Maternal and child health:
2017’s Activities and Results. Strategy and Objectives for 2020

WE TRAIN HEALTH WORKERS
WE PROTECT MOTHERS AND CHILDREN

SMILES OF AFRICAN MOTHERS

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The Sustainable Development Goal (SDG) 3 aims to ensure healthy lives and promote well-being for all at all ages. In this perspective, enormous progress has been made and excellent results achieved globally over the last two decades. Maternal mortality rates have fallen by almost 50% since 1990; vaccination against measles has resulted in the prevention of over 15 million deaths since 2000; over 13 million AIDS patients had received antiretroviral therapy by the end of 2014. Nonetheless, inequality is still a major problem which affects women and children, particularly badly. Each year over 6 million children die before they reach the age of five and the causes of these deaths could, in most cases, easily be prevented; in low income countries only half of women have access to the treatment they need.

Universal access to healthcare services is crucial and, without it, the SDG 3 cannot be achieved. Essential medicines and vaccinations need to be made accessible to everyone. It is vital that women have free and safe access to sexual and reproductive health services. It is essential, too, to reduce preventable illness amongst children. The more remote and vulnerable communities must be provided with quality services for the prevention and treatment of basic medical disorders.

The intervention by Comitato Collaborazione Medica - CCM in the framework of the Smiles of African mothers campaign take place within this international context, with the will to contribute in an effective and sustainable manner to improving universal access to health services and, consequently, to reaching the SDG 3 by 2030.

In 2016, Comitato Collaborazione Medica - CCM renewed its commitment to promote mother and child health, by launching the second phase of the Smiles of African mothers campaign. The new 2020 goals focus on health professionals, aiming to reduce maternal and child mortality by promoting universal, quality care in the countries where the organization operates.

The results for 2017 (second year of the campaign) show that cooperation within the community and with the health authorities, a commitment which began almost 50 years ago, is ongoing and gaining in strength. Training 1,159 health professionals has meant that we have already reached 82% of the campaign’s five year goal. Furthermore, assisting 31,363 women during pregnancy and childbirth and vaccinating and providing treatment for 221,994 children has meant that we have met, respectively, 40% and 55% of our final targets.

Smiles of African mothers bases its interventions on an integrated approach to sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH), which promotes the continuum of care throughout life, aiming to reduce high maternal and child mortality rates and the deep-rooted inequalities typical of the countries where we operate.

1 Sustainable development goals (https://sustainabledevelopment.un.org/): accessed 1 February 2018
The distinctive features of CCM’s strategy can be summed up in five key words:

Training, the transmission of know-how and development of skills and expertise in order to support health professionals, allowing them to respond to the needs of the community and to single emergencies expertly and efficiently. The training promoted by CCM includes formal courses, which alternate theory and hands-on practice, and informal courses, where learning takes place through direct experience in the workplace (on-job training) and where classroom learning is put into practice.

Task shifting, the redistribution of tasks and responsibilities between available health professionals present in the field. The countries in which CCM operates are in fact characterized by a serious lack of highly qualified staff, particularly in rural areas where doctors and specialists are rarely willing to work because of the difficult work and living conditions. Here too, however, it is essential to guarantee the provision of services which are essential (vaccination) or life-saving (caesarean section). Consequently, staff at different levels are involved in long-term training courses which include theory and practice, allowing them to gain familiarity with new procedures and gradually become more self-reliant under the constant guide and supervision of expert, qualified training staff.

Appropriate technology, low-cost equipment which is easy to use and maintain, meaning that serious health conditions can be dealt with effectively. One example of this is the Kangaroo Mother Care to maintain body temperature in babies born pre-term or underweight, in situations where purchase and maintenance of neonatal incubators is difficult. Another example is the NASG (Non-pneumatic Anti-Shock Garment) to control post-partum haemorrhaging, checking blood-loss and stabilizing the patient for safe transfer to a hospital which may save her life.

Participation, continuous, active involvement of the community and the ultimate beneficiaries of intervention, ensuring that they themselves become the primary actors in promoting their own health. When action plans are drawn up, active involvement in needs analysis is the starting point to ensure that programmes are effective and sustainable. Alongside operative healthcare units and required skills, it is vital that individuals develop awareness and a greater ability to make decisions about their own lives and become directly involved in the development and improvement of their community.

Partnership, ongoing cooperation on equal terms with local establishments to meet the common goal of sustainable development. Our organization has chosen to consolidate existing healthcare services, in collaboration with local authorities and communities, promoting action in synergy with those actors involved in other areas of development (education, water, agriculture, veterinary health, manufacture and the safeguarding of basic human rights). This means that the right to health is promoted by adopting a comprehensive approach, meeting health needs directly and, at the same time, influencing the different determinants of health.

Targets, monitoring and evaluation

The main beneficiaries of the campaign are women and children, who receive treatment and skilled assistance from health professionals who are increasingly well-trained and qualified. For each of the three categories above, a final target has been set, aiming ultimately to guarantee that adequate health services are available and easy to access and that people are making use of them. The target has been set in view of CCM’s will to promote genuine development through long-term intervention in at least 13 health districts in remote and vulnerable areas of East Africa.

Consequently, the campaign has adopted specific indicators to monitor progress made and goals reached. These have been selected from those most commonly used to monitor provision of services for maternal health (antenatal care and assisted delivery) and child health (paediatric clinics and vaccination). Data relative to provision of these services is gathered monthly from health facility registers and via the national health information system.
Monitoring of health services is constant and guaranteed by using the so-called Monitoring framework, a tool which allows us to track progress and results of activities (healthcare services, training, community education, procurements) which are implemented in the framework of the campaign. Data analysed according to this framework is shared with staff, authorities and project partners, making it possible to discuss any problem and difficulty which have impeded or limited provision of a particular service or caused delays, and so to reach consensus on viable solutions.

As each intervention reaches its conclusion, activities and results are analysed by an External Evaluation, resulting in a timely, comprehensive review of the action undertaken in terms of relevance, effectiveness, efficiency, impact and tenability. The evaluation is generally carried out using methods based on participation, involving all those who have taken part in the action (authorities, health professionals, partners and final beneficiaries). This allows us to gather different opinions and points of view, to reflect on lessons learnt and where possible to draw on good practice as an example to be replicated elsewhere. The evaluation report is shared with those directly involved in the project and partners operating in the same field and is made public through CCM distribution channels, ensuring that it circulates freely.
2017: activities and results

In 2017 the campaign results drew on 16 projects, that contributed to consolidate the healthcare system in 19 districts of East Africa, including 5 counties in South Sudan, 7 woreda in Ethiopia, 4 sub-counties in Kenya, 2 districts in Burundi and 1 in the state of Puntland in Somalia.

The areas targeted are inhabited by over 2 million people: over 470,000 people benefited of our actions and we supported 134 healthcare facilities. Intervention enabled us to reach the most vulnerable groups, such as women of childbearing age (particularly while pregnant or during childbirth), newborns, children under 5 years old, adolescents and young people. We carried out a range of interventions, varying in scale and goals, according to the context in which they took place. In Burundi and Ethiopia, for example, action focused on a specific target in order to consolidate a single healthcare service: neonatal care in the former and sexual and reproductive health for adolescents and youth in the latter. In South Sudan, on the other hand, action enabled us to carry out all-round consolidation of the local health system through the capacity building of health authorities, the organization of primary and secondary healthcare and the establishment of referral networks to guarantee non-stop provision of essential services, to manage emergencies rapidly and to respond to epidemics in a coordinated manner.

Progress made in reaching the campaign targets can be seen below, including details of specific situations in which intervention took place and background information, providing an overview of the main, most representative actions carried out in the field.

Health professionals.
Capacity building training programmes

In 2017, CCM achieved 82% of the campaign target for 2020: 2,203 health professionals trained, of whom 1,159 trained in 2017. This excellent result was achieved thanks to a thorough response to training requirements which emerged in the course of the various projects, thereby extending the initial campaign training programme in range and scale. More specifically, in Ethiopia and South Sudan, local authorities asked CCM to support the organization of specific training programs after difficulties and weaknesses in service provision were identified during the joint supervision visits to health facilities.
Topics covered range from child health care (neonatal intensive care, integrated management of childhood illnesses and vaccination) and maternity care (care during pregnancy and delivery, management of obstetric emergencies) to reproductive health (sexual transmitted diseases and HIV, family planning and gender based violence). Particular attention was paid to service management (referral system between primary and secondary health units, integrated pharmaceuticals and logistics systems), and to gathering and analysing data for evidence-based planning.

Trained health professionals consist mainly of doctors, nurses and midwives (79%), who took part in advance training on different clinical protocols, in order to treat and assist patients correctly. In Burundi we were able to involve a group of students in their last year at nursing school, enhancing their university course with a practical lesson on neonatal intensive care and stimulating the young students’ interest in essential neonatal care of newborns, both with and without medical disorders. Training of community health workers, who are involved in education and preventive measures within families and villages, also continued. In line with their respective national strategies, CCM supported training and supervision of 83 Community Based Distributors in South Sudan and 40 Community Health Workers in Kenya. Reinforcing these workers’ skills and capabilities led to an improvement in the community healthcare network, spreading information regarding health and hygiene good practices, promoting home care for basic health issues and making it easier to identify more serious cases requiring specialist assistance. In South Sudan this meant reaching over 45,000 children directly in the villages where they live, providing home treatment for malaria and diarrhoea and, in nearly 870 cases in which complications or danger signals were promptly identified, referring (and often accompanying) patients to the appropriate health facility.

Mothers.
Care during pregnancy and childbirth

Mothers’ health is central to the campaign, which aims to guarantee provision of qualified assistance during pregnancy and childbirth to 170,000 women. In 2017, CCM reached 40% of the target set for 2020. 31,363 women received care in the second year including 23,748 during pregnancy and 7,615 during childbirth.

OBJECTIVES
2015-2020

2015
36,392 women assisted
21%

2016
67,755 (+31,363) women assisted
40%

2017

2018

2020

170,000 women

76% assistance during pregnancy
23,748

24% assistance during childbirth
7,615

Despite the excellent results achieved, in line with the campaign’s five-year target, women still
have limited access to health facilities during pregnancy and childbirth, particularly when compared to other healthcare services. The availability of services, equipment and supplies, as well as the competence and capacity of health professionals and a functional referral system for the prompt transfer of emergencies, are all necessary elements for healthcare to be accessed and utilized, but it is not enough. What must be done is to make women central and ensure that they themselves, with the support of the communities to which they belong, take care of their own health. It is indispensable to meet and have discussions with the women, to support their education, build their trust in the health system and promote a participated discussion on traditional practices which are often incorrect and dangerous. This can be seen from the results achieved in Bale (in the Oromia region of Ethiopia), where CCM has supported local authorities in setting up and developing the Community Health Networks. These are made up of women who vary in age and status (mothers, grandmothers, traditional birth attendants, community health workers and midwives), who meet to discuss health, particularly mother and child health. As the women themselves report, the Networks are an important opportunity for them to get together and feel free to express their thoughts and opinions without the danger of being judged or censured. They are places which provide education and stimulate active participation in discussion and which promote change. In the final evaluation of the project, a marked improvement in the uptake of maternity health services in the area where the Networks have been set up is reported: institutional births have increased by 23% and attendance at the fourth antenatal examination has tripled in the course of the project.

Children.
Healthcare and vaccination

In the second year of the campaign, CCM reached 55% of the target set for 2020 in terms of healthcare provision to children: 39,745 children were vaccinated in accordance with national schedules and 182,249 received proper care for malnutrition or illness.

CCM’s approach to children's health is integrated and continuous. It is integrated in that it promotes health and wellbeing in children by means of preventive measures, such as immunisation and nutritional screening, and treatment when signs of illness require a child to be examined at a clinic or admitted at hospital level. The child’s medical history is recorded according to the protocols of the Integrated Management of Neonatal and Childhood Illnesses that
foresee the identification of warning signals typical of conditions which pose the greatest risk, such as pneumonia, dehydration caused by severe diarrhoea and measles, after which the most appropriate therapy is prescribed. The approach is continuous, because it aims to guarantee that the child is monitored firstly within the community, by the family and purposely trained community health workers, then in primary health units, where Clinical Officers and nurses are able to diagnose and treat the most common conditions, and eventually in hospital, where doctors and more sophisticated equipment mean that more complex cases, requiring appropriate treatment and constant monitoring can be dealt with.

CCM intervention in South Sudan illustrates this approach well. Within the community, families are helped to improve children's diet and healthcare at home, thanks to the involvement of Home Health Promoters, volunteers who promote health education in villages, and by Community-Based Distributors, who initially evaluate and, if necessary, treat the most common health conditions (fever, malaria and diarrhoea). The network created between communities, health centres and hospitals means that children with complications can be transferred timely to the most suitable health facility, thanks to an ambulance service which operates 24 hours a day, 7 days a week.

Other goals

In 2017, CCM operated in 134 primary and secondary units, supporting the health service in 19 districts and applying different approaches according to the needs which became apparent in the field and in accordance with national strategies and priorities. In South Sudan, for example, the collaboration with local authorities resulted in overall reinforcement of the county health system, upgrading treatment at different levels (dispensaries, health centres and hospitals) and including them within a network to ensure that emergencies were dealt with correctly. In Ethiopia, on the other hand, needs analysis highlighted the necessity to support the adolescents and youth, a group which is particularly large, vulnerable and exposed to various health risks, by creating dedicated services tailored to their needs within the health facilities, where they could feel welcome and listened to by trained staff.

Action to develop awareness and involvement within communities was particularly intensive, reaching 223,000 people. The strategy applied involved different groups within the population, to promote peer education as much as possible. In Kenya and South Sudan, students were involved in spreading information and best practices in schools, where Health School Clubs turned them into true ambassadors for personal and environmental hygiene. In Ethiopia, several groups of young people were trained in art and drama techniques to broaden the scope of intervention and involve communities actively through music and entertainment. In Burundi, women’s groups enabled families to be visited at home, promoting in-depth discussion at individual level about maternal and neonatal health.

In 2017, the first research study on the uptake of health services in the Bale zone of the Oromia region of Ethiopia was completed. The research, carried out by an anthropologist, resulted in a deep analysis of women’s needs and perceptions concerning antenatal healthcare and institutional childbirth, and in the evaluation of the role played by the Community Health Networks in improving health. The results of the research were discussed with communities and local authorities and will be used to fine-tune strategies to involve women in safeguarding their own health.

For further information, see the research report [CCM (2017). WDA conferences, community network, health seeking behaviours for maternal health. Applied research in Harena Buluq and Meda Welabu (Bale zone, Oromia Region). Addis Ababa, Ethiopia]
2017 good practice: neonatal healthcare in Cibitoke

In 2017, the *Kira Mama Plus!* project, which improved neonatal services in the Cibitoke district of *Burundi* embracing the World Health Organization's strategic objectives and promoting the continuum of care from communities to health facilities, drew to a close. The results of the intervention were presented at the *European Congress on Tropical Medicine and International Health*, which was held in Antwerp.\(^4\)

Intervention involved three levels within the health system: the community, by mobilizing the community and by means of home visits to newborns during the first week after birth; health centres, by training staff and monitoring services; and the hospital, where a Neonatal Unit was set up to deal with children suffering from severe complications and disorders. The three-level approach proved to be successful in improving neonatal health in Cibitoke. Communication and trust established between the community and health facilities resulted in families and health professionals joining forces and working towards a common goal in terms of neonatal health. Through constant monitoring of activities and analysis of results, it was possible to keep a record of best practices, build a wealth of experience and, consequently, promote use of the same approach in other contexts and countries.

More in detail, 145 women’s groups were involved in the project to spread best practices in neonatal care, reaching over 32,000 people in their own communities. Community Health Workers, trained in the course of the project, carried out home visits to 84% of children born at health facility level, ensuring that they were efficiently monitored at a particularly critical and high-risk stage of their lives, in conditions where resources are extremely limited. While examining newborns with breastfeeding difficulties, respiratory conditions or signs of infection, they assisted the mothers in taking care of their babies and reported suspected cases to the health centres. The 16 district Health Centres were equipped to improve the healthcare of newborns and the timely management of the common disorders. The new Neonatal Care Unit in the Cibitoke Hospital guaranteed (and continues to guarantee) that the most serious cases are admitted to hospital for treatment, in a safe, protected environment, devoted entirely to newborns.

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In 2018, Comitato Collaborazione Medica - CCM continues in its commitment to promote the health of communities. Training health professionals is still at the heart of the organization’s approach, with the final goal of improving the quality of preventive and curative services provided mainly to women and children. In 2018, we want to train at least 600 health professionals, provide 30,000 women with assistance during pregnancy and childbirth and vaccinate and treat 154,000 children.

It should be noted that, with the objective of training 600 health professionals, the campaign may well reach and exceed the target set for 2020 (2,700 health professionals). In the light of the excellent results obtained in this direction, CCM will redefine the campaign target in view of the new programs it aims to carry out between now and 2020.

CCM has always operated for the right to health of the weakest and since 2011 with Smiles of African mothers has been focusing its attention on the most vulnerable groups in the poorest communities: women and children, particularly critical situations, such as those involving adolescents and children from nomadic communities, to all of whom we aim to bring increasingly effective assistance.

In Africa, as elsewhere, adolescence is a particularly difficult period: young people are increasingly exposed to health risks, linked to areas of sexuality and reproduction, alcohol and tobacco consumption and violence. Furthermore, fieldwork studies show that young people do not willingly make use of health services because they do not trust health professionals, whom they see as being judgmental and with whom they are not free to express their concerns, especially when relating to sexual health. To ensure that pregnancy in girls and young women is wanted, untroubled and safe, CCM works with local communities and health authorities in Ethiopia and Kenya, creating spaces within the health facilities devoted entirely to young people, where trained, skilled workers can support and guide them towards informed, rational choices.

Children living in nomadic pastoral communities are also particularly at risk: a nomadic lifestyle and remote territories mean that access to essential health services is limited for all the family, putting children at particular risk. For example, vaccination coverage is considerably lower than at national level. The situation is further complicated by the high risk of zoonosis (infectious diseases which are passed from animals to humans) linked to the proximity of herders and livestock. To improve the health and resilience within the pastoral communities in the county of Marsabit in Kenya and in the Somali region of Ethiopia, CCM plans to apply the One Health’s multidisciplinary approach which acknowledges the interrelationship between human, animal and environmental health, promoting integrated management in order to achieve a state of the household well-being and serenity.
GOALS FOR 2020

Smiles of African mothers has set its objectives for 2020 within the wider framework and the long-term perspective of the Sustainable Development Goals.

By 2020 Smiles of African mothers aims to:

- train 2,700 health professionals (doctors, midwives, nurses, community health workers)
- assist 170,000 women during pregnancy and childbirth
- vaccinate and provide care to 780,000 children

More in detail

Train 2,700 health professionals in maternal and child health
- 800 in maternal health care
- 400 in sexual and reproductive health
- 200 in immunisation
- 1,200 in child health care
- 50 in health data collection and management
- 50 in health service management

Assist 170,000 women in pregnancy and childbirth
- 135,000 women to be assisted during pregnancy
- 61,000 women to receive 4 antenatal care visits
- 40,400 women to be vaccinated
- 62,500 women to receive preventive treatment for malaria
- 35,000 women to receive assistance during delivery and obstetric emergencies

Vaccinate e treat 780,000 children
- 180,000 children under the age of 2 to be vaccinated
- 600,000 children under the age of 5 to be visited and treated

Raise awareness of SRMNCAH in 400,000 people

Carry out 5 research programmes on the right to health

CCM commits to give annual progress reports on activities and use of resources to all parties involved, such as local communities in the countries in which it operates and in Italy, institutions, partner organizations and donors. This is a commitment towards transparency and accountability, which this organization has always seen as a moral duty and which manifests itself in actions which aim to improve effectiveness and efficiency in the ways in which it operates and measures the results and impact achieved.
Smiles of African mothers is supported by

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FAI Fondation Assistance Internationale, Fondazione Creonti, Fondazione Fratelli Dimenticati, Fondazione Prosolidar Onlus, Fondazione Zanetti Onlus, Only the Brave Foundation, Fondazione Peppino Vismara, Fondazione Prima Spes.


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