

## Mother to Mother Project -YEAR2 Completion Report.

**Date: 31<sup>th</sup> Mar 2018**

### I. Summary of the project

Project Name	Mother to Mother SHIONOGI Project
Project Site	Republic of Kenya, Osupuko Division of Narok South Sub-County, Narok County
Project Period	1 <sup>st</sup> October 2016 to 31 <sup>st</sup> September 2017
Beneficiaries	Direct beneficiaries: 3,507 Women of reproductive age and 2,440 children under five years Indirect beneficiaries: 14,612 individuals
Total Budget	JPY 20,000,000
Activities	<ol style="list-style-type: none"> <li>1. Construct Elangata-Enterit health facility (1 maternity ward (8 bed Capacity), 1 kitchen, 3 staff houses quarters, one 50cm<sup>3</sup> masonry tank) and equip the health facility with basic medical equipment for maternal and newborn health services delivery</li> <li>2. Train and strengthen the established CVA groups on advocacy relating to health issues in the community</li> <li>3. Conduct monthly mobile outreaches in partnership with MOH</li> <li>4. Train village and health facility committees on management of health services</li> <li>5. Train health workers and Community health extension workers (CHEWs) as trainers of trainees (ToTs) on maternal, infant and young child nutrition</li> <li>6. Facilitate CHWs under Community Units to register as CBOs and support them to start and strengthen income generating activities</li> <li>7. Support CHWs to establish/strengthen Mother-to-Mothers (M2M) support groups to enhance peer education on MNCH and support the groups to establish and strengthen IGAs (income generating activities). Focus will be on maternal infant and young child nutrition, micronutrient supplementation, fortification of complementary foods and access to ante and postnatal</li> <li>8. Support CHWs under Community Units to train and facilitate peer education among M2Ms groups</li> <li>9. Support identified malnourished cases with food supplementation and rehabilitation and referrals</li> </ol>

### 2. Brief project background and purpose

The project site is located in Osupuko Division of Narok South Sub-County in Narok County of Kenya, where World Vision has been operating a long-term area development program to support community development (Ilaramatak ADP, 2008-2021).

The area is dominated by pastoral type of livelihood (more or less 60%), the other livelihood types are formal agro pastoral and formal and casual employments in the major urban centers. The community experience high poverty levels, food inadequacies and low access to medical services especially for pregnant and lactating mothers.

The region covered by the Mother to Mother project has most of its health indicators below the national performance standards. In the area, access to essential health services for women and children is also low with only 22.6% of women attending at least four ANC visits and 9.4 % delivering at a health facility with 9.4 % delivering under skilled birth attendant. About 55.6% of pregnant women were counseled and tested for HIV, and received results during ANC visit. The proportion of children aged below 2 years fully immunized is 73.8%, malnutrition has been a big challenge with stunting at 39.3%, underweight at 22.9% and wasting at 10.9 % compared to 26% stunting, 11% underweight and 4% wasting at the National level.<sup>1</sup>

The project goal is to contribute to the reduction of maternal & child mortality by increasing access to MCHN services and reduced malnutrition by targeting. This is achieved through increasing capacity of health systems to deliver MNCH services and improving utilization of essential health services by pregnant, lactating mothers and children under five (5) years old. The capacity of health systems is increased by strengthening community level health structures to promote uptake of maternal child health services and also strengthening the community capacities for local health advocacy. In improving utilization of essential health services by pregnant, lactating mothers and children under five (5) years old, the focus is on increasing uptake of maternal child health services and community capacity building for uptake hygiene and sanitation practices within the project area.

### 3. Project Achievements

This report covers the period between 1<sup>st</sup> October 2016 and 30<sup>th</sup> September 2017.

Activities	Quantity	Progress
I. Construct Elangata-Enterit health facility and equip the health facility with basic medical equipment for maternal and newborn health services delivery	<ul style="list-style-type: none"> <li>• 1 maternity ward (8 bed capacity)</li> <li>• 3 staff houses quarters</li> <li>• 1 kitchen,</li> <li>• 1 masonry tank (50cm<sup>3</sup>)</li> <li>• Equipment</li> </ul>	Basic equipment of health facility has been purchased and equipped. A 50m <sup>3</sup> water tank has been completed and now water is available at the facility. The construction of Maternity Ward (8 bed capacity), 3 staff houses and kitchen were completed in December though they were delayed due to the Presidential election and repeated election. All of them have been operational since January 2018.

<sup>1</sup> Ilaramatak ADP Evaluation FY 2012

Activities	Quantity	Progress
2. Train and strengthen the established CVA groups on advocacy relating to health issues in the community (conduct workshops within the community to address emerging advocacy issues and link the CVA to the relevant authority for advocacy)	3 CVA groups	The CVAs at Elangata-Enterit, Enkutoto and Mosiro location had their strengthening trainings on advocacy relating issues and follow up of their daily activities. The CVAs across the program area sensitized 1,231 lactating and 323 pregnant mothers on MCHN to ensure strong community level health structures are in place to promote uptake of Maternal Child Health services. They have also educated the communities on their rights in regard to health issues as well as informing communities the role of the government in providing equitable, affordable and quality health to all.
3. Conduct monthly mobile outreaches in partnership with MoH	12 Outreaches	Mobile outreaches were done every month (two sites per outreach in each of the three locations) and 1,881 lactating mothers and 543 pregnant mothers received services on MNCH and education on nutrition, HIV, maternal & child health. There is increased uptake of deliveries at the health facilities, during this year 27 deliveries were recorded within the program area by skilled birth attendants. 2,779 children under five years received MNCH services, of which 512 children were fully immunized.
4. Train village and health facility committees on management of health services. 3 trainings within the dispensaries in the three sub location	4 Trainings within the Health facilities	Four trainings of village and health facility committees on management of health services were done at Elangata-Enterit, Enkutoto, Oltumusoi, and Mosiro. The health committees have been empowered to manage facility to be able to deliver services and ensure that the nurses are on duty and treat patients equally and in a timely manner.
5. Train health workers and community health extension workers (CHEWs) as trainers of trainees (ToTs) on maternal, infant and young child nutrition	One training for CHEWs and 3 follow-up sessions for CHVs	A ToT training of 10 CHEWs and community strategy persons was done in December 2016 and 3 follow up training sessions of CHVs in each location by the trainers were done. The trained CHVs in turn sensitized mothers in household level on Maternal Infant and Young Child and Nutrition (MIYCN) to reduce cases of malnutrition among the under-fives and enable them to learn new practices of feeding children with proper food within the 1,000 days of their birth. The CHVs reached 2,129 household on maternal infant young child and nutrition within the project area.
6. Facilitate CHWs under Community Units to register as CBOs and support them to start and strengthen income generating activities	1 CBO	The Elangata-Enterit CHVs under community unit (CU) registered as CBO and facilitated to start an income generation activity [IGA] to be able to support families that are affected with malnourished children. They chose bee keeping activity as an income generating activities which is cost effective and requires less labor. They constructed a bee shelter and purchased 20 beehives, and monitor weekly to ensure the safety of bees from any attack and for sustainability.

Activities	Quantity	Progress
7. Support CHWs to establish/strengthen Mother-to-Mothers (M2M) support groups to enhance peer education on MNCH and support the groups to establish and strengthen IGAs (income generating activities). Focus will be on maternal infant and young child nutrition, micronutrient supplementation, fortification of complementary foods and access to ante and postnatal	3 M2M support groups	<p>The CHVs facilitated the formation of mother to mother (M2M) supports group at Elangata-Enterit, Enkutoto and Mosiro.</p> <p>Each M2M support group had a sensitization meeting where they discussed and mentored other mothers on the uptake of maternal child health services within their communities and ensuring that all mothers of reproductive age and the under five years of age attend ante and postnatal care. They are also ensuring that all the under-five years of age are immunized and there are no any defaulters.</p>
8. Support CHWs under Community Units to train and facilitate peer education among M2Ms groups	3 peer education sessions	M2M support groups from the three sub-locations were trained by CHVs, and in turn educated other mothers at household level on maternal infant and young child and nutrition, importance of ANC visit and giving birth at facility, full package of immunization for children.
9. Support identified malnourished cases with food supplementation and rehabilitation and referrals	-	The project has continued to partner with the MoH and CHVs through identifying malnourished children on mobile outreaches and in household level. 109 with underweight (weight for age), 59 stunted (height for age) and 85 with wasting (weight for height) children were identified and got support with therapeutic or supplementary foods and management by the government. The nurses within the facilities were able to manage the identified cases through management and follow-ups.

<Water tank>



<Maternal ward>



<Staff quarter>



<Kitchen>



<Mobile outreaches>



<Training for M2M support group by CHV >



<Bee shelter>



<Beehives>



<Growth monitoring at Oltumusoi health facility>



#### 4. Actual Implementation Schedule

Planned Activities		2016			2017								
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1. Construction	Plan												
	Actual												
2. Training for the established CVA groups	Plan												
	Actual												
3. Monthly mobile outreaches	Plan												
	Actual												
4. Training of Village and health facility committees	Plan												
	Actual												
5. Training of CHEWs and CHVs	Plan												
	Actual												
6. IGA of CHVs	Plan												
	Actual												
7. Formation of Mother-to-Mothers (M2M) support groups	Plan												
	Actual												
8. Peer education among M2Ms groups.	Plan												
	Actual												
9. Identified malnourished children	Plan												
	Actual												



## 5. Key performance Indicators

### 1) Achievements from outreaches

The big impact was seen in number of women and children under 5 years who were provided health services during outreaches (Table 1). The number of women receiving antenatal care and # of children who completed all immunization has been increasing since the project started in 2016.

**Table 1. The number of patients in outreaches (total of 3 sub-locations)**

	2015	2016	2017
<b>Pregnant women age 15 -49 years</b>			
# of women receiving antenatal care from a skilled provider	340	469	543
# of women at least 4+ANC for the last live birth	66	118	101
# of women delivered by skilled attendant (SBA)/at health facility	2	29	27
# of women counselled and tested for HIV and received their results during ANC visit.	167	469	371
<b>Children 0 – 59 months</b>			
# of children fully immunized	375	415	512
# of children immunization defaulters	167	47	227
# of children reported to be stunted	10	0	59
# of children reported to be wasting	5	3	85
# of children reported to be underweight	14	0	109

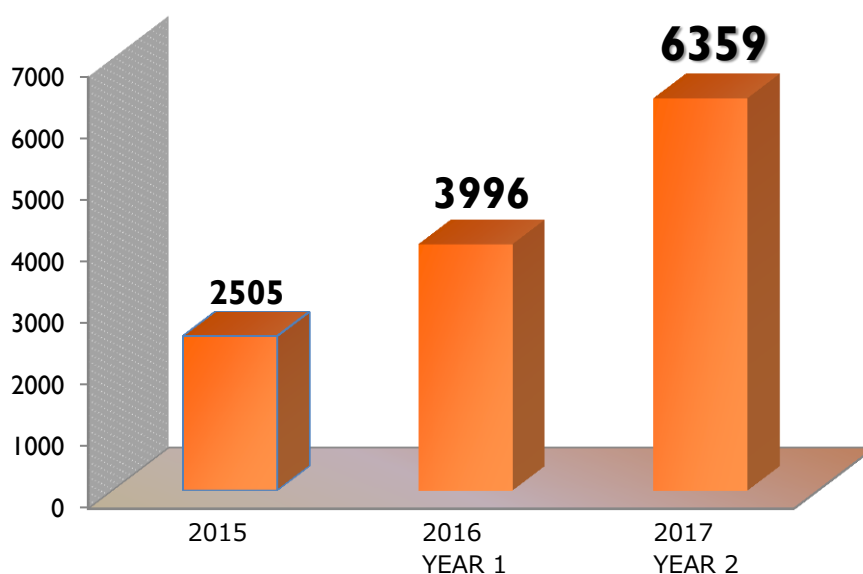
2015: October 2014 - September 2015

2016: October 2015 - September 2016 (YEAR1)

2017: October 2016 - September 2017 (YEAR2)

2) Achievements at Elangata-Enterit health facility

The number of patients who attended the facility has been dramatically increased after the project constructed the health facility in 2016, and the number in 2017 was more than double than that in 2015. This is an achievement of continuous awareness and education to community supported by CHV, M2M support groups, and CVA groups. The community members have been motivated and have changed their attitude positively and started to seek for better health services.



**Figure 1. The number of patients attended at Elangata-Enterit health facility in each year**

**Table 2. The number of patients provided services at Elangata-Enterit health facility**

	2015	2016	2017
<b>Pregnant women age 15 -49 years</b>			
# of women receiving antenatal care from a skilled provider	94	398	515
# of women at least 4+ANC for the last live birth	5	174	187
# of women delivered by skilled attendant (SBA)/at health facility	6	14	23
# of women counselled and tested for HIV and received their results during ANC visit.	121	151	282
<b>Children 0 – 59 months</b>			
# of children fully immunized	13	360	471
# of children immunization defaulters	32	196	178
# of children reported to be stunted	60	5	5
# of children reported to be wasting	67	144	88
# of children reported to be underweight	162	144	88

## 6. Sustainability

The project ensures the sustainability of the interventions of this project after end of funding with the following implementation strategy;

- a) Build capacity of CVA to ensure the constant supply of essential drugs to the various facilities within the program area. The CVAs have also sensitized the community on importance of good health and improved sustainable uptake of health issues at the household level, which will enhance the capacity of community to solve problems.
- b) Support grassroots organizations/structures such as CUs and M2M support groups to build a firm structure and ensure the sustainability of the activities. The CUs have been empowered and supported with income generating activities to ensure the interventions are sustainable. The income they get from the sale of honey and the growing of vegetables will also be utilized for improving nutrition and health status of pregnant and lactating mothers and also children under five years of age to avoid malnutrition and have healthy mothers and children.
- c) Develop strategic partnerships with the Ministry of Health and other local NGO or institutes, where we have been involved in the planning, implementation and monitoring of project activities with integration. These strategies have been anchored on the Community Health Strategy for Narok County. Local existing community structures like Village Health Management committees, Health facility committee and CVA have been actively incorporated in project implementation and management. Partnership with County Government Health departments will continue to be utilized to ensure sustainability of results. The communities have taken an active role in the project planning and implementation and they will continue conducting the activities by themselves.

## 7. Appreciation from beneficiaries

**Nkuyata Mpoke** a 38 year old man from Elangata-Enterit village (Elangata-Enterit sub-location) is one of the good examples of male behavior change through Mother to Mother project interventions. Mpoke, through health education and change of behaviors that hinders lactating and pregnant mothers and the under-fives years from accessing medical services, decided to change his behavior from his wife delivering with a TBA to a SBA. He supported his wife Nooseuri Mpoke age 28 by hiring a motor bike to take her to Elangata-Enterit health facility to deliver in a safe and secure environment with no or less complication before and after birth. Nooseuri Mpoke gave birth safely with no complication to a baby girl on 24/1/2017. He supports his wife for exclusive breast feeding for the first six months with full immunization and proper baby feeding for good and healthy growth.



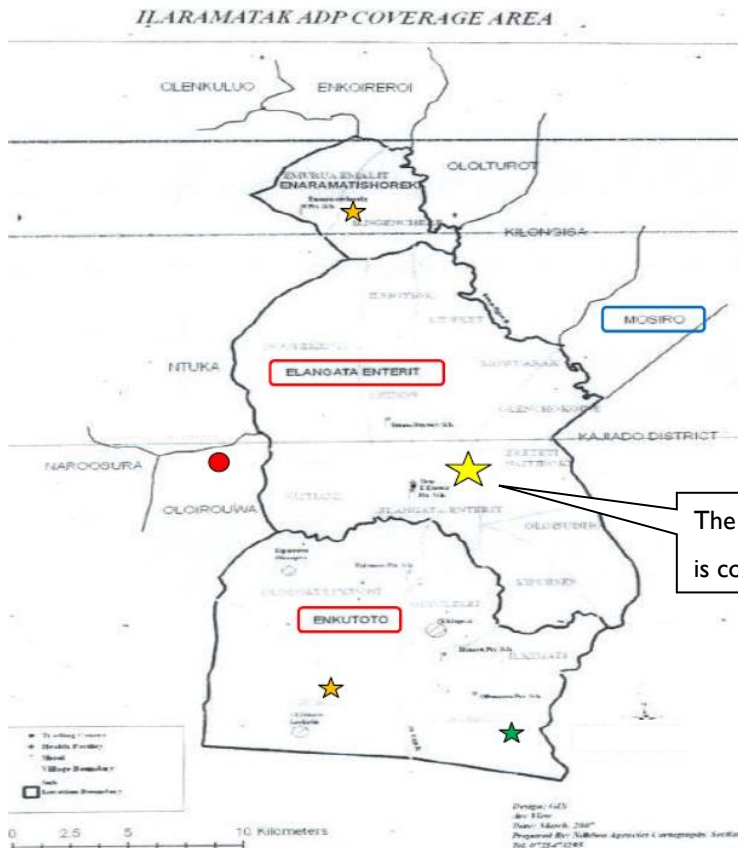
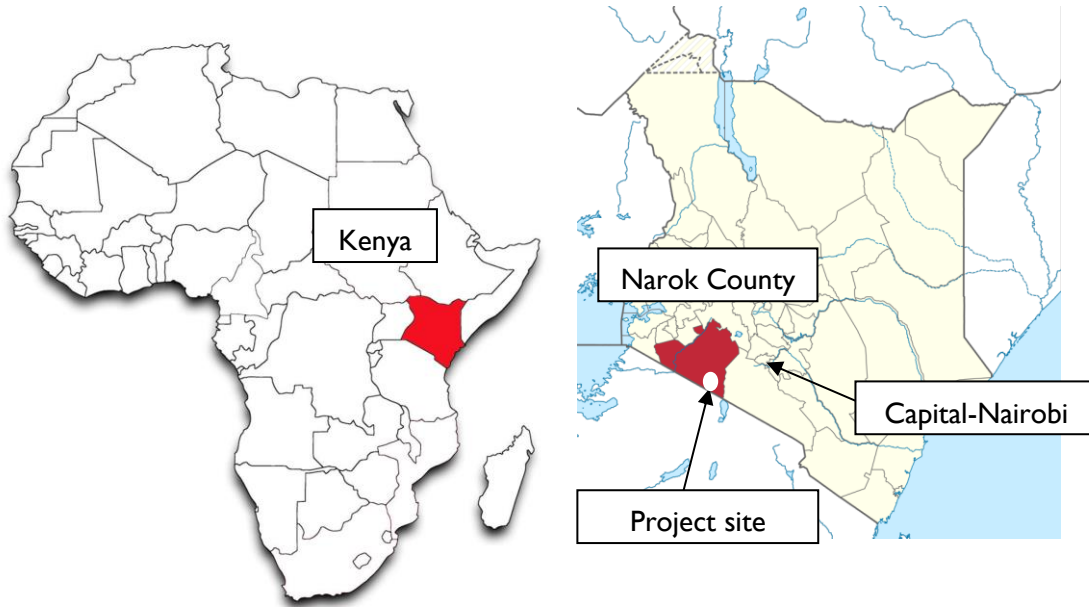
**Ngeno Vincent**, a nurse at Oltumusoi health facility. The facility is located in rural area of poor accessibility, where fewer services are offered. Thanks to the M2M project, more children have been immunized and growing well. I appreciate the support from SHIONOGI for the community.



**Taison Cletin**, a community health volunteer (CHV) at Elangata-Enterit sub-location. Each CHV visits around 25 households to monitor the health of children and pregnant women. They follow up immunization defaulters, HIV/AIDS and Tuberculosis patients, pregnant mothers for their health and ANC visit schedule. At the same time, they sensitize community members on importance of ANC/PNC,

nutrition for mothers and children, importance of delivery at facility, etc. The M2M project support CHV's activity which enables us to continue working with enough knowledge and skills in the community. The income generating activity was started as well, which will help us to continue their community work. Thank you so much.

**Appendix**  
Project site



- Project site
- Elangata-Enterit
  - Enkutoto
  - Mosiro

The site where the health facility is constructed.

## List of abbreviations

<b>ANC</b>	<b>Antenatal-Care</b>
<b>ADP</b>	<b>Area Development Program.</b>
<b>CBO</b>	<b>Community-Based Organization</b>
<b>CHV</b>	<b>Community Health Volunteer</b>
<b>CHW</b>	<b>Community Health Worker</b>
<b>CHEW</b>	<b>Community Health Extension Worker</b>
<b>CVA</b>	<b>Citizen Voice and Action</b>
<b>MCHN</b>	<b>Maternal Child Health and Nutrition</b>
<b>M2M</b>	<b>Mother to Mother</b>
<b>MIYCN</b>	<b>Maternal Infant and Young Child Nutrition</b>
<b>MoH</b>	<b>Ministry of Health</b>
<b>ToT</b>	<b>Training of Trainers</b>

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