



**HEALTH**

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Despite many advances in global healthcare, women and children in low-income countries continue to die in high numbers during childbirth, and children from preventable diseases like respiratory infections, malaria and diarrheal disease. GOAL's public health focus therefore continues to be on the reduction of maternal and child mortality in vulnerable communities through innovative health, water, sanitation and hygiene (WASH) and nutrition programmes. In 2013, the health sector portfolio expanded with new approaches introduced, new donor partnerships formed, and the recruitment of a new development Health Advisor based out of East Africa. We also continued the expansion of our urban health programmes and our health system strengthening for fragile countries - especially those affected by natural or man-made disasters.

GOAL's health programmes work closely with communities, civil society and government structures to address local and national gaps in healthcare provision. Stakeholders work together to design, implement and monitor programmes that strengthen the health system and have people at the centre of their own development.

Youth engagement, especially working with adolescent parents in urban areas, was further developed during the year. While pregnancy-related complications are the leading cause of death among adolescent girls in the developing world, working with young people to be the drivers of their own development leads to improved health-seeking practices, including family planning and proper nutrition for their children.

We also made significant advances in the nutrition sector over the past 12 months, with our Nutrition Impact and Positive Practice (NIPP) circles helping to prevent and manage moderate malnutrition across several of our country programmes.

Meanwhile, as well as delivering on annual Water, Sanitation and Hygiene (WASH) targets, GOAL has also made progress in key areas of WASH programme development such as sanitation marketing, faecal sludge management, the use of behaviour change frameworks for hygiene promotion, and increasing the sustainability of rural water supply operation and maintenance systems. In addition to working with communities and local/national governments, we are also working more closely with private enterprises to identify how they are able to deliver affordable WASH services.

## Health Behaviour Change

GOAL has adopted the behaviour change approach to health promotion and disease prevention, whereby communities are empowered to identify their barriers and challenges to uptake healthy practices and develop their own sustainable solutions. We are using a number of approaches across various countries, including Care Groups, NIPP circles and Mother-to-Mother groups. All of these approaches work to improve the health status of families through discussion, problem solving and with full consideration of the differing roles of men, women, children and key opinion leaders to achieve community transformation.



*“The situation now is much better than it was before. People know what the symptoms of cholera are and what they need to do if they see the signs. People also understand what causes the disease and are able to protect themselves and their families.”*

Mother of four, Yvanne Jean Louis, who benefitted from GOAL’s cholera response activities in Haiti.



### **Health system strengthening and support**

In **Ethiopia**, we trained 24 traditional birth attendants in pregnancy mapping, counselling and referral, and institutional delivery and postnatal care services. We also trained government and frontline staff on various issues, such as unwanted pregnancies; HIV and AIDS; the basic prevention and management of outbreaks of diseases like malaria, acute watery diarrhoea and measles; and on long-term family planning methods.

In **South Sudan**, we implemented a comprehensive and integrated primary healthcare programme through a network of 34 healthcare facilities (an increase of 10 from the previous year). GOAL improved access to high quality healthcare in our areas of operations by delivering programmes on the control of communicable diseases; community health prevention and control; curative care; community-based nutrition interventions; reproductive healthcare; WASH and therapeutic interventions; while also expanding our immunisation (EPI) programmes.

In **Kenya**, we supported the Ministry of Health (MoH) to establish two community health units and supported 100 community health workers to make regular household visits and raise awareness on key health issues, particularly maternal and child health and proper hygiene practices. Throughout our health outreach programme, we supported the MoH to reach 38,789 of the most vulnerable men, women and girls with counselling, HIV testing, cervical cancer screening and family planning advice.



*“Now we can wash our hands after visiting the toilet and protect ourselves from disease. I am also helping to keep my family healthy by sharing what I learned about hygiene and sanitation in school, especially on latrine use and hand-washing.”*

Eight-year-old schoolgirl, Sally Amadu, following the construction by GOAL of new toilets at her school in Sierra Leone’s Kenema District.



## Community Nutrition

Our community health volunteers in **Sierra Leone** screened 124,087 children under five years of age for malnutrition, and referred 1,686 children for nutrition rehabilitation. We also trained 322 'Mother-to-Mother' group volunteers to conduct both individual and group counselling support on infant and young child feeding.



*A member of one of GOAL's Nutrition Impact and Positive Practice circles in Zimbabwe learns how to build and use a fuel-efficient stove*

We worked in 40 villages in **Niger** to improve the nutritional status and resilience to food security shocks. This included the screening of 10,260 children under five; training 520 matrons

and lead mothers to monitor acute malnutrition and providing 806 mothers with unconditional cash transfers to help them negate the negative coping mechanisms during the lean season from June to September. As part of our nutrition circles, 2,400 women received advice on good nutrition, hygiene and sanitation practices.

## Water, Sanitation and Hygiene

Cholera and other waterborne diseases continue to affect those living in poverty in **Haiti**. As part of our cholera response project, we helped construct 151 latrines and repair six water points. This provided almost 10,000 people living in areas with a high risk of potential cholera outbreak with improved access to water sources.



*A new latrine constructed by GOAL at Karare Primary School in Marsabit, Kenya, with the help of funding from Irish Aid*

We reached the 18,757 inhabitants of Koroï town in **Zimbabwe** with mass health and hygiene education campaigns, including the most marginalised groups such as the elderly, those living with disabilities, and orphans.

We helped to install water and sanitation facilities in 25 schools in **India**, and implemented an intensive hygiene promotion programme in 90 schools.

With the help of our partners Sanergy and KWAHO in **Kenya**, we helped improve the supply of, and demand for, sanitation services to almost 97,500 of the most vulnerable populations in the Mukuru informal settlement. We also installed ventilated improved pit (VIP) latrine blocks at nine schools in Nairobi and Marsabit, including hand washing stations, benefitting 5,750 individuals.

In **Malawi**, we introduced a rural WASH project to villages across Nsanje and Chikwawa Districts. Thanks to our work, which included the construction of 32 new boreholes and the rehabilitation of 79 previously non-functional boreholes, the number of people with access to quality water increased from 11,992 (in 2012) to 30,150.

We constructed boreholes in **Sierra Leone**, and attached water storage tanks to taps to ensure water is available even when there is a problem with the mains supply. This work has seen the percentage of households less than 30 minutes' walking distance from the nearest improved water source increase from 20.06 per cent to 76.5 per cent.

### Our health activities in Kenya reached 112,637 people in 2013

*“Before, our water source was very far and people could take a bath only twice or thrice a week. We were sharing the water with our domestic animals. There were many cases of diarrhoea in the community. The current water point is easily accessible and available throughout the year. We look healthy because we now take clean water. As a result, the diarrhoea has reduced in the community and our health has improved.”*

Akor David, a member of Awong village, Agago District, Uganda



One of the 'transfer stations' in Freetown, Sierra Leone that GOAL has been constructing to enable faecal sludge that is collected from pit latrines and septic tanks to be safely disposed

## NIPP Circles - a special report

Every year, one million children die of malnutrition-related causes.

The traditional way to treat and prevent moderate acute malnutrition in developing countries has been the introduction of feeding programmes. However, their effectiveness has been queried repeatedly over the past 25 years, as there has been little or no improvement in the reduction of malnutrition in most sub-Saharan countries since 1990.

Clearly, a new approach was required. It is for this reason that GOAL designed the Nutrition Impact and Positive Practice (NIPP) circles. NIPP circles aim to show communities that solutions to malnutrition already exist within their community; in other words, they don't need to rely solely on hand-outs and aid.

They work by bringing together women to share their own knowledge on nutrition and health, and improve practices using only locally available resources. We have learned over time that the involvement of men is critical in this change of practice so male household members are also brought together to ensure they understand the importance of the project, and support the women to make the necessary changes.

The circles concentrate on three main areas: behaviour-change communication, micro-gardening and cooking demonstrations (using only locally available foods contributed by the participants).

GOAL began piloting the project in South Sudan towards the end of 2011, in Sudan in late 2012, while we launched the project in Zimbabwe last year. The circles have helped us make significant advances in the nutrition sector by preventing and managing moderate malnutrition across several of our country programmes. We are currently seeking funding to introduce the model to other countries, including Niger and Malawi.



*Members of one of GOAL's Nutrition Impact and Positive Practice circles in Zimbabwe learn how to build fuel-efficient stoves for their families*

One of many practical examples of the success of the NIPP circles was little Abuk Dor Mayar Cyier, who was suffering from malnutrition when her mother, Atwong Achok Kiir, joined her local circle in South Sudan. Amongst the many new skills that Atwong learned was micro-gardening. She relocated her garden closer to a water source, enlarged the area that she was planting, and was subsequently able to provide a wider range of nutritious food for her family. Using locally-available materials, Atwong also built a household toilet and installed a hand-washing point at her home.

Just two months after her mother joined the GOAL NIPP circle, Abuk had become a big and healthy baby.