

SEMIANNUAL PROGRESS REPORT

October 2020 – March 2021 | Mother and Child Health Fund

SUMMARY

Your support for Mother and Child Health is saving lives—literally.

Community health volunteers in Zambia’s Luwingu district are teaching valuable lessons on health and nutrition and treating common—but often deadly—illnesses in young children. In just the first half of this year, these linchpins of our programming shared vital information on health and hygiene with 61,712 people. Their efforts have been instrumental in helping to stem the spread of COVID-19 during the pandemic. Following safety protocols to protect staff and the public, we continued to step up efforts to educate people on safe hygiene, especially with Zambia facing a third wave of COVID-19.

Our health team partnered with World Vision’s water, sanitation, and hygiene (WASH) team to oversee drilling

wells at five health clinics (of seven planned this year), to provide clean water, improved sanitation, and handwashing stations, vastly improving the level of care provided to families. One water system was completed, online, and serving the local clinic as well as a school and more than 400 people living nearby. The other four water systems will be completed in the coming months.

Work in Niger is ramping up





We are excited to share that the project in Niger’s Dosso and Maradi districts officially launched in late January this year. We have a full staff, supplies for community health workers have been ordered, and meetings with local government agencies and leaders have taken place, to ensure there is no duplication of efforts and to coordinate services.



Community health workers and volunteers—like these in Zambia—are at the heart of our Mother and Child projects. These bicycles help them travel to the households they visit to share vital health information and offer basic care to children with common illnesses, such as malaria and diarrhea. Other supplies provided by partner corporations included mattresses, exam and ward beds, and clothing used as an incentive to encourage women to get prenatal care.

GLOBAL UPDATE & PROGRESS ON CORE ACTIVITIES

965,703 WOMEN OF CHILDBEARING AGE AND YOUNG CHILDREN* have gained access to maternal and child health and nutrition services since FY16, including 47,980 in the first half of FY21. Together, we have accomplished the following:

-  **7,770** community health workers and volunteers were trained.
-  **770** nurses and midwives in health facilities received training to improve the quality of care they provide.
-  **151** clinics received support to provide improved mother and child healthcare, such as water and sanitation facilities, training, and equipment.
-  **939** faith leaders were trained to advocate for the use of mother and child healthcare services.

*The total number of direct participants reflects some 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 reflect our active work as well as projects in Somalia, Uganda, and Zambia that have been completed, and similar projects in Kenya and Zimbabwe that were funded by a foundation donor.

ZAMBIA

SUMMARY

Activities in the first half of FY21 targeted not just prevention and care for families, but they also supported means by which families can better provide for themselves, which greatly improves child well-being.

Community health workers are making a difference

Community health workers—while making home visits following strict pandemic safety protocols—screened and treated 5,512 young children for common but dangerous illnesses, such as pneumonia (799), malaria (3,710), and diarrhea (1,003). These health workers also shared prevention and care information on common childhood illnesses with 13,366 adults.

The project trained an additional 58 nutrition volunteers, bringing the total to 118. These volunteers assessed 1,417 children for malnutrition and enrolled 476 in rehabilitation sessions that focus on teaching their parents how to best provide nutritional meals using affordable and locally available foods. Following 35 of these sessions, 459 of

the children had gained enough weight to be considered rehabilitated. The remaining 17 will remain in the program.

Growing nutritious food

The project worked alongside the government and other partners to teach 431 community volunteers and mothers how to grow crops that are rich in important micronutrients, with a focus on the needs of pregnant and nursing women and young children. This improves the quantity and quality of food available to families.

Leveraging all available resources

To combat malaria, the project worked alongside the district health office to spray 17,214 houses with insecticide, and distribute insecticide-treated mosquito nets to 44,384 households. This work was supported by a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

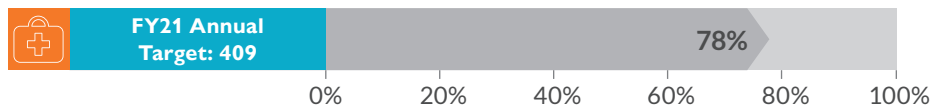
Local radio stations broadcast project messages on mother and child healthcare and COVID-19. An estimated 130,000 people in Luwingu and neighboring districts heard the broadcasts.



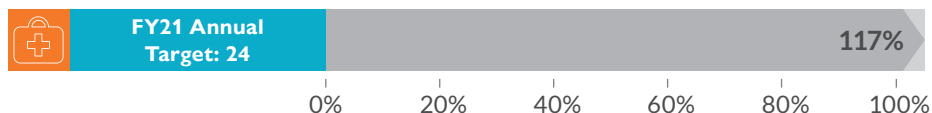
Young Asher, shown here with his parents, is a healthy, happy toddler after he and his mother completed 12 sessions of nutrition training. These trainings help parents prepare nutritious meals from affordable, locally available foods. Before the training sessions, Asher had been diagnosed with malnutrition by a nutrition volunteer trained by this project.

PROGRESS ON CORE ACTIVITIES

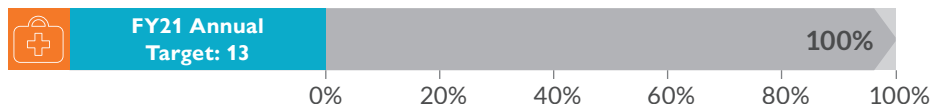
318 community health workers and volunteers were trained.



28 nurses and midwives in health facilities received continued training to improve the quality of care they provide.



13 clinics received support to provide improved mother and child healthcare, such as training and equipment.



SUMMARY

Project-trained community health workers and volunteers will encourage pregnant women to get prenatal care and have their babies at the nearest health facility. But if those facilities are substandard, families tend to avoid using them. To make sure the 24 health facilities in the project area can offer quality care, assessments were carried out to identify their strengths and weaknesses. Key to being able to provide good care is having water on site, and plans have been laid to partner with our WASH team to construct water systems and improve sanitation and hygiene services at 10 facilities by the end of FY21.

To ensure that the services this project supports will be sustainable and last into the future, we began coordinating a large-scale research effort with our partner, the University of North Carolina Water Institute. This research project will track data and determine what interventions and systems are necessary to ensure local and national government agencies will be able to operate and maintain the WASH services developed at health facilities through this project.

Research will guide future efforts to scale up similar work throughout Niger and best position key partners to sustain WASH services.

Our health team also is conducting a baseline survey, to provide a starting point against which success of the project can be measured. Once the project is fully operational, we will

be able to share progress gained on specific targets and goals.

Other activities and plans for FY21

Additional work taking place during the first half of FY21 included forming 18 mother support groups in several villages. Group members will be trained to help educate their communities on the core health interventions for pregnant women, new mothers, and infants and young children. These include prenatal care, delivering in a facility with trained staff, proper nutrition for pregnant/nursing women and young children, and postnatal care for mothers and infants.

Half of the 400 community health workers planned for this project have been recruited, and when the other 200 have been brought on board, training on prevention and care will take place. Each health worker will have a roster of families to serve in his or her community.

When orders for malaria, diarrhea, and pneumonia medicines are filled, these health workers will be able to treat children in their homes, without necessitating a trip to the clinic, which in some cases, can be miles away.

In the second half of FY21, we will identify and train 100 faith and community leaders, who will promote good health practices and break down barriers to mother and child care. This includes debunking myths and teaching against cultural practices that result in poor care for women and children.



The Mother and Child Health project will help address dire conditions in Maradi. Here, World Vision and local officials discuss details of the project.

“In 2020, the health district of Dakoro recorded 56 maternal deaths, most of which are linked to the absence of antenatal consultations and the lack of hygiene and sanitation in delivery rooms. This is the highest number of maternal deaths recorded in any district of the Maradi region.”

—Dr. Inoussa Gonda, Dakoro, Maradi region



Wells like this one at a health facility in Niger have improved the quality of care provided to families. This project will improve access to clean water as well as the sanitation and hygiene conditions at similar facilities.

FINANCIALS

Mother and Child Health Fund (October 2020 through March 2021)

\$5,332,768 program-to-date funding

\$1,961,903* spending to date **37%**

*This figure represents spending for only two full months of activities in Niger, though funding for the entire year has been committed to the project.

THANK YOU

World Vision joins thousands of families in Zambia and Niger who are grateful for your partnership. Together, we are making changes that will improve the health and lives of women and children for generations to come. May you be richly blessed by being a part of this vital work.

*Never again will there be . . . an infant
who lives but a few days.*

—Isaiah 65:20 (NIV)



Mothers like Zeinabou, in Niger, thank you for your support of our Mother and Child Health project, which gives young Imrane a stronger chance of survival in some of the most challenging places we work. Because you chose to come alongside families in Niger and Zambia, he and his mother can live life in all the fullness God intends for them.



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