Maternal and child health care.
Edited by

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The health of mothers and children in the world

The third Sustainable Development Goal (SDG) aims to ensure healthy lives and promote well-being for all at all ages, yet it continues to put mothers and children at the centre, since they are a particularly vulnerable group of the population due to the high mortality and morbidity rates during pregnancy, childbirth and during the first years of life. Above all, the aim is to guarantee access to health services and information to all, through a universal health coverage that reduces the risk of financial losses and ensures the continuity of high-quality services. The global successes of recent years are concrete and significant. Maternal mortality has been reduced by 37% since 2000, and almost 80% of women today give birth assisted by a qualified professional. The number of children who die before reaching five years of age has fallen from almost 10 million in 2000 to less than 6 million in 2016. Pregnancy among adolescents (15–19 years old) has decreased by 20% since 2000. In addition, almost 22 million people affected by AIDS have benefited from antiretroviral treatments at the end of 2017. Yet, inequality remains a significant problem: despite the progress made, low-income countries and sub-Saharan Africa in particular, lag behind with an especially high impact on women and children. Compared to high-income countries, in sub-Saharan Africa, maternal deaths following Caesarean sections are 100 times more numerous and children are 15 times more likely to die before reaching the age of five.

The work of the Smiles of African Mothers campaign of Comitato Collaborazione Medica (CCM) builds into this international context. The objective is to contribute to the improvement of universal access to health services in the African countries with the highest rates of maternal and infant mortality, thereby achieving the third SDG by 2030.

The smiles of african mothers campaign

In 2016, CCM renewed its commitment to promoting the health of mothers and children, initiating the second phase of the Smiles of African Mothers campaign. The new objectives for 2020 put health-care professionals at the centre and aim to reduce maternal and infant mortality by promoting the universal coverage and quality of care in those countries where CCM operates.

The results of 2018 – the third year of the campaign – demonstrate an ongoing commitment and collaboration, which are reinforced in the communities and with the health authorities CCM has been working with for over 50 years. The 494 trained health-care professionals enabled CCM to fulfil 100% of the five-year goal of the campaign. Therefore, CCM increased the original target of 2,700 trained health-care professionals to 3,900, with a strong wish to continue to take care and invest in nurses, doctors, midwives and community workers who are still at the heart of the health services. Thanks to them, 36,062 women were assisted during pregnancy and childbirth, and 193,078 children were vaccinated and treated for common diseases, permitting CCM to reach 61% and 80% of the final targets.

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Strategy and key elements

Smiles of African Mothers bases its actions on an integrated approach to sexual, reproductive, maternal, neonatal, infant and adolescent health (SRMNCAH), which promotes continuity of care throughout life, with the aim of reducing the rates of maternal and infant mortality and the profound inequalities typical of the countries where said interventions take place.

The key elements of CCM’s strategy can be summarized in five key words:

**Training**, namely, the passing of knowledge and strengthening of skills and abilities to support health-care workers in responding with a high level of care and efficiency to the needs of the community and individuals. The training offered by CCM includes formal courses, in which theoretical lessons alternate with practical exercises and informal courses, where the learning takes place through on-job training alongside doctors and nurses, international volunteers and local staff applying what has been learnt in classroom.

**Task shifting**, that is to say, the redistribution of tasks and responsibilities among the health-care professionals that are present and available on the ground. The countries in which CCM operates are in fact characterized by a severe lack of qualified personnel, especially in rural areas where doctors and specialists rarely accept jobs as a result of the difficult living and working conditions. At this level, too, it is nevertheless necessary to guarantee the supply of essential services (vaccination) and emergency services (Caesarean sections). Therefore, health workers with different qualifications are involved in long training courses of theory and practice, that permit them to gain confidence with new clinical procedures, slowly becoming autonomous under the guidance and constant supervision of expert teachers.

**Appropriate technology**, that is, low-cost medical equipment that is easy to use and maintain and that can respond efficiently to relevant health problems. For example, this could include the mother-kangaroo technique to maintain the temperature of babies born prematurely or underweight in those places where purchasing and maintaining incubators is difficult. Or it could be the use of non-pneumatic anti-shock garments (NASGs) to treat the post-partum hemorrhage, controlling the bleeding and stabilizing the patient to ensure that she can be safely transported to an equipped health facility that could save her life.

**Participation**, which entails the active and continuous involvement of communities and direct beneficiaries, so they can become the principal agents and promoters of their own health. The participatory and shared analysis of local needs is the starting point for planning any intervention and guaranteeing the efficacy and sustainability of development programs. Functioning health facilities and adequate expertise need to be accompanied by the awareness of individuals, their ability to make decisions about their own lives and their direct participation in the development and improvement of the health of their community.

**Partnership**, which means working with local partners in an equal and participatory manner to reach the common objective of sustainable development. The organization has chosen to reinforce the existing national health systems, in collaboration with local authorities and communities, promoting synergies with the other actors of development (education, water, agriculture, veterinary health and protection of human rights). This allows us to promote the right to health with a global approach, operating directly on the health needs and at the same time influencing the diverse determinants of health.

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Targets, monitoring and evaluation

The primary beneficiaries of the campaign are mothers and children, who receive quality treatment and care from trained and competent health-care professionals. For each of these three categories a specific target has been set, with the ultimate goal of ensuring the availability, access to and use of adequate health services. Targets have been set by taking into account the willingness and commitment of CCM to promote development actions, through long-term interventions in at least 13 health districts in remote and vulnerable areas of East Africa.

The campaign therefore has specific indicators to monitor its progress and assess whether it has reached its objectives. These have been selected from those most commonly used to monitor services for maternal health (prenatal visits and assisted births) and infant health (outpatient consultations and vaccinations). Data relating to these services is recorded on a monthly basis in paper-based registers at health facility level and then aggregated into a national information system.

The monitoring of health services is constant and guaranteed by the use of the monitoring framework, a tool that allows us to follow the progress of results of activities (health services, training and community education activities, provision of goods), carried out in the context of the different projects that contribute to the campaign. The analysis of the data collected through the framework are shared with health workers, local authorities and project partners, encouraging a common discussion on the difficulties and problems that could explain the lack or limited delivery of a certain service or the delay in carrying out a specific activity, and promoting the identification of shared and sustainable corrective actions.

At the end of each project, activities and results are analyzed through an External Evaluation exercise, which permits a comprehensive and timely revision of the action in relation to the key criteria of relevance, efficiency and efficacy, impact and sustainability. The evaluation exercises generally entail participatory methods, involving all the actors who participated in the action (authorities, health workers, partners and final beneficiaries). This allows us to gather the different considerations and points of view, to reflect on the lessons learned and eventually capitalize on the good practices to be replicated in other contexts and countries.
In 2018, 15 projects contributed to the results of the campaign. These allowed us to strengthen the health system in 19 districts in East Africa, including 4 counties in South Sudan, 13 woredas in Ethiopia and 2 sub-counties in Kenya.

The areas of intervention are populated by around 1.5 million people: the campaign has reached over 368,000 beneficiaries and supported 86 health services. The completed projects have allowed us to reach the most vulnerable sections of the population – children under five, adolescents and young people, women of child-bearing age (particularly pregnant women and those who have just given birth) and newborns. The projects cover a wide range of interventions and vary in scope and objective, depending on the context in which the action takes place. In Ethiopia, for example, the action focuses on a determined target specifically strengthening sexual and reproductive health care for adolescents and young people. However, in South Sudan the project allowed us to reinforce the health system overall and guarantee the continued provision of essential services, the prompt management of emergencies and a coordinated response to epidemics.

The progress made towards reaching the targets set for the campaign is shown below, enriched by details on the specific realities of interventions and contextual information that allow to have a complete picture of the principal and most representative actions achieved in the field.

The health-care professionals.

Capacity-building and training programs

<table>
<thead>
<tr>
<th>Capacity-building and training programs</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses, midwives and doctors</td>
<td>263</td>
<td>494</td>
<td>494</td>
<td>494</td>
<td>494</td>
</tr>
<tr>
<td>Community health workers</td>
<td>210</td>
<td>210</td>
<td>210</td>
<td>210</td>
<td>210</td>
</tr>
<tr>
<td>Local authorities</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Child health care</td>
<td>150</td>
<td>30%</td>
<td>47%</td>
<td>494</td>
<td>53%</td>
</tr>
<tr>
<td>Maternal and reproductive health</td>
<td>233</td>
<td>47%</td>
<td>23%</td>
<td>43%</td>
<td>4%</td>
</tr>
<tr>
<td>Services and data management</td>
<td>111</td>
<td>23%</td>
<td>4%</td>
<td>43%</td>
<td>4%</td>
</tr>
</tbody>
</table>

In 2018, CCM reached 100% of its expected target in the campaign for 2020: 2,697 health workers were trained, 494 of those in 2018. The topics addressed include the child health care (Integrated Management of Childhood Illnesses, Community-based Management of Acute Malnutrition and Expanded Program of Immunization), maternal health (Clean and Safe Delivery and Emergency of Obstetric and Neonatal Care) and reproductive health.
(Safe Abortion Care, Family Planning, Management of Sexually Transmitted Infections and HIV). Particular focus was also paid to the management of services (Infection Prevention and Patients Safety, Management of the County Referral System) and the collection and analysis of health data, to inform the planning of the local health system.

Trained health workers include qualified personnel (doctors, nurses and midwives) and community health workers. The latter have an essential role in the education of the communities, identification and promptly management of the most common illnesses (diarrhea, fever, malaria and malnutrition) and referral of severe cases to the health services for adequate care. Among these, 39 Health Extension workers (HEW) contributed to fostering health in communities of internally displaced people (IDPs) in the Oromia region of Ethiopia. The displaced communities, forced to abandon their homes as a result of inter-ethnic conflict, are living in temporary settlements and are exposed to various health risks owing to the insecure and unhygienic living conditions in which they find themselves. The increased competence and capacities of the HEWs allowed us to reach 11,165 IDPs, by spreading messages on good health and hygiene practices, treating common illnesses and referring the most serious cases to the Health Centres. In respect of the national guidelines, CCM has furthermore supported the training of 134 Community Nutrition Volunteers (CNV) in South Sudan. They screen children under five to assess their nutritional state, identify and treat children with severe malnutrition and refer the cases presenting with medical complications to the designated Stabilization Centres. Thanks to them, 3,836 children affected by severe acute malnutrition received therapeutic-nutritional care in the state of Tonj.

The mothers.
Assistance during pregnancy and delivery

36,062 women assisted in 2018

74% Assistance during pregnancy

26% Assistance during childbirth

Objectives 2015-2020

Mothers' health is central to the campaign, which aims to guarantee qualified assistance during pregnancy and delivery to 170,000 women. In 2018, 61% of the 2020 target was reached. 36,062 women received care: 26,6013 during pregnancy and 9,459 during childbirth.

Women's access to the health facilities improves every year, and the five-year target of the campaign draws ever nearer. We have witnessed to a particularly significant improvement in Filtu and Dekasuftu woreda in the Somali region of Ethiopia. Here, the number of women who give birth at health facility level has nearly doubled in the last three years. Culture and
social norms have always pushed women to prefer delivering at home, in the comfort of their domestic environment and assisted by traditional birth attendants. At last, the presence of renovated health facilities, with adequate equipment and drugs and competent healthcare workers ready to assist them, drew women to the Health Centres. However, the availability of services is not the only pushing factor. The results achieved are also due to the commitment and work of 134 influential leaders who, in groups of seven, move among households and villages to raise awareness of the importance of antenatal care and institutional delivery. They are traditional birth attendants, religious authorities and community leaders, women and men particularly respected in the community and who themselves or whose daughters, sisters or wives have experienced the safety of a delivery assisted by qualified professionals. They become ambassadors. They carry with them a small, grey book that summarizes in 12 sections the essential elements of maternal and child health: the importance of prenatal visits, a good diet and physical exercise, the safety of institutional delivery, the benefits of vaccinations, sleeping under a mosquito net and breastfeeding, birth preparedness and institutional delivery, especially in complicated pregnancies. And slowly, after numerous meetings and discussions with the women, habits begin to change.

The children.

Healthcare and vaccinations

In the third year of the campaign, CCM reached 80% of the target for 2020 in respect of the care provided to children: 41,654 children received vaccinations according to the national calendars and 151,424 received qualified care for malnutrition or illness.

CCM approach to infant and child health is integrated and continuous. It is integrated because it promotes the health and wellbeing of the youngest through preventive, such as vaccinations and nutritional screening, and curative services, when the child shows signs of illness that requires outpatient or hospital care. It is also continuous because it aims to guarantee the monitoring of the child throughout its development. Starting in the community, under the eyes of the family and trained community health workers, up to the health facilities, where nurses and doctors oversee the child, diagnosing and treating the most common illnesses, and eventually referring it to the next level of care for further investigations and more advanced treatment.
CCM intervention in Kenya is particularly representative of this approach. At the beginning of the year, the Community Health Volunteers (CVHs) mapped out the families of the slum of Mlango Kubwa in Nairobi, to get to know the newcomers and understand their needs better. The relationship of trust between families and volunteers is built from the first home visits and is strengthened over time, when the volunteer accompanies the mother and her child to a visit at Pangani Clinic. Here, the nurses take care of the children and recommend that the volunteer follows their progress and supports them at home to ensure that the treatment is carried out correctly and that other complications do not arise. Among the beneficiary families, there are also those of the youth and children living on the street, who are more vulnerable and easily exposed to grave health risks as a result of the debilitating and precarious conditions in which they live. The CHVs meet these children and youth every week. They organize health education meetings to talk about hygiene, infectious diseases and vaccinations, but most of all to listen to their needs and, where possible, help them to find solutions or access the social and health services that they need.

**Other goals**

In 2018, CCM worked in 86 facilities at the first and second level of care, supporting the health system of 19 districts and applying different approaches on the basis of the needs identified on the ground and in accordance with the national strategies and priorities. In South Sudan, for example, collaboration with local authorities has helped strengthening the county health systems, reinforcing different levels of care (dispensaries, health centres and hospitals) and connecting them in a network to ensure the prompt management of emergencies. In Ethiopia, on the other hand, the needs assessment revealed the necessity of supporting the youth, who are a particularly large and vulnerable group exposed to diverse health risks. Youth-friendly spaces within the health centre, entirely dedicated to them, are therefore being established, so that they can feel welcomed by and listened to by qualified personnel.

The education and mobilization of the community was particularly intense, and reached over 139,000 people. This allowed us to achieve and overtake our five-year goal of 400,000 people informed on issues related to maternal, child and adolescent health. Health education is an essential tool, necessary to promote the health for all. CCM therefore intends to double its target for 2020, renewing its desire to put communities of men, women and young people at the centre so that they become the principal actors of their own health and promoters of change both with their peers and in the wider communities they live in.

In 2018, CCM launched two research projects to explore the accessibility and availability of health services in Ethiopia. In Tigray, a multidisciplinary team of epidemiologists and anthropologists is deepening the topic of youth health, with the objective of analyzing the problems related to the distribution of services, on the one hand, and their accessibility to young users on the other. The study will allow us to better organize the sexual and reproductive health services, responding in a more precise and timely manner to the needs of youth and adolescents. In Oromia, a region particularly hit by the phenomenon of migration, CCM is studying the social problems and post-traumatic stress in young returnees. The research results will be analyzed and discussed with local authorities and development partners, with the aim of identifying common actions, that are efficient and sustainable over time, ensure a psychosocial support to the youth and support their reintegration into their local communities.

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7 First-level facilities include dispensaries or health centres where essential preventive and curative services are provided. Clinical officers, nurses, midwives and community health workers work in these facilities to guarantee quality assistance during pregnancy and childbirth and the management of the most common illnesses in children and adults. Diagnostics is generally supported only by a limited number of laboratory tests (rapid tests and microscopy). The second-level of care is represented by the hospital, where doctors and specialists enable the diagnosis and treatment of more complex illnesses. Surgery is provided, and therefore the possibility of managing a complicated delivery through Caesarean section, and the diagnostics for imaging (radiology and ultrasound) allows a more accurate diagnosis of clinical conditions.
The 2018 Good practice: 
The self-help groups of mothers supporting the 
good nutrition for all community children

There are 14 Mother-to-Mother Support Groups (MTMSGs) in East Tonj and South Tonj 
counties of South Sudan. CCM trained them over the course of the last two years with a 
view to reinforcing nutrition activities at community level. Each group is composed of 11 
members: 11 mothers who work together and support each other to improve the nutritional 
status of their children and communities.

The mothers followed a short training course organized by CCM nutritionists. We discussed 
good nutrition and balanced diet, breastfeeding and weaning, good hygiene practices, food 
preparation and water storage, advantages and disadvantages of home vegetable gardens. 
But most importantly, we analyzed the difficulties and problems in the communities and 
how as a group they could help each to improve their children’s nutrition.

Today, the 195 members of the MTMSGs are involved in daily activities of health education. 
The women meet with other women in the community to talk about the importance of 
early and exclusive breastfeeding and to give advice to other mothers on weaning after 
the first six months of life. It is often during these meetings that the women notice a child 
who is particularly small and underweight for its age. When this happens, they take the 
mother aside and ask her some questions, they listen carefully to her responses and they 
accompany her to the nearest clinic. Here, the child is weighed and its nutritional status 
measured using the MUAC, the mid-upper arm circumference. Thanks to a flexible, coloured 
measuring tape, the health worker can determine whether the child is just small or indeed 
malnourished and therefore, if necessary, can begin the treatment at home. At home, the 
MTMSGs continue their work. The groups help the mothers to carefully monitor the recovery 
of their malnourished children: they check that the children regularly receive their daily 
dose of plumpy-nut (a peanut-based ready-to-use therapeutic food) and this is not divided 
among the siblings, at the expense of the child’s recovery. They encourage the mothers to 
return to the clinic for a check-up and, when necessary, they help to look after the family.

In line with the national recommendations, which adopted the WHO and UNICEF guidelines, 
in South Sudan the treatment of malnutrition is community-based, the so called Community-
based Management of Acute Malnutrition. The active involvement of MTMSGs has enabled 
the achievement of excellent results and guaranteed the continued support of mothers 
and children during the difficult weeks of malnutrition treatment. CCM has committed to 
consolidating and replicating the good practice in other contexts and countries, promoting 
a greater civil responsibility for community health.
In 2019, CCM consolidated its commitment to community health. The training of health workers remains at the heart of the organisation’s commitment, with the ultimate objective of improving the quality of preventive and curative services directed principally at mothers and children. In 2019, we want to train at least 400 health workers, assist 40,000 women during pregnancy and childbirth and vaccinate and treat 180,000 children.

CCM has always promoted the universal right to health, strengthening the national health systems of countries in which it operates and acting on the determinants of health to eventually contribute to global health. From 2011, alongside Smiles of African Mothers, the CCM has focused its attention on the most vulnerable sections of the community: women and children.

In the global context outlined by the Sustainable Development Goals, the concept of health is no longer limited only to SDG 3 ‘to ensure healthy lives and promote well-being for all at all ages’, rather it is integrated into all the 17 goals. The international community recognises that health depends on social, economic and political determinants, in addition to environmental and biological factors that can be beyond human control. Only by ensuring the health of the planet, can the health of humans be improved. Sustainable development cannot, therefore, be reached only through the achievement of the individual objectives, but also and especially through their interaction.

In this global strategy, CCM embraces the One Health approach as the ideal instrument to reach sustainable development and the health of mothers, children and the population in general. Recognizing the close interaction between animals, humans and the environment, the One Health promotes an intersectional collaboration to address the life-threatening challenges that define the twenty-first century. Namely, global overpopulation, climate change and biodiversity loss, emergency infection diseases and risks of global pandemics.

CCM intends to adopt the multidisciplinary approach of One Health as a distinctive element of its organizational strategy, with the final objective of responding in an integrated and coordinated way to the different determinants of health. This is possible by promoting the continued engagement of experts in diverse disciplines, institutional actors and local communities in a work that is trans-disciplinary and participatory and supports the integration of scientific knowledge with traditional practices.

CCM, therefore, promotes the collaborative approach of One Health, through the construction of institutional partnerships with organisations that deal with animal health and environmental conservation and through the active participation in national and international networks. In the Somali region of Ethiopia, in Marsabit county in Kenya and, more generally in the Horn of Africa, CCM is committed to gathering evidence from small actions carried out on a local scale and contributing to the formulation of national policies and the recognition of the One Health approach on a global scale.
2020 GOALS

Smiles of African Mothers has set its 2020 objectives in the broader context and in the long-term perspective of the Sustainable Development Goals.

By 2020, Smiles of African Mothers aims to:
- Train 3,900 health workers (doctors, midwives, nurses, and community health workers)
- Assist 170,000 women during pregnancy and childbirth
- Vaccinate and provide care to 780,000 children

More in detail:
Train 3,900 health workers in maternal and child health
- 800 in maternal health care
- 800 in sexual and reproductive care
- 200 in immunisation
- 1,800 in child health care
- 150 in health data collection and management
- 150 in health services management

Assist 170,000 women in pregnancy and childbirth
- 135,000 women to be assisted during pregnancy
- 61,000 women to receive 4 antenatal 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 and 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 about SRMNCAH in 800,000 people

Carry out five research programs on the right to health

Please note that in 2018 CCM reached 100% of its target for 2020 in relation to the health workers trained and to people informed and educated on maternal, child and adolescent health. Therefore, CCM intends to extend its original target of training 2,700 health workers to 3,900, and double its five-year target of educating 400,000 people in SRMNCAH.

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


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Aereo Club Mondovi, Amici CCM Bergamo Monte Marenzo, Gruppo CCM Amici di Nanni, Associazione MondoDomani, Associazione Needle, Fondo Solidarietà di Racconigi, Gruppo Pulià, Per Terre Remote Onlus, Unione Sportiva ACLI Torino e Volpiano per il CCM.

and many individual donors and numerous volunteers working towards the right to health in Africa and in Italy.