



## Maternal and Child Health Outcomes

Evaluation results show that there has been increased access to qualified health care in health facilities and increased frequency in request for health services. Community health workers (CHW) and the Health Shura are now more active in addressing community health needs through:

- advising, promoting awareness on key health practices
- referral of cases in health facilities
- coordination between community health structures and health facilities.

Key areas of positive health behaviour change are:

• the increase of immunisation rates of DPT3 and measles

Age	Vaccin	% baseline	% evaluation
24 months	DPT3	45% (10)	88% (14)
Under 5	Measles	9% (2)	81% (13)

increased access by women to prenatal and postnatal care

Frequency of ANC visits	% baseline (n=106)	% evaluation
Twice during pregnancy	30%	43%
Three times during	8%	43%
Post - partum care	% baseline (n=250)	% evaluation
Health check within the first 24 hours after delivery	13%	72%

• increase in the frequency of antenatal visits

Women reporting being referred to:	% baseline	% evaluation
Pre-natal care (PNC)	38%	91%
Ante-natal care (ANC)	20%	78%
Immunisation	31%	78%

- more child deliveries assisted by skilled birth attendants
- increase in use of correct diarrhoea treatment methods: 66% in baseline compared to 98% at the time of evaluation.
- increase in the qualified treatment in health facilities for children suffering from Acute Respiratory Infections.

## Child Protection Outcomes

The most significant changes observed in child protection:

- increased awareness of child rights, amongst key community members and
- increased in number of village Shura members and of teachers reporting child protection cases within the CPAN. (compared to the baseline survey more Shura members and teachers said that they have reported child protection issues: 100% (16) in the evaluation, versus 50% (11 out of 22) in the baseline survey.

Key trained community members, such as teachers and village Shura members, have a better recognition of child protection issues, with an increase in the percentage of respondents able to prioritise and name current child protection issues.

Children's school attendance also improved. This was reported by children, who identified the main change as the increased encouragement and support for education coming from caregivers and teachers, as result of the training on child rights and protection delivered by the project.

Furthermore, children showed better awareness of the forms of child abuse. They also reported adopting more cautious behaviours that are self-protective, leading to them being more protected from violence. They primarily cited parents and trusted adults, such as village Shura members, as the main people to whom they will confide to in case of abuse. And while they have become more vocal in terms of identifying and reporting the different forms of violence experienced, conversely they have become less open in terms of naming the perpetrators of violence.

What needs to be done by the community to improve child protection?	% baseline (n=22)	% evaluation (n=16)
Raise awareness of families and children	45% (10)	88% (14)
Report child abuse cases	9% (2)	81% (13)



## Coordination and synergies with other actors (outside the project)

The evaluation findings showed that the IMCH&CP project has been successful in establishing and maintaining positive relationships with beneficiaries and local stakeholders.

Evaluation stakeholders recognised the positive and respectful attitude of the project staff has towards community members, both adults and children alike, and regardless of gender and ethnicity.

The close and positive relationship of the staff with the village Shura is recognised as something unique to WV, and is seen as very important for the successful implementation of activities.



## Sustainability

Evaluation findings indicate a positive involvement by local stakeholders throughout the implementation of the project.

The evaluation findings indicate a valuable contribution by the IMCH&CP project to the sustainability of health and child protection interventions in the targeted areas, on both the systemic and individual levels.

The most significant contribution was observed in terms of the increased capacities of the health Shura and CHWs in responding to the health needs of the community. The health Shura are more active in providing advice about health and nutrition practices for women and children, and in influencing community members to cooperate with health workers for basic health services.

In terms of child protection, the most significant contribution was the increased awareness of the village Shura in relation to child protection issues and to the relevance of addressing child protection issues within the CPAN network. Creating this awareness, but also generating vocal recognition of the existence of child protection issues amongst community leaders, and in such a conservative context, is a promising start and a valuable contribution.



