



## CAPABILITY STATEMENT

# HEALTH & NUTRITION



### HEALTH AND NUTRITION SNAPSHOT

In 2023, World Renew reached **137,000 HOUSEHOLDS**, and worked with more than **12,000 COMMUNITY HEALTH VOLUNTEERS**.

From FY 19-23, **1,738 HEALTH GROUPS** were formed in MNCH programs.

In the past decade, **1,700,000 CHILDREN** benefited from health interventions and **150,000 WOMEN** were trained to prevent child stunting in the first 1,000 days.

### Who is World Renew?

World Renew is a faith-based international development and humanitarian organization, working since 1962 to address the root causes and impacts of poverty, disaster, and injustice. With a USD \$45.6 million budget in 2023, we work with 67 local partners and have a long-term presence in 19 countries in Africa, Asia, and the Americas, bringing permanent, sustainable change to vulnerable communities and working towards the Sustainable Development Goals. We provide consultation, technical assistance, and funding to strengthen the capacity of our partners as they implement programs that integrate food security, health, economic opportunities, peacebuilding and justice, disaster response and preparedness, and gender equality. As an industry leader in local ownership of programs, we use Participatory Learning and Action methodologies so communities can identify challenges, evaluate their assets, and generate their own solutions.

### Our Health & Nutrition Work

World Renew has worked in partnership with local organizations and communities in health for over 40 years, focusing on Maternal, Newborn and Child Health (MNCH), including reduced child stunting by promoting health during the first 1,000 days of life (pregnancy until age 2). This includes preventing infectious diseases like malaria, HIV/AIDS, empowering widows, orphans and vulnerable children, improving water, sanitation and hygiene (WASH) and sexual and reproductive health and rights (SRHR). In the past five years, World Renew has delivered over 120 health programs worldwide linking food security and livelihoods initiatives to health outcomes. We have extensive experience building partner capacity in promoting care seeking behaviour, nutrition-sensitive agriculture, designing for Social Behaviour Change Communication (SBCC), training Community Health Volunteers (CHVs), and improving linkages with clinics.

### Key Programming Approaches

- **Timed and Targeted Counseling (TTC):** CHVs deliver TTC to families regarding the first 1000 days of life, sharing best practices for stages of life, assessing the family's application of the practice and tailored solutions. TTC teaches the importance of antenatal/postnatal care (ANC/PNC) and warning signs identification.
- **Community Groups:** Health groups are formed and trained for targeted interventions, such as for pregnant or lactating women in MNCH programs or adolescents in SRHR programs, or existing savings groups are used as a platform for health interventions. These groups use a Peer Education model for collaborative learning and knowledge sharing.

- **Community Health Volunteers:** CHVs are trained in health themes and act as liaisons delivering community trainings, TTC, and offer referrals for complications. CHVs ensure community ownership and continuation of health initiatives beyond projects.
- **Social Behavior Change Communication (SBCC):** Programs are designed with simple health messages, identifying social norms and the positive or negative consequences of behaviours to address barriers to behavioral change. SBCC addresses the key determinants that affect health behaviours in MNCH, WASH and HIV/AIDS.

## Our Health & Nutrition Expertise

World Renew has technical expertise in community organization, training CHVs, participatory methodologies, SBCC, barrier analysis, and collaborating with government health institutes, clinics and health care providers. World Renew implemented 3 USAID-funded child survival grants (2004-2015) in Bangladesh and India, and a USAID-funded malaria reduction program in Malawi (2007-2012). Global Affairs Canada (GAC) funded MNCH grants (2011-2015) in Bangladesh and Malawi, an adolescent SRHR grant in Nigeria and Senegal (2013-2017), and a health and nutrition grant in Kenya with support from the Canadian Foodgrains Bank (CFGB) and the University of Manitoba. Currently, World Renew is implementing a 6-year nutrition program in Bangladesh funded by GAC through CFGB. Since 2015, World Renew has been implementing a 10-year USD\$1.5 million MNCH grant funded by a private donor in 8 countries, which pilots new initiatives and builds the capacity of local partners to access additional funding and grow in scale. World Renew conducted research on social capital with the International Center for Diarrheal Diseases in Bangladesh and has presented abstracts at Global Health Conferences (2013, 2014), Christian Connections for International Health (2017, 2020) and at the American Public Health Conference (2015). World Renew's work with USAID's Malaria Communities program was featured in two publications from USAID's MNCH initiative. Additionally, World Renew's People's Institution Model was chosen as one of five promising practices in health in Bangladesh, published by the John Hopkins University's Bloomberg School of Public Health, Save the Children, and USAID.

## Evidence of Impact

From 2021-2022, World Renew and local partner Faith in Action implemented USAID Momentum-funded adolescent health and rights and gender programming in Bangladesh with Very Young Adolescents (VYAs) (ages 10-14) to prevent child, early and forced marriage (CEFM), early pregnancy, and improve nutrition of girls and gender equality. This used Choices, Voices, Promises approach, a gender-transformative methodology that promotes positive social norms and behaviour change by working at three levels - VYAs, parents, local community and faith leaders, using peer educators as mentors for VYAs. Health facility workers met with VYAs to answer their health questions and share about available services. After this project, VYAs increased their knowledge of their health, especially puberty, families improved gender-equitable behaviour in household chores and girls' education, and government and religious leaders increased their sense of responsibility for gender equality. USAID published a research brief on [Lessons from Partnering with Faith-Based Organizations in VYA Programming](#) showcasing the successes of this approach. This gender lens complements our existing health programming reaching 650 adolescent groups with 1300 adolescents, to address CEFM, eve teasing and SRHR.

## Best Practices and Innovations

- **People's Institutions (PIs)** are a community organizing structure, which promote high local participation, ownership and capacity. PIs access and connect with existing structures (health/government clinics, schools, government agencies) and advocate for good health, oversee CHVs, and liaise with government on local health campaigns such as immunization, ANC/PNC visits and breastfeeding.
- **Holistic, integrated health programs** combine components of agriculture, livelihoods, justice, spiritual transformation and community development, such as teaching about nutrition while promoting gardening and growing diversified nutrient-dense crops.
- **Adolescent Health and Rights** Groups provide adolescents, particularly girls, a fun interactive platform to learn about their health in a safe environment and discuss subjects often taboo like SRHR. Parents, community and religious leaders are sensitized to understand and support adolescent rights. This gives girls the courage to reject CEFM and unwanted sex, and understand sexually transmitted infections, menstruation, and reproduction.

