

Mother to Mother SHIONOGI Project

Promotion of Maternal, Newborn and Child Health (MNCH) through community empowerment in Upper Manya Krobo District, Ghana Annual Report (Year 1)

July 30, 2024

(Project Period for Year 1: June 2023 to May 2024)

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(JOICFP)

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Sexual and Reproductive Health and Rights for all



1. Summary of the Project

Project Name	Promotion of Maternal, Newborn and Child Health (MNCH) through community empowerment in Upper Manya Krobo District, Ghana
Project Site	Asesewa, Anyaboni, Akateng, Sekesua and Otokpe Sub-districts, Upper Manya Krobo District, Eastern Region, Ghana
Project Period	June 2023 to May 2024 (1 st year)
Target Population/ Beneficiaries	72,160 including 105 community health volunteers (CHVs)/Over-the-Counter Medicine (OTCM) Sellers, 71 Health Care Workers, 74 Community Health Management Committee (CHMC) members
Total Budget	JPY ¥24,336,167
Project Goal	To improve access to MNCH services including prevention of child diarrhea
Objectives	<ol style="list-style-type: none">1. To improve quality MNCH services including prevention of childhood diarrhea2. To increase knowledge and awareness on MNCH including Antenatal Care (ANC), facility deliveries, Postnatal Care (PNC), and Family Planning (FP) and prevention of childhood diarrhea3. To strengthen community support network for MNCH including prevention of childhood diarrhea

2. Project Background and Overview

Ghana's maternal mortality ratio is 263 per 100,000 live births in 2020, approximately 66 times higher than that of Japan. Efforts to reduce maternal mortality remain crucial. In 2021, JOICFP expanded its community-centered sexual and reproductive health and right (SRHR) program to Upper Manya Krobo District (UMK), where the project is implemented.

UMK faces significant challenges of access to healthcare facilities. In the project area, the proportion of deliveries attended by skilled birth attendants is about 45% according to the District Health Information Management System II (DHIMS II) in 2022. Distances to healthcare facilities range from 10 to 20 kilometers, making physical access a major barrier. Many health facilities in the district lack proper facilities with adequate equipment and space to secure privacy, so delivery care cannot be provided. In the given circumstances, efficiently addressing the access issue and increasing facility deliveries requires a maternity waiting house (MWH), a facility located in the compound of a healthcare facility properly equipped for delivery care where pregnant women can stay for safe childbirths. As the Ghana Health Services (GHS), a government agency in charge of

health service deliveries in Ghana, never had MWH in its system, the Eastern Regional Health Director agreed to develop one in UMK to find out its effectiveness in the Ghana context.

To tackle maternal mortality and morbidity, it is also essential to increase the people's knowledge on the importance of ANC, facility delivery, PNC, and FP and convince them to actively seek these care and services. When people decide to access health facilities, the health facilities and healthcare workers must be ready to provide quality client-centered care, so seeking healthcare becomes a norm in the communities.

The knowledge about hygienic practices regarding water and sanitation stands at 45.0%, with only 34.1% found to practice appropriate handwashing according to the baseline survey conducted under the project in the first quarter of the first year. Increasing knowledge and practices of proper handwashing is crucial for health, especially of children under-5. Promoting breastfeeding and nutritional education among parents and caregivers should be integrated into maternal, neonatal and child health (MNCH) promotion to reduce childhood diarrhea.

This project focuses on local capacity-building. Selected community members and OTCM sellers are trained as CHVs and equipped with skills, strategies, and tools to conduct social and behavioral change communication (SBCC) activities, disseminating accurate information on MNCH and SRHR to the communities, identifying pregnant and nursing women, and conducting referrals to health facilities as found necessary. Healthcare workers are also trained for client friendly service delivery and educational sessions for parents on MNCH including childhood diarrhea and SRHR. CHMC members are also capacitated in supporting the activities of CHVs and OTCM sellers through effective mentoring and income generation activities to sustain the momentum of the project beyond its life.

3. Project Goal and Current Situation

In the first year of the project, certain progress was made in improving access to MNCH services. Comparing the data from DHIMS II 2022 with those from DHIMS II 2023, positive changes started taking place during the 7 months (June - December) when the project was implemented in 2023. The percentage of women receiving four or more antenatal care visits (ANC 4+) increased from 80% to 81.7%. Skilled delivery rates also showed an improvement from 45% to 51.3%. Additionally, the retention rate of CHVs and OTCM sellers improved from 92% to 100%.

Some indicators failed to improve from 2022 to 2023. It can be attributed to the fact that the project began in June 2023, with training of CHVs conducted in September and October 2023. Until the end of the year 2022, JOICFP was implementing another project in the same sites as this project, which made the CHVs more active. However, in 2023, until the current project started, there was a decline in community activities. We anticipate improvements in 2024. In terms of FP uptake, the decline from 57% to 51.7% is due to the change in the definition of the indicator made by GHS. In 2022, the data for FP uptake included the number of condoms distributed at GHS health facilities

as well as by trained OTCM sellers, which in 2023, was excluded from the data. To monitor the project impact more precisely including that of promoting condom use and condom distribution by CHVs and OTCM sellers, Couple-Years of Protection (CYP) was added as an indicator to track under the project from the second year onward.

Data of project area (5 sub-districts)

	INDICATORS	DHIMS II 2022 (Jan - Dec 2022)	DHIMS II 2023 (Jan - Dec 2023)	TARGET (2026)
1	ANC 4+ (%)	80%	81.7%	90%
2	Skilled delivery (%)	45%	51.30%	60%
3	PNC within 48 hours of delivery (%)	98%	97.8%	100%
4	FP uptake (%)	57%	51.7%	60%
5	U-5 diarrhea cases (#)/ Treated cases (#)	1,297/1,297	1,363/1,363	750/750
6	U-5 diarrhea cases (%)	11.5%	11.8%	5%
7	Children (12-23 months) fully immunized (%)	99.2%	92.1%	100%
8	Referrals by CHVs/OTCM sellers (#)	2,754	1,793	3,600
9	Handwashing practice (%) *1	34.1%	-	55%
10	Exclusive breastfeeding (EBF) at 3 months (%)	99%	99.9%	-
10-a	Exclusive breastfeeding (EBF) up to 6 months (%) *1	77.2%	-	80%
11	People's knowledge on MCH and child diarrhea *1	45%	-	70%
12	Commitments made, recommendations reflected in policies/ guidelines, by the government at different levels (#) *2	-	-	3
13	Retention rate of CHVs/ OTCM sellers	92%	100%	100%
14	# reached through CHVs/ OTCM sellers	10,162	8,635	10,300
15	Satisfaction rate of MCH services *3	-	-	-
16	Number of MWH users *4	0	0	150
17	Number of deliveries by MWH users *4	0	0	120

18	Number of people participated in Mama Papa Class *4	0	0	3,640
19	Couple Year Protection (CYP)	5,039.9	4055.05	6,047.88

*1.Not in DHIMS II, using baseline survey data.

*2.Not in DHIMS II, will be using final report data

*3.Not in DHIMS II, Baseline and final surveys will be conducted

*4.Data not in DHIMS II, calculated from District Health Directorate monthly records

4. Project Progress

4-1. Project Plan

In order to improve quality MNCH services including prevention of childhood diarrhea, the project is designed to achieve three outputs: namely, 1) improved quality of MNCH services, 2) increased community knowledge and awareness on MNCH, and 3) strengthened community support network for MNCH. Activities are planned for each output as follows.

- 1) To improve the quality of MNCH services, the project conducts training for healthcare workers and strengthens health facilities such as construction of a MWH, a maternity wing, and a CHPS compound (the lowest level primary health care facility), and installment of necessary medical equipment and furniture in those buildings.
- 2) To increase community knowledge and awareness on MNCH, the project trains Community Health Volunteers (CHVs) and OTCM sellers to conduct effective health education/ Social and Behavioral Change Communication (SBCC) activities.
- 3) To strengthen the community support network for MNCH, the capacity of the community health management committees (CHMCs) is enhanced to ensure the project's long-term impact supported through income-generating activities. Regular meetings and orientation sessions for CHMC members focus on developing, piloting, and revisiting sustainable community health plans and income-generating activities.

4-2. Planned Activities ***Added activities**

Year 1	Year 2	Year 3
June 2023 - May 2024	June 2024 - May 2025	June 2025 - May 2026

<p>Overall 0-1 Baseline survey 0-1 Dissemination meeting of the baseline survey outcomes 0-1 Project start-up meeting 0-2 Monitoring plan development 0-2 Semiannual and annual reports 0-8 Regular monitoring</p> <p>Output 1 1-1 Training for health staff on MNCH including prevention of child diarrhea / Mama papa class (replacing customer care training in the first year) (*) 1-2 MWH construction 1-5 Painting workshop for MWH 1-6 MWH launching ceremony 1-7 Workshop on management of MWH</p> <p>Output 2 2-2 Training for CHVs/OTCM sellers on MNCH and prevention of child diarrhea</p>	<p>Overall 0-2 Semiannual and annual reports 0-3 Project Steering Committee (PSC) meetings 0-5 Workshop to develop sustainability plans 0-8 Regular monitoring</p> <p>Output 1 1-1 Training for health staff on customer care (replacing Mama papa class training in the second year) (*) 1-3 Maternity wing construction & installment of medical equipment 1-4 Construction of a CHPS compound and a borehole(*) 1-5 Painting workshop for the two buildings(*) 1-6 Launching ceremonies for the two buildings</p> <p>Output 2 2-1 Workshop to develop a communication strategy/ message 2-3 Review of existing SBCC tools/ develop or revise the SBCC tools 2-4 Workshop to develop Communication Action Plans (CAPs) 2-5 Training for CHVs/OTCM sellers on the use of developed SBCC tools SBCC activities</p> <p>Output 3 3-1 Meeting with CHMC and CAP review 3-2 Orientation for CHMCs on supportive supervision for CHVs and OTCM sellers, on the use of SBCC tools, and CAPs</p>	<p>Overall 0-2 Semiannual and annual reports 0-3 PSC meetings 0-5 Piloting and revising the sustainability plans Final evaluation 0-6 Project outcomes dissemination meeting 0-8 Regular monitoring</p> <p>Output 1 1-1 Refresher training of health care workers 1-4 Construction of nurses quarter(*) 1-5 Painting workshop for the nurses quarter(*) 1-6 Launching ceremony of the nurses quarter(*)</p> <p>Output 2 2-1 Refresher training of CHVs/OTCM sellers 2-2 Conduct SBCC activities in the community</p> <p>Output 3 3-2 Orientation for strengthening support mechanism by CHMCs</p>
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4-3. Progress Update

Reporting Period: June 1, 2023 to May 31, 2024

Annual Plan	Progress Status
0. Overall project	
0-1 Baseline study	A baseline survey was conducted in July 2023 to assess the utilization of MNCH services, as well as the knowledge, awareness, and practices related to MNCH, childhood diarrhea, and WASH in the five sub-districts. The survey sampled 487 postpartum women aged 18-49 and utilized both quantitative and qualitative methods. The results guide project activities and measure project progress. A dissemination meeting was organized for local key stakeholders of the project in March 2024 to share the outcomes of the baseline survey such as MNCH situations of the project sites and to create a common understanding of the project goal and objectives.
0-1 Conduct start-up meeting	On July 6, a startup meeting was held with 45 participants, including local health authorities, traditional leaders, CHMC members, and JOICFP staff. The meeting shared the project's significance and fostered cooperative relationships among stakeholders. Participants agreed on the importance of community participation and sustainability of the project.
0-2 Monitoring Plan Development/ semiannual and annual reporting	Data collection tools for monitoring were created in the first quarter of the first year, including tracking sheets for key MNCH/ SRH service statistics, and data collection sheets for referrals and health promotion activities by CHVs and OTCM sellers. Monthly data collection is carried out in collaboration with the District Health Directorate. The progress of the project is reported to Shionogi quarterly.
1. Improve quality MNCH services including prevention of child diarrhea	
1-1 Training for Health Staff on MNCH including prevention of child diarrhea /Mama papa class	In January 2024, ten healthcare workers were trained in conducting Mama Papa class, an educational session for couples on MNCH and SRH including exclusive breastfeeding to reduce child diarrhea and encouraging male participation for MNCH. Seven facilities started organizing Mama Papa classes and 88 women and 54 men participated by the end of June 2024.
1-2 Construct maternity waiting house (MWH)	The MWH was designed, based on the "Maternity Waiting House Design Guide" of JOICFP's Zambia Project. The design includes five rooms, a kitchen, a lounge, two shared bathrooms, and a storage room. Construction progressed as scheduled, with continuous supervision by an

	independent supervisor. The construction started in August and completed in December 2023. After equipping the facility, it started operating in February 2024. This MWH has two beds per room, allowing two pregnant women to stay in each room, with a maximum capacity of 10 women.
1-5 Painting workshop	To promote community ownership of the MWH through engaging local people, a painting workshop was organized in January 2024 and attended by 17 local young people. Painting was done on the walls of the MWH indicating MNCH, handwashing, diarrhea prevention and family planning messages. This activity not only contributed to make the facility friendly and attractive, but also strengthened community ownership of the facility and raised awareness about MNCH.
1-6 Launching ceremonies	The community leaders and representatives of the community people were present at the launching ceremony of the MWH held in February 2024. The chief of Akateng pledged his support to ensure successful implementation of the project and proper maintenance of the MWH. Contributions were collected as seed money for a fund to cover maintenance costs of MWH raising 2,297 GHC (approximately 160 USD) with an additional 2,000 GHC (140 USD) pledged by a participating member of parliament.
1-7 Workshop on management of MWH	The workshop was organized in January 2024 to discuss and develop a guideline on the use of the MWH, where 32 people representing CHMC and District Health Directorate attended. All CHMC members and health personnel of Akateng Sub-district are responsible for the activities and maintenance of the MWH in collaboration with UMK district health directorate. The guideline for CHMC was drafted and finalized.
2. Knowledge and awareness on MNCH including ANC/facility delivery/PNC/FP and prevention of child diarrhea is increased	
2-2 Training for CHVs/OTCM sellers on MNCH and prevention of child diarrhea	A total of 26 new CHVs were trained in September 2023, and an orientation/ refresher training for 79 existing CHVs and OTCM sellers was conducted in October 2023. The training improved participants' knowledge on MNCH, with test scores increased significantly at the end of the training. The sessions covered essential topics such as ANC, skilled birth attendance, PNC, FP, childhood diarrhea, and community engagement. CHVs' uniform (T-shirt) was developed and given to them to enhance their visibility and effectiveness in the community as well as to increase trust and recognition. Health education activities increased significantly after the training, with CHVs educating 10,718 community people. 2,631 people were referred to health facilities by CHVs.

5. Baseline Findings

Outline of the baseline survey

The baseline survey was conducted by a local consultant under the guidance of Professor Hirotugu Aiga from the School of Tropical Medicine and Global Health, Nagasaki University. A random sample of 487 postpartum women aged 18-49 with children under five years old was selected for a combined quantitative and qualitative survey. The survey investigated the utilization of MNCH and FP services, as well as the knowledge, awareness, and practices related to MNCH, childhood diarrhea, and water, sanitation, and hygiene (WASH) in the five sub-districts. The survey also examined sources of health information and factors hindering the use of MNCH services and appropriate WASH practices.

Indicators	Baseline	Recommendations
1. Antenatal Care 4+ (%)	84.8	<p>Enhance access to quality ANC services:</p> <ul style="list-style-type: none"> ● Address transport challenges by providing community-based transport options for pregnant women ● Consider partnerships with local transport providers ● Reduce the cost of ANC visits by advocating for the strict adherence of the free maternal care under the National Health Insurance Scheme (NHIS) by health facilities ● Conduct health education programs that emphasize the benefits of early ANC initiation and the potential risks of delayed care
Skilled birth attendance/ Facility delivery (%)	85.6	<p>Strengthen skilled delivery services:</p> <ul style="list-style-type: none"> ● Reduce reliance on Traditional Birth Attendance (TBAs) by improving facility services and making them more accessible and welcoming for expectant mothers ● Link women to NHIS to ensure financial coverage for delivery services ● Address community misconceptions about facility delivery through targeted health education campaigns led by community health workers <p>Strengthen coordination among healthcare providers:</p> <ul style="list-style-type: none"> ● Identify and train TBAs to refer pregnant women to health facilities for proper assessment and care during labor
Postpartum care (%)	44.9	<p>Promote comprehensive postpartum care:</p> <ul style="list-style-type: none"> ● Develop and implement postpartum care programs that ensure timely follow-up visits for women within two days after childbirths ● Conduct community outreach and health education to raise awareness about the importance of early postpartum care
Family Planning (%)	22.2	<p>Implement strategies to promote family planning:</p> <ul style="list-style-type: none"> ● Launch community education campaigns that dispel myths and misconceptions about family planning methods ● Encourage spousal/partner involvement in family planning

		<p>discussions and decisions</p> <ul style="list-style-type: none"> ● Address religious or cultural barriers by involving local religious and cultural leaders in advocacy efforts ● Promote a wide range of contraceptive methods, including implants, injectables, and condoms, to cater to diverse preferences and needs
Childhood diarrhea (%)	21.4	<p>Improve hygienic practices:</p> <ul style="list-style-type: none"> ● Organize hygiene promotion campaigns to target specific critical moments, such as before/after eating, before preparing food, and before/after feeding or breastfeeding a child, and promote the use of soap during handwashing ● Advocate for the provision of improved sanitation facilities in the communities to encourage proper handling of children's feces as well as discourage open defecation
Exclusive breastfeeding (EBF) (%)	77.2	<p>Promote EBF:</p> <ul style="list-style-type: none"> ● Conduct targeted breastfeeding education programs for mothers, emphasizing the importance of EBF for the first six months of an infant's life ● Establish breastfeeding support groups where mothers practicing EBF in the communities could be used to provide guidance, encourage, and support other mothers to practice ● Encourage healthcare providers to promote and support EBF during postpartum care visits
WASH (%)	45.0	<p>Expand hygiene promotion:</p> <ul style="list-style-type: none"> ● Target critical moments for handwashing, such as before/after eating and breastfeeding with a focus on using soap
Handwashing practice (%)	34.1	-

Other general recommendation

- Collaborate with community, religious and cultural leaders
- Engage in community-based health education activities
- Ensure active community engagement
- Enhance monitoring, evaluation and research efforts

6. Implementation Schedule

Activity	Q1			Q2			Q3			Q4		
	6	7	8	9	10	11	12	1	2	3	4	5
0. Overall project												
0-1 Baseline study												
0-1 Conduct start up meeting												
0-2 Monitoring Plan Development / Semi and annual report												

1. Improve quality MNCH services including prevention of child diarrhea												
1-1 Training for Health Staff on MNCH including prevention of child diarrhea / Mama papa class												
1-2 Construct maternity waiting house												
1-5 Painting workshop												
1-6 Launching ceremonies												
1-7 Workshop on management of maternity waiting house												
2. Knowledge and awareness on MNCH including ANC/facility delivery/PNC/FP and prevention of child diarrhea in increased												
2-1 Training for CHVs/Over The Counter Medicine(OTCM) members on MNCH and prevention of child diarrhea												

1-2 Construction was initially scheduled to start in September, but it began in August.

7. Project Sustainability

1) Collaboration with the local health authority

From the planning to implementation of the project, JOICFP has been closely collaborating with the regional and district health directorates of GHS. The project supports strengthening their work in line with the GHS policy to ensure every pregnancy and delivery is safe and every child thrives. JOICFP will eventually phase out of UMK but the directorates will stay and continue to be responsible for community health. Through the collaboration, the District Health Directorate's sense of ownership for the project is nurtured and strengthened towards sustainability of the project's impacts. For example, while the project provides infrastructures, the directorates are responsible to ensure they are adequately staffed and managed and continuously maintained by/ within their on-going systems.

2) Capacity building of community people

The project focuses on capacity building of community people to strengthen sustainability. The capacities of CHVs, OTCM sellers, healthcare workers, and CHMC members are enhanced through training sessions and workshops to equip them with necessary knowledge and skills to conduct their work in better quality. Through the project implementation, JOICFP also promotes teamwork among these actors to support each other, which contributes to sustaining their work beyond the project period.

3) Community health system strengthening

For sustainability, JOICFP works within the existing community health system, not introducing new ones, instead, strengthening it through capacity enhancing of the people in it, reviewing its performance, identifying bottlenecks, addressing them, together with the key local stakeholders. This project engages CHVs, OTCM sellers, healthcare workers and CHMCs as well as other community people in various activities and key decision making. Such participatory processes not only boost their confidence to continue strengthening the system but also foster whole-of-

community support and sense of ownership and responsibility for sustainable MNCH including long-term maintenance of the infrastructures supported by the project. Sustainability planning will also be conducted in the second year to support the CHMC members to systematically plan for sustainability including income-generating activities (IGAs) to empower the community.

8. Future Implementation Plan

In the second year, a maternity wing will be constructed at the Akateng Health Center to provide quality delivery care. Additionally, a CHPS compound including a mechanical borehole will be established in Sutapong, Sekesua Sub-district, to improve the quality of primary health care. Training for healthcare workers on customer care will be conducted to provide client-centered services. The community will also engage in painting workshops to decorate the maternity wing and CHPS with messages promoting MNCH. The constructed maternity wing and CHPS will be inaugurated and handed over to the district.

To improve community health knowledge and awareness, health promotion activities by CHVs and OTCM sellers will be further enhanced. Communication strategies will be developed to address childhood diarrhea, and educational materials will be produced. Community support structures will be strengthened through regular meetings and capacity-building activities for the CHMC members. These efforts aim to ensure sustainable impacts and empower communities to sustain health promotion activities.

9. Stories of stakeholders and beneficiaries

Regina Narteh Teye, pregnant woman living in Overbank community

She delivered five of her children all by herself in the past, and three of them on a boat while crossing Lake Volta to reach the Akateng Health Center. She used local herbs at home every time when she had severe bleeding after delivery. For Regina, it takes four-hour by foot and boat to access the Akateng Health Center and she cannot afford to pay for public transportation. After the building MWH by the project, Regina gave birth at Akateng Health Center staying at the MWH. It was the first delivery utilizing the MWH. She was so happy to have a safe delivery with the skilled birth attendant at the facility. 22 more babies have been delivered at the MWH after Regina's delivery.



Debra, CHV

Debra, a 27-year-old mother of three, serves as a CHV. She decided to become a volunteer because she believed it would bring

numerous benefits to her life. While voluntarily helping nurses at the health center, she was invited to training. The training taught her many important practices, such as attending at least four ANC check-ups, giving birth in a facility, exclusively breastfeeding for six months, washing hands before feeding children and after using the toilet, bringing a baby to postnatal check-ups, and the importance of family planning. As a CHV, Debra takes pride in her work and finds that mothers are more open to her advice during home visits. She is particularly pleased with the establishment of the MWH, which she believes saves lives. She notes that previously, women from across the Volta River often gave birth on boats or failed to reach the health center in time, resulting in maternal and infant deaths.



Rita Ansong, mother from overbank community

Rita Ansong (34 years) came from the overbank community (Adakope, Akateng Su-district) to deliver at the health facility, she stayed at the MWH for more than two weeks, after a thorough assessment by the midwife, she was referred to Asesewa Government hospital because she had asthmatic problem, and she needed more advanced care. Rita had a Caesarian section at Asesewa hospital. But the baby was having a heart problem and she was also referred to the regional hospital in Koforidua. Eventually the child was referred to Korlebu Hospital in Accra but Rita did not go there. She returned to Akateng to stay at the MWH. The child's condition became severe, and they also referred back to Asesewa Government Hospital and the child passed away at the hospital.

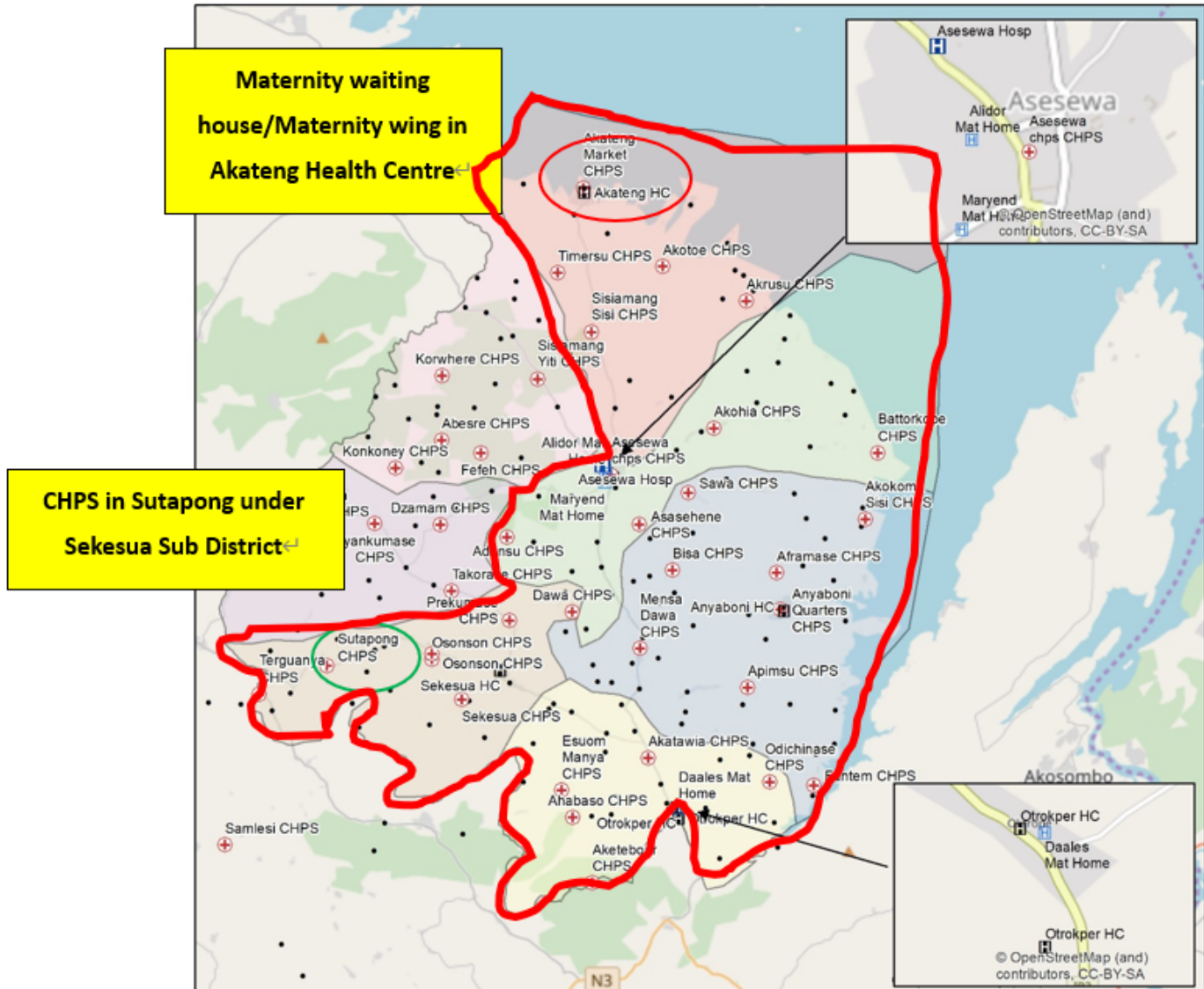


Even though she lost her child, Rita said she is grateful that she did her best for her child by staying at the MWH so that she was able to be referred to the hospital. She has now become an advocate for the MWH in her community even though she did not deliver there.

【Appendix】

Appendix 1. Project area map

Health Facilities in Upper Manya Krobo District



Appendix 2. Service statistic data of the project area (5 sub-districts)

Data source: UMK District Health Directorate

Year 1 (June 2023-May 2024)	6	7	8	9	10	11	12	1	2	3	4	5	Total
ANC Registrants	134	147	157	148	157	149	134	162	164	138	165	148	1,803
ANC 4+	102	121	147	141	146	138	141	161	143	126	141	178	1,685
SBA	116	102	98	97	112	101	79	108	105	103	107	109	1,237
PNC	116	102	98	100	113	139	84	112	111	105	110	114	1,304
FP New Acceptors	191	222	191	182	413	249	165	241	255	167	260	196	2,732
FP Continuous Acceptors	227	142	201	160	1108	845	208	782	352	367	419	405	5,216
FP acceptors	418	364	392	342	1521	1094	373	1023	607	534	679	601	7,948
Couple Year Protection (CYP)	279	318.7	288.2	548.2	530	425.7	263.7	395.6	364.7	271.1	282.4	307.7	4,275
Child Diarrhea No. of <5 Cases	115	96	118	82	91	94	71	132	89	97	174	146	1,305
Child Diarrhea No. of treatment (ORS, ZINC)	115	96	118	82	91	94	71	132	89	97	174	146	1,272
% children (12-23 months) fully immunized								85.8	87.7	87.1	93.4	116.8	471
Number of MWH users									2	1	4	17	24
Number of births by MWH users									2	1	4	16	23
Number of people participated in Mama Papa Class										36	50	56	142

Appendix 3: Community Activities Data of the project area (5 sub-districts)

Data source: UMK District Health Directorate

Year 1			6	7	8	9	10	11	12	1	2	3	4	5	Total
Activities by CHVs to increase Knowledge and awareness creation.	No. of People reached with Info.	CHVs	522	547	497	557	641	677	721	785	721	697	701	689	7,755
		OTC MS	102	152	124	103	193	254	253	382	332	372	304	392	2,963
		Total	624	699	621	660	834	931	974	1167	1053	1069	1005	1081	10,718
	No. of Pregnant women reached						57	72	68	72	64	50	46	51	480
	No. of Nursing mothers reached						38	53	71	84	76	58	81	76	537
	No. of Home Visit clients		385	475	362	382	412	501	525	611	591	507	619	576	5,946
	No. of Male clients		213	204	185	138	201	221	214	298	303	209	211	242	2,639
	No. of young clients (15-24yrs)		115	154	165	114	250	378	362	276	378	221	321	302	3,036
CHV Attrition	No. of active CHVs		71	78	78	78	106	106	106	106	105	106	106	106	1,152
	No. of partner OTCMS		13	13	15	13	15	15	15	15	13	15	15	15	172
Community Supported Strengthened	No. of CHMC participated in SSV		0	21	13	15	16	23	15	21	21	17	18	18	198
	No. of CHMC participated in SBCC workshop		0	0	0	0	9	13	14	14	15	18	15	18	116
	No. of CHMC engaged in IGAs		21	21	21	17	17	21	21	21	21	21	18	18	238
No. of Community People referred to health facilities	sub-total	CHVs	54	75	76	66	131	161	115	160	140	164	134	190	1,466
	sub-total	OTC MS	40	69	65	36	75	102	98	139	123	161	118	139	1,165
	Total	All	94	144	141	102	206	263	213	299	263	325	252	329	2,631

Appendix 4. Baseline survey report

<https://shionogi.box.com/s/x89ca24hmm3mm718vpqyhekytwd9ewri>

Appendix 5. Activity photos

	
<p>Construction of MWH</p>	<p>Painting workshop of the MWH on the 24th, January 2024 at Akateng</p>
	
<p>Training done on painting of the MWH on the 24th, January 2024 at Akateng</p>	<p>Launching ceremony of the MWH done on the 1st February, 2024 at Akateng</p>
	
<p>Stakeholders meeting with opinion leaders of the Akateng community on how to maintain the MWH and have ownership commitment.</p>	<p>CHVs and OTCM sellers learning how to use JOICFP apron during the training.</p>



CHV's visit of women



Supportive supervision of JOICFP staff for CHV's community activities on how to use the flipchart to a pregnant women



Supportive supervision of OTCM sellers by JOICFP staff



Training on Mama-Papa class on 27th January 2024 at Simplesak hotel in Asesewa.



Mama papa class conducted in sub-districts



Mama papa class conducted in sub-districts