



World Vision



MOTHER
and
CHILD
HEALTH

SOMALIA, UGANDA, and ZAMBIA

» PROGRESS REPORT: October 2018 through September 2019

Prepared January 2020

MOTHER AND CHILD HEALTH

GLOBAL SUMMARY

The year just ended marks the end of the first phase of mother and child health projects in Somalia, Uganda, and Zambia. End-of-project evaluations have pointed to some exciting changes that are improving—and often saving—the lives of women and their babies. World Vision joins our volunteers, health facility staff members, and the families they serve in thanking you for your support. Your gift has provided training and the equipment and supplies needed to ensure the most vulnerable survive and have a chance to thrive.

In Zambia, we saw a 12% decrease in stunting (low height-for-age) among young children, dropping from 46% to 34%. Also impressive is the drop from 9% to 5% in wasting, or acute malnutrition that causes low weight-for-height in children. The prevalence of underweight children also dropped significantly, from 26% to 10%.

In Uganda, the baseline survey showed 55.5% of women were assisted by

trained medical personnel for their most recent delivery. That rose to 89% by the project's end.

In Somalia, the end-of-project evaluation is not finalized, but preliminary figures for the life of the project show 25,340 children with acute malnutrition were successfully treated and 10,481 children younger than 5 received all recommended vaccinations.



Growth monitoring sessions help identify malnourished children and refer them to the appropriate treatment.

GLOBAL UPDATE

893,303 WOMEN AND YOUNG CHILDREN* were provided with access to maternal and child health and nutrition services, which included 474,766 children younger than 5 since fiscal year 2016. In FY19, 319,205 women and young children benefited from your support, 211,640 of whom were under 5.

*These beneficiary numbers include people who might have received more than one service. For example, women who delivered their babies in a health facility often also received prenatal care services. These numbers also include beneficiaries from two projects not covered in this report that are solely supported by a corporate partner.

76,316 children under 5 were screened for malnutrition and received appropriate treatment and care.



22,169 pregnant women attended prenatal care clinics, most for the prescribed four times.



37,662 women delivered babies in a health facility with trained medical staff.



PROJECT SPENDING IN SOMALIA, UGANDA, ZAMBIA

\$14,592,807

Project-to-Date Funding



SOMALIA

For three years, World Vision has been providing the tools and training needed to improve healthcare for pregnant women and young children in targeted areas in Puntland and Somaliland. Your support has helped us reach 51,446 women of child-bearing age (33,533 pregnant or nursing) and 77,940 children younger than 5.

Life-saving care has been provided by improving the quality of services at 22 health facilities through improved training, equipment, and supplies. This project trained 135 volunteer health workers who visited families to provide education on care for pregnant women, infants, and toddlers that covered nutrition, sanitation, hygiene, immunization, getting prenatal care, and the importance of delivering in a

health facility with trained staff. They also were trained to identify and treat common illnesses and provide referrals for further care when necessary.

These volunteers were equipped with tools such as a mobile phone application to help them collect health data and trigger timely delivery of tailored health messages.

Saving the lives of young children who suffer from malnutrition has been a major focus of this work, as many in these regions have been uprooted by civil unrest, had their livelihoods disrupted or destroyed, and their ability to provide adequate food severely limited. Teaching mothers to make nutritious meals from locally available and affordable food, plus emergency feeding programs,

have made a difference for tens of thousands of young children.



A community health worker provides health counseling to a family, including the father, which is vital to improving mother and child health, since men make most decisions in Somali families. Since FY17, nearly 5,000 men attended prenatal care counseling, and 2,486 reported being involved in the care of their pregnant partners and newborn children.

25,340 children with acute malnutrition were successfully treated since FY17.

Life-of-project target: 14,605 **174%**

10,481 children younger than 5 received all recommended vaccinations since FY17.

Life-of-project target: 6,160 **170%**

11,668 women gave birth in a health facility with trained staff attending since FY17.

Life-of-project target: 12,405 **94%**

Achievements and activities from FY19 included:

- To combat cultural barriers to obtaining adequate healthcare services for women and young children, this project enlisted the help of faith leaders, who were trained through our Channels of Hope curriculum that focuses on mother and child health and gender issues. Last year, 167 faith leaders were trained and are now sharing what they learned with their communities.
- 30 religious organizations were actively engaged in community development work.
- The best and safest way to feed young babies is to provide only breast milk and refrain from giving them water or formula made with water, which often is not clean and causes waterborne illnesses. Last year, 3,385 women reported that they were practicing exclusive breast-feeding for their infants from birth to 6 months.
- 4,545 children were screened for malnutrition, and those who were found to be malnourished were referred to appropriate treatment.

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- 1,330 women who had been registered by health workers received their first home counseling visit during the first 16 weeks of pregnancy. It is vital that pregnant women hear about prenatal care and health options early in pregnancy, to avoid complications later.
- 7,376 women delivered their babies in a health facility with the help of a trained birth attendant.
- 4,393 children younger than 5 received all recommended immunizations for their age.
- 4,833 malnourished children recovered through appropriate nutrition programming and/or feeding therapy, which can include food supplements or packets of highly fortified therapeutic peanut paste.
- Volunteers visited 750 households to talk about the benefits of good hygiene and the dangers of poor sanitation and hygiene practices (diarrheal and other illnesses, which can kill young and/or malnourished children whose bodies are not strong enough to battle the illnesses).
- To improve the welfare of women in project communities, 206 members of gender-based violence committees received training on gender issues to share with their neighbors and in their communities.
- To ensure the gains made through this project are sustained, community members were trained on the Citizen Voice and Action (CVA) advocacy model. CVA helps communities understand their rights and hold the appropriate government



In Somalia, community health workers are recruited to work in pairs—one man and one woman—to address the cultural norms of Somalia's heavily patriarchal society. The job of the male health worker includes an emphasis on educating the men in each household visited on the importance of adopting good health and nutrition practices.

agencies accountable for quality services, such as healthcare and education. Last year, 560 community members were active in CVA.

COMMUNITY HEALTH WORKERS BRING CARE DIRECTLY TO VILLAGES

To better protect young children and their mothers from disease, this project used an approach called integrated community case management, which required deeper, more specialized training for health workers in villages that lack health resources.

Two community health workers—one man and one woman—were based in each of 34 targeted villages (14 in Puntland and 20 in Somaliland). They worked every day except Fridays, and surveyed each household daily to identify sick children. Because of their more extensive training, they were able to diagnose and usually treat the illnesses detected. Children who were severely ill were referred to health facilities for care.

This approach has built trust in and acceptance of local health workers to provide basic care. Project staff members report that communities are confident these frontline workers can provide quality care for common illnesses. This confidence is bolstered by the numbers: 11,343 children younger than 5 were diagnosed and successfully treated for pneumonia, a common killer of young children. In addition,



A community health worker dispenses a prescription for a sick child.

4,092 children received appropriate treatment for diarrheal illnesses during home visits.

Having continuing and consistent care from these health volunteers also helped change family habits around healthy behaviors. Mothers reported they were adopting the practice of washing their hands at the four crucial times: after defecation, after changing diapers, before preparing food, and before eating. Mothers also said they were exclusively breast-feeding their babies for the first six months, and being more proactive in seeking health services.

PROJECT SPENDING

\$5,028,541

Project-to-Date Funding

Funding spent: \$5,028,541

100%

UGANDA



A community health worker examines a baby while his mother watches a health video on the volunteer's phone.

To help infants and toddlers survive oft-deadly illnesses such as malaria, diarrhea, and pneumonia, they need strong bodies. That starts with good nutrition. Our project, which wrapped

up at the end of September, had a strong focus on monitoring the growth and development of infants and young children, and ensuring those who were malnourished got the care they needed.

Our baseline survey in FY16 showed 28% of children suffered from stunting (low height-for-age), but that dropped to 24% by the end of the project. Also, the final evaluation reported just 5% of children were underweight, compared with 9% regionally.

Keeping women healthy during pregnancy and safe during delivery was another priority, and our final evaluation showed strong results there as well.

The baseline survey showed 55.5% of women were assisted by trained

medical personnel for their previous delivery. That rose to 89% by the project's end. Also, mothers who used appropriate hand-washing practices increased from 59% to 84%.

Few health facilities have incubators, so it is crucial that premature babies have skin-to-skin contact (called Kangaroo Care) following delivery. Newborns getting that care rose from just 5.5% to 100%.

Newborns who received postnatal care within 48 hours of birth rose from 47% to 54.5%, and the numbers of children who received all three doses of DPT (diphtheria, pertussis, and tetanus) reached 89%, significantly higher than the regional rate of 80%.

90,505 women gave birth in a health facility with trained staff attending.

Life-of-project target: 60,442

150%

90,538 children under 5 attended growth monitoring and health promotion sessions.

Life-of-project target: 105,726

86%

97,627 targeted children under 5 received all their essential childhood vaccinations.

Life-of-project target: 105,000

93%

Project achievements in FY19 included:

- 3,262 pregnant and nursing women heard about good prenatal and postnatal care, delivering in a health facility, good nutrition, and safe sanitation and hygiene practices through 2,542 visits from 320 community health workers.
- Since men make most of the important household decisions in Ugandan culture, and control finances, it is vital they hear the

same messages on mother and child health and nutrition. Last year, 1,743 men were reached, up from just 879 in FY18.

- 1,741 households added hand-washing stations, 2,389 built dish-drying racks (to keep dishes off the ground), and 1,965 dug garbage pits.
- Many rural villages are miles from the nearest health facility, making transportation vital for the health

of mothers and newborns. A transportation voucher system links expectant mothers to community members who have vehicles. Vouchers cover transportation to the nearest health facility, or from that facility to a larger hospital if complications are present. Last year, 14 health centers participated, providing 1,040 women with vouchers, 468 of them for referrals

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to a larger facility. In addition, three savings groups were established to help families save money to cover transportation costs.

- All 11 targeted health facilities received their Baby-Friendly Health Facility Initiative accreditation last year. This means they implement practices that protect, promote, and support breast-feeding, which is important for good infant health and nutrition.
- The hardworking corps of 1,178 community health workers served their neighbors in 560 villages. They kept up on their training through a program called radio distance learning, which gathers a group of volunteers around a radio to listen to specially scripted shows that teach new skills and provide refresher training.
- Health facility staff members received ongoing training via video training sessions. Those participating in sessions took a pre-training test, then a post-training test. Each of the 10 facilities participating showed improved knowledge, ranging from nine- to 21-point increases in test scores.
- Health volunteers used mobile phones loaded with a CommCare application that triggers timely delivery of health messages and tracks health data for input into health district databases. Last year, 42,227 children were visited, screened, and treated for childhood illnesses, growth, deworming, and immunizations by volunteers using the mobile app.
- An obstetric fistula is a rupture caused by prolonged obstructed labor. Women who experience the



In the photo above, mothers and babies celebrate World Breast-feeding Week at Kiboga Primary School. At right, state Minister of Health Jane Ruth Aceng presents an award of excellence to Buhimba Health Center for achieving Baby-Friendly Health Facility accreditation.



condition suffer constant incontinence, shame, ostracism, and health problems. This project conducted a fistula camp, identifying 42 cases for surgical repair in FY19, and 174 over the life of the project.

C-sections will save lives

Sadly, women who need a C-section to save their lives and the lives of their babies often are not referred to a facility equipped to perform the surgery until it is too late. Complicated cases from the entire district end up at Hoima Regional Referral Hospital, where there were 61 maternal deaths in FY19. To combat this, the project supported Ministry of Health upgrades at Kigoroby and Kikuube health centers that qualify them to perform C-sections, bringing emergency obstetrical care closer to rural communities. Necessary equipment for the surgical theater was provided and staff members received advanced training on emergency obstetrical care. In the photo at right, medical personnel at Kigoroby perform the first C-section at that facility.



PROJECT SPENDING

\$4,412,463

Project-to-Date Funding

Funding Spent \$4,411,352

99.97%

ZAMBIA

As the first phase of our Zambia Maternal and Child Health project ends, we join communities, volunteers, and health facility staff members in thanking you for your support of work that is making a marked difference in the lives of mothers and children.

Since the project began in FY16, 138,514 women and children under 5 have received health and nutrition services, 77,153 in FY19.

Our end-of-project evaluation showed a 12% decrease in stunting (low height-for-age) among young children, dropping from 46% to 34%. Also impressive is the drop from 9% to 5% in wasting, or acute malnutrition that causes low weight-for-height in children. The prevalence

of underweight children also dropped significantly, from 26% to 10%.

Malnutrition is a major underlying cause in many of the deaths we see in young children. It weakens children and their ability to battle common illnesses such as diarrhea, malaria, and pneumonia. Keeping children well-fed is key to keeping them healthy and thriving.

Your support also has helped save the lives of women by training and equipping dedicated community health workers with the knowledge and tools they need to teach pregnant women and mothers the importance of prenatal care, eating well, resting, taking necessary supplements, and most importantly, delivering their babies in a health facility with trained medical staff.



A community health worker tests a baby for malaria and logs data into health records.

Too often, women die in childbirth because they encounter serious complications such as hemorrhaging, obstructed labor, and eclampsia (seizures caused by high blood pressure). At the end of the project, 94% of babies in our targeted areas were born in a health facility, compared with just 67% nationally.

31,194 mothers reported exclusively breast-feeding their babies from birth to 6 months since FY16, 7,596 in FY19.

Life of project target: 31,404

99%

23,603 women gave birth in a health facility with trained staff attending, 6,293 in FY19.

Life of project target: 16,148

146%

39,802 children under 5 received a full regimen of vaccinations since FY16, 20,779 in FY19.

Life of project target: 33,550

119%

Project evaluation showed improvements

Our end-of-project evaluation showed exciting improvements (noted above) in the care and health of pregnant women, new mothers, and their infants and toddlers. Some challenges still persist, but overall, your support of this project has made a life-changing difference in the lives of Zambian families.

Other results included:

- Children who experienced fever in the two weeks previous to the survey dropped from 30% to 21%.
- Children receiving two doses of vitamin A in the previous 12 months rose from 61% at a midterm evaluation, to 87%.
- The evaluation showed 85% of project-area families had access to improved water sources, compared with only 47% of households across the region.
- Mothers who initiated breast-feeding immediately after birth (which is vital for the health of a newborn) rose from 71% to 88%.
- Women who attended the recommended four or more prenatal care clinics rose from 50% to 64%.

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Citizen Voice and Action advocacy group members build housing for staff members at Vulamkoko. Adequate housing is needed to attract and keep health facility staff hired by district officials.



A volunteer explains how a community-based nutrition program teaches mothers to cook healthy, nutritious meals made from affordable and locally available ingredients. In Musosolokwe and Chikomeni last year, malnourished children in this program enjoyed an 89% recovery rate.

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- Women who received a postnatal follow-up visit within 48 hours of delivering increased from 23% at the midterm evaluation, to 65%.

Challenges

Drought and food shortages affected the project areas throughout the life of this project, which, field staff believe,

contributed to poor progress and even declines in some areas. For instance:

- The number of children who had sufficient dietary diversity was just 33% (no baseline figure was available). Staff believes this is due to drought and lack of available food at the time of the evaluation.
- Infants who were breast-fed up to age 2 (with other healthy foods

added at 6 months), dropped from 95% to 82%. It is thought that food shortages caused by drought affected nursing mothers, limiting their ability to adequately nurse young children.

- The project struggled to find the right incentives to motivate and retain volunteers, and lessons learned were valuable in designing Phase II programming.

Project achievements for FY19 included:

- 2,706 community health workers and other health volunteers were trained and active in their communities, sharing health information and tracking healthcare for district health information systems.
- 10,818 children were screened and/or treated by community health workers, who found 6,602 cases of malaria (319 referred to a health facility), 1,619 cases of pneumonia (105 referred), and 2,597 cases of diarrhea (12 referred). Most of these referrals were necessary because of a shortage of medicines available to health volunteers.
- 415 faith leaders were trained on World Vision's Channels of Hope for Maternal and Child Health and actively promoting mother and child healthcare in their churches and communities.
- 122 outreach events drew 2,149 pregnant women for HIV testing. Of those women, 166 were found to be HIV-positive and enrolled in antiretroviral therapy. Such treatment can prevent the mother transmitting the virus to her baby.
- 31 staff members were trained on essential newborn care, which included umbilical cord care, hygiene, skin-to-skin contact for mom and baby, and helping babies born with breathing problems. Forty-seven babies born in project facilities had difficulty breathing at birth, and all were successfully resuscitated.
- 26 health facilities received support from the project that included staff training; equipment and supplies; and water, sanitation, and hygiene infrastructure.
- 7,037 pregnant women attended at least four prenatal care clinics.

PROJECT SPENDING

\$5,151,803

Project-to-Date Funding

Funding spent: \$5,097,323

99%

ONCE PART OF PROBLEM, NOW PART OF THE SOLUTION

Faunista Mumba's role in new arrivals in her village of Ntebula has changed drastically.

As a girl, Faunista dreamed of becoming a typist and working in an office. But that dream faded when she had to drop out of school in the eighth grade. Instead, she was recruited to help traditional birth attendants (midwives who have no medical training) because she could read and write, and complete required documentation.

Over the years, Faunista, now 56, also became a birth attendant, whose job was to take women ready to deliver out into the bush to have their babies. Cultural taboos in her village prohibited delivering babies in the family home, and women rarely, if ever, went to a health facility.

The tools of her trade were a basin of water and a reed mat. She had only her hands to do the precious work of bringing new life into the world—no umbilical cord clamps or instruments to cut the cord. Sharp grass would be used to cut and a piece of thread or string from clothing would be used to tie the cord.

If labor was prolonged, Faunista would make a concoction from different roots to speed the process. This sometimes resulted in complications such as excessive bleeding and stillbirths, she said.

Faunista especially disliked the cultural norms around the birth of twins, which often is seen as a bad omen. The mother and birth attendant were forbidden to leave the bush and return home until a traditional healer came to perform a special ritual. Until then, the babies could not be fed or covered. It sometimes took a full day or two for the traditional healer to arrive, she recalled.

"In some cases, we lost babies due to the cold," she said.

All this changed in 2017, when the government prohibited traditional birth attendants from delivering babies, to promote safer institutional deliveries. World Vision supports this by training community health workers and members of Safe Motherhood Action Groups to use a method called timed and targeted counseling, or ttC, to provide timely delivery of information on the importance of prenatal care; eating properly; getting enough rest; necessary supplements; protection against disease; and delivering with a trained nurse, midwife, or doctor.



Faunista makes a house call to share information on good postnatal care for mother and baby. She tracks health information for both, and provides reminders when it's time for them to receive needed care and immunizations.

Faunista gladly became a member of a Safe Motherhood Action Group and now teaches women how to best prepare for birth. She makes regular visits to women throughout their pregnancy and follows up at home until their babies turn 2, providing valuable lessons on nutrition and preventing and managing common illnesses that can steal a young child's life.

World Vision also works closely with faith and village leaders to enlist their help in debunking dangerous myths and cultural taboos that harm mothers and newborns. In Ntebula, community leaders have taken the government's ban on unsafe deliveries a step further, levying fines on anyone who gives birth at home or in the bush.

World Vision staff members report work done by volunteers and the influence of local leaders has increased attendance in prenatal care clinics and deliveries at health facilities (note statistics on pages 6 and 7), while also improving the healthy spacing of pregnancies, which is best for moms and babies.



Because of ttC, women now call us not to deliver them, but to escort them to the clinic for delivery."

—Faunista Mumba, former tradition birth attendant who now is a member of her village's Safe Motherhood Action Group



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