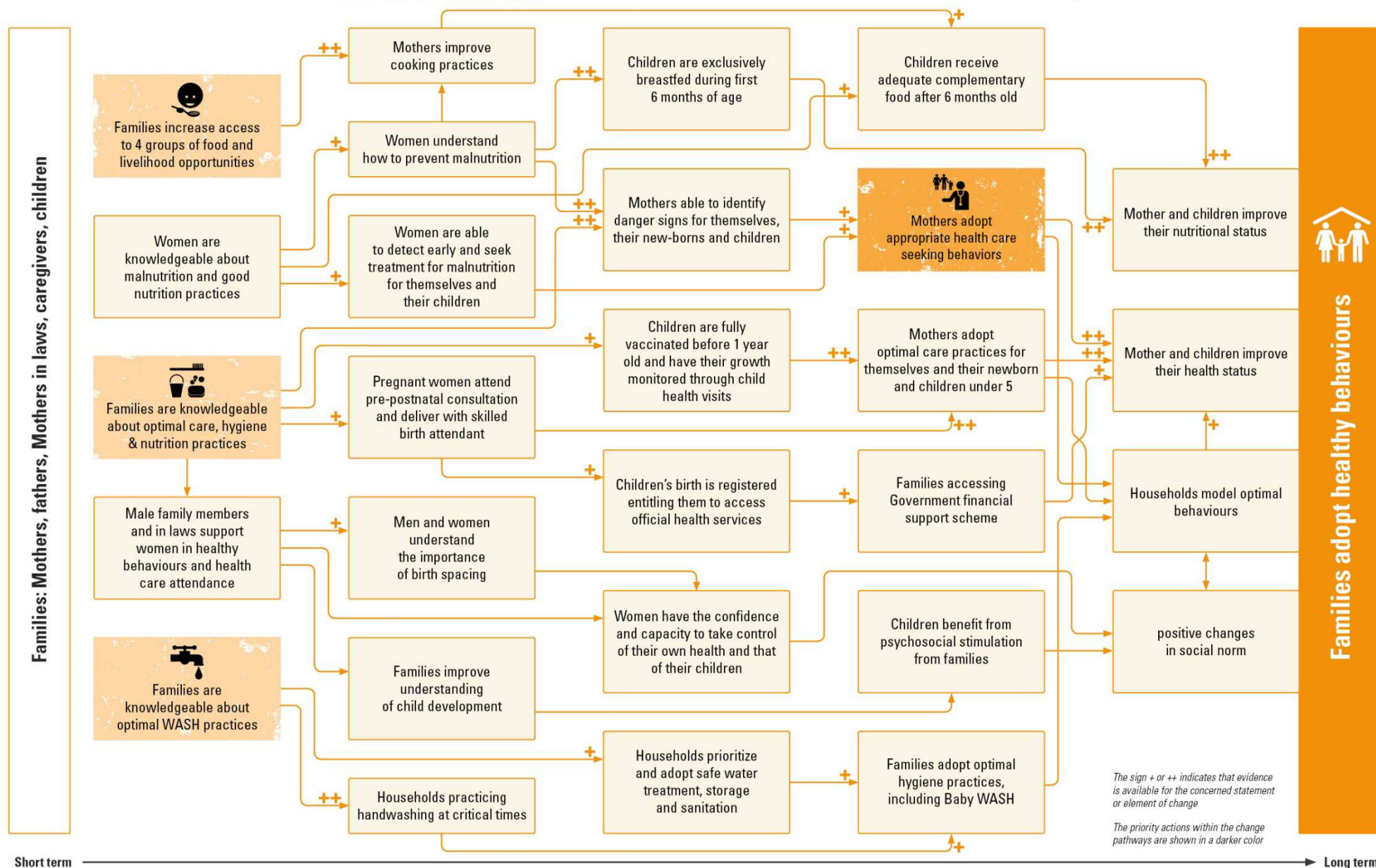
Short term

Long term

Programme strategies and interventions:

- Strengthening competencies of community health workers, community clinic management committees (men and women)
- Mentoring coordination mechanisms between community and health system
- Empowering and mobilising communities through Behaviour Change Communication and Participatory Learning Action (men and women)
- Information Education and Communication on sanitation and hygiene

Theory of change Mothers, Children and Families Pathway



How we will use the Theory of Change

We will use the Theory of Change to guide the design of new projects and interventions and to support the monitoring and assessment of Terre des hommes' results and added value in contributing to sustainably improve, new-born, children under 5 years old and their mothers' health. The programme team, regional coordinators and country delegations, will review the ToC assumptions and change pathways on an annual basis (more frequently if needed in response to changing operating contexts). The review process will involve:

- Updating the contextual analysis for the global programme.
- Analysis of monitoring and evaluation information gathered by programme interventions against the programme global indicators.
- Assessing the quality and extent of evidence supporting or challenging the programme pathways of change, including whether the key assumptions are holding true.
- Identifying evidence gaps and prioritising areas for focussing research and learning during programme implementation.
- Reflection, generation and dissemination of lessons learned, including information from focussed research, convergences and capitalisation meetings
- Adapting M&E indicators

We will also use the Theory of Change to communicate and share our understanding of change with our key stakeholders, including our donors and international and national partners, as well as peer organisations and actors also working on maternal, new-born and children 's health and/or nutrition. We will use this as a basis for identifying potential areas for collaboration, complementarity and advocacy for achieving changes for children under 5 and their mothers across the countries and contexts where we work.

How this Theory of Change relates to other program ToC

Given the strong connection between the medical and psychosocial dimensions of caring for children and mothers, it is necessary to bond the health Program with the Protection Programmes (Tackling Child labor, Juvenile Justice and Migration), and to strengthen work interactions with respect to violence against women and children or to healthy development of the child.

The Humanitarian Aid Division and the Health program have common issues and interests. We work in collaboration to

- establish a strong nexus between relief response and development approach.
- Harmonize our tools and practices
- Share knowledge and ensure institutional coherence in programming.

Finally advocacy is an unavoidable and crosscutting element for all programs. Evidence-based advocacy is a crucial driver to advance access to quality health and nutrition for mothers, newborn and children, and thus an essential entry point to our Theory of Change. Campaigns and international advocacy are coordinated and implemented in conjunction with the members of the TDHIF working group.