

# WORLD'S

WINTER 2011

## world's children

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Save the Children

THIS YEAR HAS BEEN MARKED BY MANY TRAGIC EVENTS – SOME ENVIRONMENTAL AND OTHERS CAUSED BY ARMED CONFLICT. AS ALWAYS, CHILDREN ARE ONE OF THE MOST VULNERABLE GROUPS IN THESE SITUATIONS AND SAVE THE CHILDREN IS THERE TO DO ALL WE CAN.



## Welcome

The humanitarian crisis in the Ivory Coast, where a million people have been forced to flee their homes, illustrates the horrific impact that human actions can have on a population. It is estimated that at least half of those displaced are children.

In Japan, the 9.0 magnitude earthquake and subsequent tsunami that struck on March 11 led to thousands being killed, missing, injured and displaced. The images shown in this edition of World's Children illustrate the enormous extent of damage this crisis has had on both the country and the Japanese people.

New Zealand has also been affected by natural disasters. The Christchurch earthquake which hit the South Island on February 22 caused widespread damage and the deaths of 182 people.

During these emergencies, Save the Children has acted in numerous ways – including developing educational programmes for displaced children, creating Child Friendly Spaces and providing essentials like water, food and blankets to those in need. We have also responded to children's needs in Christchurch (you can read more on page 8).

While Save the Children's work is most visible during emergency situations it's important to emphasise that our organisation's work globally is generally focused on creating long-term and sustainable change that will improve children's lives.

While images and reporting of emergency situations and natural disasters are given media attention, I know that there are many unnoticed emergencies that impact on children every single day. Hunger, health and education pose just as many difficulties for the children of the world. These are the invisible emergencies that require as much effort to fix as any other disaster.

Young people face an increasingly uncertain future. Millions of children are denied their basic essential rights to quality education, health care and protection. Many are exposed to abuse and mistreatment. By understanding these needs and acting upon them, we are working to make lasting change in children's lives. This is no easy task – it requires creative thinking, innovative partnerships and a flexible approach.

We are committed to continuing to make a difference for children here in New Zealand, in the Pacific and worldwide.

**Thank you for playing your part in helping us achieve results for children worldwide.**

Liz Gibbs

**Liz Gibbs**  
Chief Executive Officer

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2: Children in Christchurch participating in the *Journey of Hope* programmes.

3: Sangeeta is a community health volunteer in Sanjay Colony, New Delhi, India. She goes from door to door to inform people about the mobile clinic and if she sees or hears of a sick child or pregnant woman she'll make sure they go for treatment. Her job is also to spread health and hygiene messages.

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## SAVE THE CHILDREN'S HEALTH FIGURES AT A GLANCE

# 3,600

Number of community health workers we've helped train in Afghanistan.

# 6



The number of African Union countries allocating 15 per cent of their budgets to health in 2006 – despite all 53 members promising to do so in 2001.

# 57+

The World Health Organisation's assessment of the number of countries with 'critical shortages' of health workers.

# 200 000

Number of under-fives we provided **FREE HEALTHCARE** for in Niger last year.

# 30,000

Number of healthcare workers in Pakistan we've helped train and support.

# 15

Number of times less likely an infant is to die from pneumonia if she or he is exclusively breastfed for the first six months, compared to an infant who is not.

# 40

**MILLION**

Number of young children and mothers the **EVERY ONE** campaign reached in 2010.

# 80

Number of clinics and nutrition support facilities we've opened in Haiti.

## EVERY ONE



EVERY FOUR SECONDS, SOMEWHERE IN THE WORLD, A CHILD'S LIFE IS SAVED BY A TRAINED LOCAL HEALTH WORKER. THIS IS MORE THAN A STATISTIC, THIS IS SOMEONE'S LIFE – A LIFE THAT HAS BEEN GIVEN THE CHANCE TO GROW AND THRIVE.

Save the Children knows health workers are the backbone of global healthcare and, when properly trained and equipped, can prevent most child and maternal deaths.

This is why one of the key components of our EVERY ONE campaign is to recruit, train and support health workers to deal with the principal threats to survival of mothers and children.

Without them, millions of mothers and children have no one to diagnose illnesses, dispense treatment, assist at births or provide immunisation. In 2010 Save the Children helped train over 84,906 health workers in developing countries and we aim to support 400,000 by 2015.

Above: Sangeeta talks to Julie, nine, who holds her brother Mithlesh, two, in the doorway of their home in Sanjay Colony, a slum in north west Delhi.

PHOTO CREDITS: RACHEL PALMER



Left: Sangeeta offers Bano, 18, nutritional advice for her 15-month-old son Anees. Below: Sangeeta feeding Shivam, one, nutritious food in Sanjay Colony.



This is one part of a strategy aimed at pushing the world to meet its Millennium Development Goals – which promised to reduce the under-five mortality rate by two thirds between 1990 and 2015.

Ordinary people like Sangeeta, a 27-year-old community health volunteer who works in Sanjay Colony in north Delhi, will help make this goal a reality.

Sangeeta goes from door to door to inform people about the Save the Children mobile clinic that operates in her area.

She also ensures that sick children or pregnant women go for necessary treatments.

“One thing that used to bother me was that people weren’t aware of basic health and hygiene and that encouraged me and made me go out and raise awareness about health issues,” Sangeeta says.

“I felt that if people around here didn’t get the right kind of information about healthcare these illnesses would increase. It’s simple things like not boiling water before giving it to the children.

***Sangeeta goes from door to door to inform people about the Save the Children mobile clinic that operates in her area.***

“People are getting their children vaccinated now, but before they didn’t.”

The mobile health clinic initiative in Sanjay Colony provides preventative and curative healthcare to communities and increases local knowledge about sanitation and hygiene.

Fifty to sixty people attend the clinic’s twice-weekly doctors’ visits. Initiatives like this are vital in countries like India because nearly two million children under five die there every year. This is more than any other country in the world.

By helping people to access health and nutrition programmes, improving the availability and quality of care, and increasing knowledge, Save the Children is making the world a healthier place.

*To learn more about our campaign visit everyone.org. Visit [www.do1thing.org.nz](http://www.do1thing.org.nz) to see how you can help.*

# WARA AND SONI'S STORY



SIERRA LEONE IS OFFICIALLY THE WORST PLACE IN THE WORLD FOR A CHILD TO BE BORN. THE FACTS SPEAK FOR THEMSELVES: ONE IN FOUR CHILDREN DIES BEFORE THE AGE OF FIVE, ONE IN THREE UNDER-FIVES IS MODERATELY OR SEVERELY UNDERWEIGHT AND MORE WOMEN DIE IN CHILDBIRTH IN SIERRA LEONE THAN IN ANY OTHER COUNTRY. LIFE EXPECTANCY IN THE COUNTRY IS JUST 42 YEARS OF AGE AND 70 PER CENT OF THE POPULATION LIVES ON LESS THAN A DOLLAR A DAY.



Save the Children is in Sierra Leone, working to increase knowledge of sexual health and family planning.

This is Wara and Soni's story....

Last year Wara, 32, was pregnant with twins. Her husband had left her with two other daughters while she was still pregnant and Wara gave birth at home with an untrained traditional birth attendant.

One of the twins died after only a week. No one is sure why, but it is likely that a fever she had caught was never treated properly. Wara had been given herbs by a traditional healer, but these didn't stop her baby from dying.

***"My hope is that my baby will get help here so that she'll grow up to be somebody in the community," she says.***

The surviving baby, who was named Soni, was severely malnourished but Wara didn't go to a health clinic to seek advice. Despite her knowledge that babies now get free healthcare in Sierra Leone, Wara says she was afraid of being stigmatised by the community. This sense of social pressure almost led to Soni's death.

"I thought there was no hope for the baby anyway, and I was afraid to go out with her – people would think I was a bad person, having a baby like that," Wara says.

"I don't have enough breast milk for the baby, and I don't have the money to buy breast milk substitution."

Even though health workers had gone to Wara's house to check on the baby, Wara would not show Soni to others and kept her behind closed doors. Luckily, a chief was eventually called to her home and he ordered Wara to take Soni to the health clinic.

"Now I'm happy that I came to the health post, because my baby had a health check," Wara says.

"They prescribed my baby supplementary feeding free of charge because she hasn't had enough food. They told me to come back for frequent checks and I agreed because I can see that it will help my baby grow."

With just a little bit of guidance and help, Soni's life was saved. Many other babies in Sierra Leone, however, are not so lucky.

Wara now says she wants to improve her situation by learning about catering and opening a small food shop to earn money for herself and her family.

She also has hopes for Soni.

"My hope is that my baby will get help here so that she'll grow up to be somebody in the community," she says.

Soni is two months old, weighs two kilos and is severely malnourished. Her mother, Wara, 22, was convinced to take her baby to a health clinic by a local health worker.

PHOTO CREDITS: LOUISE DYRING NIELSON



# JOURNEY OF HOPE



FOR MANY CHILDREN, THE CHRISTCHURCH EARTHQUAKE LITERALLY BROKE THE FOUNDATIONS OF THEIR EVERYDAY WORLD.

The 6.3 magnitude earthquake caused widespread damage across the Canterbury region, killing 182 people and destroying thousands of buildings and homes.

Schools were damaged, homes smashed and some familiar faces disappeared – many having left for safer areas with friends and relatives.

As the country has slowly come to grips with the extent of the catastrophe, the ongoing tremors that followed the quake have amplified many children's feelings of helplessness and fear.

Save the Children New Zealand has responded to children's needs in the Christchurch region by partnering with local organisations to deliver the *Journey of Hope* programmes.

These programmes were initially developed by Save the Children in the United States to help children and their families as they rebuilt their lives following Hurricane Katrina in 2005.

Project Manager of the *Journey of Hope* programmes, SCNZ Vice President Leah Carr, says that the local community, with the support of international colleagues, worked hard to make the programme a success.

"Every day I heard stories of fear and uncertainty, particularly around children feeling safe and attempting to find some normality in what is not a normal situation," says Leah.

Children from Christchurch participating in the *Journey of Hope* programme.

PHOTO CREDITS:  
JOSEPH JOHNSON



"We have learnt a lot with this project in terms of working in a developed country and the requirements and difficulties of doing this – it's a totally different situation than our normal immediate response projects and has shown a really exciting opportunity for Save the Children to work in this area in the future," Leah says.

Project Administrator Natasha Ellerm said the programmes are a fun way for children to deal with their issues, and a novel approach to dealing with the stresses caused by the earthquake.



"The programme is a lot of fun for children, and they also play some fun games which all relate to helping them understand and work through their feelings," Natasha says.

American specialists Kathleen Whalen and Tara Powell also travelled to Christchurch to help out with the programmes. The similarities between the American and New Zealand experience were startling.

"It was eye-opening for me because of the parallel experiences between those who endured the earthquake in Christchurch, and those who were impacted by Hurricane Katrina in New Orleans," Tara says.

"For example, many [people] expressed similar emotions as New Orleans residents post-Katrina, including levels of survivor guilt for not being severely impacted by the quake, or grief for losing a loved one in the disaster."

The children's *Journey of Hope* programme consists of eight sessions and teaches psycho-educational skills that are vital in building resilience. The adults' curriculum focuses on coping with stress and building support in order to better interact with the children.

The programmes mark a new chapter in Save the Children New Zealand's operational role domestically and we would like to thank all our friends and supporters who helped make the programmes possible.

*If you would like to enrol in a Journey of Hope Programme, please call 0800 167 168.*

Left: Children participating in the *Journey of Hope* programmes in Christchurch



## Word on the Street

IF YOU COULD GO BACK IN TIME AND GIVE YOURSELF ONE PIECE OF ADVICE WHEN YOU WERE A CHILD, WHAT WOULD THAT BE?



**Tina Schmid,  
32, Germany**

"I would tell myself to be more curious and brave and not afraid to travel the world."

**Jonny Hillson,  
30, Wellington**

"I would tell myself not to waste time, and be more motivated."



**Elena Sondari,  
21, Indonesia**

"I would tell myself to respect my parents and stay loyal to my family."



**Stan Chee,  
67, Kapiti Coast**

"I would tell myself to stay at school because I dropped out when I was young."



**Rozina Yusuf,  
36, Wellington**

"I would tell myself to always be motivated and go for it. Just do it."



**Lyndon Buckingham,  
49, Wellington**

"I would listen more carefully."



**Graeme Crawley,  
55, Wellington**

"I would tell myself to spend more time in school."



**Portia-Rose,  
59, Kapiti Coast**

"I would tell myself to go for it with your heart's desire and don't let anyone stand in your way."



## Children's Emergency Fund

In business, time is money.  
In emergencies, time is life.

It is estimated that about 60 million children are caught in emergencies every year. When emergencies strike, aid and development agencies fight the clock to save lives.

People, and particularly children, in emergency conditions depend on the speed at which governments and NGOs can respond. The faster the response, the better off people are.

Traditionally when emergencies struck, Save the Children would launch an appeal to raise money in response.

The turn-around time between fundraising, evaluating what needed to happen, sourcing goods needed in an emergency and transporting it

to regions that were often difficult to access, could make for financial constraints and difficult logistics. Raising money and delivering aid could take weeks and lives may have been lost while the funds came in.

This is why, last year, Save the Children New Zealand launched its Children's Emergency Fund (CEF).

By collecting money before emergencies strike we are now better positioned to respond when they do happen. Whether we need to provide shelter, food, water or expert support, one of the best ways for people to help Save the Children is through CEF.

*You can support the Children's Emergency Fund by visiting our website at [www.savethechildren.org.nz](http://www.savethechildren.org.nz)*

## Child Friendly Spaces

### WHAT DO YOU NEED TO DO AFTER AN EMERGENCY HITS?

Sourcing and delivering things like water, food, shelter and medical equipment come immediately to mind. What might not be so obvious, however, are things like soccer balls, crayons and chalk.

When homes have been destroyed, families separated and familiar places left behind or no longer recognisable, making a space for children to be children is important.

Emergency evacuation shelters can be unfamiliar and unsettling places for children. Also, parents or caregivers often have to stand in lengthy lines to apply for emergency assistance, or spend considerable time sourcing necessary items for their families. Ensuring children have access to learning materials, toys, and safe places to play can help make the experience a little bit easier.

Whether it's after a natural disaster or in the middle of a refugee camp, when emergencies strike, Save the Children makes assessments and, when needed, establishes Child-Friendly Spaces.

The key principles and approaches related to Save the Children's Child Friendly Spaces come from the United Nations Convention on the Rights of the Child (UNCRC).

Child Friendly Spaces are designed to keep children safe from harm, and allow them to play, socialise and begin to recover from the catastrophic upheavals that they may be experiencing in their lives.

Experience from the field suggests that children are able to cope better psychologically in and after an emergency if structure and routine can be created.

Child-Friendly Spaces help to provide children with a sense of normality despite ongoing disruption and changes around them. Recently we created Child Friendly Spaces after the earthquake and tsunami in Japan, the floods in Pakistan, the earthquake in Haiti, and the conflict in Kyrgyzstan.

Child Friendly Spaces work because they help keep children safe, can be used as a place to relay important information in regards to health and safety, and minimize the stresses experienced by children in emergencies.

Through Child-Friendly Spaces children can play and bounce back. Often, it's the simplest of measures that are the most effective.

Children play at a child-friendly space in Pinchinat camp, Jacmel, Haiti. PHOTO CREDIT: SUSAN WARNER



# TIMELINE PHOTO ESSAY ● ON JAPAN



**1 MARCH 2011** DEVASTATION ON AN UNIMAGINABLE SCALE HITS NORTH EASTERN JAPAN AFTER THE FIFTH-STRONGEST EARTHQUAKE EVER RECORDED CREATES A TSUNAMI THAT SWEEPS OVER LARGE SECTIONS OF THE COUNTRY.

Whole coastal villages lie in ruins and many thousands of people are reported missing or killed. Over half a million people are displaced. Over 100,000 children are affected by the disaster. Save the Children Japan appeals for assistance from their global partners to help support the urgent work required to save children's lives.



The crisis is compounded by damage to nuclear power plants. This leads to large-scale evacuations and the declaration of a state of atomic power emergency by the Government of Japan.



Save the Children opens Child Friendly Spaces in evacuation centres in the worst-hit areas, providing a place where children can play, socialise, and begin to recover. Worldwide, Save the Children raises USD \$20 million and develops a three-year plan to best address the short and long-term needs of children.

# SAFER SCHOOLS IN AFGHANISTAN

ONLY A FEW YEARS AGO LIMA THOUGHT SCHOOL FELT LIKE A PRISON. HER TEACHERS BEAT HER REGULARLY AND WOULD OFTEN RIDICULE HER IN FRONT OF HER CLASSMATES. SHE SAYS A COMMON PUNISHMENT USED BY SOME SCHOOL STAFF WAS TO SEND STUDENTS OUTDOORS AND FORCE THEM TO STAND IN THE HOT SUN.



What is worse is that parents of these children often believed that schools were doing the right thing by delivering these punishments.

"I have bad memories of some of my teachers. They called me bad names and even paved the way for my classmates to make fun of me – this was happening to everyone in the class," Lima says. "Punishment at school was part of my – and every other student's – daily life."

Lima's story is not unusual. Beatings and humiliation are a daily reality for many Afghan children because the country's laws still allow teachers to physically punish children.

But Lima says her school is different now and that this abuse no longer happens. This is because Lima's school, located in Mazar City, is instituting Save the Children's Violence Free Schools (VFS) programme. Hers is one of 30 schools involved.

The programme works to improve child protection systems and address physical and mental punishment in schools. It also aims to stop sexual abuse and gender discrimination in schools. This is partly done by developing a Child Protection Committee made up of groups of students, teachers, parents and others in the wider community.

Girls in a school for street working children in Jalalabad, Eastern Afghanistan.

PHOTO CREDIT: MATTS LINGELL

***“I hope this project and the good things that have happened in my school will be extended to other government schools in Nangarhar province, because [elsewhere] students are still beaten by teachers and students are not aware of their rights.”***



Top: Soraya, 14, is in grade 10 at a school where Save the Children supports a Violence Free School project. Above : Left, Basira, 15, and right Lima, 12, working towards a safer school.

PHOTO CREDITS: MATTS LIGNELL

As a member of her school's student council, Lima is now in a position to speak out against violence at school and feels empowered to change the way teachers work. She regularly attends meetings, collects classmates' suggestions on problems and then shares them with other members of the council.

“A good result of the project is that now students know that they have rights and no one can ignore us,” she says.

“I hope this project and the good things that have happened in my school will be extended to other government schools in Nangarhar province, because [elsewhere] students are still beaten by teachers and students are not aware of their rights.”

Her friend Basira, who is also part of the school's student council, is “happy and proud” to have learned about her rights. “I have always been told by my parents and teachers about my responsibilities, but never anything about my rights, even about the rights that my religion Islam gives me,” Basira says.

“It is my right to make decisions about my future, it is my right to stand up against anyone who neglects me or is violent towards me.”

Save the Children's VFS programme reaches 60,000 children and involves 20 separate parent, teacher and student associations, 43 school-based student committees and 20 school-based Child Protection Committees.

## HEALTH IN THE HIGHLANDS

### IMAGINE YOU ARE PREGNANT – OR SOMEONE YOU KNOW IS.

NOW IMAGINE YOU LIVE IN A SMALL, REMOTE VILLAGE WHERE THERE IS NO PERMANENT PUBLIC HEALTH SYSTEM. ROUGH ROADS AND WALKING TRACKS MEAN IT CAN BE HARD TO ACCESS HEALTH SERVICES. PLUS, FUEL IS EXPENSIVE SO TRANSPORTATION IS OUT OF REACH FOR MANY AND IT'S A LONG WALK ON FOOT OR LONG PADDLE BY DUGOUT CANOE.



It's a place where malaria is prevalent and pneumonia and other infections are common among the children who live there. In fact, the health status of the area is awful. There are high rates of infant and maternal mortality, low percentages of supervised births and a general lack of ante-natal care and post-natal follow-up. It's a place where you need to be able to depend on are those around you.

### LOOK AROUND YOU.... WHO DO YOU SEE?

Now imagine that there is a network of over 400 Village Health Volunteers (VHV) who have been specifically trained to help pregnant women. They live in the community so people come to trust and depend on them.

As well as helping mothers and their babies, VHVs promote awareness of community health issues, and dispense critical medicines and other supplies such as bed-nets to avoid malaria. They also serve as links between villagers and the nearest health sub-centres.

### FEEL ANY BETTER?

This is what the East Sepik Women and Children's Health Project (ESWCHP) in rural Papua New Guinea does. It makes life easier by providing these basic health services and supplies – so that communities can become healthier and safer:



Above: Sebylion Ronald, at 8 months, and mother Ritha from Apusit village.

***“Save the Children’s contribution has made a big difference. We have buildings and an ambulance. That’s a lot. Before there was no separate maternity ward. We used part of the general building,” Rennie says.***



Above top: Village Health volunteers making a difference. Above: Rubena Ramos and Decylin, 14, queue up for weighing.

PHOTO CREDITS ALL: TOM GREENWOOD

With funding from the New Zealand Government, Save the Children New Zealand is supporting the ESWCHP. Amongst other activities, the funding is used to train and equip VHV's that serve remote communities of this province in Papua New Guinea. Life is slowly improving thanks to the compassion and commitment of VHV's who often go to great lengths to serve their communities.

The project also works with the Papua New Guinean Ministry of Health to increase their involvement, ensure the sustainability of the project, and to fund the construction of local health clinics. Since its inception, the programme has also grown to include an HIV/AIDS prevention and Youth Outreach Programme.

Rennie Luvakesa, a sister in charge of the Kunjingini health sub-centre in the Woseragawi district of Papua New Guinea, says the health services they can provide are growing.

“Save the Children’s contribution has made a big difference. We have buildings and an ambulance. That’s a lot. Before there was no separate maternity ward. We used part of the general building,” Rennie says. Despite the advances made, however there is still much to do.

“We don’t have enough beds. Sometimes we have to turn mothers away. So we would like to have an extension of the maternity ward, maybe including a gynaecology clinic. The *haus karim* (delivery room) offers a clean, safe environment for delivery,” Rennie says.

Rennie is grateful for all the help she receives, but thinks there are many problems that still need to be overcome.

She explains that women living in remote communities generally have to walk a long way to health centres because the infrastructure is poor. Also, in some communities, local culture, as well as remoteness, leads people to give birth at home. Trained village birth attendants can make home-deliveries safer.

Thanks to the ESWCHP, over 40,000 patients receive treatment in East Sepik each year.

**“I can save up to 90% on money transfer fees and support Save the Children at the same time.”**



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Collection fee (GBP)	£0.00	£0.00	£20
Amount received (GBP)	<b>£148.38</b>	<b>£142.38</b>	<b>£127.72</b>
Total fees (NZD)	\$4.99	\$30	\$65.62
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Data was accurate as at 1st June 2011 at 7am, as advertised on each company's public website. Charges and exchange rates are subject to change.

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A young girl with dark hair, wearing a red dress with floral patterns and a necklace, is blowing bubbles. She is holding a green bubble wand in her right hand and a green bottle of bubble solution in her left hand. Several bubbles are visible in the air around her. The background is a blurred outdoor setting.

COVER IMAGE: Children play  
with bubbles in Babuganj,  
Barisal district, Bangladesh.

PHOTO CREDIT: SHAFIQU ALAM KIRON.

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