

## TFN Impact Report

<b>Name of your Organisation:</b>	MAITS (Multi-Agency International Training and Support)
<b>Name of the project TFN funded:</b>	Rwanda project for babies with feeding difficulties
<b>Date Funded by TFN:</b>	6 July 2017
<b>Were you able to undertake your project as planned?</b>	Yes
<b>Can you describe and/or demonstrate the specific impact that TFN funding has had against your initial objectives?</b>	<p>Thank you so much to TFN and all those who donated to MAITS' infant feeding project. The impact that this TFN funding has had in enabling us to run the MAITS' infant feeding project in Rwanda has exceeded our expectations.</p> <p>Our initial objectives were 'to provide capacity-building to healthcare programmes in Rwanda, where half the children they serve were born prematurely and most have conditions leading to feeding difficulties, but there is limited access to expertise.' We aimed to do this by providing infant feeding training to 22 staff in two districts, Kayonza and Kirehe, in East Rwanda, to local healthcare staff in neo-natal and maternity units, on life-saving infant feeding techniques for babies with feeding difficulties due to premature birth or disability.</p> <p>We are pleased to say that through this project, we provided MAITS' infant feeding training for the first time in Rwanda, teaching simple, life-saving techniques to 60 hospital staff in seven hospitals in five districts, (Butaro, Kinihira, Kirehe, Nemba, Ruli, Rutongo, Rwinkwavu hospitals).</p> <p>Total beneficiary numbers to date:</p> <ul style="list-style-type: none"> <li>• 60 healthcare professionals from seven hospitals in five districts received training</li> <li>• 535 babies and mothers were supported using the infant feeding techniques we trained on</li> <li>• 2 expert mothers received training</li> </ul> <p>The current trainees alone will reach 4,200 per year in the seven neo-natal units in 5 districts. These numbers will increase as training continues to be rolled out on a regular basis.</p> <p>The MAITS' trainers worked directly with the hospital staff, mothers and babies to provide direct on-the-job training, rather than solely classroom based training.</p> <p>Our trainers also trained three newly trained local Master Trainers who have gone on to train other healthcare professionals to support mothers to with these simple feeding techniques that improve their child's chances of survival, improved health and optimal development (the figure of 60 trainees includes training by MAITS' trainers and the master trainers we trained and continue to support).</p> <p>The three master trainers are receiving monthly clinical supervision from the MAITS' trainers remotely, via Skype, for six months, as well as being in touch to ask any questions that come up. Two expert</p>

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	<p>mothers have also been trained by the master trainers to provide support in the wards to mothers on breastfeeding, under the supervision of clinical staff.</p> <p>MAITS trainers supported more than 35 vulnerable babies experiencing feeding difficulties and 34 mothers during their training. Furthermore, an average of 50 babies per month in each of the seven hospitals have been supported by those who we trained.</p> <p>This project is sustainable as the majority of the trainees are employed by the Ministry of Health and the NGO Partners In Health who have been working in Rwanda for the last fourteen years. Therefore, it has built the skills of local professionals who will carry on this work far beyond the scope of the initial project.</p> <p>The training has already enabled 535 babies whose mothers were struggling to feed them because of low birth weight or an underlying disability, to get the help they needed to enable their babies to feed and establish exclusive breastfeeding in a supportive environment.</p> <p>The feedback we got from our local partners was that the MAITS' infant feeding training was 'œreally excellent training' and that 'the feedback from participants has been really positive.' The three master trainers are highly experienced staff members and even they said they learnt new techniques that they had never learned before or seen before. Alex Tugume is a nurse and Head of Neonatology for Rwinkwavu District Hospital in the eastern province of Rwanda and was trained by MAITS to become a master trainer. Since the training he has been able to help babies he didn't think he could help before, like those with cleft palate and babies of just one or two days old. He is using the skills he learned during the training every day in his work and says he thinks 'babies are feeding 85% faster than before the training and that there still might be a need for this kind of training in the community, as well as in hospitals.'</p> <p>The improvement in healthcare workers' knowledge is also demonstrated through the results of the assessments done prior to and subsequent to the training. After the training, over 95% of the trainees reported a high level of confidence in this area of work, a high level of knowledge in this area of work, and a high level of practical skill in this area of work. This is a significant improvement from the start of the training when 66% reported a medium level of confidence, knowledge and skill and 30% reported low levels (30%) of confidence, knowledge and skill in this area.</p> <p>Our partners, Partners In Health, chair the National Neo-Natal Technical Working Group and they have been able to use this as a platform to talk about the infant feeding training as well as raising awareness of the specific issue of exclusive breastfeeding for infants with disabilities or who were born prematurely. They are a particularly vulnerable group of infants, which has had less attention. The Ministry of Health in Rwanda know about this MAITS training and we hope that</p>
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by demonstrating its value, it may be adopted by them and rolled out. Partners In Health also hopes to conduct a cost benefit analysis of this training this summer.

Our partners are keen to roll out this project to other areas to demonstrate the difference it can make, which we are keen to do, subject to funding.

MAITS' projects are sustainable as we build local capacity and do not have large international offices, or send in new staff members who will leave behind a gap in skills when they move on. We identify areas of need and people with the technical expertise to work with partners already on the ground and build the skills of local professionals and mentor them to develop others within their community. We have already successfully trained three master trainers who are teaching other healthcare professionals these infant feeding techniques.

We have increased the geographical scope of the project already, from two hospitals in two districts, to seven hospitals in five districts and the training continues to be rolled out by the master trainers.

The project has led to the employment of two additional local staff members, the expert mothers, who are peer supporters who had babies that were born preterm and with a low birth weight, and are now each about one year old. They have been trained by the three Master Trainers to support mothers in the hospital on how to breastfeed and express and store breast milk. They continue to receive mentorship from the master trainers and are working alongside the health professionals in the wards, providing much-needed support for these hospital staff who have a high caseload. They are employed as part of a collective in the hospital.

Over the past two months, these expert mothers have conducted seventy group education sessions in the hospital on topics ranging from general breastfeeding, skin-to-skin care and hygiene and have visited the outpatient follow-up clinic five times to provide on-going breastfeeding support to mothers there. On average, they are supporting three new mothers per day in neonatology and post-partum and to eighteen mothers for the second time or more. They are also helping mothers who need support to cup feed or provide tube feeding to their babies. Overall, they are providing a much needed service for mothers of vulnerable infants and also listen and share their experiences with. Partners in Health saw the need for employing expert mothers and are collecting evidence on the impact of their work, to build a case for rolling this model out. Please note that for the overall project we have included all costs except the costs of the clinical staff at Partners In Health Rwanda as this information was not available at the time of writing.

We are closely monitoring the progress of the project and have recorded baseline data so that we can measure the true impact of the project, in a clinically accurate way. To date, we have not identified

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	<p>any negative outcomes to the project and on the contrary, there have been some positive outcomes, including reaching more than our target number of trainees and that support is being provided to 350 babies per month just through the current number of trainees, but the training to continues to be rolled out so in total it will be much higher.</p> <p>Baseline data - Infants who were previously admitted to the neonatology units at two of the hospitals where the training was conducted are discharged to an outpatient Paediatric Development Clinic (PDC) for follow-up care. Between June 2015-December 2016, nearly half of children under six months enrolled in a PDC had received infant formula, a third had poor interval growth, and a fifth were acutely malnourished at six months of age. Our partners plan to compare this data to data from six months after the training to determine if there has been a change in the outpatient clinic nutritional outcomes.</p> <p>Additionally, in terms of baseline data from two of the neonatology units, from October to December 2017, only 44% of infants regain their birth weight at two weeks, a measure used to assess adequate growth. Average interval growth (another measure of adequate growth) during admission was 0.6 grams/day for very low birth-weight infants and 5.0 grams/day for low birth weight infants, which are both lower than the desired rate of 15 grams/day. As a measure of adequate feeding, our partners also looked at exclusive breastfeeding at time of discharge, which was only 65% for all neonates, far below their desired goal of at least 90%. They will compare this baseline data to data post training to determine the impact on growth and nutritional outcomes.</p> <p>An abstract on this project was submitted to an academic journal - the American Academy of Pediatrics, (section on International Child Health) and we have just found out that it has been accepted. This means that this training programme and its effectiveness will be measured in an academic journal on an ongoing basis. The project will be part of a poster presentation at the American Academy of Pediatrics National Conference in the Orlando, Florida in November 2018. This conference covers clinical matters and research related to special interest areas to infant and child health.</p> <p>Our partners in Rwanda also did a presentation on the project at the International Day of the Midwife in May and have also just found out that an abstract on the project has been accepted for presentation at the Council of International Neo-Natal Nurses conference in Kigali in October! This means that the project is informing practice on a wider level than just where it is being run.</p>
<p><b>What portion of the project did TFN fund?</b></p>	<p>43.23%</p>
<p><b>How many direct beneficiaries</b></p>	<p>24 healthcare professionals who were trained by MAITS' trainers</p>

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<b>did the TFN funded project reach?</b>	(including 3 master trainers). 35 babies. 34 mothers (one was the mother of twins)
<b>How many indirect beneficiaries did the TFN funded project reach?</b>	36 healthcare professionals trained by the master trainers that MAITS trained in subsequent training. 500 babies and their mothers. 2 Expert Mothers who provide support on the hospital ward, under the supervision of clinical staff
<b>Were you able to leverage further funding as a result of TFN support?</b>	Yes
<b>If yes, how much were you able to raise?</b>	<p>Over \$4000 was contributed to the project (not to us directly) by Partners in Health and the Boston Children's Hospital. This funding included covering the associated costs of running the training, such as printing materials, food, room hire for the training, transport and the costs of providing cover for the Ministry of Health staff attending the training.</p> <p>In addition, the TFN funding enabled MAITS to leverage additional support from our partners in Rwanda who were able to source additional funding for the translation into French of all the training materials. The MAITS' infant feeding training materials have been translated into French and some of the materials have also been translated into Kinyarwanda. MAITS has a resource section on our website for professionals working with neurodevelopmental disabilities. These resources in French will therefore be made available on our website free of charge and will be accessible to French-speaking clinical staff internationally, as well as in English.</p> <p>An additional \$4000 was contributed as an in-kind contribution by the M&amp;E team at Partners In Health to support the baseline data collection and analysis of the data associated with the training.</p>
<b>Did you receive any pro-bono support, volunteer offers or introductions as a result of the event?</b>	Yes
<b>If yes, please can you provide details of the support you received?</b>	A TFN member, co-founder of SoGive provided MAITS' staff some pro-bono support on developing our annual and impact report, as well as giving us advice on how to structure our theory of change which is in the report. Finally, he provided a monitoring & evaluation framework.
<b>How important was TFN funding in helping you achieve your objectives?</b>	We wouldn't have been able to achieve our objectives without TFN funding
<b>Since presenting at TFN, has your organisation undergone any other significant changes?</b>	Since presenting at TFN, MAITS has undergone a range of significant changes. TFN was our first external donor and since then we have gone on to secure external funding from a range of different sources, through trusts and foundations and through crowdfunding.

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	<p>We have developed a new strategy for the organisation and produced our first ever impact and annual reports, which were fundamental in demonstrating our key achievements over the years and we were pleased to get input on how to use and develop a theory of change from a TFN member at SoGive, whom we met at the event.</p> <p>In addition, we have expanded our board of trustees, taking on one new trustees with experience in finance/IT/HR and are in the process of taking on two others with specialisms in special needs education and marketing. We have also had some changes to internal staffing and are developing a clinical advisory board with a broad range of clinical skills.</p>
<p><b>Do you have any other comments or feedback on the experience of the TFN process?</b></p>	<p>The whole TFN experience was incredibly positive. It was extremely efficient from application to confirmation of funds - the timeline was much faster than for most fundraising processes, which really allowed us to hit the ground running with this project.</p> <p>The TFN team were also very engaged and supported us with our questions and we appreciated the training on how best to pitch the presentation to an audience. The process of having to pitch on the phone in a few minutes previous to that really helped focus us on what we wanted to say. We would, and indeed, have recommended TFN to a number of other charities as a very effective way of increasing the profile of their organisations and raising funds as well as making links with other organisations.</p> <p>Thank you to the team at the Funding Network and to all the individuals and companies who came along and supported us on the night. Your support has made a world of difference to families in Rwanda whose babies were struggling to feed and you have helped to build the skills and capacity of local healthcare professionals, who are making a greater difference in their own communities, thanks to you.</p>
<p><b>Can you tell us any personal stories to highlight the value of the project?</b></p>	<p>We want to tell you about the difference your funding has made to the lives of some individuals. This is the story of a 21-year-old mother, Denise and her twins Brian and Theoneste. Denise came from Mukaranje village in Kayonza District. Her twins were born two months prematurely and had been admitted to the Neonatology ward for ten weeks with feeding difficulties. They were supported as part of the infant feeding training which works directly with mothers and babies. During the training, participants taught Denise how to hold her babies in an optimal position to promote breastfeeding, even trying a position that allows her to feed both twins at once! Denise described how she is still learning but feels more confident breastfeeding her boys and said they are growing well. Denise recommends similar help for other mothers, saying 'they can teach others to breastfeed the way I learned.' By the end of the training, both were strong enough to go home. Brian had reached the weight of 2kg and Theoneste went up to 1.9 kgs. They will both be followed as outpatients in the Paediatric Development Clinic to monitor their</p>



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	<p>nutrition, growth and development.</p> <p><b>IMPACT OF TRAINING ON PARTICIPANTS-</b></p> <p>Samuel Byiringiro is an All Babies Count Quality Improvement Advisor in Ruli District Hospital in the northern province of Rwanda. Sam is using the techniques he learned during the training to assess and support nurses and midwives to further help mothers in breastfeeding as well as working with mothers directly. He says he ‘uses these skills on a daily basis because that is what my work is (improving the neonatal care, within which breastfeeding is a key component).’ Sam feels that ‘the trainers from the UK were good in delivering the skills’ and he feels ‘confident now to teach independently.’ Sam said, ‘this training proved really useful because many people think they are knowledgeable in breastfeeding but in a non-coordinated way and they fall short of even assessing the quality of the mothers’ breastfeeding. I do not doubt that the time all staff at my facility will be trained, this training have a significant effect on the growth and survival of babies.’</p> <p>Marie Claire Abimana is an All Babies Count Quality Improvement Advisor in Rutongo District Hospital in the eastern province of Rwanda. ‘Since the training I have been able to have most babies in the neonatal unit who previously would have been fed with a feeding tube, successfully breastfeed in different positions I learned during the training. I have even seen this work not only in the hospital but also at the health centres to try different positions and successfully breastfeed. I use what I learned in the training many times when I am mentoring other staff, but also when I am providing post-natal care. Marie Claire feels that she is able to provide the training to other clinical staff and as of now she has conducted more than 5 sessions on this topic including demonstrations. Marie Claire also wanted to add ‘I have also noticed that mothers and babies are bonding very well in these new positions we learned, because the mother and babies are in direct face to face contact.’</p>
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