World Vision Ireland’s AIM Health Programme

Results of an Independent End-line Evaluation 2011 – 2015

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THE PROBLEM

WHO IS DYING?
9 MILLION CHILDREN UNDER FIVE YEARS OF AGE DIE EVERY YEAR

WHERE ARE THEY DYING?

INDIA 2 million deaths
NIGERIA 1.1 million deaths
DRC 500,000 deaths
PAKISTAN 460,000 deaths
CHINA 380,000 deaths
ETHIOPIA 350,000 deaths
5 million deaths (60% of all child deaths are in just 6 countries)

WHAT ARE THEY DYING OF?

DIRECT CAUSES OF DEATH:
- Diarrhoea
- Pneumonia

INDIRECT CAUSES OF DEATH:
- Insanitary, sanitation & hygiene
- Access to healthcare
- Health education
- Prevention

WHO IS DYING?

INEQUITY

For every 10 women giving birth with the help of a skilled attendant in urban areas, only 5 women have the same access in rural areas

WHY ARE THEY DYING?

1. Lack of political will to prioritise child health
2. Financial gap between funding needed and aid received
3. No formal political voice for children and women
4. Failure to address other social determinants of health
5. Decisions about health exclude families in real need

THE SOLUTIONS

BY PROVIDING FAMILIES AND COMMUNITIES WITH SIMPLE SOLUTIONS, 6 MILLION CHILDREN COULD BE SAVED EACH YEAR

BED NETS
ORAL REHYDRATION
EXCLUSIVE BREAST-FEEDING
SKILLED ATTENDANTS
IMMUNISATION

These are some of the proven, cost-effective interventions that could save children’s lives
The Access - Infant and Maternal Health (AIM Health) Programme is a five-year initiative of WV Ireland with funding support from Irish Aid, implemented between January 2011 and December 2015 in ten programme locations (ADPs) across five countries in East and West Africa.

Kenya, Uganda, Tanzania, Mauritania and Sierra Leone

The overall goal of AIM Health is to improve maternal, newborn and child health (MNCH) outcomes and reduce maternal and infant mortality by 20%
AIM HEALTH PROGRAMME

PROGRAMME GOAL
Improved child and maternal survival

TARGET BY 2015
20% reduction in infant mortality rate
20% reduction in maternal mortality rate

PROGRAMME OUTCOMES
Children and their mothers are well nourished
Children and their mothers are protected from infection and disease
Children and their caregivers access essential health services

DIRECT BENEFICIARIES
75, 250 Pregnant Women
75,250 Children (aged 0 -24 months)
2000 (+) Community Health Workers

CORE MODELS OF INTERVENTION
Time & Targetted Counselling (ttC), Community Health Committees (COMMs), Citizen Voice & Action
# 7-11 Core Interventions

<table>
<thead>
<tr>
<th>CORE INTERVENTIONS</th>
<th>PREGNANT WOMEN: 9 MONTHS</th>
<th>CHILDREN: 0-24 MONTHS</th>
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<tbody>
<tr>
<td>1. Adequate Diet</td>
<td>1. Appropriate Breastfeeding</td>
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<tr>
<td>2. Iron/Foliate Supplements</td>
<td>2. Essential Newborn Care</td>
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<td>3. Tetanus Toxoid Immunization</td>
<td>3. Hand Washing with soap</td>
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<td>4. Malaria Prevention and Intermittent Preventive Treatment</td>
<td>4. Appropriate Complementary Feeding (6-24 months)</td>
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<td>5. Healthy Timing and Spacing of Delivery and Birth Preparedness</td>
<td>5. Adequate Iron</td>
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<td>8. Prevention/Care Seeking: Malaria</td>
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<td>9. Full Immunization for Age</td>
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<td>10. Prevention/Care Seeking: ARI</td>
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<td>11. De-worming (+12 months)</td>
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360 DEGREE OF BEHAVIOUR CHANGE

Health System

Religious Leader

Teachers

Caregivers

Policies

Individual

Traditional Leaders

Social/Cultural Practices

Environment

Level

Level [ttC]

Community Level

Level [COMMs]

Individual

CVA]
AIM HEALTH PROGRAMME

ADDITIONAL APPROACHES

- PD Hearth
- mHealth Technology
- Academic Partnerships for Implementation Research
1. Baseline Assessment 2011/2012 [AIM Prep Phase]

2. Monitoring Visits – EARO, WARO, SO Ireland & Irish Aid

3. Mid-Term Review

4. Independent End-line Evaluation