Maternal and child health.
2016’s Activities and Results. Strategy and Objectives for 2020
With **Smiles of African Mothers**, the Campaign we launched in 2011 that focuses on the health of mothers and children, Comitato Collaborazione Medica - CCM has intensified its commitment and its work to reduce child and maternal mortality, by training health workers and increasing access to health services and care. 2015 was our first year of assessment: we assisted 127,181 women during pregnancy and childbirth, treated and vaccinated 610,758 children and trained 1,902 health workers.

Continuing in line with the commitments and objectives set by the international community, CCM has reiterated its commitment in a second phase of the Campaign with new and yet more challenging objectives to 2020: to train 2,700 health workers, to assist 170,000 women during pregnancy and childbirth, to guarantee care and vaccinations to 780,000 children.

Our response strategy

**An integrated approach**

Smiles of African Mothers bases its work on an integrated approach to Sexual Reproductive Maternal Neonatal Child and Adolescent Health - SRMNCASH, that promotes a continuum of care throughout life, aimed at reducing the high rates of maternal and child mortality and the deep inequality that characterises the countries in which the Campaign operates - Burundi, Ethiopia, Kenya, Somalia and South Sudan.

Therefore, there is a wide range of activities aimed at improving the provision of care and access to services. Among these, during the second phase of Smiles of African Mothers, particular attention is paid to neonatal care (in the first month of life) and services aimed at adolescents (10-19 years), areas identified as priorities by the international community to act effectively over the entire SRMNCASH continuum.

In fact, very high rates of neonatal mortality are still recorded and the trend in recent years has seen a much lower reduction compared to progress among children aged 1 to 5 years. CCM has decided to intensify its commitment to support the adoption of those actions, small and simple, that have a meaningful impact even against a background of extreme poverty. We are working on improving health workers’ skills in delivering essential care and managing both healthy and sick new-borns, and in informing and involving communities regarding the continuum of care.

The number of adolescents and young children will increase significantly in the coming years, globally and in Africa, in particular: improving their access to health services is critical to mitigate the effects on the short- and long-term health of young people and the general public. CCM works at facility and community level, working primarily in training social and health workers and promoting a youth friendly approach to health services.

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1 WHO, 2015 “Strategies toward ending preventable maternal mortality (EPMM)”
System strengthening, participation and research

The healthcare systems of the countries where CCM works are largely unstable, often still in the development phase and operate in an uncertain economic environment. One of CCM’s essential actions is to strengthen these healthcare systems, focusing on the six building blocks identified by the World Health Organization: service delivery; health workforce; health information systems; access to essential medicines; financing; and leadership and governance.

Particularly, the training of health workers, meant as capacity building, is a central element of CCM’s strategy. Aiming at a shared and lasting change, it’s fundamental to focus on reinforcing the competencies, skills, tools, and abilities of: health workers, including unqualified and community staff, to ensure quality services; health authorities, responsible for analysing needs and identifying actions to address them; communities and individuals, early advocates of their and their families’ health.

Besides the human resources activities, CCM reinforces its work on two essential actions to guarantee the continuity and the quality of care: the referral systems and the disposal of medical waste. It is vital that referral systems—mainly referred to as standard protocols and transport means—are improved to ensure the timely transfer of critical patients from the community to the health centre and hospital: the lack of an ambulance, for example, can cause delays that can lead to dangerous disruption of care, especially in the field of maternal health where a delay may mean the deaths of the mother and her baby.

The proper management of medical waste is essential to prevent the spread of infection among hospitalised patients and to avoid having a negative impact on the environment.

Involving the community and ensuring its direct participation and mobilisation are additional elements that typify CCM’s work. Female empowerment—particularly focused on preventing and dealing with the effects of gender-based violence, promoting healthy behaviours, having a high-impact in terms of SRMNCAMH—as well as family planning and teaching how to wash your hands properly, are some of the key tasks on which we focus our work.

CCM also supports the creation of community groups, helping them to actively participate in monitoring the health services and to identify the needs and effective responses to maternal and child health issues.

CCM continues its commitment to research, aimed at studying the barriers and incentives to the use of health services and analysing the determinants of health, to better address the response strategies in both the provision of services and health promotion activities.
The Campaign results shown in this report are the outcome of 16 projects implemented during 2016 in as many different districts in East Africa. The 16 districts are geographical and administrative areas in which the district health system—peripheral divisions of the national Ministry of Health—is directly responsible for managing the service delivery at both community and facility level. These include 6 counties in South Sudan, 4 woredas in Ethiopia, 3 sub-counties in Kenya, 2 districts in Burundi and one in the state of Puntland in Somalia.

In total, the intervention areas are inhabited by about 2.2 million people. Smiles of African Mothers has reached nearly 440,000 beneficiaries, supporting 133 healthcare facilities, of which 6 are hospitals and a further 127 are primary care facilities (health centres and dispensaries). 77% of these facilities provide child birth attendance and 24% are equipped and able to manage obstetric and neonatal emergencies. Reproductive health services are guaranteed in all 133 facilities; 72 of these facilities also provide preventive and curative services to children. Our projects address one or more population groups: women of reproductive age and, particularly, pregnant and lactating women, new-borns, children under 5 years of age, adolescents and young children.

For each project, CCM collects on regular basis the health data regarding the access to services (such as antenatal care, skilled birth attendance, under-5 and adult outpatient consultations and immunisation services), to allow monitoring of service performance over time and assessing the effectiveness of its actions.

Moreover, specific data is also collected and analysed to measure the effectiveness of awareness raising and empowerment activities, notably community participation to events, the understanding and dissemination of health knowledge, attitudes and practices. Mid-term and final evaluations are carried out to identify any area of improvement and capitalise on good practice that can then be replicated in other projects. The evaluation results are shared within CCM, with the institutional counterparts and any concerned stakeholder. The Campaign’s targets were developed considering CCM’s desire to ensure long-term works...
in at least 13 rural districts or disadvantaged urban areas, with the objective of improving access to essential health services to mothers, children and adolescents and to have an effective impact on their health. The indicators used to monitor the results over time were selected among those uniformly used across the five countries in which CCM is working (for example antenatal visits and skilled birth attendance; under-5 and adult outpatient consultations and vaccination services) and avoiding the double counting of beneficiaries (for example, only the first antenatal visit is used to count the number of women accessing the service; only the first outpatient consultation, and not the follow-up visits, are used to count children who access the service; only measles, BCG and the third dose of the Pentavalent vaccine, administered at different ages, are used to count immunised children).

The progress made in reaching the Campaign targets is shown below and indications are given regarding the specifics of the projects that have contributed to reaching these results. Comments and background information complete the picture, providing context for the relevance and impact of actions in the field.

Health workers
The process of capacity building

Putting health workers at the centre of change, developing their skills and abilities, to ensure that they respond timely and appropriately to the community needs and to any health emergency. This is the approach used by Comitato Collaborazione Medica in all its work, including Smiles of African Mothers. Aiming at local health staff capacity building - through training courses, both in-class room and on-job, and technical assistance in coaching and mentoring the delivery of care to the population - it encourages concrete, sustainable and lasting improvement in the state of the population’s health, particularly of mothers and children.

In 2016, 1,044 health workers were trained by CCM, 39% of the target to be reached by the Smiles of African Mothers within 2020. The data is certainly very good, both in the large number of workers reached, and in the variety and the qualification of the workers trained. These
can be grouped into three categories, each with different responsibilities and tasks: health workers deployed at facility level, community workers and local health authorities.

The health workers deployed at facility level - nurses, midwives and doctors - received training and technical support to improve their skills in the clinical field. Through classroom-taught theoretical lessons, case group discussions, laboratory skills to practice the clinical procedures on anatomical models, and direct in-ward practices under the guidance and support of a supervisor, their capacity to provide care and assistance to women during pregnancy and childbirth and to children improved, with particular attention to the integrated management of neonatal and childhood illnesses, and to the management of acute malnutrition.

For those health workers who have just concluded their nursing and medical training and have still to be recruited and absorbed into the system, in 2016, CCM has tried a new formula in Somalia. Ten newly-graduated midwives took part in a three-month theoretical-practical internship in Garowe General Hospital, in the State of Puntland. The midwives were assigned to the maternity unit, where they assisted and participated in daily health activities under the close supervision of the Department Head and the Doctor in-charge. Particularly, the collaboration between educational and service structures has improved the quality and impact of the training offered to students, giving the interns the opportunity to practice what they have learned in the diploma course and to practice hospital procedures before taking up a proper post.

The second category of health workers refers to community agents, engaged in healthcare promotion in the villages in which they live. In 2016, 400 of them were trained in Burundi. Two training courses, each lasting 4 days and characterised by a participatory and hands-on approach, gave them a basic knowledge of maternal and neonatal health and guided them in correctly carrying out home visits. A careful post-natal home visit in the most critical days for the health of the mother and the new-born, namely those immediately after the birth, is, in fact, crucial in allowing the timely identification of any potential warning sign and the referral of mother and new-born to the nearest health facility.

The local authorities, managers and directors of health facilities and districts, are the other category involved in training courses, which focus mainly on collecting and analysing data and managing services. The health authorities are an essential element of the system, since they are responsible for organising services on the ground. Their training aimed at promoting the use of evidence (data and information collected at facility and community level) for proper health planning, to allow an effective and efficient response to the real needs of the population.
Mothers
Assistance during pregnancy and childbirth

CCM, through its Smiles of African Mothers campaign, aims to guarantee quality assistance during pregnancy and childbirth to the highest possible number of women, with the objective of reducing the risk of death, disease and disability.

In 2016, the results achieved in terms of assisting childbirth have been important: they indicate a trend that promises to exceed the objectives that CCM have fixed for 2020 and reflect the overall significant improvements recorded globally. For example, in Ethiopia in 2016 28% of women have benefited from skilled care during childbirth, a figure that in 2011 was only 10%. In the counties of South Sudan where CCM works, the percentage of women who give birth in a health facility, assisted by qualified staff, has doubled in the last three years, rising from 4% in 2014 to 8% in 2016.

The reasons of this progress lie certainly in the strengthening of the system, through the training of qualified staff, the supply of equipment and medicine and the continuous technical assistance to guarantee the proper care to childbirth in a safe and protective environment. Also, the work in informing and raising awareness among people and communities plays a vital role, encouraging the commitment and active participation of women and their families in protecting their own health.

Assistance during pregnancy has also recorded encouraging results, even if they highlight the major difficulties in ensuring an effective continuity and quality of care over the nine months. Although a high number of women access their first prenatal visit, only some of them complete the cycle of the four visits recommended by WHO. Within CCM’s projects in South Sudan, only 46% of women complete the course of prenatal care. The reasons for this so-called “loss to follow up” are mainly linked to the late access to the first visit by the women and the consequent impossibility to follow the whole course of care. To adequately respond to this, CCM involves, trains and supports community workers, with the objective of informing and educating women and their families about the importance of all four visits,
the first of which within the first trimester of pregnancy, and following at home the ones that made only their first visits to encourage them to complete the antenatal care program.

Other antenatal service quality indicators include tetanus vaccinations, intermittent preventive treatment for malaria and HIV counselling and testing. The health data from the facilities supported in South Sudan indicate that among women who access antenatal services, 30% receive the second dose of the tetanus vaccination, 63% receive the prophylaxis for malaria and only 3% undergo HIV screening. The reason for the last and particularly small figure lies mainly in the scarcity of facilities that are equipped to offer this type of service. However, the overall assessment of prenatal care indicates that greater attention must be paid to ensure a consistent implementation of clinical protocols and documentation of all services offered to women.

Children Care and vaccinations

**OBJECTIVES**

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<thead>
<tr>
<th>Year</th>
<th>Visited and cared for</th>
<th>Immunised</th>
<th>Objective reached</th>
</tr>
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<tbody>
<tr>
<td>2015</td>
<td>176,760 children</td>
<td>33,338</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>210,098 children</td>
<td>33,338</td>
<td>210,098 (27%)</td>
</tr>
<tr>
<td>2020</td>
<td>780,000 children</td>
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**Childhealth** plays a central role in the activities of Smiles of African Mothers: to ensure the basic preventive and curative services (such as vaccinations, distribution of mosquito nets, the use of oral rehydration salts to treat diarrhoea) and the correct and integrated management of neonatal and childhood illnesses, including the treatment of severe malnutrition.

The current challenge for CCM is to continue to ensure the provision of preventive and curative services for the highest possible number of children and to always guarantee an integrated approach to the overall welfare of the child.

Despite the excellent result achieved, compared to initial expectations, maintaining the vaccination coverage required to control the spread of the most common infectious diseases remains a daily and demanding challenge. In South Sudan, for example, in 2016 vaccination coverage fell significantly compared to the past, mainly because of the humanitarian crisis that forces communities to continuously move and prevents normal health activities being carried out, with a particularly strong impact on the preventive services. But there are also
best practices like those found in Somalia: in the Garowe General Hospital, in the Somali state of Puntland, our work with the health workers and authorities has allowed the provision of the immunisation service, once limited to only primary care facilities, thus offering BCG and the first dose of the Polio vaccine to all those born in hospital, which are about a hundred every month.

Unfortunately, it is recognised internationally that the significant progress made in child health is not matched by similar findings in the field of neonatal health. This is also true in countries where CCM operates. To counteract this, we intensified our actions to improve the assistance and care during the first 28 days of life. In 2016, our Kira Mama Plus! project in Burundi allowed us to ensure ongoing technical support to neonatal services in the district of Cibitoke, through the construction of a Neonatal Department in the hospital and the enhancement of the delivery of essential new-born care and the first assistance to the sick babies across the different health centres in the area. To ensure continuity of care between health care facilities and communities, the project has initiated a home-visit service which provides mother and baby with three post-natal visits within the first seven days of life. Community workers involved in home-visits identify danger signs and refer mothers and babies to the nearest health facility, for the proper management of possible illnesses. On average, about 700 new-born babies are visited at home every month. This covers around 75% of births in the entire district of Cibitoke.

Another important element of childcare is the integrated management of acute malnutrition in children aged between 6 and 59 months. In South Sudan, in line with ministerial recommendations, CCM supports 27 outpatient centres for the treatment of severe, but not complicated, acute malnutrition and 6 stabilisation centres where cases with medical complications can be admitted and properly managed. Even for malnourished children, ensuring the continuity of care between health facilities and the community is essential and critical to improve the health of the child and promote an adequate development for their age. The involvement of mothers and families, and therefore of the entire community, is necessary to control and prevent malnutrition, through the continuous information and education on the importance of a healthy and balanced diet and the development of family and village-based vegetable gardens.

Other goals
Referral systems, awareness raising and research

In 38% of the 16 districts in which CCM works, we also support the hospitals, secondary care facilities that ensure the comprehensive management of obstetric complications and emergencies (through Caesarean sections and blood transfusion) and offer general surgical services. 63% of districts are provided with an ambulance for the referral of severe cases from the community and primary care facilities to hospital for appropriate and prompt management. The challenge is to improve the referral systems, ensuring that all districts supported by CCM are provided with an ambulance and adequate referral protocols and connections between the different facilities.

191,223 people were reached by awareness raising and education activities, equal to 48% of the target established for 2020. These activities include: health talks, discussion meetings on health held at health facility level, in the communities and schools and carried out with the help of audio-visual aids and materials; drama performances organised in the health facilities, in the communities and in the most popular gathering points; radio messages to spread the information further and faster. The topics covered during these educational activities are mainly related to maternal and child health, such as the importance of institutional delivery and vaccinations, but also personal and community hygiene, essential to prevent and control the spread of the most common infectious diseases.

The Campaign’s objectives include carrying out 5 research studies aimed at providing CCM, its partners and the communities with important elements on the determinants of health
among mothers, children and adolescents in the areas where we work and at identifying key barriers and incentive mechanisms to access health services. In 2016 CCM carried out the operational research titled, Enhance the Health Status of the Nomadic Pastoralists in the Somali Region of Ethiopia, Liben Zone, Filtu, Ethiopia – One Health Operational Research. The study, conducted in the Somali region of Ethiopia, was inspired by the One Health approach and analysed the needs, perceptions and practices related to health and the management of human and animal diseases in nomadic pastoralist communities. The research was carried out by a multidisciplinary team, coordinated by an anthropologist and composed of local and international professionals, such as health workers, vets, public health and environmental experts, cultural mediators and applied geographers. The adopted methodology led to the identification of a set of priority interventions, shared and approved by community representatives, on whom CCM intends to test a new set of initiatives to promote human, animal and environmental health and to integrate and improve the services offered to communities.

2017: activities and new commitments

In 2017, Comitato Collaborazione Medica - CCM - continues its commitment to the health of many communities in Burundi, Ethiopia, Kenya, Somalia and South Sudan, through more effective strategies and actions to achieve significant and lasting results.

At its heart is the training, aimed at providing useful knowledge and skills to reduce the high maternal and child mortality rates: priorities include assistance and care during pregnancy and childbirth, and the consultations and vaccinations for children. In 2017, CCM intends to train 700 health workers, to help approximately 36,000 women during pregnancy and childbirth and to care for and vaccinate around 161,000 children.

To this we add, particularly in Ethiopia and Kenya, some projects aimed at adolescents and young children, who today represent around a third of the population of these countries. A number that will only increase in both absolute and percentage terms over the next 20 - 30 years. Among young Africans, the main health problems, as well as the leading causes of death and disability, are related to sexual and reproductive health, including HIV; the consumption of tobacco, alcohol and drugs; accidents (especially household, workplace and road accidents); violence (interpersonal and conflict-related); and mental health-related issues. Adolescence is a stage of life characterised by rapid and significant physical, sexual, emotional, mental and social changes, where the principal features of the adult’s personal and social identity are defined. In this period, an adolescent also develops the health-related attitudes and habits that will have a major impact later in life. Susceptibility to risk and the importance of judgment and relationships with peers are particular characteristics of this stage of life, with potential positive or negative effects on a person’s health as an adult. For these reasons, it is important to act to promote the health of youth and adolescents and to find specific and adequate responses to the needs and characteristics of this group.

In order for health workers to meet and satisfy the needs of information and care among youth and adolescents and to establish a relationship that is based on trust and confidence, training will focus on: developing technical skills, particularly those related to sexual and reproductive health; understanding the psychology of adolescents; boosting the capacity for dialogue and interaction, with an emphasis on the need of being welcoming and non-judgmental and maintaining the confidentiality, essential elements to build the trust between young people and health providers.

CCM also supports the empowerment of youth groups, promoting the creation of networks within schools, universities, sports clubs and societies, to develop the ability of young people to take care of their own health and to make them promoters of healthy behaviour among peers. Finally, we collaborate with various stakeholders, local and international civil society actors, to meet, as far as possible, the needs of children and adolescents, also in terms of their education, employment and social contexts.
OBJECTIVES TO 2020

Smiles of African Mothers has set its targets for 2020 in the widest context and in line with the objectives of the long-term Sustainable Development Goals.

By 2020, African Mothers’ Smiles wants:
- to train 2,700 health workers (doctors, midwives, nurses, community health workers)
- to assist 170,000 women during pregnancy and childbirth
- to vaccinate and care for 780,000 children

In more detail

To train 2,700 health workers in maternal and child health
- 800 on delivery care
- 400 on reproductive health
- 200 on immunisation
- 1,200 on child health
- 50 on data collection and management
- 50 on health care management

To assist 170,000 women during pregnancy and childbirth
- 135,000 women assisted during pregnancy
- 61,000 women provided with 4 antenatal visits
- 40,400 women vaccinated
- 62,500 women provided with preventive malaria services
- 35,000 deliveries and obstetric emergencies assisted

To vaccinate and care for 780,000 children
- 180,000 children vaccinated
- 600,000 children under 5 years visited and cared for

provide 400,000 people with SRMNCAH awareness sessions

Carry out 5 research studies on the right to health

CCM commits to providing an annual report on the activities progress and the use of resources to all stakeholders, such as local communities in the Countries and in Italy, institutional counterparts, partner organisations and funding bodies. This is a commitment to transparency and accountability that our organisation has always seen as a moral duty and that translates into actions aimed also at improving the effectiveness and efficiency of its operations and the measurement of results and impact achieved.
Smiles of African Mothers is supported by


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