



Project: **Reaching the Unreached**

*Improving health of mothers and children in the most vulnerable communities in post-conflict Colombia*

Thanks to the support of United Methodist Women, Methodist Women in Britain and Pollock Memorial Missionary Trust we were able to launch the project aiming to improve the health status of the most vulnerable members of indigenous and Afro-Colombian communities through community health education, targeted screening and treatment.

The project addresses the gaps in preventative care (antenatal visits and childhood development checks) and the lack of health-hygiene education which contribute to high maternal and childhood morbidity in the area caused by diarrhoeal and respiratory infections.

Due to initial delay securing all the necessary funding the project activities were started a few months later than expected. Recent staff changes in the Clinic responsible for carrying out of this project further delayed the onset of activities. Whilst all the activities are now being implemented and the budget remains unaffected, we would like to ask our donors for extended implementation period and would like to propose 30<sup>th</sup> June 2019 to be the final day of the project.

Prior to any intervention we have carried out a rapid baseline study among 53 households representing 306 people living in the target area.

Our key baseline findings include the following:

Average household consists of 5 people and nearly ¼ of all households have children under the age of 10 living with them and ½ of all household have children under 5. 81% of households live on less than 230 USD a month – an equivalent of a single minimum wage in the country. Sadly, it is the households that live on less than 63USD that tend to have more than average amount of household members.

More than half of the people living in this region eat once or twice a day including households with children under 5. Vegetables and fruits are rarely a part of their diet, only 17% include these sources of vitamins in their daily diet. However, this situation is different among the households with backyard garden (50% report daily vitamin intake). This finding is being taken into consideration during our future project design aiming to encourage backyard gardening in the community.

Less than half of all households have a latrine and need to resort to "going into the hills". Every third household has reported diarrhoeal infection in the last 4 weeks and 45% of those are households with children under 5 where diarrhoea is regarded as high risk.

The incidence of diarrhoea seems to be higher among the households that keep animals as well as those with backyard gardens and those that do have a household latrine. We'll therefore focus on strengthening the hygiene habits in the situations such as after handling livestock etc.

Whilst the community demonstrates good storage of water in covered containers (98%), reports good practice of handwashing and good knowledge of causes of diarrhoea, only few households (30%) treat water in any way before its consumption and only a half of the respondents say they use soap when washing their hands. Some methods of water treatment may be cost prohibitive, but we'll focus on presenting community with alternatives and strengthening the use of soap when washing hands throughout the project.

In terms of screening and prevention: 38% of all women that have been pregnant never received any antenatal control and about a quarter of households with children under 10 have not received any nutritional and development advice concerning the growth and development of their children. Geographically this neglect seems to be higher in the settlements outside of Brisas (where ICM has had its clinic and has been running variety of projects).



Figure 1 All of our baseline data is available for viewing at <http://icmetodista.org/abordando-la-mortalidad-infantil>



Figure 2 - Screenshot of our baseline findings

Achievement to the date of the project activities against targets specified in the proposal:

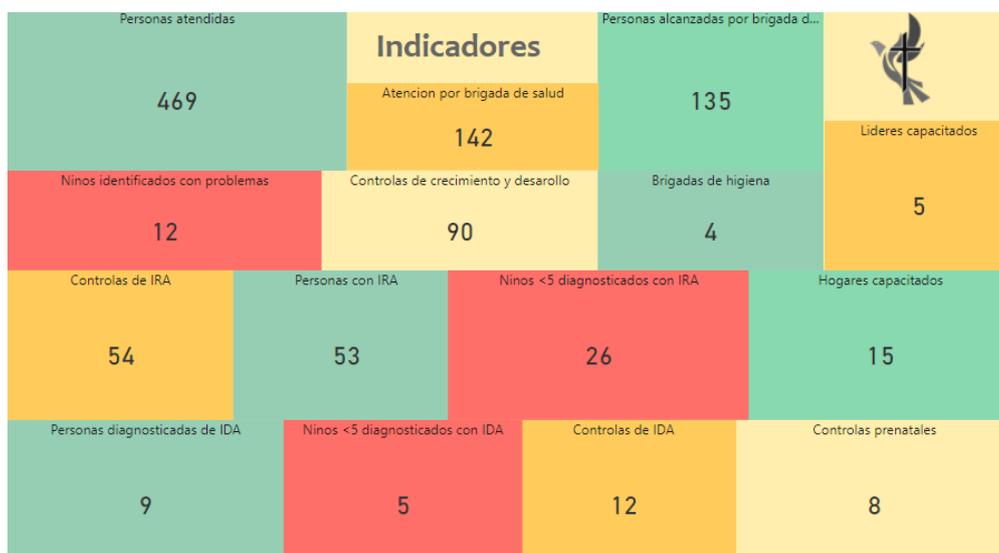
**Promotion of healthy lifestyles and hygiene:** In order to lower the incidence of infectious diarrhoeal disease change in sanitation, water and hygiene a required. This is to be carried out through health and sanitation campaigns (2) to 7 communities addressing knowledge, behaviour and attitudes covering topics such as open field defecation and handwashing. Whilst these campaigns have not taken place yet, 5 community leaders (target 10) have been already trained and 4 health brigades (target 6) have been carried out across 3 communities attending to 142 individuals (no target specified in the proposal) to the date.

**Tackling causes of childhood mortality:** Targeted visits of households with high risk of respiratory infection among children, administration of treatment when required and 1-2-1 information sharing were planned with the objective to diagnose active cases, prevent transmission and educate in prevention and management of any future outbreaks. Due to personnel changes in the clinic these visits have been slightly delayed. To the date we have carried out 15 visits (target 180), educated 15 households (target 60) and identified 53 people with active infection (target 100).

**Safeguarding maternal health and healthy development of children:** Awareness programme on the risks associated with pregnancy, childbirth and post-partum in order to challenge the status quo of seeking antenatal care only after occurrence of health problems is being carried out. This is supplemented by direct service delivery- antenatal check-ups that have been delivered to 8 women (target 120). Ninety children (target 150) in the households were screened for signs of malnutrition leading to developmental disability and delay. Twelve children (expected target 50) have been diagnosed with develop to the date mental delay or other problem. The subsequent family education on healthy diet and nutrition was delivered in the visited households.



Figure 3- Household visit screening for Respiratory infection



In the next few months out focus will be on the activities that are lacking behind in meeting their targets.

Financial interim report is currently available upon request from [tesoreriametodista@gmail.com](mailto:tesoreriametodista@gmail.com) and is not included in this report. The final project report with details on financial spending will be shared with all the donors at the end of the project.

You can follow all project news at [www.icm.org](http://www.icm.org).

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