

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

YEAR III Completion Report

June 30, 2023

(Reporting period: April 2022 to March 2023)

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 2022 - March 2023 (3rd 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 60,000,000 (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

Kilifi County, the activity area of the project site, is located in the coastal region of Kenya and is classified as an arid and semi-arid area subject to periodic droughts. More than 66% of the population in Ganze Sub-County, where the project site is located, live below the poverty line on less than US\$1.9 per day, and more than 60% live in areas where there are no health facilities within 5 km of their homes. In addition, access to safe and clean water is limited due in part to drought, and many people only have access to water from rainwater reservoirs, resulting in widespread diseases such as diarrhea and an increased incidence of malaria

Maternal and child health indicators in Ganze Sub-County are low compared to other regions in Kilifi County, with only 43% of women having received four or more times of antenatal care and 52% of all deliveries being at health facilities, according to a survey conducted in 2018. The main reasons for this are the distance to health facilities, inadequate and understaffed facility infrastructure, and inadequate capacity of healthcare workers. In addition, 36% of children under 5 years of age are stunted in Kilifi County. Due to the lack of water in the project areas, the installation rate of latrines at the household level is low and sanitary conditions are poor.

Mother to Mother SHIONOGI Project, which began in April 2020, has implemented activities through three approaches: improving access to maternal and child health, improving nutrition and water, sanitation and hygiene in the community, and strengthening the health system management, as well as strengthening cooperation between the health system and local communities. In the third year of the project, although activities were hindered by a prolonged drought at the project site, construction work that had been ongoing since the second year of the project was also completed. In May 2023, the maternity ward of Rima Ra Pera Dispensary, solar panel power generation facilities, staff quarters, the clinical laboratories of Midoina, Rima Ra Pera, and Jaribuni dispensaries were successfully handed over to the community.

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 prevention 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 referral system (collaborative system for introducing and transporting patients who cannot be dealt with at lower health facilities to higher health facilities at the secondary and tertiary levels) of higher-level hospitals and dispensaries. 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, 2022 to March 31, 2023 (12 months)

Progress Highlights by Outcome

Outcome 1: Increased access to maternal and child health services for pregnant and lactating women and children under the age of 5

- 70% of women had 4 or more times of antenatal care.
- 90.7% of births were assisted by skilled attendants.
- 97.7% of mothers with infants aged 0-23 months had a postnatal checkup within 24 hours of delivery.
- 80.5% of infants 12-23 months received full immunization.
- 45.7% of women reported using some form of contraception.

Outcome 2: Mechanism for improving nutrition and water, sanitation and hygiene practices at community level is established

- 63.9% of infants were exclusively breastfed for the first 6 months of life.
- 94 healthcare workers were trained in BFCI and maternal and child health.
- 89 Community Health Assistants (CHAs) and Community Health Volunteers (CHVs) were trained in maternal and child health care.
- Outcome 3: Health system management is strengthened
- Supported Kilifi County to launch its Nutrition Action Plan (2019-2023)
- Prompted by maternal and child health initiatives in Ganze Sub-County, the county assembly prepared two bills and policy proposals regarding community health services.
- An agreement based on the recommendations by the advocacy groups regarding health services has been submitted to the assembly for consideration.

Progress by Action Item

Annual plan	Achievements	Progress Status
I.1 Facilities for maternal and child health services are enhanced in health facilities		
Extension of outpatient buildings and clinical laboratories (including ones continued from Year II)	3 buildings	The construction carried out during the second year of the program was completed; The maternity ward at Rima Ra Pera Dispensary, the solar panel power generation facility (supported by Panasonic), the staff quarters, and the clinical laboratories at the dispensaries in Midoina, Rima Ra Pera, and Jaribuni. All of the above were handed over in May 2023 (Year II reports). In addition, the maternity room of Rima Ra Pera Dispensary was renovated to create

		a new space for postnatal care (to be handed over to Rima Ra Pera and the County government in June).
Maintenance of equipment and supplies	1 clinical laboratory equipment 2 maternity ward medical equipment, supplies	An automatic blood cell counter was provided to Jaribuni Dispensary, and an incubator, a medical light and disinfectant were provided to Rima Ra Pera Dispensary.
I.2 Healthcare workers are equipped with better knowledge and skills of maternal and child health services		
Training of healthcare workers on maternal and child health services	2 times for a total of 60 people	In June, 30 people participated in a 5-day training on Basic Emergency Obstetric and Newborn Care (BEmONC) ¹ for nurses and doctors in 7 neighboring counties, including Ganze. Two months later, in cooperation with the medical NGO Jacaranda Health and Kilifi County Hospital, 30 people who received training in June received a 5-day training on mentoring for BEmONC. After the training, the participants are to provide advice and guidance to other staff about BEmONC at their health facilities.
Mobile outreach	Once a month	As in the first and second years of the project, a total of 7 outreach stations were set up in hard-to-reach location from each health facility in the 3 target areas, and monthly outreaches were conducted. A total of 10,098 people received vaccinations (including COVID-19 vaccine), nutritional monitoring, deworming pills, vitamin A supplements, treatment for injuries and illnesses, and health education. (2 locations each in Jaribuni and Rima Ra Pera, 3 in Midoina)

¹ Basic Emergency Obstetric and New Born Care (BEmONC) training included: antenatal care, newborn care, maternal and neonatal resuscitation, obstetric symptom management, handling unconscious patients, handling eclampsia, handling sepsis, malaria in pregnancy, abnormalities during delivery, record keeping of delivery, surgical skills, obstetric fistula (a hole in the birth canal caused by labor), post-abortion care, postnatal care, preterm infant care, neonatal jaundice, breast feeding and alternative feeding.

Supportive supervision	3 times	Supportive supervision was conducted in July, September and November by Sub-County health information management officers, reproductive health officers, pharmacists and laboratory technicians at dispensaries in Midoina, Rima Ra Pera, and Jaribuni. The three dispensaries showed significant improvements in drug demand forecasting, inventory management and storage conditions. At Midoina Dispensary, we repaired a faulty vaccine storage refrigerator and provided advice on storage temperature record-keeping. The dispensary is now able to administer various vaccinations, including BCG, on a daily basis, which has led to improvements in the quality of the mobile outreach services as well.
Data management audit and on-site guidance	Data review meetings: 3 times,	Reviews of indicators ² related to reproductive, maternal, newborn and adolescent health and nutrition were held at dispensaries in Midoina, Rima Ra Pera, and Jaribuni in June, September and December. All health facility officials and managers from the Ganze Sub-County participated in the meetings to share progress. The meetings shared and confirmed the data that each dispensary should collect each month under Ministry of Health rules, including figures on antenatal care, immunization and delivery assistance by skilled attendants at each facility. These meetings provided opportunities for County and Sub-County level officials to become aware of the status of data collection at each facility.
Training on health information management systems	2 training sessions for 30 people 1 training session for	Training was conducted in June and January (2023) for 30 healthcare workers in the target areas on reporting tools for submission to the Ministry of Health. The lecturers were Sub-County health records information officers, and the participants mainly learned various reporting formats for maternal and child health, correct data collection and record-keeping methods, and the purpose of data collection. In addition, a one-day training on the newly introduced

² Reproductive Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) indicators: Major impact indicators in maternal and child health

	35 people	health information management system for cancer screening was conducted for 35 healthcare workers in Ganze Sub-County.						
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 for CHVs: 2 times	<p>In May, Goshi and Mnagoni community units provided training on household mapping and household registration in line with the reporting form introduced by the Ministry of Health as part of UHC policies³. These two community units, each with 10 CHVs, had no adequate reporting system.</p> <p>A total of 113 lactating mothers and 26 pregnant women organized 10 Mother to Mother support groups (M2M groups) in the Goshi community unit, and 50 lactating mothers and 15 pregnant women organized 6 M2M groups in the Mnagoni community unit.</p> <p>A 5-day training on maternal and child health was held in August for 20 CHVs in the Mwakala community unit connected to Bamba Sub-County Hospital. The training covered household visits for pregnant women, danger signs during pregnancy, communication and counseling skills, home care during pregnancy, exclusive breastfeeding, and more.</p>						
Support for CHV household visits	Number of household visits: 4,782 households in 7 community units	<p>We supported 150 CHVs from 7 community units in conducting household visits. Although the timing of the visits became irregular due to elections and prolonged droughts, we provided counseling on maternal and child health, especially for families with children under 5 and pregnant women, under the supervision of and with advice from government CHAs.</p> <p>[Number of household visits]</p> <table border="1"> <thead> <tr> <th>Community unit</th> <th># of registered households</th> <th># of households visited</th> </tr> </thead> <tbody> <tr> <td>Bamba</td> <td>1,068</td> <td>1,100</td> </tr> </tbody> </table>	Community unit	# of registered households	# of households visited	Bamba	1,068	1,100
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³ Universal Health Coverage (UHC) policies: Health policies of developing country governments that aim to provide universal basic health services to all people including those in developing countries

		<table border="1"> <tr> <td>Mstara wa Tsatu</td> <td>1,114</td> <td>1,075</td> </tr> <tr> <td>Maryango</td> <td>481</td> <td>500</td> </tr> <tr> <td>Midoina</td> <td>534</td> <td>550</td> </tr> <tr> <td>Bandari</td> <td>739</td> <td>747</td> </tr> <tr> <td>Rima Ra Pera</td> <td>505</td> <td>512</td> </tr> <tr> <td>Marere</td> <td>341</td> <td>350</td> </tr> </table>	Mstara wa Tsatu	1,114	1,075	Maryango	481	500	Midoina	534	550	Bandari	739	747	Rima Ra Pera	505	512	Marere	341	350
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Guidance to CHVs on savings and loan groups	Number of savings and loan groups currently active: 41 groups	<p>A savings group consisting of 41 M2M groups formed in the Bamba and Jaribuni wards has provided loans to its members and begun operations in accordance with a structure that emphasizes group sustainability.</p> <p>[Number of Savings and Loan Groups Currently Active] Midoina: 10 Rima Ra Pera: 11 Jaribuni: 5 Bamba: 15</p> <p>In this regard, the project purchased 350 female goats and provided them to the M2M groups. If the breeding is successful, each member will own 1 female goat for livestock operation in the future, which will lead to a source of income for the women.</p>																		
Monthly meetings of CHVs	Monthly meeting of CHVs: Once a month	Monthly meetings were held with CHVs from 8 community unit. The meetings were facilitated by CHAs and included nutrition nurses from Bamba Sub-County Hospital. The meetings discussed how the household visiting services provided by CHVs had an impact on indicators related to maternal and child health, nutrition, infectious disease prevention, and the number of cases at the Sub-County hospital.																		
Implementation of an award system for CHVs	20 CHVs awarded	In order to motivate CHVs, 20 CHVs who performed outstanding activities were awarded a coupon worth US \$10. The winners were selected on the basis of their reports on the households they visited and their appropriate responses to cases of patient transport.																		
Monthly meetings of Mother to Mother support groups (M2M	Monthly meetings of M2M groups: Once a month 2,290 participants	<p>We helped organize monthly meetings of all M2M groups (2,290 members in total) formed in Rima Ra Pera, Midoina and Jaribuni.</p> <p>The meetings mainly shared health and income-generating</p>																		

groups)		issues and ideas such as health and nutrition, home gardening techniques, COVID-19 vaccination, poultry farming, goat farming and growing drought-tolerant plants.
Training for community leaders	Training: 8 times	<p>Four meetings were held in July, September, December and February for influential leaders in the community in Jaribuni and Bamba wards. Since 17% of pregnancies in Ganze Sub-County are in teenagers (2021/2022), the training discussed how community leaders can help solve the problem of young pregnancies in the community. Topics included the health impact of young pregnancies, the quality of health services for teenagers, contraception, communication skills with young people, parenthood, and enlightening communication among peers. To date, 976 people (500 men, 476 women and girls) in the community have been informed about what the community leaders learned during the training. The leaders also raised the following issues in their awareness-raising activities.</p> <ul style="list-style-type: none"> ➤ Most parents say they don't have enough time to talk with their children. ➤ There's no space in the house for privacy when talking to adolescents. ➤ Poor families require children to work to help make ends meet. ➤ The risk of trouble as children use mobile phones ➤ Many local residents reject the topic of youth contraception. ➤ Many parents are not comfortable giving their children knowledge of condoms. <p>The issue of early pregnancy is an important and highly sensitive topic, and we need to continue to patiently engage in dialogue.</p>
Supportive supervision for CHVs	4 times a year	Supportive supervision was implemented for CHVs in 5 villages in Jaribuni, 2 villages in Rima Ra Pera and 4 villages in Midoina. Teams of CHAs and nutritionists from the 3 areas traveled to each village to provide guidance and

		advice on counseling and reporting skills for CHVs.
Support for improving reporting and data collection	Reporting and data management forms: 3 types, total 500 copies printed	We printed 3 types of reporting tools and data management forms (summary tool for SAM and MAM management, patient transport case records, nutrition program records for acutely malnourished children) introduced in the Ministry of Health, distributed them to health facilities in Ganze Sub-County where the use of the tools was not widespread, and worked to improve the data collection mechanism.
2.1 Community efforts to improve nutrition is strengthened		
Promotion of Baby friendly community initiative (BFCI)	Two 3-day training courses Total number of participants: 150	Pregnant and lactating women in 2 community units (Goshi, Mnagoni) were trained on the Baby friendly community initiative (BFCI) ⁴ . The three-day training covered maternal and child nutrition policies, breastfeeding, appropriate baby food, micronutrients, family planning, and hygiene measures. In addition, in Midoina, leader mothers were trained on BFCI updates and positive parenting.
Strengthening nutrition knowledge of M2M groups	Cooking demonstration for M2M groups: Once a month	We visited M2M groups in Midoina, Jaribuni and Rima Ra Pera once a month, and provided training on infant feeding with practical demonstrations of cooking methods. Although the availability of food was limited due to the prolonged drought, the participating mothers learned about the types of baby food according to their age, the appropriate amount and number of servings, and how to prepare and sanitize locally available food for balance and ease of eating.
Agricultural support (Introduction of drought-tolerant crops, etc)	Training on poultry farming: 3 locations	In partnership with the Ministry of Agriculture, training on poultry management was conducted in Midoina, Jaribuni and Rima Ra Pera. Participants, led by M2M groups, learned about feeding, poultry housing, immunization, disease prevention, breeding, and incubator maintenance.

⁴ Baby friendly community initiative (BFCI) is a health and nutrition improvement program aimed to improve the health and nutritional status of communities. BFCI includes the provision of postnatal lactation support in communities to encourage breastfeeding, and is used in maternal and child health activities in many developing countries.

	<p>Installation of solar self-powered poultry incubators: 3 locations</p> <p>Provision of chickens and feed sets: 639</p> <p>Provision of poultry incubators: 3</p> <p>Provision of planting bags: 150</p>	<p>Solar self-powered poultry incubators were purchased and installed in Midoina, Jaribuni and Rima Ra Pera, and 620 chickens were hatched. A total of 639 M2M group members in 3 community units received feed sets to start chick and poultry farming.</p> <p>One poultry incubator was each provided to Midoina, Jaribuni and Rima Ra Pera to support the egg production of M2M group women starting poultry farming.</p> <p>To increase vegetable intake, which is often in short supply, 150 vertical planting bags were purchased and provided to M2M group members in Midoina and Jaribuni. In Jaribuni, local agricultural officers visit households to provide advice on vegetable production.</p>
<p>Supporting to nutrition campaign</p>	<p>World Breastfeeding Week Event: 1 time</p> <p>Distribution of nutritional supplements and deworming pills to children under 5: 1 time</p>	<p>To coincide with the start of World Breastfeeding Week in July, we provided “Shuka” fabric to give to mothers who exclusively breastfed for six months.</p> <p>In conjunction with Malezi Bora, a government campaign aimed at improving maternal and child health and nutritional status, we provided Vitamin A supplements and deworming pills, which were distributed by 300 CHVs during household visits.</p>
<p>2.2 Nutrition program for acute malnutrition is strengthened</p>		
<p>Implementation of nutrition programs</p>	<p>Nutrition screening, treatment and follow-up</p>	<p>Integrated Management of Acute Malnutrition (IMAM), monitoring of acutely malnourished children, was implemented. This activity was integrated with the mobile outreach (described in 1.2 above) conducted at 7 locations in collaboration with 3 dispensaries. Children diagnosed as acutely malnourished through this screening were treated at a local dispensary, and then followed up in collaboration with CHVs, dispensary dietitians, and CHAs. The nutrition program provided nutritional counseling and complementary foods through regular household visits and followed up until their nutritional status improved.</p>

		This year, due to the year-round drought, malnutrition cases were on the rise.
IMAM performance review meeting	4 times	<p>The IMAM data review by healthcare workers in Ganze Sub-County was conducted in June, September, November and February, and 30 nutrition nurses and nutritionists and 5 Sub-County health officers participated. In reviewing quarterly hospitalization, discharge, program interruption and recovery rates data, the following issues were identified:</p> <ul style="list-style-type: none"> ➤ The reporting tools used by communities and health care facilities are not uniform. ➤ The reporting forms used for patient transport cases are in short supply and not always available. ➤ There are still community units that do not have a reporting system in place. ➤ There are differences in knowledge about nutrition screening among CHVs. <p>With the support of this project, the following activities are regularly carried out and established.</p> <ul style="list-style-type: none"> ➤ IMAM data review meeting by each dispensary ➤ Mobile outreach and nutrition screening dispensaries ➤ Nutrition screening for all children under 5 years old visiting the dispensaries ➤ Follow-up of patients in the nutrition program by nutritionists

2.4 Appropriate sanitation and hygiene knowledge and practices are adopted in communities and schools

Community led total sanitation (CLTS)	Three-day training for CLTS facilitators: 1 session	In June, a 3-day training session was held for administrative public health officers and CHAs to act as facilitators for Community-led total sanitation (CLTS), an approach that aims to eliminate open defecation and brings communities together to promote changes in sanitation behavior. During the training, it was confirmed that 10 villages in the target area still have open defecation practices.
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	Triggering training: 10 villages	Led by CHAs and community health committees who had received 3 days of CLTS training, triggering training was conducted to target residents of 10 villages where open defecation practices still exist. After that, County and Sub-County WASH officers monitored the progress of 10 villages. The result showed that 9 villages no longer had open defecation practices, and they were certified as open defecation free by the government.
COVID-19 response	Briefing on COVID-19 vaccination	In collaboration with the Ganze County Health Bureau, we held briefings on COVID-19 vaccination at 9 locations from June to July. The briefings were held to clear up misconceptions about vaccination, share appropriate information, and recommend vaccination, as well as to identify residents in remote areas who cannot reach the dispensaries. After the briefings, the number of people who were vaccinated at the dispensaries in the target areas reached 3,705.

3.1 Partnership between communities and government officials is enhanced

Support of advocacy group activities	<p>Quarterly advocacy group meetings: 3 times</p> <p>Training on budgeting: 1 time</p>	<p>Three quarterly meetings of advocacy groups working in Midoina, Rima Ra Pera, and Jaribuni were held to discuss the status of health and nutrition services to residents in their local dispensaries, including:</p> <ul style="list-style-type: none"> ➤ Clinical laboratory technicians (who are also to serve in Midoina) are needed in Jaribuni and Rima Ra Pera. ➤ Guidance was given on how to forecast the demand for medicines, which helped reducing the shortage of basic medicines. ➤ In Rima Ra Pera, some residents are far from the dispensary, so the advocacy group made recommendations to the County. <p>In order for members of the advocacy groups to understand the budget structure of the County government, we invited the finance director of the County as a lecturer and conducted training. After that, the advocacy groups submitted a proposal for local health services in a formal form based on basic knowledge of administrative budgets, and petitioned the assembly to take</p>
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		it up and reflect it in the County's comprehensive development plan.
Promoting partnerships with government officials and project partners	Attendance and support for the health stakeholder meeting: 1 time	<p>World Vision project staff attended the quarterly health stakeholder meeting held by Kilifi County. In addition to raising awareness of the project among government officials, they shared issues identified through the project, such as staff shortages at on-site health facilities, ambulance transport services, and equipment repairs, and appealed for improvements.</p> <p>[Priority items in the comprehensive development plan for Kilifi County]</p> <ul style="list-style-type: none"> ➤ Purchase of medical devices ➤ Establishment of emergency response system ➤ Construction of new facilities ➤ Maintenance of existing facilities and equipment ➤ Supply of drugs ➤ Improving the quality of services ➤ Monitoring and evaluation ➤ Improving access to health services ➤ Securing human resources in the health sector ➤ Leadership and governance ➤ Establishment of a health information system
	Observational visit to learn best practices: 1 time	<p>To learn about successful antecedents in maternal and child health and BFCl, healthcare workers and community unit representatives from Midoina, Rima Ra Pera and Jaribuni visited dispensaries and community units in Kaloleni Sub-County.</p> <p>During this visit, they learned the following:</p> <ul style="list-style-type: none"> ➤ Cooperation among staff ➤ Active implementation of BFCl activities ➤ BFCl activities linked to maternal and child health and nutrition indicators ➤ Persistence of BFCl since funding and its impact on improving food security and nutrition
	Attendance and	Project staff attended the Kilifi County technical working

	<p>support for the County technical working group meeting on Maternal, Newborn and Child Health (MNCH) and nutrition: I time</p>	<p>group meeting for MNCH and nutrition convened to plan the next Malezi Bora. The meeting also discussed strengthening the distribution of vitamin A supplements through health facilities and the sustainability of unfunded distribution activities. (The project supports the holding of this regular meeting.)</p> <p>[Comments from Participating Members]</p> <ul style="list-style-type: none"> ➤ County Health Bureau: The number of malnutrition cases is increasing due to prolonged drought. Various partners are making efforts in this regard. (The World Bank aid program NICHE⁵, WFP and other international organizations were mentioned, as well as the Mother to Mother Project.) ➤ Ministry of Agriculture: It is important to encourage farmers to cultivate drought-tolerant short-term plants such as pulses and cassava because rain is expected in mid-October but rainfall is expected to be short and small. ➤ Ministry of Gender, Children and Social Development: The Government through NICHE provides cash support especially to Ganze community to improve their nutrition. ➤ Department of Primary Education: Lack of funding has been making it difficult to provide school meals.
	<p>Support for the Sub-County annual activity plan meeting in health sector: I time</p>	<p>We helped organize the annual plan meeting of the Health Sector Management Team at the Sub-County level. The meeting reviewed the progress of the activity plan so far, and determined the monitoring method and the activities for the next year.</p>

3.2 Structure of monitoring and evaluation is improved

<p>Baseline survey, mid-term evaluation and final evaluation</p>	<p>Preparing the monthly, mid-term, annual reports and the financial report</p>	<p>In addition to the monthly report, the mid-term report was prepared in November 2022, and the final evaluation was conducted in March 2023.</p>
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⁵ Nutrition Improvement for Children through Cash and Health Education

4. Project Evaluation and Health Service Utilization

4-1. Changes in Utilization of Health Services

Figure 1: Number of visitors to each health facility

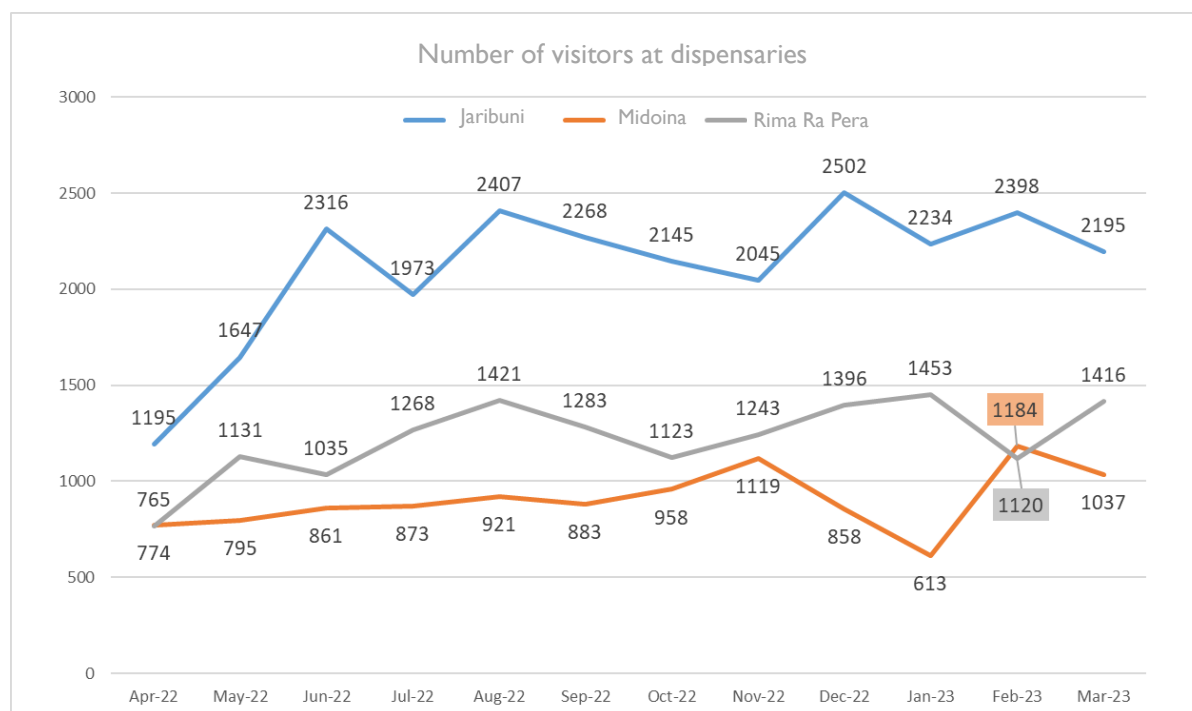


Figure 2: Number of patients who received health services at facilities in the project site (April 2022 to March 2023)

	Midoina	Jaribuni	Rima Ra Pera
Number of visitors	10876	25325	14654
Pregnant women (aged 15-49 years)			
Number of pregnant women who received antenatal care (4 or more times)	90	148	125
Number of women delivered with skilled attendant in a facility	97	144	26
Number of pregnant women who received micronutrient (iron, iodine) supplements	436	819	405
Number of pregnant mothers who received family planning counseling and guidance	545	971	246
Children under 5 years of age			
Number of children who received full immunization	206	266	154
Number of complete cures of moderate and severe acute malnutrition	49	19	15
Number of vitamin A deficiency treatments	2717	4429	1751
Number of Stunting	90	38	480

Number of Wasting	14	41	66
Number of Underweight	223	69	515

4-2. Project Sustainability

Since its inception, the project has consistently taken sustainability into consideration, incorporating improvement of health facilities and human resource development, support for women's economic independence, and fostering local ownership and collaboration with partners in each area of activity. After the completion of the project, in order to sustain its achievement and further improve maternal and child health and nutrition of the community, each organization and partner involved will continue to play the following roles.

	Community Structure / Partner	Role / initiatives towards ensuring sustainability of program outcomes
1	County Governments of Kilifi	<ul style="list-style-type: none"> Continue with governance
2	Ministry of Health	<ul style="list-style-type: none"> Continue to provide key MNCH and nutrition services Continue to provide oversight to community-based interventions, including CHV supervision Continue to provide CHVs data collection and reporting tools
3	Ministry of Agriculture, Livestock and Fisheries	<ul style="list-style-type: none"> Continue to provide technical assistance to kitchen garden training
4	Department of children services	<ul style="list-style-type: none"> Continue to advocate for child rights, including right to health (immunization)
5	UNICEF	<ul style="list-style-type: none"> Continue to provide technical assistant to Kilifi County Health systems
6	Kenya Red Cross Society	<ul style="list-style-type: none"> Continue to provide emergency response
7	Anglican Development Services	<ul style="list-style-type: none"> Continue to support with food security programs
8	African Christian Health Association Platform (ACHAP)	<ul style="list-style-type: none"> Continue to provide technical support to health facilities on HIV care and treatment and Adolescent Girls and Young Women (AGYW) Continue to undertake data quality assurance and screening
9	Ministry of Education	<ul style="list-style-type: none"> Continue to undertake micronutrient supplementation and sensitization
10	M2M Groups	<ul style="list-style-type: none"> Continue to champion on the importance of MNCH services Continue to educate other mothers on feeding practices among other key areas that they were trained on
11	Administration Leaders	<ul style="list-style-type: none"> Continue to pass MNCH, Nutrition and WASH information to community members during community meetings and gatherings

12	CVA Groups	<ul style="list-style-type: none"> Continue to Advocate for the rights of the community members
13	Male Influencers	<ul style="list-style-type: none"> Continue to champion on the importance of MNCH services
14	Health Facilities	<ul style="list-style-type: none"> Follow up on the Linda Mama initiative to ensure that it is available in health facilities. Funds from this initiative will be used to obtain the mama kit which will be used as a motivation to mothers thus an increase in hospital deliveries

5. Future Implementation Plan (April 2023 to December 2023)

The project site is currently experiencing a precipitation shortage that has lasted for 3 years. This has made it difficult for beneficiary households to secure food, and malnutrition among children under the age of 5 is on the rise. Mothers also have to walk long distances in search of water, affecting the activities of M2M groups. In consideration of this situation, we extended the end of our project for nine months and decided to continue our small-scale activities. The activities during the extension period are as follows. (Specific activities are scheduled to take place by November, with the final handover in December.)

Activities	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Outcome 1: Increased access to maternal and child health services for pregnant and lactating women and children under the age of 5								
Training and mentoring of healthcare workers in mobile outreach in Midoina, Rima Ra Pera and Jaribuni								
Data review meetings (quarterly)								
Support for monthly meetings of M2M groups								
Supportive supervision of CHVs by CHAs (quarterly)								
Outcome 2: Mechanism for improving nutrition and water, sanitation and hygiene practices at community level is established								
Follow-up nutrition programs for malnourished children and strengthening of the referral system								
Outcome 3: Health system management is strengthened								
Support for the County health stakeholder meeting								
Attendance at the County technical working group meeting on MNCH and nutrition								

6. Impact Stories of the Mother to Mother Project

« Stories of Stakeholders »

Benzaze Nyawa, Nutrition Coordinator, Kilifi County

Kilifi has submitted a proposal for a remuneration system to enable CHVs to concentrate on their activities. This will allow the health facilities to continue their mobile outreaches after the support ends. The Mother to Mother project has been implemented, and the County government has established an annual activity plan, including budget allocations, to support project-related activities. Although the amount is limited, there is also a plan to set aside a budget and assign staff to maintain health facilities in the project site.

Mugalla Mvurya, Nutrition Coordinator, Ganze Sub-County



I have been the Nutrition Coordinator of Ganze Sub-County for 3 years. I oversee the overall nutrition services in the Sub-County and am responsible for coordinating activities and nutrition advocacy. I have been involved in the Mother to Mother Project since July 2020 and am responsible for planning, implementing and monitoring nutrition-related activities. First of all, I would like to thank you for your support through the project as Nutrition Coordinator. In Jaribuni and Bamba wards, there has been a significant change among the community members. In addition, the improvement of nutrition for malnourished

children, the training of personnel involved in BFCI, and the training in home gardening and livestock rearing have had a positive impact on the lives of many people and provided emotional support. Since the start of the Mother to Mother project, our nutrition program has also greatly improved and the following nutrition indicators have shown signs of improvement.

- Iron folate supplement uptake
- Antenatal care from an early stage, deliveries in health facilities
- Exclusive breastfeeding and complementary feeding practices
- Reduced follow-up interruption rate for malnourished children
- Improved recording and reporting skills through provision of tools, supportive supervision, review meetings and training
- Vitamin A supplements and deworming pill uptake

For instance, follow-up to nutrition programs used to be interrupted at a rate of 80-100%, but that has now dropped to 15-50%. In addition, the practice of exclusive breastfeeding, which was 68%, is now 80%. This is a result of M2M groups' activities in line with BFCI. On behalf of the Department of Nutrition in Ganze Sub-County, I thank you for your support and hope for continued partnership.

« **Stories of Beneficiaries** »

◆Although our community did not represent a very good situation by various indicators, the intervention of the Mother to Mother project has made a lot of impact in Bamba ward. The healthcare workers received training to help them perform their tasks, and the mothers of M2M groups also received support such as chicken and vegetable seeds. We began to see women selling their chickens and vegetables and using their income to buy goats. A new maternity ward and clinical laboratory were also built at the dispensary with project support.

(CHA, Bamba Sub-County Hospital)

◆I used to give solid food to children as young as 2 weeks old, but since I joined the project, I've changed that habit. I breastfeed for at least 5 minutes on each side, and I breastfeed exclusively for up to 6 months. After 6 months, I make baby food and feed it in the morning and at night. Children seem to be getting less sick than before.

(M2M group member in Marere)

◆Thank you to World Vision for building and equipping our dispensary with a new maternity ward. When I work with patients there, I now work with confidence. Thanks to the equipment installed, I am able to quickly identify and address problems caused by complications during labor. We used to have only one bed, so we could not deal with this kind of situation very well.

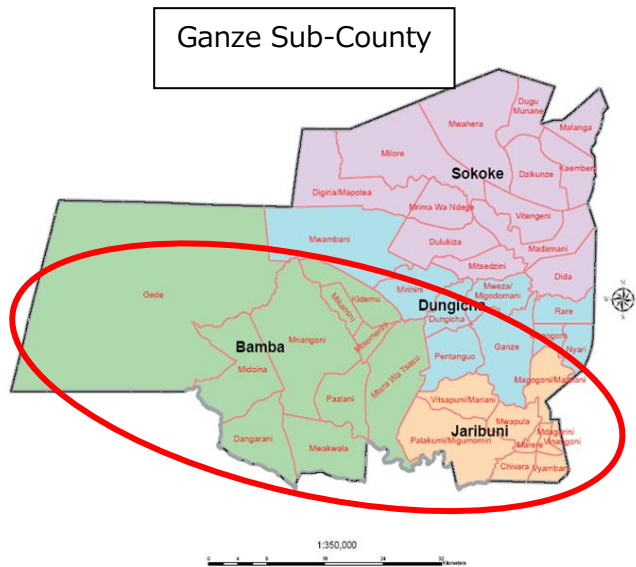
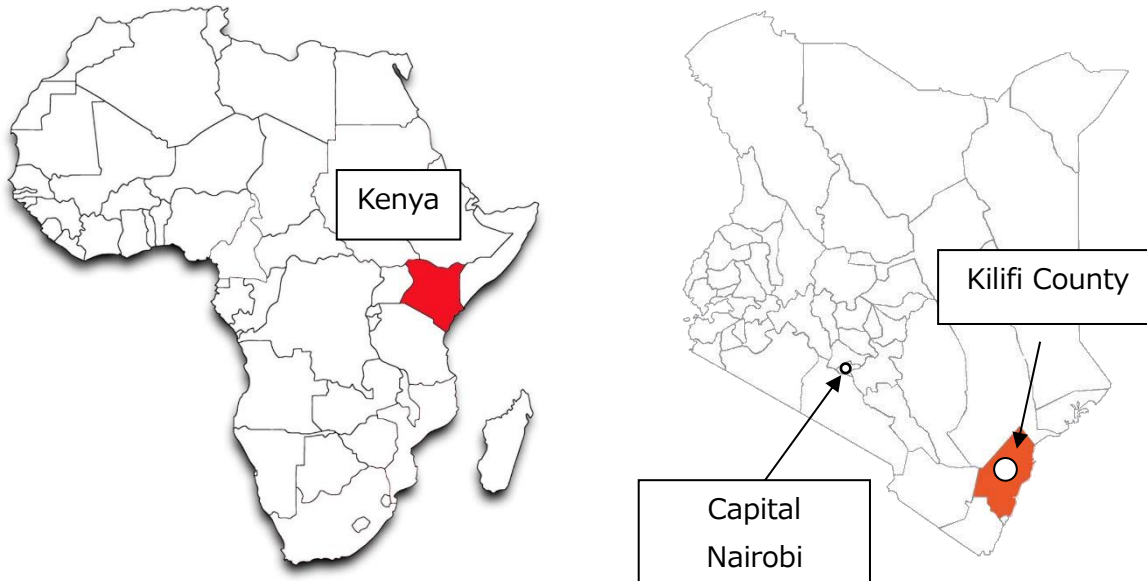
(Nurse, Jaribuni Dispensary)

◆I gave birth to three children. When I was pregnant with my first two, I had to travel a long way to Kilifi Sub-County Hospital. The maternity ward opened at Jaribuni Dispensary and I could give birth to my third child there, which was a great relief and freed me from the burden of traveling long distances.

(Mother in Jaribuni Ward)

[Appendix]

1) Map of project site



Target area: Bamba and Jaribuni ward

2) Pictures of the activities



Clinical laboratory handover



Clinical laboratory handover May 2022



Ramara ra Pera postnatal ward

Rima Ra Pera Dispensary postnatal care ward



BFCI training - Goshi



Training in BEmONC for healthcare workers



Training in BEmONC for healthcare workers



Mobile outreach



Teaching breastfeeding and complementary feeding to a wasting mother with malnourished twin children



Demonstration of cooking methods led by M2M groups - Rima Ra Pera



Supportive supervision on drug inventory management



Supportive supervision on drug inventory management



Data review meeting



Distribution of chickens to M2M groups



Distribution of goats to M2M groups



Follow-up of the nutrition program - Rima Ra Pera



Community-led total sanitation (CLTS) training



Checking progress of toilet construction through CLTS



-End-