

## Mother to Mother Project –YEAR3 Completion Report.

**Date: 7<sup>th</sup> Dec 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 2017 to 30 <sup>th</sup> September 2018
Beneficiaries	Direct beneficiaries: 3,507 Women of reproductive age and 2,440 children under five years Indirect beneficiaries: 14, 612 individuals
Total Budget	JPY 23,000,000
Activities	<ol style="list-style-type: none"> <li>1. Construct Elangata-Enterit health facility (General ward and a water 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. Support community unit with tools to provide services at the community level</li> <li>5. Support community unit to start and strengthen income generating activities</li> <li>6. Establish additional Mother-to-Mothers (M2M) support groups to enhance peer education on MNCH</li> <li>7. Support community health volunteers (CHV) to train and facilitate peer education among M2Ms groups</li> <li>8. Train CHVs on water treatment and safe storage, hand washing and food hygiene</li> <li>9. Support the M2M groups to promote water treatment methods such as disinfection and purification</li> <li>10. Facilitate CHVs to conduct sensitizations and demonstrations on good hand washing and food hygiene practices using behavior change communication approaches</li> <li>11. Train mothers on good nutrition and child care practices</li> <li>12. Identify and support cases of malnourishment with food supplementation and rehabilitation and referrals</li> <li>13. Conduct end of project evaluation and research baseline</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.

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

### 3. Project Achievements

This report covers the period between 1<sup>st</sup> October 2017 and 30<sup>th</sup> September 2018.

Activities	Quantity	Achievements
1. Construct Elangata-Enterit health facility (General ward and a water tank) and equip the health facility with basic medical equipment for maternal and newborn health services delivery	<ul style="list-style-type: none"> <li>• 1 general ward (12-bed capacity)</li> <li>• 1 water tank (5,000L )</li> <li>• Equipment for laboratory and general ward</li> </ul>	<p>Constructed a general ward with 12-bed capacity, though there was a delay due to the prolonged rain. Purchased and installed a 5,000L water tank, to collect rain water and provide stable water access in the facility. Purchased &amp; equipped a basic set of equipment for the laboratory and the general ward.</p> <p>A laboratory technician was newly assigned to the Elangata-Enterit health facility and started to work in the laboratory using the new equipment. As a result, basic laboratory tests and diagnosis have become available at the Elangata- Enterit health facility.</p>
2. Train and strengthen the established CVA groups on advocacy relating to health issues in the community	3 CVA groups, 4 sessions	<p>Provided advanced training sessions to the CVAs at Elangata-Enterit, Enkutoto and Mosiro location on advocacy relating issues and follow up of their daily activities.</p> <p>The empowered CVAs have continued to engage the government officials, prompting them to address issues such as providing constant supply of medicine to the facilities, and to elaborate on challenges in the community such as an increase in number of children suffering from diarrhea, water quality due to incorrect usage of agricultural chemicals, open defecation, and lack of health staff. The CVAs also worked with community health volunteers to educate communities on health issues.</p>
3. Conduct monthly mobile outreaches in partnership with MoH	12 Outreaches	<p>Conducted mobile outreaches every month (two sites per outreach in each of the three locations), as a result, 2,114 lactating mothers and 504 pregnant mothers received services on MNCH and education on nutrition, HIV, maternal &amp; child health.</p> <p>There is an increased uptake of deliveries at the health facilities, and 46 deliveries were recorded within the program area by skilled birth attendants.</p> <p>3,208 children under five years received MNCH services, of which 495 children were fully immunized.</p>
4. Support community unit with tools to provide services at the community level	4 training (4 community units)	<p>Trained four community units and provided them with data collection tools to enable them to carry out services in the community.</p> <p>In the series of training sessions, community units first received basic knowledge on community health, then were led to proactively discuss issues in the community; and learned how to initiate solutions.</p>

Activities	Quantity	Achievements
5. Support community unit to start and strengthen income generating activities	2 CBOs	<p>The Elangata-Enterit CHVs continued with bee keeping, initially with 20 bee hives, as an income generating activity from last year. They have harvested 10 buckets (10L/bucket) of honey from 8 bee hives and sold unrefined honey at the local market. CHVs also initiated planting a small vegetable garden, with 250 grafted fruit seedlings of avocado and mango.</p> <p>Another community unit at Oltumusoi started an income generating activity this year. They also chose bee keeping and a small vegetable garden. They purchased 30 bee hives and received basic training of bee keeping technique. Some of the bee hives have been colonized and will be harvested soon. They planted 150 seedlings in the garden.</p> <p>The income from these activities will subsidize their health service activities.</p> <p>The Mother to Mother support group at Elangata-Enterit purchased a posho (maize) mill machine which is used to grind maize into flour. They have started a business of providing grinding services.</p>
6. Establish additional Mother-to-Mothers (M2M) support groups to enhance peer education on MNCH	3 M2M groups established (6 M2M in total)	<p>Three new M2M support groups were formed within the three sub-locations this year, and there are now 6 groups in total.</p> <p>The M2M support groups have encouraged mothers to feed their family especially children with nutritious food to avoid malnutrition, to ensure all children are immunized, and to attend ante-natal and post-natal care.</p> <p>The activity of M2M support groups in their community enables people in remote area to receive correct health-related messages. This is one of the community structures that the project has built to disseminate knowledge to all people in the remote community.</p>
7. Support community health volunteers (CHV) to train and facilitate peer education among M2M support groups	6 M2M groups	The M2M support groups were trained by CHVs on maternal infant and young child and nutrition, who in turn educated other mothers on the same on household level and within the communities meeting.
8. Train CHVs on water treatment and safe storage, hand washing and food hygiene	4 training	CHVs from 4 community units were trained on water treatment, safe water storage, hand washing, and food hygiene. The training was designed to equip the CHVs with skills as trainers, so that they train M2M support groups who in turn will sensitize community together with CHVs.

Activities	Quantity	Achievements
9. Support the M2M support groups to promote water treatment methods such as disinfection and purification	6 M2M groups	<p>Trained the M2M support groups on water treatment.</p> <p>Various water purification methods were introduced including the Proctor &amp; Gamble water purifier. M2M groups then distributed the purifiers to the community.</p>
10. Facilitate CHVs to conduct sensitizations and demonstrations on good hand washing and food hygiene practices using behavior change communication approaches.	4 times	<p>The trained CHVs together with M2M support groups demonstrated on water treatment and hand washing at public meetings and at each household to disseminate proper hygiene practices to the community.</p>
11. Train mothers on good nutrition and child care practices	Continuously	<p>Trained mothers in the community on providing good nutrition; e.g. a healthy eating patterns which includes proteins, grains, fresh fruits and vegetables, and healthy fats that provide enough calories to support their lifestyle from the local markets.</p> <p>Mothers were also encouraged to eat local available food like milk, eggs, natural vegetable.</p>
12. Identified malnourished cases shall be supported with food supplementation and rehabilitation and referrals	Continuously	<p>Continued to partner with the MoH and CHVs through identifying malnourished children on mobile outreaches and at household level, and refer them to the health facility to enable them to get support with therapeutic or supplementary foods and management.</p> <p>A nutritionist regularly visits the Elangata-Enterit health facility to monitor malnourished children.</p>
13. Conduct end of project evaluation and research baseline	1 time	<p>Conducted the end evaluation for the project (2015-18) and the baseline survey for the M2M research.</p> <p>The M2M research was started in January 2018 in collaboration with Nagasaki University and other researchers from academic institutions in Kenya. It aims to improve the health and well-being of mothers and children through an improved integrated approach of WASH, health, nutrition and early childhood development. The baseline survey consisted of two parts; a KAP survey (Knowledge, Attitude, and Practice survey) and a diarrhea/water surveillance. Both were conducted between January and April 2018.</p>



<Health facility (Elangata-Enterit)>



The equipped laboratory and a new laboratory technician



Blood sampling for blood test

<Medical Outreaches>



Children under 2 were immunized during medical outreaches



<Demonstration on hand washing >



The trained CHV demonstrated proper hand washing to community members

<Baseline survey >



KAP survey was done at household level, and anthropometric survey was done to children under 5 years

#### 4. Actual Implementation Schedule

Activity		2017			2018								
		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. Support of community unit activity	Plan												
	Actual												
5. Income generating activity of CHVs	Plan												
	Actual												
6. Formation of Mother-to-Mothers (M2M) support groups	Plan												
	Actual												
7. Peer education among M2Ms groups.	Plan												
	Actual												
8. CHV Training on WASH	Plan												
	Actual												
9. M2M Training on WASH	Plan												
	Actual												
10. Demonstration on WASH in community	Plan												
	Actual												
11. Training for mothers on good nutrition	Plan												
	Actual												
12. Identification of malnourished children	Plan												
	Actual												
13. Evaluation / Baseline survey	Plan												
	Actual												



## 5. Key performance Indicators

### 1) Achievements from outreaches

The project continued providing medical services to people in rural areas through mobile outreaches conducted every month.

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

	2015	2016	2017	2018
<b>Pregnant women age 15 -49 years</b>				
# of women receiving antenatal care from a skilled provider	340	469	543	504
# of women at least 4+ANC for the last live birth	66	118	101	134
# of women delivered by skilled attendant (SBA)/at health facility	2	29	27	46
# of women counselled and tested for HIV and received their results during ANC visit.	167	469	371	230
<b>Children 0 – 59 months</b>				
# of children fully immunized	375	415	512	495
# of children immunization defaulters	167	47	227	247
# of children reported to be stunted	10	0	59	72
# of children reported to be wasting	5	3	85	78
# of children reported to be underweight	14	0	109	203

2015: October 2014 - September 2015

2016: October 2015 - September 2016 (YEAR1)

2017: October 2016 - September 2017 (YEAR2)

2018: October 2017 - September 2018 (YEAR3)

### 2) Achievements at the Elangata-Enterit health facility

The number of women who received antenatal care increased from 2017, though the total number of clients who received any service at the facility decreased because of the heavy rain and flash floods between March and May 2018 which destructed the road and bridges to the facility.

**Table 2. The number of patients attended at Elangata-Enterit health facility in each year**

YEAR	2015	2016	2017	2018
# of patients	2,505	3,996	6,359	4,273

(Cumulative number)

**Table 3. The number of patients provided services at Elangata-Enterit health facility**

	2015	2016	2017	2018
<b>Pregnant women age 15 -49 years</b>				
# of women receiving antenatal care from a skilled provider	94	398	515	540
# of women at least 4+ANC for the last live birth	5	174	187	198
# of women delivered by skilled attendant (SBA)/at health facility	6	14	23	21
# of women counselled and tested for HIV and received their results during ANC visit.	121	151	282	79
<b>Children 0 – 59 months</b>				
# of children fully immunized	13	360	471	305
# of children immunization defaulters	32	196	178	145
# of children reported to be stunted	60	5	5	25
# of children reported to be wasting	67	144	88	21
# of children reported to be underweight	162	144	88	312

## 6. Sustainability

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

- Capacity development for community level health facilities by strengthening CVA, who have continued to advocate various issues to the government and community, such as constant supply of essential drugs to the various facilities. The CVAs have also sensitized the community on importance of good health which enhanced sustainable uptake of health issues at the household level.
- Supporting grassroots organizations/structures such as CUs and M2M support groups in order to ensure the sustainability of the activities. The CUs have been empowered and supported with income generating activities to ensure the interventions they are currently doing are sustainable.
- World Vision has developed strategic partnerships with the Ministry of Health, Community Health Partners and Catholic churches, where we have been involved in the planning, implementation and monitoring of project activities with integration. These strategies have been anchored to the Community Health Strategy for Narok County. Stakeholders' engagement and needs assessment were conducted before activity initiation to avert risk of duplication, enhance synergy while leveraging on ongoing work and partnerships. Local existing community structures like village health management committees, health facility committee and CVA have been 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 implementation of activities, especially in targeting of beneficiaries and designing implementation of

activities.

## 7. Story of beneficiaries



**Moses Nkuito**, a 30 year old man from Elangata-Enterit village married to **Noolanyuak Nkuito** 23 years old, is blessed with two children, a boy and a girl. Two years ago Noolanyuak gave birth to a girl at home with a help of a traditional birth attendant (TBA). She felt that the place where she gave birth was dark, uncondusive with no proper preparation to receive the child. She said that she got some pains after birth and a nurse was called to assist her later.

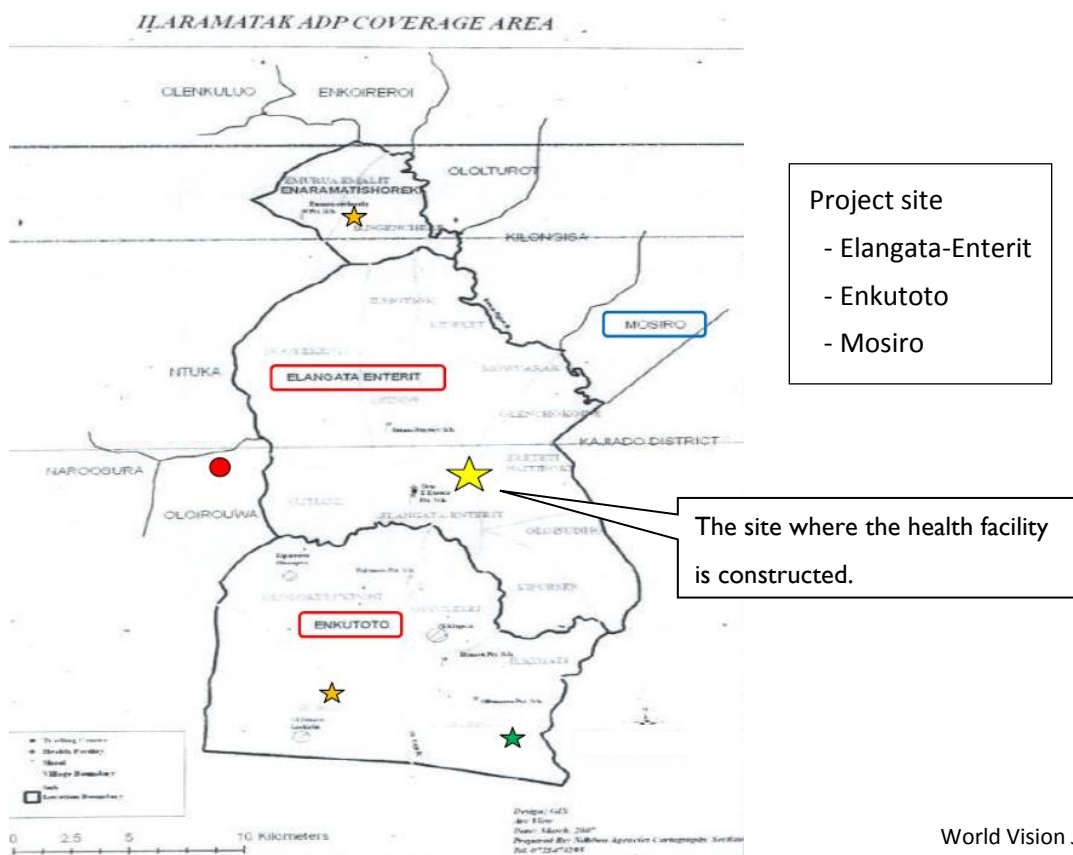
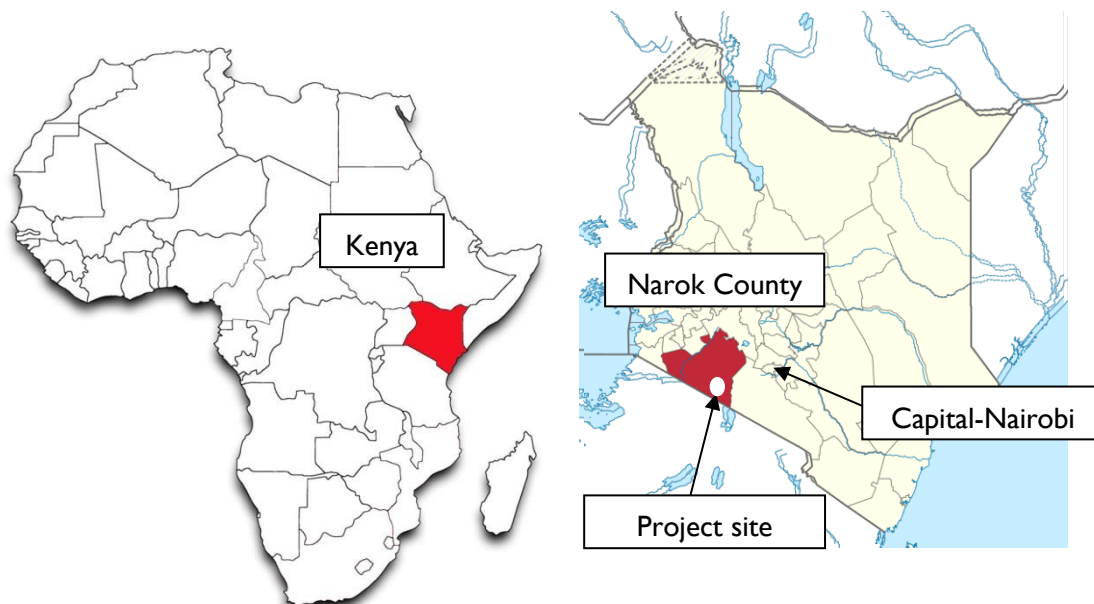
The nurse attended her and advised she should give birth at the health facility with a skilled birth attendant to avoid birth complication. The mother took the advice and gave birth to her second child six month ago in the new maternity at Elangata Enterit health facility. She was also educated during her pregnancy by M2M support group on nutrition to maintain health for her and her child. Noolanyuak gave birth to a healthy baby boy in an open space with lights. She said that she gained her strength immediately and started performing her duties unlike the first delivery that kept her weak her for a long period of time.



**Nataana Nkuito**, a mother of five living in the Elangata Enterit village, started to feel some pain in her body especially in the joints. She went to the Elangata Enterit facility and was diagnosed with brucellosis, thanks to the newly purchased equipment. She was treated and went home. She is still under medication but says she is now fine and she is able to sell her glossary in the market; potatoes, greens and beans to earn her living. She thanks Shionogi M2M support project for bringing health services closer to her community which have helped lessen the burden of communities, especially mothers.

## Appendix

### Project site



### 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>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>MoH</b>	<b>Ministry of Health</b>

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