World Vision’s mother and child health projects are saving lives. Between October 2019 and March 2020 in Zambia’s Luwingu district, 2,511 women and children gained access to maternal and child health and nutrition services at local clinics and through community health workers. In Uganda, infant deaths in project areas have dropped by an estimated 27% since 2016. Your support is making a lasting difference for mothers and babies.

**ZAMBIA**

*Water and sanitation improvements transform a health clinic*

Until recently in southern Zambia, women who gave birth at the Kayuni Rural Health Center faced unsanitary conditions. “I dreaded giving birth [there],” says Teresa Siambulato, a mother of four. “I went for hours without bathing because there was no readily available water.”

Health personnel and expectant mothers relied on a well that dried up in the hot season, forcing relatives to fetch water from a stream nearly a mile from the clinic. A toilet was not accessible either. Instead, pregnant women had to use a pit latrine to relieve themselves.

Faith Chinyama, a midwife at the clinic (pictured at right), says the poor water access made it difficult to keep the clinic clean and safe. “The environment made the mothers and babies prone to infections,” she says.

Thankfully, generous donors made it possible for World Vision to provide running water in the clinic’s delivery room, flushable toilets and bathing facilities, and additional medical improvements for safe births and improved infant care.

“I could not believe that I was in the same place,” Teresa says, after delivering her fourth child at the clinic. “I was able to take a shower immediately after delivering and use a flushable toilet inside the labor ward. I felt safe throughout the whole time.”

**UGANDA**

*Transport voucher system saves a baby’s life*

During the rainy season, it is hard to make it out of the village of Kigoroba in Uganda’s Hoima district due to the condition of the roads. This creates a special challenge for expectant mothers attempting to reach the nearest health center.

This was the case for Beatrice while pregnant with her youngest child, Joseph (pictured at right on her lap). Her labor began at 11 a.m. Thankfully, due to a transport voucher system set up by World Vision, a farmer named Gerald was available to drive her to the center in time for Joseph’s birth at 1 p.m.

Joseph seemed fine at first, but the next day he had breathing problems and was referred to the main hospital in the district. Once again, Gerald was available to provide a ride. Joseph was immediately treated upon arrival at the hospital.

Poor healthcare access in rural areas is one of the biggest contributors to maternal and infant mortality in Uganda. Under the transport voucher system, people who have a car or motorcycle are identified to offer transport services to health centers in their communities. Midwives give the cash vouchers to expectant mothers.

Beatrice received a voucher during a prior clinic visit. It made a huge difference for her and Joseph.
**HEALTH CLINICS**

**ZAMBIA**

*New maternity annex brings modern conveniences to rural area*

After the birth of her first child at Kafunka Clinic in eastern Zambia, Mafunase Mwanza was so disappointed in the experience that she promised herself she would never deliver there again.

At the time, the clinic had a small delivery room with one bed. Two pregnant mothers were already there. One was giving birth on the bed, and the only trained nurse at the clinic had to deliver Mafunase's baby on the floor. To make matters worse, the delivery room had no water, toilet, or bathroom. Patients had to walk to a nearby well and latrine.

True to her word, Mafunase delivered her second child at home, where she had more space, privacy, water, and a toilet nearby.

Then World Vision completed a new maternity annex at the clinic with registry and exam rooms, as well as delivery and postnatal wards. When Mafunase became pregnant a third time, she changed her mind and gave birth at the new maternity annex.

“It was the best experience ever,” she says. “It was as if I was giving birth from a big hospital in the city. The place was very clean with running water, space, and many beds. The toilet and bathing rooms were separate but inside the wards. Even though giving birth is so painful, I don’t mind doing it again and again from the new maternity wing,” she says, smiling.

**UGANDA**

*Siblings recover from anemia as their village learns how to improve nutrition*

Until recently, Nkasiima and her brother Christopher (pictured) could barely walk or talk. Their sole source of food was cassava, a tree root that their grandmother fed them once a day. They were anemic and suffered from malaria and eye infections.

After a World Vision community worker learned of their condition, a meeting was held with the children’s family and local leaders in their village in Kikuube district. Another relative, Margaret, agreed to begin caring for the children, and they were transported to a nearby health clinic for assessment and treatment.

On admission to the clinic, Nkasiima weighed 22 pounds, about seven pounds below normal for a 6-year-old. Christopher, 4 years old at the time, weighed nearly 20 pounds. They were enrolled in an outpatient feeding program and granted access to a 20-day supply of Ready-to-Use Therapeutic Food (RUTF), a fortified form of peanut butter.

World Vision provided bedding, mosquito nets, food, and clothing for the children, plus two days of training for Margaret in food preparation and handling. At the same time, other children in the village were assessed for malnutrition, resulting in similar instruction for additional parents.

Within 16 days, Nkasiima gained more than 4 pounds, while Christopher gained more than 2 pounds. They were no longer anemic, and their eyes had healed. Thank you for helping make this type of recovery possible for such precious children.