

Republic of Kenya
Mother to Mother SHIONOGI Project
Phase II (Ganze Sub-County, Kilifi County)
YEAR I Completion Report

June 30, 2021

(Reporting period: April 2020 to March 2021)

World Vision Japan

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I. Summary of the Project

Project Name	Mother to Mother SHIONOGI Project Phase II
Project Site	Bamba Ward and Jaribuni Ward, Ganze Sub-County, Kilifi County, Republic of Kenya
Project Period	April 2020 - March 2021 (1st year)
Target Population/ Beneficiaries	Direct beneficiaries: 28,196 (of which, 14,788 are women aged 15-49 years and 13,408 are children under 5 years of age) Indirect beneficiaries: 49,310
Total Budget	JPY 60,113,450 (including 18.0% of advocacy and administrative expenses)
Project Goal	Pregnant and lactating women and children under 5 years of age have improved maternal and child health
Objectives	The project aims to improve maternal and child health in the communities by: <ul style="list-style-type: none"> - enhancing the quality and access to maternal and child health services in the communities through capacity building of healthcare workers and improvement of the system and facilities - raising public awareness for behavioral - strengthening partnership with the government

2. Project Purpose and Current Situation

The Kilifi County is one of the counties with the highest maternal mortality rate in Kenya. Access to healthcare services is limited in Ganze Sub-County, where more than 60% of people do not have health facilities within 5 km of their homes. Health facilities in the area lack adequate equipment and human resources to provide quality services. Access to safe and clean water is also limited, and many people get their water only from rainwater reservoirs, resulting in widespread diseases such as diarrhea and an increased incidence of malaria.

Bamba ward, where the project is being implemented, is one of the areas with the highest poverty rate in Kenya. Problems include early marriage, violence against children, water and food shortages due to frequent droughts, lack of access to clean water, high prevalence of HIV and malaria, and low literacy rate. In particular, various indicators related to maternal and child health are lower than in other areas of the county. Only about half of pregnant women give birth at health facilities, and the percentage of stunting among children under 5 years of age is higher than the county average. There are many factors behind these issues; lack of health facilities, services provided are insufficient both in quantity and quality, and the partnership and cooperative framework among health facilities, communities and the government are weak. As a result, knowledge and support system for health and nutrition among community residents are very limited.

In Phase II of the Mother to Mother SHIONOGI Project, which started in April 2020, it addresses each of these issues through three approaches: enhancing access to maternal and child health services, improving the situation of nutrition and water, sanitation and hygiene in the communities, and strengthening the health system management. It aims to contribute to saving lives of mothers and children by strengthening the community health systems across the county and the government.

Since the government of Kenya was implementing various measures for COVID-19 prevention such as restrictions on travel and gathering at the beginning of April 2020, full-scale activities of the project had been suspended until July when the measures were relaxed. After some delay of the placement of World Vision project team due to the restrictions, our nutrition project officer arrived at post in June, the driver arrived in August, the health project coordinator arrived in September, and the accountant arrived in October. (Current information on COVID-19 in the project area is explained on page 19.)

During the period from April to June, prior to the arrival of the key staff, World Vision staff from other projects in the project area covered their absence and carried out procurement arrangements for construction as well as the preparation of the baseline survey. They closely communicated with project partners including the Ministry of Health, and coordinated the process on behalf of the project team. The plan of project activities was revised so that the planned activities could be completed throughout the year. At present, we are paying close attention to activities with local residents taking thorough measures to prevent infection. We continue

to observe government guidelines and consult closely with the Ministry of Health for our safe project implementation.

3. Project Progress

3 -I Project Plan

In order to improve the health of pregnant and lactating women and children under 5 years of age, the project implements activities with three approaches. First, with the aim of improving access to maternal and child health services, the project improves infrastructure of health facilities, strengthens the capacity of healthcare workers, and empowers community health volunteers and mother to mother support groups to scale up community initiative for preventive education and service utilization. The project also supports to establish a system for regular coordination and guidance from higher health facilities and the Ministry of Health to lower health facilities and strengthen the patient referral system from lower to higher level. Second, in line with the Baby-Friendly Community Initiative launched by the Ministry of Health of Kenya, the project supports to increase collaboration between the government and the communities to improve nutrition for mothers and children through promoting breastfeeding, micronutrient intake and balanced diet. Access to clean water will be also improved through the project, which is essential for improving health and nutrition. Third, the project takes the Community Advocacy approach and creates a mechanism that enables the government and the communities to work together to solve problems through the bottom-up approach.

Outcome	Outputs
1. Increased access to maternal and child health services for pregnant and lactating women and children under the age of 5	1.1 Facilities for maternal and child health services are enhanced in health facilities
	1.2 Healthcare workers are equipped with better knowledge and skills of maternal and child health services
	1.3 Health volunteers at community level are trained
2. Mechanism for improving nutrition and water, sanitation and hygiene practices at community level is established	2.1 Community efforts to improve nutrition is strengthened
	2.2 Nutrition programs for acute malnutrition is strengthened
	2.3 Water supply facilities are improved
	2.4 Appropriate sanitation and hygiene knowledge and practices are adopted in communities and schools
3. Health system management is strengthened	3.1 Partnership between communities and government officials is enhanced
	3.2 Structure of monitoring and evaluation is improved

Summary of Action Plan

	Year I	Year II	Year III
	April 2020 - March 2021	April 2021 - March 2022	April 2022 - March 2023
Main Activities	Improve infrastructure and systems of health services and increase capacity of healthcare workers	Strengthen and expand activities at community level	Establish sustainable community health systems
	<ul style="list-style-type: none"> • Conduct baseline survey • Improve health facilities (maternity wards) • Provide basic technical training for healthcare workers • Provide training for community health volunteers • Establish Advocacy Groups and provide training 	<ul style="list-style-type: none"> • Improve health facilities (maternity ward, clinical laboratory, etc.) • Improve water supply infrastructure • Provide refresher training on health and nutrition • Strengthen of monitoring and guidance on community health and nutrition activities 	<ul style="list-style-type: none"> • Strengthen structures of monitoring and guidance on community health and nutrition activities • Assess activity outcomes and challenges • Improve partnership and collaboration with relevant government officials

3 -2 Progress Update Reporting Period: April 1, 2020 to March 31, 2021 (12 months)

annual plan	Achievements	Progress Status
I.1 Facilities for maternal and child health services are enhanced in health facilities		
Construction of maternity wards	2 buildings	Construction work of maternity wards in Midoina and Jaribuni was started in October 2020, and completed in March 2021. The project will install medical equipment for use in the maternity wards in the second year.
I.2 Healthcare workers are equipped with better knowledge and skills of maternal and child health services		
Training for healthcare workers	2 times Number of participants: 26	Training on prenatal care, basic emergency obstetric care/neonatal care, family planning, and treatment of cervical cancer based on the national guidelines was provided to 26 healthcare workers (clinical officers and nurses) at health facilities in the project site. It was originally planned to have 30 participants, but the actual number of healthcare workers who require the training was 26 according to the Ministry of Health in the Sub-County and all of them received the training.
Implementation of Supportive Supervision	3 times 6 locations	Officials from the Ministry of Health and project staff visited 6 health facilities in Midoina, Rima Ra Pera, Jaribini, Silango, Chakwe and Murya to review their operations such as facility management, provision of services, inventory management of medical goods and medicines, record keeping and data management. As a result, it was pointed out that the information in patient records and reports of the mobile health outreach was not properly done. The supervision team continues to monitor the operational status of each health facility by regular visits.
Mobile outreach	Once a month from September to March (except January 2021)	A total of 6 outreach stations have been set up which are two in hard-to-reach location from each health facility in the 3 target areas. Monthly outreaches have started since September and a total of 2133 people received vaccinations, nutritional monitoring, deworming pills, and vitamin A supplements.

Training on data management	Once a month since October through on the job training along with supportive supervision	12 healthcare workers at health facilities in Midoina, Rima Ra Pera, and Jaribuni received on-the-job training on data management while conducting daily work. The training covered a wide range of information on facility inventory and patient data management, Basic emergency obstetric and newborn care and inventory management of cervical cancer drug, how to create registration forms for family planning and prenatal checkups, how to order supplies, how to monitor immunizations, and how to use the new monitoring forms.
	Data review meetings: 3 times	3 review meetings on how to record the provision of health services were conducted and 83 healthcare workers from 3 health facilities participated. In addition, introductory sessions on Health Management Information System (HMIS) tools and new indicators were conducted for health facility staff.
	Training on data entry forms: 1 time	In cooperation with the Ministry of Health, a training session on forms was held and 29 health facility staff learned how the services provided for maternal and child health should be recorded.

I.3 Health volunteers at community level are trained

Training for Community Health Volunteers(CHV), Community Health Assistants (CHA /supervisor of CHVs), and Community Health Committees (CHC)	Training on maternal and child health services for CHVs: 2 times	The project conducted several training programs to build sustainable capacity of CHVs who are playing a central role in the communities: With the cooperation of the Ministry of Health, a total of 50 CHVs and members of the CHC in Midoina and Rima Ra Pera (22 men and 28 women) were trained in providing appropriate childcare and maternal and child health services in their communities and at home. The same training was held in Jaribini in February 2021.
	Once a month since August	Training on household registration was conducted to CHVs. Training on maternal and child health and nutrition was also provided to 35 CHAs and the members of CHCs. The

	<p>Training on malaria case management: 1 time</p> <p>Training for saving groups: 1 time</p>	<p>project continuously followed up with 140 CHVs from 7 groups to help them visit households every month.</p> <p>Training on malaria case management was conducted for 20 CHVs in Jaribuni so they can identify mothers and children suspected with malaria and report to health facilities in a timely manner.</p> <p>25 CHVs were trained on how to form a saving group. 25 saving groups are planned to be formed by the trained CHVs in Year 2.</p>
Monthly meetings of CHVs	<p>Monthly meeting of CHVs (since August)</p> <p>Monthly award program (since January 2021)</p>	<p>Due to the delay in commencement of the project, this activity, CHVs monthly meeting, started only in August. Meeting with 140 CHVs from target areas was held every month in cooperation with the Ministry of Health. During the monthly meetings, CHVs reported on their activities, shared their experiences and issues during household visits and discussed to find solutions.</p> <p>In order to increase the motivation of CHVs, a motivational and remuneration model was started and it selects 3 CHV-of-the-month every month.</p>
Supportive supervision for capacity building of CHVs	Guidance on household visit: 3 times	Community Health Assistants (CHAs), who give guidance to CHVs, accompanied 60 CHVs from 3 wards for their household visit 3 times and provided supportive supervision. During the supervision, it was noticed that some CHVs did not properly use the forms prepared by the Ministry of Health and failed to report malnourished children to health facilities.
Formation of Mother to Mother support group (M2M group)	<p>Formation of M2M group: 3 locations</p> <p>M2M groups monthly</p>	<p>A total of 60 female leaders (mothers) from Midoina, Rima Ra Pera and Jaribuni received Baby Friendly Community Initiative training and started M2M groups in their ward.</p> <p>M2M group meeting was held monthly and 210 mothers from Midoinas, 137 from Rima Ra Pera and 67 from Jaribini</p>

	meeting: Once a month (since November)	(pregnant and child-rearing mothers) participated. Members who had received prior training shared information on maternal and child health, nutrition, food security and water sanitation practices. The members of M2M groups meet once a week to share their knowledge about maternal and child health and nutrition.
Training for community leaders	1 time	In partnership with the Ministry of Health, a training session for community influencers was conducted and 27 men participated. The topic covered teenage pregnancy issues, family planning, and misconceptions about contraception, and they learned how men can support family planning decisions.

2.1 Community efforts to improve nutrition is strengthened

Training on nutrition improvement at community level	Training for health facility staff	A number of training programs were conducted to spread the concept of nutrition improvement throughout the communities. Training was provided to government employees and health staff (health facility staff and CHAs) who play a central role in improving community nutrition. With their leadership, several Community Mother Support Group (CMSG) were formed and CHVs, M2M group members and community leaders received training on community-led nutrition improvement through the workshop moderated by CMSG. Participants also did a household mapping of their community with CMSG.
	Nutrition training for M2M groups Once a month (Since November)	Once a month, cooking demonstration was organized for mothers using nutritious agricultural products available locally. CMSG also conducted a training on important points to remember when feeding infants (number of meals, amount of meals, types of ingredients, etc.). At 3 locations, 33 M2M groups, a total of 414 mothers participated.
Training on nutrition for CHVs	2 times	In collaboration with the Ministry of Health, training on maternal and child nutrition was provided to a total of 60 CHVs in 3 locations, as well as to CMSG members (leaders of communities, mother groups and youth groups).

		CHVs plays a significant role in tackling nutritional problems with community involvement. 5-day-training and 3-day-refresher training were done to provide a wide range of knowledge, including knowledge on maternal nutrition, provision of food to infants, and child growth monitoring.
Strengthening nutrition knowledge of M2M groups		A training was conducted for M2M Group members to improve nutrition through weekly meetings. The project follows up with M2M groups to support their activities after the training. (This is not an independent activity, but was carried out during the formation of M2M groups and the nutrition improvement training programs.)
Supporting to nutrition campaign	Maternal and Child Health Campaign: 1 time Hygiene Campaign: 1 time	In line with 2 national events in Kenya, the project planned to support the implementation of the following 2 awareness raising campaigns. Malezi Bora (“Good upbringing Maternal and Child Health” Campaign) In response to the national strategy on maternal and child health services and promotion of nutrition improvement, Kilifi County created its action plan and held a launching campaign in November 2020 to raise awareness and encourage efforts to improve nutrition in the community. 11,119 children under 5 years of age in Bamba and Jaribuni ward received vitamin A supplements through the event. In conjunction with World Toilet Day on November 19, a message on sanitation was delivered through telephone interviews with three local radio stations, Voice of America and one other.
Agricultural support (Introduction of drought-tolerant crops, etc)	Training and monitoring: Once a month (since	In partnership with the Ministry of Agriculture, the project provided assistance for agriculture to all 414 mothers from M2M groups, including food security, kitchen gardens and agricultural sales. 100 mothers received training on poultry

	November)	farming techniques and a total of 1000 chickens and plant seeds.
2.2 Nutrition programs for acute malnutrition is strengthened		
Training on nutrition programs	1 time	A 5-day training course on integrated management of acute malnutrition (IMAM) was provided to 15 health facility staff to familiarize them with timely screening of child malnutrition and provision of necessary assistance. In addition, an awareness raising campaign was conducted to provide CHVs with knowledge about follow-up care for children under 5 years of age with acute malnutrition.
Implementation of nutrition programs	Nutrition screening and treatment: Once a month (since September 2020)	The project conducted a mass nutritional screening and a total of 460 children under 5 years of age were screened. Children with acute malnutrition were identified, and treated through nutritional improvement programs. As of March 2021, a total 17 children were enrolled in the program to improve nutrition through outpatient therapeutic programme. (10 in Midoina, 3 in Rima Ra Pera, 4 in Jalibni)
IMAM performance review meeting (October)	2 times	30 health facility staff were invited to meet to review progress on the integrated management of acute malnutrition (IMAM). By checking the status of data management collected through the program, the project supports them to follow up on the nutritional status of children appropriately.
2.4 Appropriate sanitation and hygiene knowledge and practices are adopted in communities and schools		
Teaching good hygiene practices	Started at each school in December 2020	Schools had been closed due to the COVID-19 outbreak and resumed in January 2021. In December, 4773 children from 74 schools in the affected areas were educated about hand washing with soap, how to use a latrine, proper disposal of waste, and water purification,. The project provided hand washing facilities and soaps.

Community led total sanitation (CLTS)	Training: 1 time	Triggering training was provided in 11 villages to help communities change their hygiene behaviour. In Year 2, latrines will be constructed in the village where the training was held, and their behavior will be monitored for positive changes.
Establishment and training of school health clubs (January 2021)	Training: 1 time	A total of 10 teachers from 4 elementary schools in the project site gained knowledge on health and water sanitation through the training, and health clubs were established at each school. At health clubs, children learn about proper hygienic behavior and share it with other children. They also play a role in communicating with teachers when problems arise in order to make an environment with good hygiene practices.
3.1 Partnership between communities and government officials is enhanced		
Establishment of Advocacy Group	3 groups	Local advocacy, in which members of the community appeal to the local government for solutions to problems in their communities and public services was introduced and the project supported to establish 3 advocacy groups in 3 target areas (15 members per group). The group members learned how to conduct advocacy activities and how to integrate community opinions, and discussed how to improve the services of local health facilities.
Advocacy Group Activities	Meeting: Once at each group	After the launch of the Advocacy Group, each group met with the community to discuss what gaps exist between the delivery of health services and the needs of people and how the gaps can be filled. For example, in Midoina, it was pointed out that there was a problem with facility delivery at night due to the unstable power supply to health facilities. The group will communicate this issue to the authorities and lead to advocacy activities for improvement.
Regular meetings with the government and partners	2 times	The project supported the government to organize a County Health Stakeholder Forum. The purpose of the forum is to build a partnership to merge the effort for maternal and child health and for prevention of gender-based violence through

		health facilities. 25 people joined the forum. The project also supported to hold the nutrition technical forum of Kilifi County. Government officials and other stakeholders, including partner organizations agreed to work together in accordance with the nutrition action plan formulated by Kilifi County.
3.2 Structure of monitoring and evaluation is improved		
Project launch	Accomplished	The project launch meeting with partners, including government officials, which was scheduled for April, was canceled due to restrictions on travel and gatherings under the influence of COVID-19 and delays in project staff assignment. Although COVID-19 causes delays to the commencement of the project, existing staff from World Vision had been communicating with the Health Department in each County and Sub-County to keep them informed. As a result, a project management committee was established with the Ministry of Health to report and evaluate the progress of the project on a regular basis. The project staff were able to catch up on the delay promptly and start managing the project right after their arrival with sufficient understanding.
Baseline survey, mid-term evaluation and final evaluation	Baseline survey: completed	Baseline survey was conducted in November 2020. (The survey results are described below.)

4. Baseline Findings

4-1. Outline of the baseline survey

The baseline survey was carried out in November 2020 by World Vision Kenya with commissioned consultants and enumerators. The team conducted a demographic survey in the target households, anthropometric

assessment of children, interviews with key informants as well as focus group discussions in Bamba and Jaribuni. The survey result was analyzed and findings are compiled by the consultant.

The demographic survey targeted 400 households each in Bamba and Jaribuni, for a total of 800 households, among which 759 households (398 households in Bamba and 361 households in Jaribuni) were surveyed. Children's anthropometry surveyed 974 children aged 6 to 59 months : age, sex, weight, height, mid upper arm circumference, checking for edema in both legs, measles vaccination status, polio vaccination status, vitamin A supplement intake status. The focus group interviews were conducted dividing into 3 groups; men, women, CHVs. The participants were asked their views on maternal and child health and healthcare services. Interviews with government officials of Kilifi County and Ministry of Health officials also added input as key stakeholders.

4-2. Baseline indicators

The results of the baseline survey conducted in November 2020 are as follows.

Table 1: Baseline Indicators

Indicators	Baseline	Target	National Average
[Project Objectives] To improve the health of pregnant and lactating women and children under 5 years of age			
Proportion of women who develop complications at the time of delivery	16.1%	Decrease by 5 points	n.a.
Prevalence of stunting among children under 5 years old in the study area	28.9%	Decrease by 5 points	26%
Prevalence of wasting among children under 5 years old in the study area	12.9%	Decrease by 5 points	4%
Prevalence of diarrhoeal diseases in the study area	19.6%	Decrease by 10 points	58%
[Outcome 1] Increased access to maternal and child health services for pregnant and lactating women and children under the age of 5			
Proportion of pregnant women attending 4+ ANC visits according to Focused ANC schedule	60.7%	Increase by 5 points	57.8%
Proportion of women delivered by skilled attendant	82.4%	Increase by 5 points	61.8%
Percentage of mothers of children 0-23 months and their babies (boys, girls) who receive postnatal care within 24 hours after their delivery	74.8%	Increased by 10 points	50.6%
Percentage of children 12-23 months who received	20.9%	Increase by 5	67.5%

full immunization		points	
Percentage of Women of Reproductive Age (WRA) using modern contraceptive methods	40.6%	Increased by 10 points	58%
[Outcome 2] Mechanism for improving nutrition and water hygiene practices at community level is established			
Cure rate for integrated management of acute malnutrition in children under five years	70.0%	75%	n.a.
Proportion of children of under 5 years old exclusively breastfed until 6 months of age	63.0%	Increased by 10 points	61%
Proportion of households adopting nutrition sensitive practices	45.8%	Increased by 10 points	n.a.
[Outcome 3] Health system management is strengthen			
Number of Bills and Polices passed at the County level as a result of Project's advocacy and engagement	0	1 item	n.a.
Percentage of County budget allocated to health and nutrition in Kilifi County	26%	Increased by 10 points	n.a.

*Source of the nationwide data: Kenya Demographic and Health Survey 2014

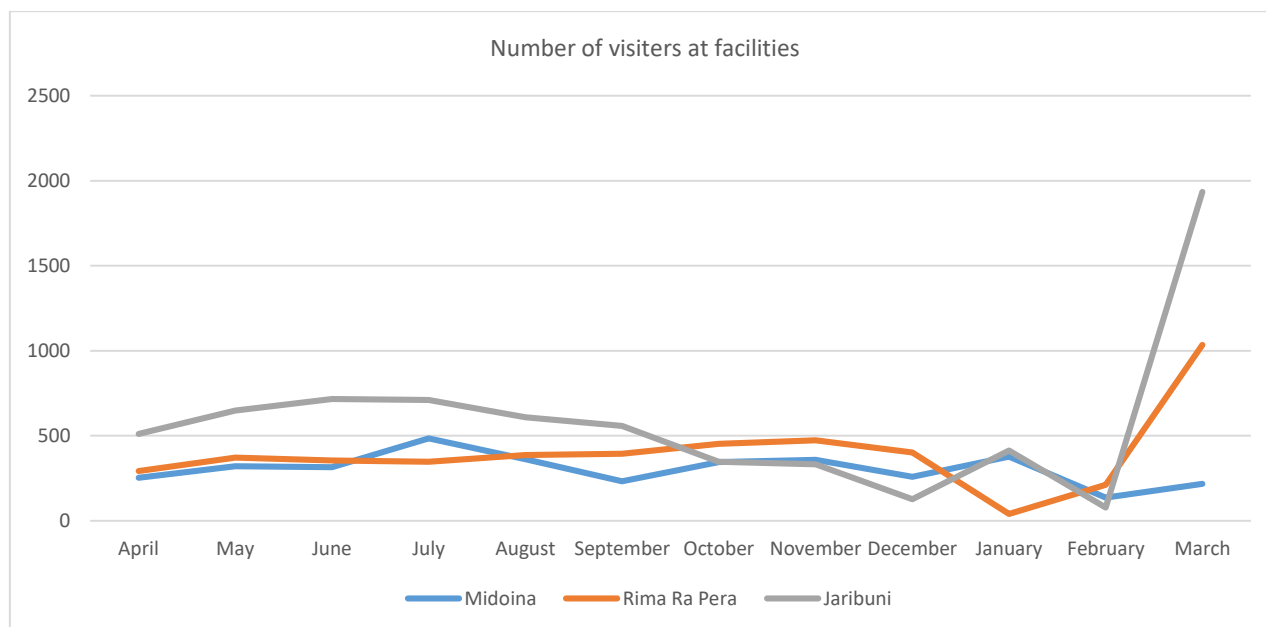
5. Implementation Schedule (Progress as of March 2021)

Blue: Original plan Orange: Revised (as of July) / Red:Actual

Activities	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Output 1.1												
Construction and extension of maternity wards					Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
						Orange	Orange	Orange	Orange	Orange	Orange	Orange
							Red	Red	Red	Red	Red	Red
Output 1.2												
Technical training for healthcare workers				Blue		Orange						
							Red	Red	Red	Red	Red	Red
Supportive Supervision			Blue			Blue			Blue			Blue
						Orange			Orange			Orange
							Red	Red	Red	Red	Red	Red
Mobile outreach			Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
				Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
							Red	Red	Red	Red	Red	Red
Training on data management			Blue			Blue			Blue			Blue
						Orange			Orange			Orange
								Red	Red	Red	Red	Red
Output 1.3												
Training for CHVs, CHAs, CHC		Blue				Orange						
							Red	Red	Red	Red	Red	Red
CHVs monthly meeting	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
				Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
							Red	Red	Red	Red	Red	Red
Strengthening of supportive supervision for CHVs			Blue			Blue			Blue			Blue
						Orange			Orange			Orange
								Red	Red	Red	Red	Red
SM2M group formation and activities				Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
				Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
							Red	Red	Red	Red	Red	Red
Training for community leaders											Blue	
											Orange	
												Red
Output 2.1												
Training on nutrition improvement			Blue									
				Orange								
									Red	Red	Red	Red
Training on nutrition for CHVs					Blue							
					Orange							
						Red						
Strengthening nutrition knowledge of M2M Groups								Blue				
								Orange				
								Red				
Nutrition campaign		Blue		Blue								
				Orange								
								Red				
				Blue			Blue		Blue		Blue	
							Orange			Orange		Orange

6. Changes in utilization of Health Services

Figure 1: Number of visitors to each health facility (April 2020 to March 2021)



The number of visitors increased rapidly after a decrease in February 2021. The reason of the decrease was due to a temporary closure by a strike of the health facility staff in February and later inundated with patients when reopened.

Figure 2: Number of clients of mobile outreach (September 2020 to March 2021)

	Midoina	Jaribuni	Rima Ra Pera
Immunization	359	27	184
Nutrition services	174	117	304
Family planning services	25	6	8
Antenatal care	20	0	29
Treatment of minor ailment under 5 years	273	66	114
Treatment of minor ailment over 5 years	246	92	109

7. Project Sustainability

The Kilifi County government and World Vision signed and exchanged an agreement that the government will take over the ownership and properly maintain and manage the facilities developed through the project. The agreement specifies the respective responsibilities of both parties to ensure the sustainability of the activities after the completion of the project.

The Kilifi County government established a project implementation committee and 12 members were selected. The committee will oversee the implementation of the project and help ensure that all activities are conducted in line with the COVID-19 preventive measures.

The project connected the members of M2M groups, who received assistance for poultry farming, with the Ministry of Agriculture as well as the poultry farmers' association in Bamba so that the mothers can continue to receive support regarding poultry farming techniques.

8. Future Implementation Plan (April 2021 to September 2021)

The project will continue to observe the government's COVID-19 guidelines and take careful measures for all activities in close cooperation with the Ministry of Health. The status of COVID-19 at the time of submission of this report is as follows.

Current situation of COVID-19 in Kenya and the project area

Since the first coronavirus case was confirmed on 13 March 2020, the government of Kenya has taken strict measures, including lockdown. Since July, when the situation gradually stabilized, the government lifted the ban on travel between cities and permitted gatherings with limits on the number of people and social distancing. Schools were reopened on January 4, 2021, and elementary schools in the project sites were able to resume all grades after nine-month closure. However, since March 2021, the number of positive cases has risen, the so-called "third wave". The number of confirmed cases has increased particularly in Nairobi and the government responded with additional measures. As of June 2021, the number of new cases was 714 per day and 10 deaths per day (both figures were announced by the Ministry of Health of Kenya on June 19). Of these, nine people in Kilifi were newly infected. Although it is considered that the situation has been relatively controlled in the area, many patients and pregnant women now refrain from visiting health facility.

As a result, the number of child vaccinations and prenatal checkups has decreased, which may cause a negative impact on maternal and child health. Kenya started the first phase of its COVID-19 vaccination campaign in March 2021 and a total of 1.18 million doses have been administered as of June 19. The percentage of adults who received two doses is 0.7% of the total population according to the Ministry of Health.

9. Story of stakeholders and beneficiaries

Esther Nzilani, Sub County Medical Officer of Health in Ganze Sub-County



Since October 2018, I have been the Ganze Sub County Medical Officer of Health (SCMOH) since October 2018.. Through the Mother to Mother project, health facility staff in the area have been provided with many training opportunities, which have improved their capacity to provide better services, especially for maternal and child health. Community Health Volunteers and community members have also benefited from the project's various efforts (e.g., nutrition improvement), and access to health facilities is expected to increase in future. I myself have been also able to hold regular consultations with stakeholders

through the project and review the service delivery status of health facilities. Access to maternal and child health services is expected to increase in future thanks to the new buildings of maternity ward in Midoina and Jaribuni. The mobile outreach facilitated identifying malnourished children in remote areas and following up those children for improvement. On behalf of Ganze Sub-County, I am pleased to support all activities in the second year. I believe this project will greatly change the lives of people in this area. I am very grateful for your support.

- **Ibrahim Juma Kistao**, Beneficiary of the mother to mother support group and CVA Chairman in Rima Ra Pera

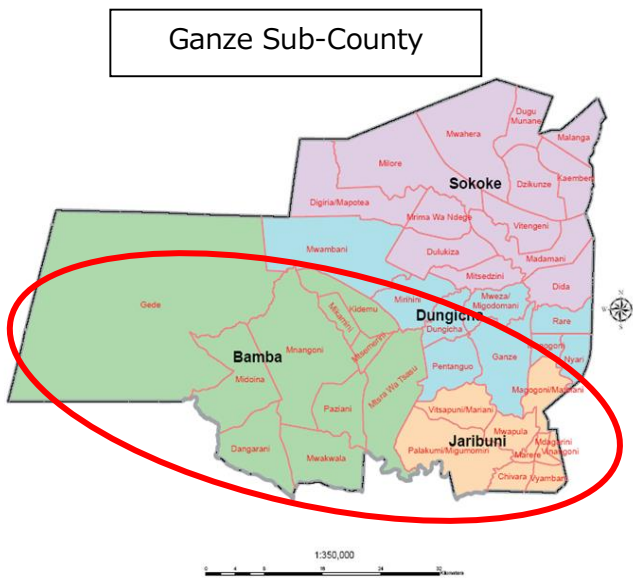
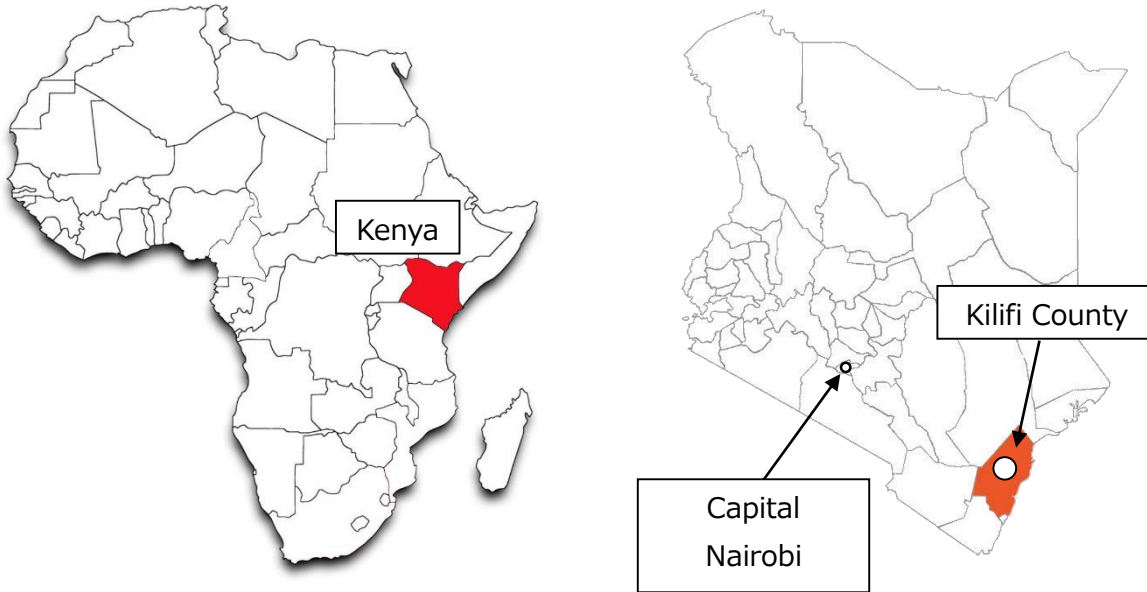


I live in Rima Ra Pera with my wife and seven children. My wife is a member of a Mother to Mother support group. Since she joined the group a few months ago, she managed to get her youngest child (18 months old) vaccinated without my assistance. She says she learned about child nutrition, growth, and the importance of immunization at the Mother to Mother support group with 14 other mothers. She also got accurate information about family planning, and stopped believing the false rumor that family planning is about discouraging people from having children. My wife also received training in poultry farming through the group and was provided with 10 chickens. In

January 2021, I heard that a community advocacy group was going to be formed and I became the leader of that group. My role is to raise awareness of the importance of maternal and child health services and the use of health facilities in the community. Our advocacy group made an suggestion to the local health facility about the waiting time and it was reflected and now efforts are being made to reduce the waiting time at the facility. I am happy to know that we can contribute to make a positive change for the health facility. We will continue to communicate with the local government and pursue adequate funding to be allocated for improvement of health facility

【Appendix】

1) Map of project site



Target area: Bamba and Jaribuni ward

2) Pictures of the activities

	
<p>Maternity ward in Midoina</p>	<p>Maternity ward in Jaribuni</p>
	
<p>M2M group meeting in Midoina</p>	<p>CHVs training on nutrition in Rima Ra Pera</p>
	
<p>An official from the Ministry of Health checking data entry of nutrition program in Bamba</p>	<p>Teaching good hygiene practices at school</p>
	
<p>Cooking demonstration for mothers in Midoina</p>	<p>Training for healthcare workers on basic emergency obstetric care/neonatal care</p>



Training for Advocacy Group in Rima Ra Pera



Community led total sanitation triggering for behavioral change

-End-