

BABYWASH

UGANDA & ZAMBIA » PROGRESS REPORT: October 2017 - September 2018

Prepared January 2019

BABYWASH IN UGANDA & ZAMBIA

PROGRAM UPDATE

26,239 PEOPLE learned how they can improve their hygiene habits to create healthier living environments, and benefited from additional project activities during FY18.

4,359 women chose to have their babies in one of 10 project-supported health facilities.

FY18 target: 4,096

106%

9 health facilities have improved or new access to safe water.

FY18 target: 10

90%

637 health volunteers were trained on nutrition, basic health, and water, sanitation, and hygiene (WASH).

FY18 target: 638

99.8%

PROJECT OVERVIEW

Your support of BabyWASH in Uganda and Zambia is saving lives—literally—for mothers like Lister, seen with Newnity on the cover of this report.

Lister's problems began with stomach pains, and she went to a World Vision-supported clinic in Moyo, Zambia. Nurse Christabel found fecal matter in Lister's urine, and discovered the baby was in distress. Thankfully, Christabel had the training and equipment needed to safely deliver Newnity.

"If it wasn't for the clinic, she would have died," Lister said.

Christabel also sent Lister and Newnity to a larger hospital for further treatment of the issues that caused Lister's problems. Today, "My baby is healthy and strong," Lister said.

BabyWASH is working in several

World Vision community development areas to train health volunteers and health facility staff members to share health education, recognize problems, and provide emergency obstetric and newborn care when needed—as Christabel did.

The project is teaching families about the importance of safe water and good sanitation and hygiene practices, and bringing safe water and improved sanitation to underserved communities—especially in health facilities. It also is improving the quality of care, and encouraging more women to use the facilities for prenatal care and to deliver their babies in a safe, clean environment with skilled medical personnel.

Thank you for joining us as we walk alongside Ugandan and Zambian families in need.



New mother Angela Kamuli practices Kangaroo Mother Care after giving birth in Kikuube's health facility in Uganda. Providing skin-to-skin contact is vital to maintain a newborn's body temperature and promote bonding. Training health facility staff and families on good mother and newborn care is helping to make childbirth the joyous occasion it should be.

GOAL AND EXPECTED OUTCOMES

Reduce maternal and newborn illness and death, and improve health facilities (including access to clean water), nutrition for pregnant women and young children, and early childhood development for

28,825 WOMEN **AND** **29,232** YOUNG CHILDREN

living within the project catchment areas.

Expected outcomes:

Reduced maternal and newborn sepsis (a potentially life-threatening complication of infection)

Improved nutrition for young children and pregnant women

Improved WASH infrastructure at health facilities

Improved care of pregnant women and young children

Improved WASH behaviors by health facility staff and in households

This BabyWASH report reflects a subset of the work being carried out by the Health and WASH teams in Uganda and Zambia. For a fuller view of the work in each country, please see the WASH and Mother and Child Health reports for Uganda and Zambia.

UGANDA & ZAMBIA

World Vision BabyWASH project locations by World Vision Area Program sites:



“I have come that they may have life, and have it to the full.”—John 10:10 (NIV)

ANNUAL HIGHLIGHTS

To help babies get off to a good start, this project focuses on measures families can take to improve health, as well as training and equipping those individuals and facilities that provide healthcare and health education. The project trained 637 community health volunteers on health and nutrition in FY18, and a total of 972 volunteers were actively serving their neighbors. Other activities and achievements included:

- Eight facilities created environmental cleaning policies and protocols, with signage visible in delivery rooms.
- Nine facilities now have basic sanitation services.
- Nine facilities now have basic hand-washing facilities available.
- 21 health staff members learned the WHO Six Cleans (clean hands, clean perineum, clean delivery surface, clean cord-cutting implement, clean cord tying, and clean cord care).
- Five health facilities had cleaning staff and healthcare providers trained on cleaning procedures since the project started.
- 2,772 households learned about treating water at the point of use for safe consumption.
- 3,016 households that were visited by health volunteers now have hand-washing facilities.
- 1,033 families had the essentials needed for a safe, clean delivery.
- 6,661 pregnant women and secondary caregivers were counseled on postnatal care practices.
- 17,095 people in the project areas had access to household sanitation facilities.
- 4,330 households are free of trash and feces around the home.
- In Uganda project areas, 90 children from birth to 5 months who are registered by the project were exclusively breast-fed, and 81 children ages 6 to 23 months received continued breast-feeding, along with appropriate, complimentary foods.

HEALTHY MOMS

2,024 pregnant women and caregivers learned about preparing for a WASH-safe birth.

HEALTHY COMMUNITIES

4,895 households in the project areas have constructed sanitation facilities, and five communities were certified as free of open defecation, creating healthier environments.

HEALTHY CHILDREN

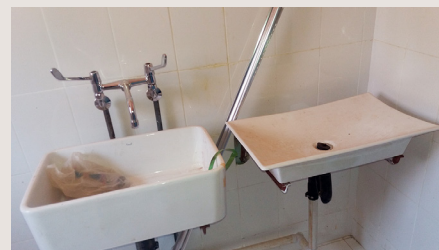
4,958 pregnant women and mothers of children younger than 2 received counseling on nutrition and infectious diseases.



HEALTH FACILITIES GET FACE-LIFTS, SAFE WATER



Your support brought improvements to health facilities in the Zambia project area. Above left is a handover ceremony for the new maternity annex at Siatwiinda Rural Health Center in Sinazongwe AP (the building is inset). Above right is part of a new water system for the Kabeleka Rural Health Center in Kapululwe AP. At right are new indoor sinks in the rehabilitated maternity annex at the Chikomeni Rural Health Center in Chikomeni AP, shown at left.



In Uganda, a few samples of improvements to health facilities include the new maternity ward and well at Kapaapi Health Center, above left, and a solar-powered, piped water system at Buhimba, above right. Buhimba Health Center received a comprehensive renovation, including a new maternity ward and latrines. At direct right, Micparwot, a new mother, washes her hands before handling her baby at a new sink at Kapaapi. Other improvements included repairs to the piped water system and rehabilitation of the surgical theater at Kikuube Health Center. Latrines and staff housing also were built at Kikuube. Bururu Health Center got a new piped water system and latrines for the maternity ward.



IMPROVEMENTS IN KIKUUBE ENCOURAGE MIDWIFE

Irene Katusime was thrilled upon getting her first assignment as a volunteer nurse/midwife at Kikuube Health Center in Uganda's, Hoima district. That feeling was short-lived, however, after she got there and saw the poor sanitary conditions caused by a lack of clean water.

It was the dry season, and the only rainwater harvesting tank attached to the maternity ward was bone dry.

"The maternity ward was unbearably stinky and uncomfortable," Irene said. A few family members of expecting mothers brought in water from a nearby well, but it was enough to serve only those women. Everyone else had to do without washing the linens dirtied during childbirth. "The stench was excruciating," Irene added.

There also was no water for washing hands between patients, cleaning and disinfecting equipment

and surfaces, or taking care of other hygiene needs for mothers, their families, and the babies born there.

"For a moment, I wondered whether this was a place for saving lives or putting lives at risk," Irene said.

But thanks to your support of this project, months later, Kikuube's nonfunctioning water system was repaired and improved, connecting all wards and critical care points (surgery, maternity) with clean, safe water.

"My job is so enjoyable now, because there is plenty of water to wash hands, equipment, and work surfaces and floors," Irene said. And families, responsible for bringing linens for patients, are able to wash them, ensuring the ward is, "clean, hygienic, and smells good. My regret is no more! Thanks to World Vision for changing our situation."



Midwife Irene Katusime can wash her hands before and after caring for her patients, thanks to the BabyWASH project.

PHOTO GALLERY



Activities aimed at improving household health and the quality of healthcare provided in project villages included events such as teaching how building dish-drying racks improves hygiene and reduces illness (upper left), and training health facility staff on improved methods of emergency maternal and newborn care (above). At left, community health workers show off new bikes the project provided, enabling them to more easily visit the families under their care.



Betty and her husband, Alison, are proud parents of a beautiful baby girl, Brenda. Betty had a healthy pregnancy and safe delivery, thanks to a community health worker who counseled her on proper prenatal care and the importance of delivering in a health facility with skilled medical personnel.

“My child is healthy and good, and all my fears have been defeated.”
—Betty, mother of Brenda, a healthy baby girl

GOAL: NO MORE ALI NIPAKATI

In Katete, Zambia, when a woman is pregnant, she is referred to as ali nipakati, or between life and death. A sad fact of life here is that when a woman becomes pregnant, her odds of surviving pregnancy and childbirth are not stellar.

Getting pregnant should be a cause for great joy in families, but in communities like Katete, it is a cause for fear. Malaria, HIV, poor nutrition, inadequate prenatal care, and long treks to the nearest health facility all conspire to lay health land mines that too often take the lives of pregnant women and the babies they carry.

Betty admits she was afraid when she first learned she and Alison were to become parents. She was ready to allow her mother to take her back home until she delivered.

“I was scared ... it was my first pregnancy and I thought that I may not manage to take care ... and I was scared of dying. My Auntie passed away while pregnant when I was young, and that experience is still fresh in my mind,” she said.

Betty’s fears were alleviated when she was two months along and met a health volunteer who began teaching her all she needed to know to have a

healthy pregnancy. This included good nutrition, prenatal care, and cutting back on heavy labor. Alison sat in on some of these lessons, and took them to heart. He made sure Betty had nutritious food, and took over most of the household chores. Her mother also sat in on the counseling sessions, and provided needed support.

“I gave birth at the clinic without any problems,” Betty said.

Infant Brenda has thrived because Betty followed instructions to feed her exclusively with breast milk for the first six months, then introduce healthy, appropriate foods after that. She and her mother learned how to prepare healthy meals from affordable, locally available foods through a mother support group in the village.

At 10 months, Brenda is a happy, healthy baby. “She is so cool and doesn’t cry, to the amazement of many in my community,” Betty said, proudly.

FINANCIAL SUMMARY

\$1 million budgeted

\$572,995 spent

57%

Spending is lower than expected because some facilities had existing infrastructure that needed only limited improvements. Other interventions will continue into the beginning of FY19.



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