Women and Their Children's Health (WATCH) End line key results

Project overview

Over the past 3.5 years, Plan has been implementing the Women and Their Children's Health (WATCH) project across 26 districts and sub-districts in five countries: Bangladesh, Ethiopia, Ghana, Mali, and Zimbabwe. The project's goal was to reduce maternal, neonatal and child mortality by increasing the demand for health care in communities, and by strengthening the supply of quality health services in facilities. WATCH interventions and objectives were aligned with the priorities championed by the Government of Canada through the Muskoka Initiative on Maternal, Newborn and Child Health (MNCH).



Measuring results

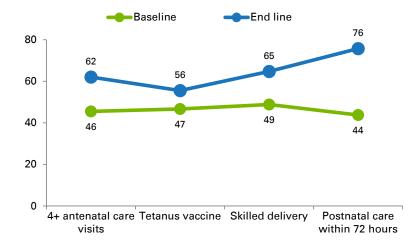
In order to measure WATCH results across all five countries, baseline and end line surveys were conducted in 2012 and 2015 respectively*. The end line survey used a multi-staged cluster sampling method, including more than 5,800 communities (including 1,200 from comparison areas in Bangladesh). Across the five countries, households were included in the survey if they had a woman with at least one living child under the age of 23 months (35 months in Bangladesh).

* Mali baseline survey was conducted in 2013.

Socio-demographic characteristics

- 95% of respondents are from rural areas
- There is an average of 5.6 people per household across all project countries
- 13% of women surveyed are under the age of 19
- 95% of women surveyed are married
- 20% of women surveyed live in multiple households
- Education level of women surveyed:
 47% primary level; 21% secondary level; 26% no education

Maternal health indicators

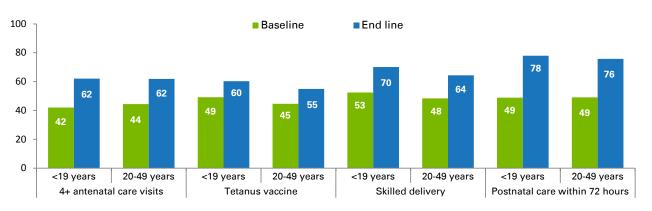


percentage point increase in women accessing at least four antenatal care visits during pregnancy

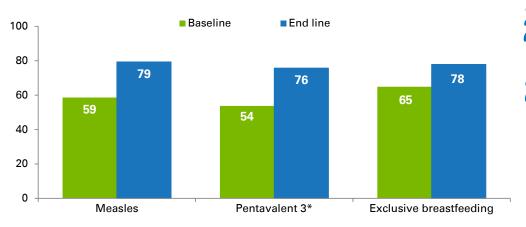
percentage point increase in women receiving at least two doses of tetanus vaccine during pregnancy (39% had already been fully vaccinated during previous pregnancies, and 24% had received five doses during their lifetime)

percentage point increase in women who delivered with assistance from a skilled birth attendant

percentage point increase in women who received postnatal care within 72 hours of delivery



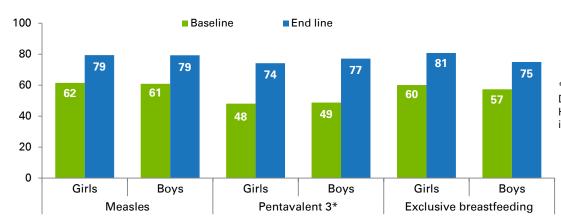
Child health indicators



percentage point increase in eligible children who received the Measles vaccine

percentage point increase in eligible children who received three doses of Pentavalent vaccine in Ethiopia, Mali and Zimbabwe

percentage point increase in infants 0-6 months who were exclusively breastfed

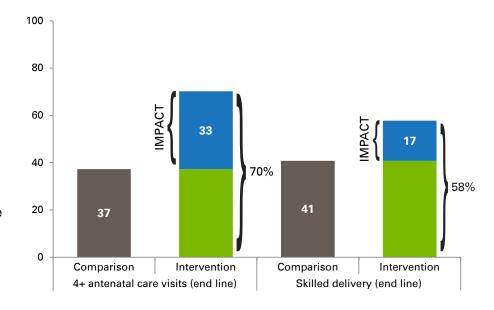


* Vaccine against five diseases: Diphtheria-Tetanus-Pertussis, Hepatitis B, and Haemophilius influenzae type b

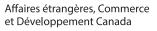
Impact: Bangladesh

In Bangladesh, baseline and end line studies included data collection in comparison areas where project interventions did not occur.

70% of women in WATCH intervention areas accessed at least four antenatal care visits, compared to 37% in comparison areas, indicating a 33% impact attributable to the project. For skilled delivery, the impact attributable to the project is 17%, with 58% of women in intervention areas and 41% in comparison areas having delivered with assistance from a skilled health professional.











Women and Their Children's Health Bangladesh

Project overview

Plan is implementing a maternal, newborn and child health (MNCH) project, titled Women and Their Children's Health (WATCH) in 4 African countries and Bangladesh. WATCH is being undertaken with the financial support of the Government of Canada, provided through Foreign Affairs, Trade and Development Canada (DFATD). This project addresses the demand and supply of MNCH services. In Bangladesh, the WATCH project targets 469 communities in 4 districts (Nilphamari, Dinajipur, Lalmonirhat and Barguna), and aims to contribute to the achievement of the Millennium Development Goals 4 and 5.

Partners

- · Ministry of Health and Family Welfare
- · Lutheran Aid to Medicine in Bangladesh
- · Eco-social Development Organization
- · Ad-din Welfare Center
- The Society of Obstetricians and Gynaecologists of Canada through their sister organization Obstetrical and Gynaecological Society of Bangladesh

WATCH Bangladesh approaches

Community level (demand)

- Enhancing community participation through the Child Centered Community Development model
- Increasing access and utilization of MNCH services through gender-sensitive community mobilization and education
- Capacity building on prevention and management of MNCH issues at community level
- Piloting ICT for Health (Information and Communication Technology for Health) to track MNCH monitoring data

Health facility level (supply)

- Equipping health facilities with MNCH materials and supplies
- · Rehabilitating health facilities
- Establishing effective monitoring, reporting and knowledge management systems
- Improving the quality of gender-responsive MNCH care services, including through improving the capacity of health personnel
- · Training of Community Skilled Birth Attendants (CSBAs)

Improving linkage between community and health facilities

- Raising awareness of men and women on gender equality in MNCH
- · Supporting and promoting timely referrals of MNCH emergency cases
- Promoting engagement of community leaders in managing MNCH issues to support health care providers and promote gender equality

Affaires étrangères, Commerce

et Développement Canada



Duration:

3.5 years (November 2011 to May 2015)

Total number of women who accessed four antenatal care visits and/or skilled delivery: 64.170*

Total number of children who accessed crucial vaccines:

48,153*





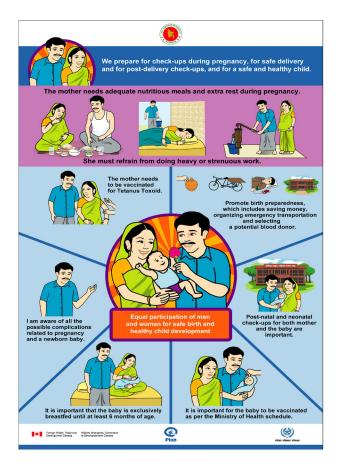


Community level

- Swimming lessons to prevent drowning (as the second largest cause of death of children under 5 in Bangladesh) provided to 1,000 children aged 4-10 years (43.9% girls)
- 185,000 Swim Safe stickers produced and distributed to households to increase awareness on drowning prevention
- 388 community health workers (83.2% females) trained on gender-sensitive MNCH practices, and drowning prevention
- 240 community health workers (86.3% females) trained on software data management
- 185,226 behaviour change communication sessions on antenatal care, postnatal care and birth planning for a total of 2,895,860 participants (90.9% females)
- 272 documentary video screenings on male engagement and the male role in MNCH for 117,570 attendants (45% females)

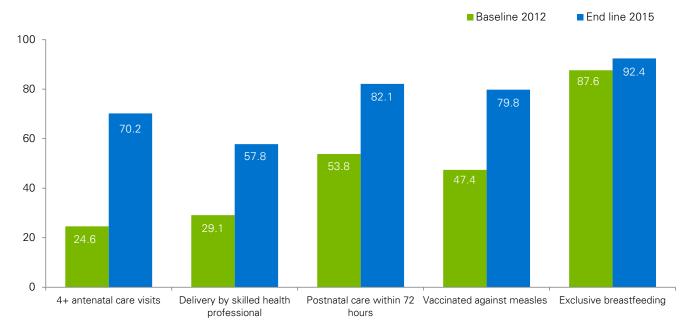
Health facility level

- Initiation of 24 hours safe delivery service at 47 Union Health & Family Welfare Centers (UH & FWCs)
- Basic MNCH equipment, materials and supplies provided to 196 facilities: 47 UH & FWCs and 149 Community Clinics
- 126 female nurses trained on Basic Emergency Obstetrical Neonatal Care (BEMONC)
- 93 females trained for 6 months on safe delivery services to become new CSBAs
- 56 female staff received Helping Babies Breathe training



Male engagement for healthy mother and healthy child poster.

This poster was originally developed in Bengali for target communities.







Women and Their Children's Health **Ethiopia**

Project overview

Undertaken with the financial support of the Government of Canada, provided through Foreign Affairs, Trade and Development Canada (DFATD), Plan has implemented a maternal, newborn and child health (MNCH) project entitled Women and Their Children's Health (WATCH) in 5 countries, including Ethiopia. The project supports existing government health systems and reinforces government ownership. In Ethiopia, the WATCH project targets 8 agrarian rural districts: Lasta, Bugna, Meket, Tiro-Afeta, Kersa, Shebedino, Gorche and Bona Zuria, from the three regions of Southern Nations, Nationalities and People's Region (SNNPR), Oromia and Amhara, and aims to contribute to the achievement of the Millennium Development Goals 4 and 5.

In-country partners

- · Ministry of Health
- Oromia Development Association
- Berhan Integrated Community Development Organization in SNNPR
- · Save Your Holy Land Association in Amhara
- · Society of Obstetricians and Gynecologists of Canada
- Ethiopian Society of Obstetricians and Gynecologists (partnership via Society of Obstetricians and Gynaecologists of Canada)

WATCH Ethiopia approaches

- Promoting community mobilization initiatives to increase awareness of key MNCH and gender equality issues
- Systematic mainstreaming of gender equality considerations in MNCH
- Strengthening of the Health Extension Program (HEP) and associated Health Development Army (HDA) network
- Supporting gender-sensitive skilled health care professionals
- Improving basic emergency obstetric and newborn care (BEmONC), integrated community case management (ICCM), infant and young child feeding, prevention of mother to child transmission of HIV/AIDS



Duration:

3.5 years (November 2011 to May 2015)

Total number of women who accessed four antenatal care visits and/or skilled delivery: 135.324*

Total number of children who accessed crucial vaccines:

111.745*











Female Health Development Army members and male Agricultural Development Army members participate in MNCH and gender equality training in the Oromia region.

Community level

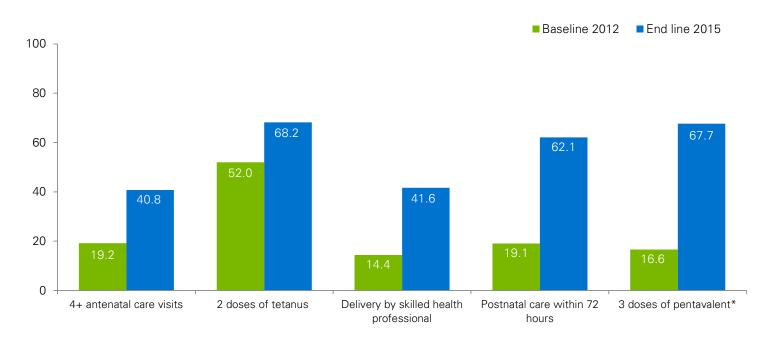
- 356 female health extension workers (HEW) trained on key MNCH issues
- 48,104 HDA members and 728 government officials have participated in gender equality sensitization training
- 93,623 HDA leaders and HDA front line leaders (99.7% women) received training on MNCH practices and case referrals

Health facility level

- 54 health centres received essential BEmONC medications and equipment
- 167 health centre staff (39% women) received training in BEmONC
- 199 HEW supervisors and 150 HEWs trained on health management information systems, and 373 HEWs are being trained on community-based health information systems

Linking community to facility

- 45 health centres and 198 community health posts were provided with national referral guidelines and protocols
- 905 health workers were trained on the national referral protocol
- To communicate referrals, 268 health facilities were provided with mobile phone air time, and 800 health workers were provided with a mobile card



^{*} vaccine against five diseases: diphtheria-tetanus-pertussis, hepatitis B, and Haemophilius influenzae type b.





Women and Their Children's Health **Ghana**

Project overview

Undertaken with the financial support from the Government of Canada, provided through Foreign Affairs, Trade and Development Canada (DFATD), Plan has implemented a maternal, newborn and child health (MNCH) project entitled Women and Their Children's Health (WATCH) in 5 countries, including Ghana. This project strengthens existing government health systems and reinforces government's ownership. In Ghana, the WATCH project targets 6 districts: Akwapim North, Upper Manya Krobo and Lower Manya Krobo districts in the Eastern Region; Hohoe, South Tongu and Kadjebi in the Volta Region, and aims to contribute to the achievement of Millennium Development Goals 4 and 5.

In-country partners

- · Ghana Health Service
- · Pro-Link Ghana
- Integrated Development and Engagement Centre
- Philip Foundation

WATCH Ghana approaches

Community level

- Engagement of community mobilizers to promote awareness on MNCH issues
- Promoting gender equality considerations in MNCH through mother support groups, daddies' clubs, gender equality champions and gender sensitive messages
- Supporting Village Savings and Loan Associations by encouraging participants to save for MNCH services

Health facility level

- Enhancing capacity and quality of health care providers on gender-responsive MNCH services, including integrated management of childhood illnesses, prevention of mother-to-child transmission of HIV, basic emergency obstetrical neonatal care (BEMONC) and family planning
- Equipping facilities with adequate MNCH material, supplies and equipment

Linking community to facility

 Facilitate MNCH referral cases by promoting the national community-based emergency transportation system



Duration:

3.5 years (November 2011 to May 2015)

Total number of women who accessed four antenatal care visits and/or skilled delivery: 16,058*

Total number of children who accessed crucial vaccines:

5,158*









A health worker performs an antenatal check-up on an expecting mother.



A group of daddies' club members.

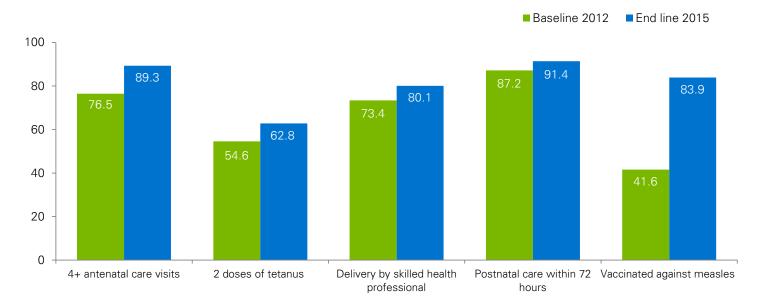
Community level

- 1,014 drama performances with key messages on MNCH, gender equality issues and domestic violence
- 480 community mobilizers (45.8% females) trained on MNCH issues
- 248 daddies' clubs formed: voluntary groups of men (fathers, married and unmarried) who share an interest in MNCH and meet periodically to support each other as a peer group to understand and support their family in MNCH issues
- 1 television docu-drama on domestic violence and MNCH produced in local languages and screened in 120 communities

- More than 27,000 gender-sensitive materials on MNCH were developed for trainings and information education communication (IEC) sessions
- 120 IEC mural paintings made on community buildings with scenes illustrating positive examples of male involvement and gender equality practices

Facility level

83 Community-Based Health Planning and Services Compounds and health centres provided with MNCH equipment, including BemONC equipment for 12 referral centers







Women and Their Children's Health Mali

Project overview

Plan is implementing a maternal, newborn and child health (MNCH) project, titled Women and Their Children's Health (WATCH) in 5 countries, including Mali. WATCH is being undertaken with the financial support of the Government of Canada, provided through Foreign Affairs, Trade and Development Canada (DFATD). This project addresses the demand and supply of MNCH services. In Mali, the WATCH project targets 680 communities in 3 rural districts (Barouéli, Kangaba and Kita), and aims to contribute to the achievement of the Millennium Development Goals 4 and 5.

In-country partners

- Direction Nationale de la Santé/ Ministère de la Santé et de l'Hygiène publique (Ministry of Health)
- Équipe de Recherche et d'Appui pour le Développement (Research and Support Team for Development)
- Association du Sahel d'Aide à la Femme et à l'Enfance (Women and Children's Aid Association of the Sahel)

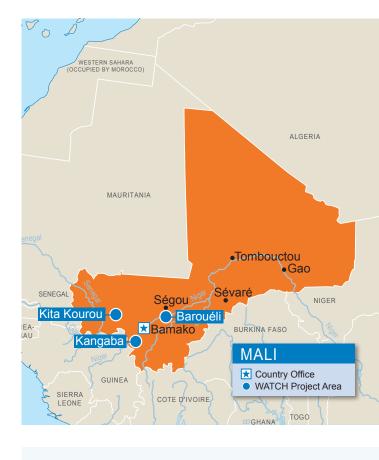
WATCH Mali approaches

Community level (demand)

- Engaging and training community support groups, leaders and health volunteers to promote gender equality and family health practices
- Enhancing community participation through the Child Centered Community Development model

Health facility level (supply)

- Strengthening health services at district level referral centres and community health centres to address MNCH issues through support for gender-sensitive integrated management of childhood illnesses, prevention of motherto-child transmission of HIV, Basic Emergency Obstetric and Neonatal Care (BEmONC), as well as supportive supervision
- Strengthening the community-level health system by supporting the national policy to recruit, train and deploy community health workers locally, who are capable of providing gender-responsive village level care



Duration:

3.5 years (November 2011 to May 2015)

Total number of women who accessed four antenatal care visits and/or skilled delivery: 54,663*

Total number of children who accessed crucial vaccines:

61,255*











Community sensitization session on MNCH issues.

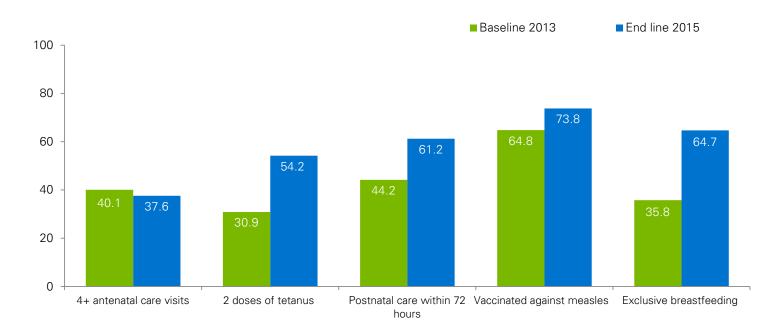
A father taking his child to the health centre with the mother.

Community level

- 44,133 individual and group activities were organized to educate women and men about MNCH and gender equality; activities included educational talks, nutrition demonstrations, film screenings and radio broadcasts
- 14,425 community leaders (35.3% women) sensitized on MNCH issues and the importance of gender equality
- 30 information education communication murals painted at community health centres, depicting male engagement in MNCH, child care, safe pregnancy and delivery
- 79 community health workers (53.2% women) recruited and trained to manage childhood illnesses, referral to health facilities and family planning counseling
- 1,360 peer educators/community health volunteers (31.4% women) trained on MNCH and gender equality issues

Health facility level

- · 9 health centres were rehabilitated
- 51 community-based and referral health facilities provided with MNCH equipment
- 33 community-based and referral health facilities provided with essential medicines
- 87 healthcare workers (28.7% women) trained in BEMONC
- 68 healthcare workers (17.6% women) trained in integrated management of childhood illnesses









Women and Their Children's Health Zimbabwe

Project overview

Undertaken with the financial support of the Government of Canada, provided through Foreign Affairs, Trade and Development Canada (DFATD), Plan has implemented a maternal, newborn and child health (MNCH) project entitled Women and Their Children's Health (WATCH) in 5 countries, including Zimbabwe. This project strengthens existing government health systems and reinforces government's ownership. In Zimbabwe, the WATCH project targets three rural districts: Mutare, Mutasa and Chipinge, and aims to contribute to the achievement of Millennium Development Goals 4 and 5.

In-country partners

- Ministry of Health
- Africa Self-Help Assistance Program

WATCH Zimbabwe approaches

- Social mobilization through the village health workers, care group model, male engagement and support to Village Saving and Loan Associations (VSLA) to increase awareness and gender equality considerations on key MNCH issues
- Enhancing capacity of service providers in gendersensitive integrated management of childhood illnesses, adolescent sexual and reproductive health, basic emergency obstetric and neonatal care (BEMONC), gender-responsive service delivery, governance and emergency response
- Provision of MNCH materials and supplies, and construction of maternity waiting homes



Duration:

3.5 years (November 2011 to May 2015)

Total number of women who have accessed four antenatal care visits and/or skilled delivery: 12,322*

Total number of children who have accessed crucial vaccines: 28.122*









A care group meets to learn about safe pregnancy and behaviours that promote good health.



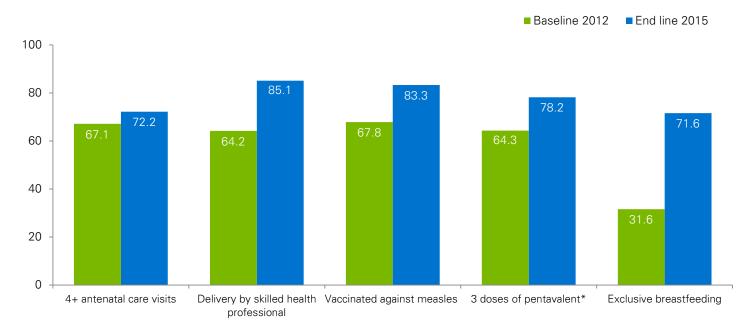
Zvipiripiri maternity waiting home.

Community level

- 2,292 care groups formed, each composed of 10-15 members
- 35 male Gender Equality Champions have reached about 14,000 men with key messages on MNCH and gender equality
- 1,446 village health workers (74.7% females) were trained in MNCH along the continuum of care
- 39,132 school children (53.7% girls) and 5,914 out-ofschool youths (54.2% girls) received health education from peer educators
- 269 VSLAs are being supported

Health facility level

- 1 kangaroo care ward (for mothers to hold their preterm babies skin-to-skin) established in Sakubva Maternity District Hospital
- 406 premature newborns received care at the kangaroo care ward
- 1 operating room refurbished in Sakubva Maternity District Hospital
- 10 new maternity waiting homes built, 4 others rehabilitated
- 159 nurses (74.2% women) trained on BEmONC
- 143 nurses (71.3% women) trained on integrated management of childhood illness



^{*} vaccine against five diseases: diphtheria-tetanus-pertussis, hepatitis B, and Haemophilius influenzae type b.



