Summary

Funding Number: SB-1707-08036

Program: Saving Brains

Legal name of Organization: Young Women Christian Association (Malawi)

Project Name: COMMUNITY MODEL FOR FOSTERING HEALTH AND WELLBEING FOR ADOLESCENT MOTHERS & THEIR CHILDREN

Name of Project Lead(s): Nettie Dzabala

Project Period: Jul 01, 17-Jun 30, 19

Duration of Funding (in months): 24

Funding Amount (CAD): $249,412.00

Organization Country: Malawi | Malawi

Current Implementation Country(ies): Malawi | Malawi

Project Overview: We will provide psychosocial support (PSS) and skills training to marginalized married girls, adolescent mothers and pregnant girls in Malawi to improve their own wellbeing and their babies' health. PSS will assist adolescents to develop resilience and manage stress caused by poverty, forced marriage, gender based violence, unwanted pregnancies and social stigma. We will empower them with parenting skills, nutritional care, child care and stimulation so that they can develop strong bonds with their infants and improve early brain development within the first 1000 days of the baby's life. We will work closely with Community Health Workers to ensure access to health services and the Malawi College of Medicine. PSS and health education skills training will be offered by trained YWCA Coordinators, Adolescent Mothers Champions and health workers. Weekly group sessions with adolescent mothers will be conducted. Babies' health and progress will be monitored through Babies' Health Passports.

Due On: July 30, 2019

Health & Social Impact

Results & Findings

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a) Discuss the health and social impact resulting from your innovation. Be as detailed as possible. The results you describe here must align with what is reported in the Results

Report (i.e., RMAF or Core Metrics) for this reporting period. If there are results/findings that are not captured in the RMAF, please also include those here.

Over the course of the project the length, weight and head circumference was measured for the children beneficiaries. From these weight for length and BMI were calculated. At the beginning of the project we had 74 children with length below expected, at the end of the project this decreased to 54. Weight improved from 48 children being below expected to 19 at the end of project. The other parameters which improved were weight for length from 33 below expected at baseline to 5 at the end of the project; BMI from 59 children below expected at baseline to 15 at the end of project and head circumference from 25 children below expected at baseline to 15 at the end of project.

For the children they were classified into two groups to analyse the impact of the intervention. One cohort received the intervention from year one (intervention group), while the other cohort did not receive the intervention (control group), this cohort proceeded to receive the intervention in year 2. At the end of year one the children receiving the intervention showed slightly greater improvement in developmental outcomes compared to those in the control group. On average 118 in intervention and 104 in control. (the table below shows further description of outcomes). And at the end of year two the children that had been receiving the intervention for two years showed greater improvements (109 children) in outcomes compared to the control group that had received the intervention for now 1 year (94 children). A limitation was confounders. There is a possibility the two groups could have come into contact.

	Results - 12 months [Outcomes of intervention group after yr 1]			Results - 12 months [Outcomes of control group after yr 1]			Results - 24 months [Outcomes of intervention group after yr 2]			Results - 24 months [Outcomes of control group after yr 2 - pre/post evaluation of change over time]		
Construct	Female:	Male:	Total:	Female:	Male:	Total:	Female:	Male:	Total:	Female:	Male:	Total:
Number of Children with Improved Physical Growth	64	62	126	63	52	115	51	53	104	52	37	89

Number of Children with Improved Cognitive Development	63	60	123	65	53	118	67	57	124	60	50	110
Number of Children with Improved Development in Language and Communication	59	60	119	60	51	111	55	51	106	44	39	83
Number of Children with Improved Social and Emotional Development	49	52	101	36	34	70	53	56	109	55	36	91
Number of Infant or Child Lives Saved												
Number of Children with Improved Child Nutrition and Diet	60	59	119	59	50	109	52	51	103	52	39	91

For those receiving the intervention, In relation to the motor, cognitive, social and emotional, language and communication scores. Keeping in mind that a 100% score on these indicators means that the child met all the age-relevant developmental milestones, the children scored on average 61.43% in relation to motor development at baseline this improved to 77.8%. 50.23% for cognitive development at baseline and 62.4 at end line , 39.14% on social and emotional development at baseline and 62.49% at end line, and 28.68% for language and communication development at baseline and 61.79%.

The Brief Resilience Scale (BRS) ranges from 6 – 30 with a higher score indicating increased resilience. 74.39% of mothers agreed or strongly agreed that they tend to bounce back quickly after hard times at baseline. At endline this improved to 93.35. At baseline 66.18% agreed or strongly agreed that it does not take them long to recover from a stressful event and this improved to 79.1% at the end of the project. However, 65.75% agreed or strongly agreed that it is hard for them to snap back when something bad happens. This increased to 71 %, highlighting there is need for more work in this area. 63.77% agreed or strongly agreed that they have a hard time making it through stressful events, this increased to 78.6 % at the end pf project. Overall there was improvement in the self-esteem of the mothers, a reduction in parental stress levels and improved mother infant interaction. (Document with table of results attached)

Another achievement was involvement of males into the project. Adolescent mothers were asked to be coming to the sessions with their partners. The aim of male involvement was to encourage men to be active in the upbringing of their children. The other reason was to tackle issues of intimate partner violence and gender based violence (GBV). Some couples used these sessions as counseling to tackle issues in their marriages. Throughout the project a total of 35 males were participated, this is out of 154 married adolescent mothers. These sessions with men were conducted similarly to the mother's interventions meetings. The men were also encouraged to me mentors to their fellow men.

b) Has your innovation generated any unintended or unexpected results? If yes, briefly describe these results and how they have impacted your work.

Increase in contraceptive access and increased access to under 5 clinics. Because of ourintervention and our buildings in the communities, the district health office,health surveillance assistants took opportunity to provide contraceptives andwell as conduct under 5 clinics in our sites. Most women don't take theirchildren to under 5 clinics after completing vaccinations due to longdistances. These services

were not only accessible to project participants butto the whole community. At any given day more than 150 women and childrenaccessed these services. This unintended result generated more awareness andacceptance for the project.

Return to school ofsome adolescent mothers. The project was able to establish links with another organization.TheYWCA assisted the mothers in applying for the scholarships that supports thetuition for adolescent mothers and out of 15 adolescent mothers that wereinterested only 6 were successful and are now attending secondary education.

c) Has your innovation led to any indirect impact among the target population or broader community? If yes, briefly describe the impact here.

Reduced stigma anddiscrimination. During community dialogue sessions. We had many communitymembers including teachers and chiefs highlight that the project made then seethat adolescent mothers require a lot of support.

It was noticed that manychildren who were coming for the monthly intervention meetings were able toreach their milestones early and easier. This led to some of the communitymembers to be interested in the program and a lot were asking if it waspossible for children who were not under the intervention to be attending thesessions as well.

Through data collectionresults and interacting with the children in the babies room, 3 babies wereidentified and referred to the hospital where they were put on physiotherapysessions

Due to traditionalbelieves, one child was believed that due to his asthma condition, he will notbe able to walk again. Through interventions meeting, the child was involved inseveral activities and was able to walk at the age of 1 year 9 months.

Another child who was onfood supplements program at the hospital, was stimulated through play andactivities and was able to meet all of his milestones at the end of theproject.

Methods

a) Briefly describe your monitoring and evaluation (M&E) activities including a short overview of the methods, and approach used to analyze the results. Be sure to include a brief description of the limitations that should be taken into account when considering the results. Include any qualitative findings including feedback from users or service providers, acceptance studies or preference studies. If you have conducted an evaluation or impact study please Include relevant p-values, effect sizes, confidence intervals, and any important contradictory or null findings, if applicable.

A range of data was collected for this project on a quarterly basis. For the children, the following measures were recorded: Length for age; Weight for age; Weight for length; Body Mass Index (BMI) and Head circumference. In addition to these measures, children were also assessed in relation to motor development, cognitive development, language and communication development, social and emotional development, and nutrition. In order to measure the mother's psychosocial well-being data was collected in relation to resilience, self-esteem, parental stress, and child-mother interaction. Finally, information on exposure to intimate partner violence (IPV) was also collected.

Data from questionnaires were imported into STATA v14 for statistical analysis. Both descriptive and bivariate statistics were conducted to examine the distribution of all variables and assess relationships between variables.

At the end of year 1 we conducted in-depth interviews with beneficiaries of the project to document best practices and share the lessons learnt from these project. This was qualitative exploration of what is transpiring in the project so as to add a richness of information that quantitative results may not deliver. Data was collected from 41 individual through semi-structured interviews conducted with: *18*

beneficiaries (adolescent or young mothers); 18 peer champions who facilitated adolescent mothers meetings; 2 project staff members **and** ***3 trainers*** **(report attached)**

b) Is there any further evaluation work that is going to be carried out in the future?

None is planned at this moment

Scale & Sustainability - Post-Funding Plans

Describe the anticipated path to scale for your innovation by answering the four questions below.

a) Explain the steps you plan to undertake after the end of this funding to advance your innovation toward sustainable impact at scale. For example, developments to your team, further validation of a prototype in a clinical trial, commercialization and market access, scaling a validated model of care to other jurisdictions, potential uptake by governments into the relevant health system(s), etc. This may also include the conclusion that the team's time and efforts are better used elsewhere.

There is high demand for the project to continue and expand from community members as such the YWCA of Malawi will offer the following after the project:

Continuation of early childhood education centers in all three districts to children of adolescent mothers and those within the community. At the moment mothers are willing to pay a small fee to pay teachers so that their children may access early childhood education.

We continue to engage the responsible government ministries to take up this program and role it out for sustainable funding.

We continue to engage the young mothers to economically empower them. Some have joined village loan savings group where they can be empowered economically.

We believe with improved financial means they will have enhanced capacityto take care of their children.

Being a membership-based organization. District coordinators and peer champions happens to be active members who are willing to work as volunteers. Adolescent mothers are willing to contribute to the upkeep of the peer champions. It has been planned that all activities to do with the CBCC shall be managed by the community through a committee.

b) Describe your plan for sustainability. Is there a clear path to reach financial sustainability via private and/or public channels?

Having developed a communitymodel and gathering the evidence. We believe we can then expand our advocacythrough public and private channels so to ensure sustainability. In the public avenue we continue to advocate to the ministry to increase funding and we are now developing a business/social enterprise model for early childhood development. so the YWCA in partnership with government can provide affordable quality early childhood education in the country.

c) Comment on the political environment within the area(s) you work/plan to work and how this may affect your innovation's path to scale.

Currently thegovernment od Malawi is in full supportand speaks out on the importance of Early childhood development. However thiscommitment is not matched with funds allocated to the relevant ministries toensure that they carry out these programs and ensure quality services.

d) Describe any partnerships that were established and/or strengthened during this reporting period, or any potential partners that were engaged (e.g., manufacturers, distributors, service providers, humanitarian organizations, non-governmental organizations, etc.) Describe the role these partners play in your project, or the role you anticipate they will play.

YWCA of Malawi joined the Early Childhood Development (ECD) coalition of Malawi. this is a network of NGOs working on ECD in the country. We partner with them on several activities.

Thefollowing partnerships were strengthened: ECD coordinators from the Ministry ofGender, children, disability and social welfare were used as data collectorsduring the data collection process. Social workers from the same Ministry werealso involved in facilitation during monthly intervention meetings.

Youthfriendly Health service coordinators from the Ministry of health (MOH) who wereone of our implementing partners facilitated several topics during monthlyintervention meetings

YWCAhas attended partners meeting at district level through the Ministry of health

Strengthenedpartnership between YWCA and Mother to mother (M2M), an organization that isalso implementing a similar intervention targeting adolescent mothers thatattends antenatal and postnatal care at the hospital.

Strengthened workingrelationship with Repssi

Engagement of public sector or private sector decision makers/other stakeholders

Describe any activities you have carried out to engage public sector or private sector decision makers and stakeholders, and the outcomes of that engagement. If your engagement with these stakeholders is intended to influence or contribute to changes to policies, standards, regulations or legislation, please describe any progress achieved to date.

Throught out this project we engaged the public sector at a local level. We engaged the heads of the ministries at district level i.e ministry of gender and ministry of health. We advocated for the needs of these adolescent mothers. And feedback from the mothers is that they face less stigma in the hospital as well as in the

communities. One other achievement was use of our sites to provide family planning services and under 5 clinics to the mothers.

The YWCA has used the media to reach out tothe public to advocate for services of adolescent mothers.

Gender Equity

a) Did you develop a gender equality strategy? If yes, to what extent were you able to implement your gender priorities?

No strategy was development about the program targeted adolescent mothers and aimed to empower them. We later (in year 2) involved men. We introduced lessons that were done specifically for men and womenon how both parents can work together to ensure proper growth and developmentof their children. This was done to ensure that men are involved in allactivities and responsibilities related to the up - bringing of children. Theintroduction of gender based violence topic in the Babies and Young childrenmanual that addresses both male and female issues.

b) What are your plans post-funding to further integrate gender equality into the design and implementation of your innovation as it continues to transition to scale?

In future we plan to involve the male partners from the onset of the project and topics of gender based violence to be taught from the onset.

c) Are these challenges/barriers affecting your progress and timelines to implementing your gender equality strategy? If yes, please describe below.

Poor male participation. there is need to develop male champions to encourage their peers.

Environment

Describe how considerations for environmental sustainability have been integrated into the design and implementation of the innovation (if applicable):

non applicable

Human Rights & Inclusion

a) Equality and non-discrimination – How did the proposed innovation target the health needs of the poorest and most marginalized people within the local population, particularly women and girls?

Prior to project implementation we sat down with members of the community to get their input. Identification of participants was done through community leaders. They proposed beneficiaries were approached and informed of the project. Their consent was obtained

b) Participation and inclusion – How did the innovation ensure that the voices and interests of the most marginalized and disempowered groups in the target population, particularly women and girls, were represented?

Women, adolescent mothers were key beneficiaries of the project along with their children. on a quarterly basis we sought feedback from the mothers, women and even community members to find out what was working and what was not. we would amend the project to their needs. These were often one on one interviews.

c) Transparency and Accountability – Did the innovation contribute to improved access to information among the local population, particularly women, of the available health care services and providers in their community? If so, how?

All beneficiaries had improved access to information throughout the project, the adolescent mothers met twice a month and they received education on various topics, child development, hygiene and sexual and reproductive health and rights. These topics were taught by the trained peer champions, health workers and ECD providers. The children also received early childhood education.

Challenges & Lessons Learned

Grand Challenges Canada believes in the importance of identifying challenges, documenting lessons learned and capturing any unexpected outcomes to improve on future activities.

a) Describe the top three (3) challenges and/or lessons learned to date and address the following for each:

- How are these challenges/barriers affecting your progress and timelines?
- What strategies are you using to overcome these challenges/barriers?
- How can you apply these lessons learned to advance your work in the future?

<u>First challenge</u>

Dropoutrate increased in the second year. One of the reasons for this was as a resultof late funding. Most adolescent mothers who were coming from long distancesstopped coming to the interventions meeting because transport refund were notprovided to them when funds were late. This resulted in a lot of mothersmissing learning sessions and some of them stopped coming to the sessions.Others reasons included reallocation from the village and having foundemployment. From 267 at baseline we finished with 211. Another effect of the dropouts or absenteeism of mothers was that the children'sattendance also suffered and the few seemed to be behind in their friends formost play activities.

To overcome these challenges we continued to encourage the mothers to attend, secondly if we noticed recurrent absenteeism the peer champions would pay a home

visit to find out why they were not able to attend. sometimes problems but other times they were difficult to solve for example if the mother found a job.

<u>Poormale participation</u>.

Throughout the project out of 154 adolescent mothers thatwere married only 35 men actively attended intervention meetings and some ofthe reasons that other men failed to attend the meetings were:Husbands that are currentlystaying outside this country for work or in a different district of Malawi; unavailability of time due to commitments like businessor work; not interested and others were embarrassed to be seenthere.

A key lesson learned was that in future we should involve men from the very beginning and issues of GBV tackled early. There is also a need to train male champions who can act as mentors to their fellow men.

<u>Lesson learned</u>

One of lessons learned was the need and demand to provideadditional sessions – The project design should be reviewed to increase the number of sessions held with beneficiaries. Many feltthat more regular meetings would improve the intervention.

b) Describe any significant pivots or changes you have made to the innovation during the funding period.

Changes made include inclusion of men into the educational sessions

We introduced new topics in the BYC manual. Baseline study results and feedback from the mothers indicated that intimate partner violence was something that the mothers faced. As such a topic on Gender based violence was introduced and taught to both groups (male and female participants). The focus was to teach both adolescent mothers and their partner's effects of violence on the health of the mother as well as of their children. The topic on gender-based violence targeted:

- **Definition of Gender based violence**

- **Fundamental human rights to which everyone is entitled without distinction based on race, sex, language, religion, political or other opinions**
- **Types of gender-based violence**
- **Effects of gender-based violence**
- **Barriers to reporting sexual violence**
- **Individuals role in preventing gender-based violence**
- **Care and support for survivors of sexual abuse.**

Other topics added were those on family planning and sexual health and reproduction.

Feedback for Grand Challenges Canada

a) Provide any other feedback for Grand Challenges Canada, both in terms of things that worked well, and in terms of how we can improve our program.

Weare deeply thankful for this grant. Generally our working relationship with the team was very good. Only challenge was we experienced frequent changes in contact person and thus sometimes it took a long time to get responses to questions

b) Describe any non-financial support you have received from Grand Challenges Canada (if applicable). For example: participating in a community meeting and/or the innovator support program, direct communication with Grand Challenges Canada team members or Venture Advisors.

- **Describe how this support impacted your work.**
- **Do you have any suggestions for how this support could be improved?**

The YWCA has benefited through:

- Grand Challenges annual meeting in 2017 from 2-4 October held in Washington D.C

- A series of webinars – Accelerator program, gender equality and early childhood development, data collection, Management and analysis

The annual meeting was a learning platform for the YWCA as it happened at the very beginning of the project. Lessons learned improved our capacity and guided us on how to improve the project. This all contributed to the success of our project. The webinars provided technical support and helped build capacity and improve our project.

Dissemination

Activities

Describe any dissemination activities that you have undertaken. For example, any reports that you have produced, conferences that your team has attended, or public presentations that resulted directly from your work.

The reports have been shared widely with the ECD coalition and the YWCA network as well as REPSSI network.

In our end of year meeting we shared results with stakeholders and community members.

We will also present our project at the Psychosial support forum in Nambia

Our findings from baseline study we submitted as an article to BMC public health

Publications

Grand Challenges Canada is very interested to learn about any peer-reviewed publications (e.g. reports, articles, etc.) that arise from your innovation, both the positive and negative findings. Click on the "+" to the right to add detailed information on each of

these publications, both submitted or published, that are based in whole or in part on the work funded by Grand Challenges Canada. You can add multiple publications by clicking on the "+", adding as many publications as necessary. Please note, you will also be asked to report on these in your RMAF or Core Metrics reports.

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Other Accomplishments

Are there any other accomplishments that have been achieved during the reporting period? For example, awards received, career/professional progression or advancements as a result of your project?

none

Summary Outcomes Statement

Answer each of the following points with 2-3 sentences (this is meant to be brief). Please write your responses in the third person. Note that this summary outcome statement may be used in public communication about your innovation

Issue Addressed:

Children born to Adolescent mothers are particularly disadvantaged.

Adolescents are still growing and maturing physically, cognitively, socially, economically and emotionally. They are prone to depression.Babies of adolescents have lower birth weight and higher risk of mortality,

What You Did:

Our innovation took a comprehensive, community led holistic approach. The intervention focused on creating anenabling and responsive environment for improved health outcomes for youngmothers and their babies. We provided psychosocial support to the young motherson a monthly basis. This included groupsessions on learning about caring for oneself – physically, emotionally, spiritually,socially and mentally in a safe space. Safe baby corners were created were children received earlychildhood development.

What You Found/Achieved:

Through this project greater than 70% of the children had improved health outcomes. The adolescent mothers > 70% had improved psychosocial well being. We trained 15 health care providers are trained as well as 15 peer champions. We held a successful advocacy campaign to the community on the needs of the adolescent mothers and their children.

What Happens Next:

The children continue to receive early childhood education while we continue to advocate and seek funds for expansion of the project.

Communications

a) Are there any results we cannot share publicly? If so, please indicate which and why.

No

b) Share a story about how the innovation has impacted someone's life, either a user of the innovation, or someone who helped to implement the innovation. Alternatively, you may wish to share a story of how Grand Challenges Canada funding has impacted your innovation journey or your journey as an innovator.

Enelesi Banda 19 year old from Machinga shared her story. After getting pregnant at 17 from her boyfriend then, he denied her and refused that the pregnancy was his. She was in form 3 at the time and had to drop out. Her parents were very cross with her and everyday she was ridiculed. Her friends also laughed at her. Pregnancy for her was uneventful but during delivery she had to have an emergency cesarean section due to obstructed labor. Following delivery she was ashamed to be seen with her baby. she would leave the child with her mother and go out and play. she didn't even want to breastfeed. Through the grand challenges project she has learned to be proud of being a parent, she has made several new friends and knows that she is not alone. She now ensures she spends quality time to her child, feed her bathing her and even moves around the village with her. She says she now feels she has the confidence to give her child a better future. Currently she has enrolled to go back to school

c) Provide us with 3-5 high resolution photos (approximately 1MB and/or 300 dpi) that present the project, product, innovator and/or end beneficiaries in a visually compelling way. Visual aids help people understand your innovation, helps us tell your story, and makes it more likely that your project will be featured in our communication products or potentially draw media interest. Click on the green "+" icon (on the right) to attach your photos.

PHOTO UPLOAD
Adolescent mother with her child.JPG **Photos** Added by Nettie Dzabala at 6:44 AM on August 16, 2019
End of project meeting.JPG **Photos** Added by Nettie Dzabala at 6:45 AM on August 16, 2019
Baby room 1.jpg **Photos** Added by Nettie Dzabala at 6:44 AM on August 16, 2019
Male involvement 2.jpg **Photos** Added by Nettie Dzabala at 6:44 AM on August 16, 2019

In the field below, list name of each photo you have attached and provide a photo credit and a photo caption:

- **You must give credit to all photographers**
- **For photo caption, think about one sentence that describes the shot. Who, what, where?**

Image 1 titled end of project taken by Albert Kanyagale . It shows adolescent mother with her husband after receiving award for best male attendance to sessions.

Image 2 titled adolescent mother with her child taken by Albert Kanyagale. It shows the participants of the project

Image 3 titled baby room taken by Albert Kanyagale. It shows adolescent mothers been shown how to interact and play with their children.

Image 4 titled male involvement child taken by Albert Kanyagale . It shows an education sesiion in which couples are participation together.

Do you have permission from people portrayed in the photo(s)? If minors (e.g. children under 18 in Canada) are portrayed in the photo(s), was permission obtained from their parents or guardians?

Yes | Oui

By clicking this box, I acknowledge that I have read and understood the media release at http://bit.ly/2jQG4kk, I agree to its terms, and I affirm that its requirements have been met.

Confirm:

Yes

d) Are there any promotional materials that demonstrate the impact of your innovation, particularly on end beneficiaries? (e.g., videos, media stories, posters, etc.). Please provide the url(s) or attach a copy of any relevant materials in the Communications Documents section, below.

https://ywcamalawi.com/2019/03/12/success-story-from-grand-challenges-canada-project/https://ywcamalawi.com/2019/03/14/community-model-for-health-and-wellbeing/https://ywcamalawi.com/2019/03/15/613/

COMMUNICATIONS DOCUMENTS
YWCA malawi Monitoring workplan.pdf **M&E Plan** Added by Nettie Dzabala at 7:59 AM on August 16, 2019
PUBH-S-19-01175.pdf **M&E Plan** Added by Nettie Dzabala at 8:21 AM on August 16, 2019
YWCA tables of results.docx **M&E Plan** Added by Nettie Dzabala at 7:59 AM on August 16, 2019
COMBINED REPORT - Year 2 intervention group meetings first group.pdf **Other** Added by Nettie Dzabala at 7:59 AM on August 16, 2019
Meeting reports (combined) for group 2 intervention (previously control)... **Other** Added by Nettie Dzabala at 7:59 AM on August 16, 2019

e) Is there any additional information you would like the Communications team to be aware of?

d) Please provide updated text for any of the sections below. Note we will likely be in touch to finalize this text with you and may use information you provide in this or the above on the Grand Challenges Canada website http://www.grandchallenges.ca/**.**

Innovation Description:

Our innovation took a comprehensive, community led holistic approach. The intervention focused on creating an enabling and responsive environment for improved health outcomes for young mothers and their babies. We provided psychosocial support to the young mothers on a monthly basis. This included group sessions on learning about caring for oneself – physically, emotionally, spiritually, socially and mentally in a safe space. Safe baby corners were created where ther children received early childhood development.

Continuation:

The mothers have agreed to pay a small fee so that their children can continue to receive early childhood education

Implementation:

the project was conducted in 3 sites. In the first year we had a control group and we had an intervention group. In the second year they both received the intervention. The intervention comprised of bi monthly meetings were the children accessed early childhood education and the mothers received education on various topics related to child health and development, psychosocial support, hygiene, nutrition and sexual and reproductive health.

Evaluation Methods:

Evaluation was through analysis of baseline data against endline data. A range of data was collected for this project on a quarterly basis. For the children, physical growth was measured and assessed according to the WHO Child Growth Standards. The following measures were recorded: Length for age; Weight for age; Weight for length; Body Mass Index (BMI) and Head circumference. In addition to these measures, children were also assessed in relation to motor development,

cognitive development, language and communication development, social and emotional development, and nutrition. Each of these assessed the child on different age-appropriate developmental milestones. In order to measure the mother's psychosocial well-being data was collected in relation to resilience, self-esteem, parental stress, and child-mother interaction. Finally, information on exposure to intimate partner violence (IPV) was also collected.

Impact of Innovation:

Improved physical growth in 211 children

improved cognitive development in 211 children
improved language and communication in 200 children
improved social and emotional development in 203
improved psychosocial wellbeing in 203 adolescent mothers
improved parenting skills in 245 caregivers
trained 15 health workers on psychosocial support
trained 21 peer champions on the intervention package

Resources (Name and Link):

http://www.who.int/childgrowth/standards/en/

http://www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-who-growth-chart-resources-0-4-years/uk-who-0

https://www.communities.qld.gov.au/resources/childsafety/practice-manual/physical-cognative-milestones.pdf
http://firstyears.org/miles/chart.htm
http://firstyears.org/miles/chart.htm
http://www.aapd.org/media/policies_guidelines/rs_hearingunderstanding.pdf
https://www.understood.org/en/learning-attention-issues/signs-symptoms/age-by-age-learning-skills/social-and-emotional-skills-what-to-expect-at-different-ages

https://childdevelopmentinfo.com/child-development/normaldevelopment/#.WGyj6Bt942w

https://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf

http://www.who.int/mediacentre/factsheets/fs394/en/

https://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&cad=rja&uact=8&ved=0ahUKEwiR_un-g6jRAhXlLMAKHeWtDlcQFgg3MAQ&url=https%3A%2F%2Fogg.osu.edu%2Fmedia%2Fdocuments%2FMB%2520Stream%2FBrief%2520Resilience%2520Scale.pdf&usg=AFQjCNG0hYNBsJQTdjzajTjHKQTSxDCvMg&sig2=-1gzpZwKrD-O0otSJzNA4A

http://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Self-Esteem_ROSENBERG_SELF-ESTEEM.pdf

http://www.personal.utulsa.edu/~judy-berry/parent2.htm

http://www.psychologie-aktuell.com/fileadmin/download/ptam/3-2011_20110927/02_Hirschmann.pdf

http://uta32-kk.lib.helsinki.fi/bitstream/handle/10024/67591/951-44-6604-7.pdf?sequence=1

http://bjp.rcpsych.org/content/180/1/76.article-info#fn-group-1

Gallery:

Global Access and Data Access Report

Project Outputs, Intellectual Property (IP), and Regulatory Approvals

a) Describe the Project Outputs arising from the project.

Training manual developed

Early childhood centres established

b) List all protected/registered IP rights as of the project end date.

c) Commercialization Partners

non applicable

d) Regulatory Approvals

non applicable

Global Access

e) Current availability of supported innovation(s) in developing countries.

f) Projected availability of supported innovation(s) in the next 5 years.

g) Access to supported innovation(s) amongst those most in need.

the innovation currently exists in the community and being used by community members. Early childhood education continues in these sites to which the mothers pay a small fee which was agreed upon amongst themselves

Data Outputs and Access

h) Data arising from the project

reports (word documents)

tables(excel and word)

Articles (PDF)

Supporting Documents

Upload any materials that demonstrate and support the quantitative and qualitative results achieved thus far. For example, results tables summarizing analyzed data, data collection tools such as surveys or questionnaires, workshop reports, and technical data that support technical development carried out. Where relevant, please include any graphs, tables, figures, graphics, pictures or videos that may enhance our understanding of your project.

APPENDIX DOCUMENTS
YWCA malawi Monitoring workplan.pdf **M&E Plan** Added by Nettie Dzabala at 7:59 AM on August 16, 2019
PUBH-S-19-01175.pdf **M&E Plan** Added by Nettie Dzabala at 8:21 AM on August 16, 2019
YWCA tables of results.docx **M&E Plan** Added by Nettie Dzabala at 7:59 AM on August 16, 2019
COMBINED REPORT - Year 2 intervention group meetings first group.pdf **Other** Added by Nettie Dzabala at 7:59 AM on August 16, 2019

APPENDIX DOCUMENTS

Meeting reports (combined) for group 2 intervention (previously control)...

Other

Added by Nettie Dzabala at 7:59 AM on August 16, 2019