



3rd Saúde Criança Report to ARCH Foundation

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This document is the third bi-annual report by Saúde Criança Florianópolis to the ARCH Foundation, as required by the 3-year funding contract. It covers the period **1st January to 30st June 2010**. We gratefully acknowledge the receipt of R\$175.794,29, which covers the 2010 period. This amount is less than required to meet 65% of our 2010 budget, due to exchange rate changes. We are currently using 72% of our budget and may not need the full amount of funds originally requested however. If this situation changes by the year end, we will request necessary funds with the 2011 grant.

We do request that the £50,000 donated to Saúde Criança to acquire a permanent headquarters be transferred at an opportune moment to Saúde Criança in Brazil, as we are eager to start actively fundraising for the Brazilian 50% of funding. We also believe that the bank interest rates in Brazil (@3,8 – 4% per annum) are more favourable than the UK and the fund can be better invested in the bank here.

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A. Overall performance

Saúde Criança has gone through a lot of change in this first half of its second year of operations. During this period, the co-founder Bébhinn Ramsay has changed her role, from one of executive to non-executive leadership, as outlined in the three year plan. At the same time, the organization has seen a change in all staff members except one. One of the core reasons for these changes is that the staff were all young and were attracted by new academic and career opportunities. The youth and energy of the team was important in the start up phase. Some degree of staff turnover is characteristic of an NGO organization, where salary levels are not high and where the work with the families is very demanding. By June 2010, we have come to the end of this period of transition and have attracted excellent staff who appear to have the will and skill to maintain and develop the organization over the longer-term.

Despite these changes, the first six months of 2010 have seen considerable achievements for the organization. The number of families supported grew from 10 at the end of December 2009 to 23 by the end of June 2010, well on-target to reaching 30 families by the end of the year. This is largely due to setting up a partnership with the local health centre, which has in turn resulted in a change of the type of families served by the organization. The majority of the families referred by the health centre have one or more child in extremely vulnerable social conditions, such as poor housing, poor nutrition, low income, which results in some ongoing health problems such as bronchitis, allergies and infections in the children. Unlike the families referred by the hospital however, these families do not have a child with chronic illness. Also, due to this new partnership, there has been a high turnover of families, with 9 families having now left the programme in 2010. This is a fall-out rate of 27%, higher than the 20% that we had estimated and that is witnessed in Rio de Janeiro. We are aware that we need to spend



more time with local health workers, explaining the profile of the families that we support and the long-term and dual responsibility nature of the programme.

The families come to Saúde Criança on three days of the week. On Mondays and Thursdays, they come for the craft workshops and on Tuesdays for the monthly meeting for multidimensional support and to track progress of the family plan. On these days, the headquarters is often full to bursting with families and children and demonstrates the need for a larger headquarters, ideally with outdoor space for the children to play.

The two strongest pillars of the organization are the professionalization programme, where mothers make and sell handicraft, and the citizenship area, where families receive monthly benefits and support to access government benefits. We have increased and improved the flow of information on the organization's inputs such as donations, volunteer hours, in-kind funding etc. and also outputs such as # of families supported, # of food-baskets and other items donated, # of families involved in each project etc. Our financial system is also running efficiently. However, one area where the organization needs to invest more time and effort is programme evaluation to systematically assess the changes that the programme is having on the lives of the family and children. This has proved difficult because of the early stage of the organization and the turnover of families, staff and programme fidelity.

Our target of having a project implemented with local government by the end of 2010 seems increasingly unlikely. We have had initial conversations and have organized a workshop for August with key representatives but the pace and unpredictability of local government, especially in an election year as this is, make it unlikely that we will see a project using the Family Action Plan methodology implemented this year. We will continue our efforts and hope to see a project implemented in 2011.

In June 2010, at our AGM, the members unanimously voted that the organisation become a social franchise of the national organization Saúde Criança, led by Dr. Vera Cordeiro. Thereby, the organization name changes to Saúde Criança Florianópolis and loses the 'Recontar' part of its earlier name. This has not caused any great difficulties, as the organization (and name) was so young. In June, Dr. Vera made her first visit to Florianópolis, participating in nine media appearances on television, radio and internet, holding high-level meetings with local government and galvanizing 190 people to the organization's first annual charity pasta-party. Florianópolis is the first social franchisee, outside of the original organization in Rio de Janeiro. Joining the franchise offers greater sustainability and impact for the organization in Florianópolis. Dr. Vera commented several times on the importance of Saúde Criança in Florianópolis in actively supporting the official creation of one national organization.

Financially, 72% of the planned budget for this period was used, with lower expenditure for expenses for families and for administrative costs. The lag on considerable planned expenditures on housing is relevant here, though we will incur the cost of buying a home for a family in August 2010. In a planning meeting in early 2010, the board and staff decided that the housing project would only be offered to families who have spent a year in the programme and as a result of ongoing participation and a demonstration of the family's commitment to improve their own situation. Considering additional funds raised in 2009 and fundraising for the period up until the end of June, the team has raised 53% of the required 2010 Brazilian matched funding. We have also received confirmation that we have been awarded a grant from HSBC, which is worth R\$29,750 in 2010. With this amount, we have already reached 92% of total matched funding required by ARCH for 2010.

B. Detailed progress against project and organisational targets

Fundraising and Local Community Development – Jan to June 2010

Fundraising summary til end June 2010:

Total matched resources to be raised in 2010: R\$130.950

Additional funds 2009: R\$ 52.979,94

Period to June: R\$ 23.250,26 in cash (net of fundraising costs) + R\$ 18.404,35 in-kind = R\$ 41.654,61

The total, R\$ 71.405 represents 53% of the matched total to be raised in 2010.

In July a project sent to HSBC Solidarity Institute was approved, R\$ 29.750 of which is to meet Saúde Criança Florianópolis budget in 2010.

With this, we have in total: , 92% of the matched cost required by ARCH for 2010.

Activities programmed for Jul – Dec 2010:

- Individual Sponsors;
- National Funding applications;
- Company Sponsors:
- A wine and art event
- Selling products by mothers to companies.


Community Development


- 748 names on monthly newsletter database in June (973 in July).
- 17 active volunteers – 250 volunteer hours in June
- 1 event organized in June:
 - Pasta Party R\$ 3.879,70 (190 attendees)
- 3 successful proposals from organizations
 - ICOM – R\$4000
 - Rotary – R\$1200
 - HSBC – R\$59.500 (ranked 4th out of 357 projects nationally. Proposal approved and R\$ to enter between August and December 2010. 50% for 2010 and 50% for 2011)
- Awareness: (Target – 10 appearances)
 - TV Justiça recorded a short film of the organization
 - 9 appearances in media with Dr. Vera Cordeiro.(Record News, TV Com, Newspapers and blogs)
 - 2 radio appearances by Administrative Director
 - 2 further references in the media during the period
 - Stand at UNIMED event (largest national private health insurance company)
 - Stand at Casan on 2 different days (state water company)
 - Stand and Lecture by Dr. Vera Cordeiro at Children´s Hospital.
- By June 2010, 17 ongoing godparents of families recruited, 9 paying R\$100 per month, 6 paying 50 and 2 paying 25.

Saúde Criança Project Targets – Jan to June 2010


<p>Overall Overall on-target/above target for project targets except for public policy project.</p> <p>Immediate challenges: project evaluation, establishing partnership with local government, helping mothers to set up their own micro-businesses,</p>	<p>4. Family interim and final impact Evaluation system is a challenge and being reviewed. Change of family profile, staff changes and lack of programme fidelity make it difficult at this stage. Specific impact information available after 12 months in programme and only 3 families are in the program for longer than 12 months. Hope and food security scales not proving useful. Need to redesign evaluation plan. Monthly cost per family (June) = Direct costs: R\$584,21 Indirect costs: R\$971,67 (target R\$815)</p>
<p>1. Organisation On target. Finishing process of hand-over to two co-directors. Need more space, especially for children. Initiating fund to acquire long-term headquarters. Constant challenge of engaging and maintaining volunteers.</p>	<p>5. Policy progress</p> <ul style="list-style-type: none"> ▪ Unlikely to have project implemented with local government in 2010. ▪ Held meetings with the municipal secretariat for social welfare and health in the city; ▪ Seminar organized for 16 August with 10 representatives from local government with Martha Scodro, Saúde Criança policy coordinator from Rio de Janeiro to identify individuals/groups in local government that are interested in replicating the methodology.
<p>2. Finances <i>Budget: Spent R\$109.694,35 of R\$151.864 planned for the period (representing 72% for the period, and 29% of the annual budget)</i></p> <p><i>Brazilian fundraising: on target - see above</i></p>	<p>6. South Brazil expansion progress</p> <ul style="list-style-type: none"> ▪ Saúde Criança Florianópolis became a social franchisee in June 2010 and was designated replication centre for the South. ▪ Representative of Lages, the city with one of the lowest Human Development Indices in the state is due to participate in the workshop in August.
<p>3. Family selection and Hospital operations progress</p> <ul style="list-style-type: none"> ▪ 23 Active families by end June (2010 target 30) ▪ 17 families participated in monthly session in June. ▪ 9 families left programme (27% vs 20% fall-out estimate) 	<p>7. Overall impact Evaluation baseline undertaken in this period. Impact information only available for 3 families and scales used are providing counter-intuitive information. Visible impact in lives of families, with some improvements in child health, increases in income, improved nutrition, increased well-being and access to benefits and services.</p>


C. Brief overview of 23 current families

<p>Family 1</p> <p>Entrance: March 2009</p> <p>Sent by: Child Hospital</p>		<p>When joined SCR, the family was living in a basement rented from a relative, in extremely precarious situation, with only one room and bathroom outside. Today, the family lives in another house, with 3 rooms and a backyard for the children to play. 3 members of the family are HIV positive, and the children are under treatment in the Child Hospital, and the mother is in regular treatment as well. The mother frequently comes to the handcraft classes and receives a good income from it. She has received donations of transport costs, furniture, clothes, food, medicines, sewing machine, blankets, children's school equipment. She also participated in a healthy soups workshop and received a blender. The organization is providing legal support and dental treatment.</p>
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<p>Family 2</p> <p>Entrance: April 2009</p> <p>Sent by: Child Hospital</p>	<p>When the family joined the organization, they lived in a highly precarious house in a risk area, surrounded by drugdealers and in risk of landsliding. Two of the daughters, as well as the parents, are HIV positive. All of them are under medical treatment. Saúde Criança Florianópolis has just bought a new house for the family, with good structure, in the value of R\$18,000. The daughters are frequenting school and the mother is back to the handcraft project.</p>	
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<p>Family 3</p> <p>Entrance: February 2010</p> <p>Sent by: Child Hospital</p>		<p>The family is composed of 3 members, in which the mom and the oldest daughter are HIV positive, and the youngest one has a serious kidney disease. Recently, the mother bought a sewing machine and intends to dedicate more to the handcraft project. The daughters are at school, the oldest daughter hasn't been hospitalised in the last 3 months, and the mother is active in the handcraft project.</p>
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<p>Family 4</p> <p>Entrance: April 2009</p> <p>Sent by: Child Hospital</p>	<p>3 members of the family are HIV positive (father, mother and youngest son). When they joined the program, the son was frequently interned in the hospital, the mother was illiterate and the father appeared to be an alcoholic. Their house didn't have a bathroom (they had to share one with neighbors) and the house was still to be finished. Nowadays the son is in better health, the father is very supportive and has not been drinking, the mother returned to school and the organization provided materials for them to build a bathroom and finish the house. The family participated in the home economics seminar, handcraft project and a seminar on food hygiene.</p>	
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<p>Family 5</p> <p>Entrance: August 2009</p> <p>Sent by: Child Hospital</p>		<p>The family is composed of 4 members, 3 sons and their mother. The youngest son has celiac disease and needs a special diet without gluten. The nutritionists of Saúde Criança Florianópolis prepared all the food for João Victor's birthday party. The mother has schizophrenia and takes psychiatric medicines. The two teenagers have behavior problems, literacy problems and one of them has lost sight of the left eye. The family doesn't have income. Even with difficulties, the mother actively participates in the handcraft project, they receive food basket and transport, as all the other families. They are receiving legal support, and the mother participated in the home economics and food hygiene seminars.</p>
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<p>Family 6</p> <p>Photo not available</p> <p>Entrance: August 2009</p> <p>Sent by: Child Hospital</p>	<p>The youngest son has down syndrome and needs an oxygen apparatus to breathing. At the moment the mother is facing difficulties in coming to Saúde Criança Florianópolis, because she has just given birth. The organization supported the family with all the regular benefits, as food basket, hygiene products, psychological support etc.</p>
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<p>Family 7</p> <p>Entrance: October 2009</p> <p>Sent by: Child Hospital</p>	<p>The child has serious congenital heart disease, has gone into several surgery and faces limitations, and because of this the family is receiving governmental benefit for the child. Today, the child is in better health conditions, frequenting a daycare center. The mother is actively involved in the handicraft project and is taking computer classes. The mother and the father are very supportive and proactive in improving their living conditions. They have received donations of food, furniture, blankets, clothes and hygiene products.</p>	
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<p>Family 8</p> <p>Entrance: October 2009</p> <p>Sent by: Child Hospital</p>		<p>The family is composed of 5 members and when they joined the program they faced financial difficulties. Their youngest daughter suffers of mulomeningocele and hydrocephalus and she needed a wheelchair and orthopedic apparatus. The mother got a scholarship for a nursery course and participates in the handicraft project and the father has taken on his business designing and making furniture. Saúde Criança has supported them in buying some of his furniture. Late last year, the family received a special wheelchair for the child. Their other daughter has received dental services through Saúde Criança.</p>
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<p>Family 9</p> <p>Entrance: February 2010</p> <p>Sent by: Child Hospital</p>	<p>The child is raised by her grandmother. She is 17 years old, but suffers of hdrocephalus, deficiency and mental and physical atrophy. The grandmother demonstrates great strength and dedication in taking care of her grandchild, producing handicrafts to sustain the house.</p> <p>The organization provides the family with all the benefits, special transport to come to the organization and the grandmother also participates in the handicraft project.</p>	
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<p>Family 10</p> <p>Entrance: March 2010</p> <p>Sent by: Child Hospital</p>	<p>The family is composed of 5 members, but the mother only raises 2 of her 3 children. The youngest son was born prematurely at 6 months, with hydrocephalus and heart disease. According to the last medical appointment, the child will lose his sight. The family needs substantial support but faces</p>
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		<p>difficulties in coming to the family support days and handicraft projects.</p>
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<p>Family 11 Entrance: March 2010 Sent by: Child Hospital</p>	<p>The child has heart disease, harelip, cleft palate and was born premature. The mother suffers of diabetes and epilepsy, and when she was 15, she had breast cancer.</p> <p>The mother shows great strength in supporting her child and in improving her life conditions, but her husband is not supportive.</p> <p>She has been actively participating in the handicraft projects, enjoys cooking and is going to teach other mothers to make biscuits. She participated in the Home Economics and food hygiene seminars.</p> <p>Saúde Criança Florianópolis is supporting the family with private medical appointments for the mother, and is looking for methods to anticipate the necessary surgeries of the child.</p>	
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<p>Family 12 Entrance: April 2010 Sent by: Health Center</p>		<p>Graça is Kauã's grandmother and she lives in a precarious situation, collecting garbage in the street. Kauã, according to Graça, has several family issues with his father and mother. The organization is supporting the family with the regular benefits and Kauã's mother has started to participate in the handicraft project, and is facing a more stable condition now.</p>
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<p>Family 13 Entrance: April 2010 Sent by: Health Center</p>	<p>The little girl has inflammation in her bronchi – chronicle bronchitis. The mother has two other girls that used to live in a government shelter and are now adopted, because they suffered sexual and psychological abuse and psychological. The mother earns R\$340 a month as a maid (below minimum wage) and she doesn't receive support from her ex</p>
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	<p>husband or any other family support. The organization is supporting her with the regular benefits and she is been actively participating in the handicraft project.</p>	
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<p>Family 14 Entrance: April 2010. Sent by: Health Center</p>	<p>The family is formed of 6 members, with income lower than R\$500. The two youngest children have learning difficulties and the mother is pregnant again. The organization is providing the family with the regular benefits and the mother is participating in the handicraft program to increase their income.</p>
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<p>Family 15 Entrance: May 2010 Sent by: Health Center</p>	<p>The family is made up of 4 members, and the daughter suffers from malnourishment and low weight. When they joined the program the mother was out of work due to depression, but now the situation has improved and she is back to work and she is also participating in the handicraft project.</p>
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<p>Family 16 Entrance: April 2010 Sent by: Health Center</p>	<p>The family is composed of 6 members and they need social and psychological support. The children are frequenting school regularly and day care center, and they receive monthly governmental support of R\$66. When they joined the program their income was of R\$600 plus the government support, insufficient for the whole family. Now, with the support of Saúde Criança Florianópolis, both parents are working in a local supermarket chain and the family is improving its conditions.</p>	
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<p>Family 17</p> <p>Entrance: April 2010</p> <p>Sent by: Health Center</p>	 <p>after the family joined the program. The mother is also actively participating in the handicraft project.</p>	<p>The family is formed of 7 members. The mother studied until the 5th grade and doesn't receive government support. They live in a house provided by the father's family. The family doesn't have any income, being financially supported by their families. Their daughter suffers of convulsion, but has been presenting better health condition</p>
<p>Family 18</p> <p>Entrance: May 2010</p> <p>Sent by: Child Hospital</p>	<p>This child was diagnosed with chronic hepatopathy, which is a disease of the liver. Her mother has received psychological support for sexual abuse. She is separated and does not receive any support from the husband. Her home was hit by a tree and totally destroyed. It was rebuilt by local fire station. She receives all usual donations and is participating in the handicraft project.</p>	
<p>Family 19</p> <p>Entrance: May 2010</p> <p>Sent by: Health Center</p>	<p>This family is made up of 4 people, two adults and two children. The son Has cronic bronchitis and the mother has cystic fibrosis. They are currently receiving donations, advice on government benefits, participating in group psychological activities and the handicraft project.</p>	
<p>Family 20</p> <p>Entrance: May 2010</p> <p>Sent by: Health Center</p>	<p>The family is composed of 3 members and the youngest daughter is lactose intolerant. The mother is 20 years old. She hasn't studied in the last 3 years. They are receiving financial support from their family, material support and services from Saúde Criança and the mother is participating in the handicraft project.</p>	
<p>Family 21</p> <p>Entrance: May</p>	<p>The family is composed of 3 members, one adult and two children. The diagnosis is of chronic bronchitis. The mother was diagnosed with depression and has fractured her right hand fractured. Now she is</p>	

<p>2010 Sent by: Health Center</p>	<p>participating in the handcraft project and the organization is providing the family with the regular benefits and services.</p>
<p>Family 22 Entrance: June, 2010. Sent by: Child Hospital</p>	<p>The family is formed of 3 members, including a nephew who has congenital myotonic dystrophy, which is a rare disease leading to underdevelopment and mental retardation. They are receiving all usual donations and services.</p>
<p>Family 23 Entrance: June, 2010 Sent by: Child Hospital</p>	 <p>The family is formed of 4 members, in which the couple and the oldest daughter are HIV positive. She is assisted by the local health center and by a regional hospital. The child is in 5th grade and has not been hospitalised in the last few months. The mother is participating in the handcraft project and the family receives the usual donations and services.</p>

D. Financial Report for the period to December 2009

Considering additional funds raised in 2009 and fundraising for the period up until the end of June, the team has raised 53% of the required 2010 Brazilian matched funding. We have also received confirmation that we have been awarded a grant from HSBC, which is worth R\$29,750 in 2010. With this amount, we have already reached 92% of the matched funding. (see table 1)

Table 1: Funding Update 2010		
Matched funding target 2010	R\$130.950	35% of the 2010 budget
Total raised by end July 2010	R\$ 124.385	Includes R\$52.980 from 2009, fundraising in 2010 and 2010 tranche of HSBC. Totals 92% of matched funding target for 2010.



As outlined in the fundraising strategy, in 2010 we are aiming to raise more funds from companies. This is made possible by our successful registration this year with the municipal council for social assistance, the municipal council for the rights of the child and as a municipal public utility. We have secured 2 contracts with companies to provide large number of craft products produced by the mothers. In July, we were informed that we had won a net donation of R\$59,500 from HSBC for the year July 2009 to July 2010. Out of 352 proposals, we ranked 4th nationally and were the only organization in the State of Santa Catarina to be awarded. This is the first large national proposal that we have been awarded and demonstrates the promise of this strategy and the strengthening of the organization's fundraising and communication capabilities.

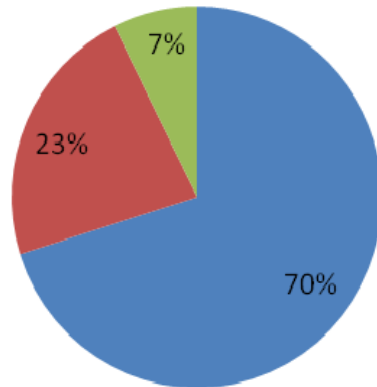
Expenditure

Table 2 provides a breakdown of actual vs. budgeted expenditure for the period to end June 2010. As outlined, 72% of the planned budget for this period was used, with lower expenditure for expenses for families and for administrative costs. The lag on considerable planned expenditures on housing is relevant here, though we will incur the cost of buying a home for a family in August 2010. In a planning meeting in early 2010, the board and staff decided that the housing project would only be offered to families who have spent a year in the programme and as a result of ongoing participation and a demonstration of the family's commitment to improve their own situation.

	Expenditures in the period	Planned for the period	
Families Support	-R\$ 76.968,49	R\$ 106.688	72%
HR	-R\$ 42.403,08	R\$ 47.131	90%
Costs	-R\$ 34.565,42	R\$ 59.557	58%
Administrative	-R\$ 24.725,72	R\$ 37.954	65%
HR	-R\$ 14.226,14	R\$ 14.964	95%
Expenses	-R\$ 10.499,59	R\$ 22.990	46%
Fundraising	-R\$ 8.000,14	R\$ 7.221	111%
Total	-R\$ 109.694,35	R\$ 151.864	72%
		% of anual budget	29%

Chart 1 - Percentage of Expenditures / Jan-June / Per area

■ Families Assistance ■ Administrative Expenditures ■ Fundraising



The breakdown of expenditures by type of expenditure, as shown in Chart 1 above, shows an increased % of funds for family assistance, compared to 2009. This trend is due to continue with larger direct family expenditures planned for the rest of 2010.

If ARCH or any of the ARCH supporters require any further information on finances at Saúde Criança Florianópolis, please contact Bébhinn at bebhinn@saudecriancafln.org.br or Inaiara at saudecrianca@saudecriancafln.org.br.