

## **Mother to Mother SHIONOGI Project (Ilaramatak, Narok County)**

### **YEAR 5 Second Interim Report**

**Date: 26<sup>th</sup> February 2021**

#### **I. Summary of the Project**

Project Name	Mother to Mother SHIONOGI Project (the “Project”)
Project Site	Osupuko Division of Narok South Sub-County (Elangata-Enterit sub location), Narok County, Republic of Kenya
Project Period	October 2019 - July 2021 (“YEAR 5” : 22 months)
Direct Beneficiaries	741 households (3,545 residents)
Objective	To contribute to improvement of maternal and child health through multi-sectoral approach, and to evaluate the impact of the community intervention

#### **2. Brief Project Background and Purpose**

The Project site is located in Osupuko Division in Narok South Sub-County, and it is one of the most impoverished areas in Kenya. Situated close to the Masai Mara National Park near the Kenya-Tanzania border, the area is abound with the majestic African nature and wildlife, but lacks social infrastructure such as electricity and water supplies which makes people’s living conditions harder. The number of schools and health facilities are not enough, and some children have to travel 10 kilometers to get to school, and patients have to walk long distances to a health facility to receive a simple medical treatment. More than 90% of the population in this area is nomadic Maasai, and their lifestyle is strongly influenced by its traditional customs.

Most indicators of maternal and child health in Osupuko Division shows lower than the national average. This is a consequence of several factors such as limited number of health facilities, inadequate quantity and quality of services provided, lack of coordination between Community Health Volunteers (CHVs) and health facilities, lack of capacity of CHVs and health facility staff, and insufficient knowledge on health and nutrition amongst local residents. Gender inequality adds to the problem: often it is men who decide whether the family members should seek healthcare services. The Mother to Mother Project, which started in October 2015, aims to save the lives of mothers and children by improving the quality of maternal and child health services, through capacity building of healthcare workers, and engaging in advocacy activities to policymakers.

### **Activity Objectives**

The Project team is dedicated to improving the health and development of children under 5 years of age and maternal health through raising awareness and promoting behavioral change of the target population. It will deploy a multi-sectoral approach focusing on Water, Sanitation and Hygiene (WASH). In parallel, the Project conducts a scientific research to assess the impact and effectiveness of the Project intervention, by measuring indicators on nutritional status and prevalence of diarrhoeal diseases amongst the target population.

### **3. Project Progress**

During the reporting period from April 2020 to December 2020, the outbreak of COVID-19 forced the Project staff to stop visiting communities for several months hence workshops and training sessions could not be provided. From April to the end of July particularly, many of the staff members had to work from home and were unable to visit the Project sites as traveling across the prefectural lines was restricted. The government eased the lockdown regulations at the end of September and the Project resumed its local operations, but the restrictions tightened again in November. It is expected that the government will repeat relaxations and tightenings of restrictions depending on the severity of the disease transmission.

Although the Project staff were not able to physically visit the sites, not all the Project activities at the community level stopped. Community Health Volunteers (CHVs) played leading roles in continuing the field-level activities in the communities, based on discussions made at the training and workshops conducted during the pre-pandemic period (From October 2019 to before lockdown in March 2020). By visiting households and reaching out to pregnant women within their own communities, they disseminated knowledge about maternal and child health and hygiene in order to bring about their behavioral change. During the lockdown period, the Project staff frequently communicated with CHVs through telephones to follow up on the progress of the community-level activities.

The lockdown was lifted and schools reopened in January 2021. The trajectory of the COVID-19 pandemic still remains unpredictable, but the Project team is currently proceeding with a plan to complete all the planned activities by end of July 2021.

**Activities conducted between 1st April 2020 and 31st December 2020**

Activities	Annual Plan	Achievements	Progress
1. Facilitate construction of new water supply facilities	Development of water supply facilities • Construction of water tank • Construction of water kiosks and cattle troughs, pipeline extension	Work resumed after a temporary stop due to COVID-19. Extensions of water pipelines to schools and health centers are completed.	Construction of water kiosks and cattle troughs have been completed; Connection of water pipes to cattle troughs is scheduled to be completed by the end of February 2021.
2. Promote construction of sanitation facility	1) 1 Training session for CHVs 2) Regular monitoring	1) Training was conducted between October 2019 and March 2020. 2) Monitoring in progress	In cooperation with the Ministry of Health, CHVs are promoting and monitoring the progress of constructions
3. Train Community Health Volunteers on Water, Sanitation and Hygiene (WASH)	• 1 training session • 4 Awareness-raising activities	Training for CHVs was conducted between October 2019 and March 2020. Awareness-raising activities during the reporting period were facilitated by CHVs on their initiative.	Since October 2020, CHVs have been providing guidance on safe drinking water in their communities.
4. Train school health clubs on WASH with handwashing facilities	3 schools	Implemented and reported between October 2019 and March 2020.	Training for the 3 schools was conducted in January 2020. Due to the closure of local schools since March 2020, the health club activities have been suspended.

Activities	Annual Plan	Achievements	Progress
5. Sensitize the community on proper WASH practices	Continued	None	The activities had to be suspended due to COVID-19, except some activities carried out along with Activity #3.
6. Train CHVs, male champions, and Traditional Birth Attendant (TBA) as key influencers on Maternal Newborn and Child Health (MNCH)	CHVs: monthly educational activities  TBA: 1 time	CHVs: Conducted in a monthly basis  Implemented and reported in the previous term	CHVs continued to communicate the importance of antenatal care, child immunizations, and breastfeeding to mothers through home visits.
7. Train CHVs on early childhood development	2 times	None	Activity suspended due to COVID-19
8. Facilitate training of CHVs and Mother to Mother Support Group (M2M group) on village saving and loan activity	2 times (Once to each Saving Group)	1 training session	Savings Groups of TBAs in Elangata-Enterit have been making a good progress; A new Group formed.
9. Conduct monthly mobile outreaches	12 times (once a month)	6 times (once a month)	In cooperation with the Ministry of Health, mobile outreach services were conducted every month in 4 sites.
10. Carry out periodic review meetings with the Ministry of Health (MoH) and partners	4 times	1 time (November 2020)	The meeting was held in November after the COVID-19-related constraints were lifted.

Activities	Annual Plan	Achievements	Progress
11. Strengthen the system for providing guidance to health facilities	4 times	None	Activity suspended due to COVID-19
12. Strengthening health service management capacity	1 time	1 training session was conducted.	Training was given to Health Facility Management Committee (HFMC) members.
13. Conduct nutrition program	2 training sessions	Training sessions and nutrition assessment were implemented and reported in the first term.	Due to COVID-19, M2M Groups and MoH were unable to conduct the nutrition education session.
	2 Nutrition education sessions	No nutrition education session was conducted.	A nutrition assessment was carried out successfully in 2 villages.
14. Coordination meeting with the local government	3 times	1 meeting was held and reported in the first term.	Activity suspended due to COVID-19
15. Endline survey	1 time	Postponed	Activity postponed due to COVID-19

## ● Activity Details

### 1. Facilitate construction of new water supply facilities

Drilling of a borehole had been completed by the end of the previous fiscal year, and the construction work, which was delayed due to COVID-19, was resumed. Pipelines to Elangata-Enterit Primary School and Elangata-Enterit Health Facility have been already installed and water is available on these sites. The construction of water kiosks has also been completed. The residents now have access to improved water supply. The construction of the structure for cattle troughs has been completed, but there is one place where the connection of pipes to supply water has not yet been installed. It is scheduled to be completed by the end of February 2021.

### 2. Promote construction of sanitation facility

In partnership with Ministry of Health, CHVs monitored the progress of the construction of sanitation facilities (latrines) in 4 targeted villages. The CHVs followed up with the community members on how to put into practice after they received the CLTS (Community-Led-Total-Sanitation) training which promotes latrine construction. CHVs distributed plastic bottles for storing water so that the community members can set up a handwashing facility at their households and handwashing becomes a habit for them.

Since the start of this Project, a total of 24 latrines have been constructed, but the coverage rate in the targeted households remains at 35% (30 households out of 86; includes 6 households that had a latrine already before the intervention). Although the Project team conducted training to encourage the community members to change their sanitation habits, there is still a long way to go. According to the community people, many of them still choose bushes in their surroundings for defecation and think there is no need to build latrines. Although the construction requires them to purchase materials, the cost burden does not seem to be a hindrance. The major reason for resistance to change is lack of awareness to a sanitary environment. Building awareness is essential for behavioral change, and it does take time. The Project team will continue to work with the government and village leaders to raise awareness among the community members.

### 3. Train Community Health Volunteers (CHVs) on Water, Sanitation and Hygiene (WASH)

Ever since CHVs received the training in February 2020, they continue working hard to intensify the awareness on WASH within their communities. Instead of holding formal workshops or meetings, CHVs devotedly visited households to disseminate WASH and hold demonstrations of water purification method using P&G water purification packets with an aim to reduce diarrhea and other water-borne infectious diseases. The Project purchased 85,600 packets and supplied them to 741

households by October 2020.

#### **4. Train school health clubs on WASH with handwashing facilities**

Because of the pandemic-induced closure of local schools since March 2020, the school health clubs were inactive throughout the reporting period. The activities will resume when the schools are set to reopen after January 2021.

According to reports from the schools, more students learned to wash their hands with soap regularly thanks to the water sanitation training provided to them in the previous term (February 2020). The number of diarrhea cases amongst the school children is decreasing. The children are also eager to share what they have learned at health clubs with their families.

#### **5. Sensitize the community on proper WASH practices**

Due to COVID-19, it was unable to carry out this activity within this reporting period. Despite the difficult situation, CHVs continued to visit households for demonstration of water purification methods (cf. Activity #3).

#### **6. Train CHVs, male champions, and Traditional Birth Attendant (TBA) as key influencers on Maternal Newborn and Child Health (MNCH)**

Although the pandemic interrupted much of the mobility, CHVs continued to play key roles in raising awareness on the importance of antenatal care, immunization and exclusive breastfeeding through their home visits.

Past activities have led to an increase in the number of antenatal care and deliveries in health facility. At Elangata-Enterit Health Facility, 387 pregnant women received antenatal care and 1,067 children under the age of 5 were immunized.

In addition, mobile outreaches during this year provided 471 pregnant women with antenatal care; 1,617 children under the age of 5 were immunized.

Between October 2018 and September 2019, a total of 48 deliveries were assisted by skilled birth attendants at 4 health facilities in the Project area. During the 12-month period from October 2019 to September 2020, Elangata-Enterit Health Facility alone provided 64 skilled birth delivery services. The Project team attributes the increase - and the positive behavioural change - to trained TBAs who are doing their part in educating expecting mothers of safe institutional delivery.

#### **7. Train CHVs on early childhood development**

Because of the closure of local schools and other educational institutions due to COVID-19, this activity was not conducted during the reporting period. The activity is expected to resume in March 2021, after the schools reopen in January 2021.

## **8. Facilitate training of CHVs and Mother to Mother Support Group (M2M group) on village saving and loan activity**

CHVs and TBAs in the Elangata-Enterit area are proactively working together in their village saving and loan activity. The savings of the TBAs group increased from 50,000 Ksh (Kenyan Shilling; approximately 50,000 Japanese Yen) in the previous year to 140,000 Ksh this year. A new Savings and Loan Group was formed by TBAs, who has saved 187,000 Ksh so far. A total of 3 Saving and Loan Groups have been established since the start of the Project, and the loans have been extended for the Group members to pay for education of 25 children, to start a small grocery store, and to provide loans to smallholder farmers.

In the Project area, the rate of institutional delivery showed an increase this year. In addition to the advocating efforts that have been made to TBAs, the Project team observes that the financial safety net provided through the Saving Group scheme also played a part. It has empowered the TBAs by seeking ways of generating income through other businesses instead of relying on a small income they earn assisting births, and as a result, the TBAs are less hesitant of promoting expecting mothers of safe deliveries at health institutions.

## **9. Conduct monthly mobile outreaches**

While various activities were suspended due to COVID-19, mobile outreaches were successfully carried out once a month at 4 sites. The number of children under the age of 5 who were immunized in these rounds of visits rose to 1,617 during the period from October 2019 to September 2020 while 1,347 children were immunized in the previous year. Among these, 598 children were fully immunized this year (457 in the previous year). The number of mothers who received antenatal care also shows an increase from 215 in the previous year to 471 in this year. These positive changes are believed to be the result of continuous efforts by the Ministry of Health staff, CHVs, and TBAs to raise awareness among the community members through activities such as growth-monitoring, deworming, and distributing vitamin A supplements to children under 5, and distributing iron and folic acid supplements to pregnant women.

## **10. Carry out periodic review meetings with the Ministry of Health (MoH) and partners**

After several months of interruption due to COVID-19, a meeting was held in November 2020. At the meeting, World Vision and 9 members of the Health Facility Management Committee (HFMC) discussed the critical issue of how Elangata-Enterit Health Facility must be well-maintained even after the Project ends. World Vision also requested community leaders for more involvement and encourage their community members to continue to use the health facility.

In addition, discussions were held with the government officials on capacity building of health staff and



on upgrading Elangata-Enterit Health Facility (currently level 2 of the public health system) to Health Center (Level 3). Sets of medical equipment installed at Elangata-Enterit Health Facility meets the institutional requirements, but other criteria (number of catchment population) must also be met for the facility to be upgraded. The next meeting with the government is scheduled in March 2021 at which point the discussion will continue.

### **11. Strengthen the system for providing guidance to health facilities**

This activity planned in cooperation with the Ministry of Health was not implemented due to COVID-19, and is postponed to March 2021.

### **12. Strengthening health service management capacity**

This activity was postponed due to COVID-19, but the Resource Mobility and Management Training was conducted in November 2021 and 9 members of Elangata-Enterit Health Facility Management Committee (HFMC) participated. The participants learned about budgeting and planning to manage the Health Facility operations.



Resource Mobility and Management Training

Budgeting is an important aspect for sustainable management. The budgeting process of Narok Sub-County government was also explained to the participants. The understanding of the budgeting process will allow the participants to take a more relevant approach in seeking appropriate resource allocation to address the needs of the local residents.

### 13. Conduct nutrition program

Since April 2020, nutrition education by M2M Groups and Ministry of Health was not implemented due to COVID-19.

On the other hand, growth monitoring for children under 5 was conducted in 2 villages in Naitirokai and Naitiami in November 2020. In cooperation with Ministry of Health, a total of 123 children (47 boys and 76 girls) were measured for height and weight, and their nutritional status was evaluated. As a result, 13 children were found to be moderately underweight and 2 were severely underweight. These children will receive nutritional supplements from the Ministry of Health and the prognosis will be monitored by the CHVs.



Measuring height of a child

### 14. Coordination meeting with the local government

The planned meetings have not been held since April 2020 due to COVID-19. The handover of Elangata-Enterit Health Facility to the Ministry of Health is scheduled at the completion of the Project in July 2021.

### 15. Endline survey

The endline household survey has been interrupted and postponed due to COVID-19. The survey is planned to resume in March 2021 and is scheduled to be completed by April 2021.

The research team from Nagasaki University was collecting stool samples from patients with diarrhea at Elangata-Enterit Health Facility and at Majimoto Health Facility (control site) until March 2020, but it has since been interrupted from mid-March due to the pandemic. World Vision is currently preparing to resume the survey for the final Project endline evaluation from January 2021. In order to assess the effectiveness of the Project, various data will be collected and analyzed such as; the number of outpatients with diarrhea, the prevalence of diarrhea cases in 2 districts (One as a control group). As part of the survey, the team also continues to collect stool samples from patients with diarrhea to analyze the prevalence of rotavirus and bacteria that cause diarrhea. The challenging part is the logistics; to find out a way to transport the specimen from the Project site to the laboratory in Nairobi as the inter-District travel restrictions are still imposed amid the pandemic. The team plans to form a bucket brigade where team members pass on the specimen at District borders.

## Story of Beneficiaries

Nataana from Elangata-Enterit village embraces handwashing with soap using a locally made handwashing facility. Recalling the past years, she had thought handwashing was not necessary because it brings no visible benefit. Nataana says that after attending a sensitization activity given by a CHV on locally made handwashing facility, handwashing has become a common practice for her and fellow community members, especially now as many are concerned about contracting COVID -19.



Nataana washes her hands with a locally made handwashing facility

Nayau-Esupat Sitei is from Elangata-Enterit, and she is one of the TBAs who received the first Village Savings & Loaning training. She took a loan from the group and started a small grocery store. The profit from selling the food stuff is used to cover her daily family needs. The saving and loan system has brought a great transformation within the community where the money is being circulated for business opportunities.



Ms Nayau-Esupat Sitei

#### 4. Project Implementation Schedule (Progress)

Activity	2019			2020											
	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
<b>Project activity</b>															
1.Facilitate construction of new water supply facilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. Promote construction of sanitation facility			✓		✓						✓	✓	✓	✓	✓
3.Train Community Health Volunteers on Water, Sanitation and Hygiene (WASH)					✓						✓	✓	✓	✓	✓
4.Train school health clubs on WASH with handwashing facilities				✓											
5.Sensitize the community on proper WASH practices						✓					✓				
6.Train CHVs, male champions, and Traditional Birth Attendant (TBA) as key influencers on Maternal Newborn and Child Health (MNCH)		✓		✓		✓						✓	✓	✓	✓
7.Train CHVs on early childhood development				✓											
8.Facilitate training of CHVs and Mother to Mother Support Group (M2M group) on village saving and loan activity						✓					✓				
9.Conduct monthly mobile outreaches	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓
10. Carry out periodic review meetings with the Ministry of Health (MoH) and partners		✓												✓	
11.Strengthen the system for providing guidance to health facilities				✓											
12. Strengthening health service management capacity														✓	
13.Conduct nutrition program	✓													✓	
14.Coordination meeting with the local government	✓					✓									
15.Endline survey															
<b>Research activity</b>															
Planning of endline evaluation															✓
Collection of samples				✓	✓	✓									
Field interviews															
Analysis of samples							✓								
Publication of the evaluation report															
Steering Committee															

Originally planned in July 2019

Plan amended in August 2020

Plan amended in February 2021

✓ = Activity done

## 5. Project Outcomes

The Project targeted 3 areas, namely, Elangata-Enterit, Enkutoto and Mosiro for 3 years from 2016 to 2018. From 2019 onwards, the Project focuses only in Elangata-Enterit, the site of the research.

This part covers:

2016 : October 2015 - September 2016 (YEAR 1)

2017 : October 2016 - September 2017 (YEAR 2)

2018 : October 2017 - September 2018 (YEAR 3)

2019 : October 2018 - September 2019 (YEAR 4)

2020 : October 2019 - September 2020 (Original YEAR 5)

2021 : October 2020 - December 2020 (3 months ; Extended-YEAR 5)

The number of patient visits to Elangata-Enterit Health Facility increased by 15% to 5,138, and the number of deliveries at the Health Facility also increased by 34% to 64 cases. Service provision at mobile outreaches also increased despite the COVID-19 pandemic. In 2020, 471 pregnant women received antenatal service through the mobile outreach (versus 215 in the previous year).

These numbers do not seem to suggest that COVID-19 is discouraging the local residents from seeking medical services. A rise in the number of deliveries at the Health Facility is also being noted. The Project team observes that, through the interventions made by the Project, local residents are gradually more willing to seek medical and maternal & child care at health facilities.

Table 1. Number of clients attended Elangata-Enterit health facility in each year

	2015 Before intervention	2016	2017	2018	2019	2020	2020 (Extended) 3 months
# of patients	2,505	3,996	6,359	4,273	4,459	5,138	586
# of institutional delivery	6	14	23	21	48	64	28

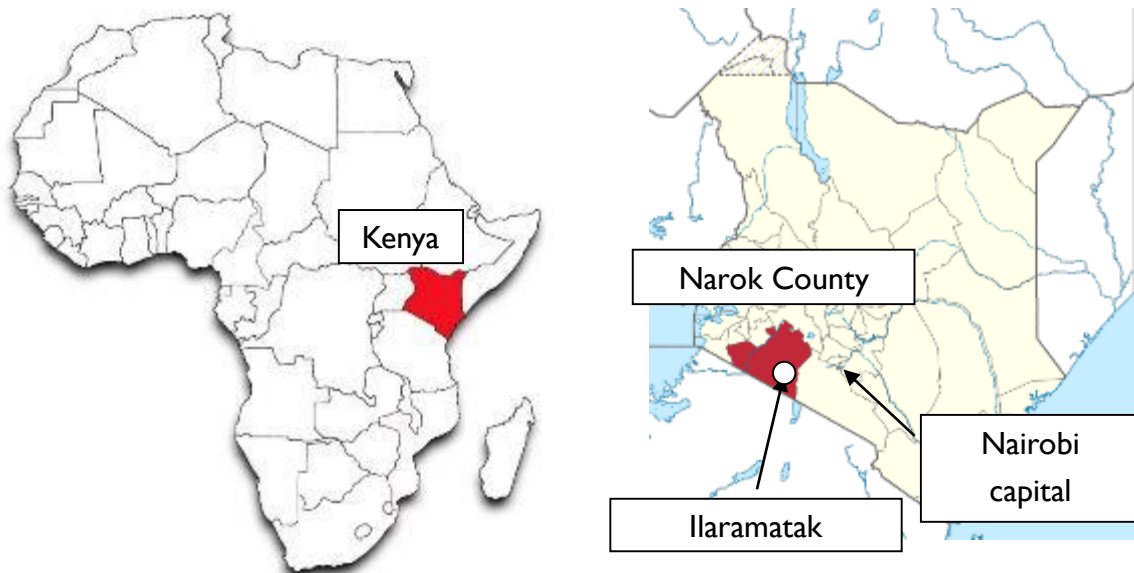
Table 2. Number of clients in mobile outreaches in maternal and child health services

* : 3 areas ** : 1 area (4 sites)	2015 before inter- ventio n	2016*	2017*	2018*	2019 **	2020 **	2020** months
Pregnant women aged 15 - 49 years							
# of women receiving antenatal care from a skilled provider	340	469	543	504	215	471	109
# of women at least 4+ ANC for the last live birth	66	118	101	134	32	110	26
# of women delivered by skilled birth attendant /at health facility	2	29	27	46	48	64	28
# of women counselled and tested for HIV and received their result during ANC visit	167	469	371	230	146	172	46
Children 0 – 59 months							
# of children fully immunized	375	415	512	495	457	598	116
# of children immunization defaulters	167	47	227	247	54	31	5
# of children reported to be stunted	10	0	59	72	18	31	1
# of children reported to be wasted	5	3	85	78	64	20	1
# of children reported to be underweight	14	0	109	203	101	71	5

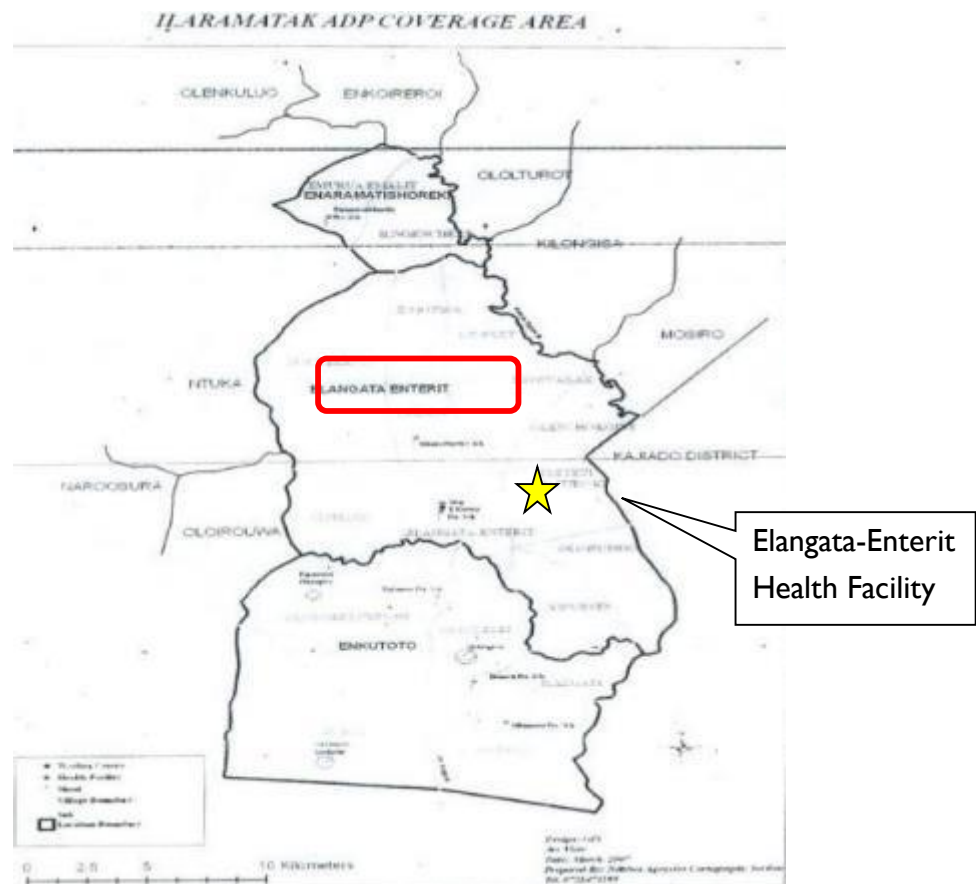


[Annex]

① Map of target areas



**Elangata-Enterit District in the Iraramatak Region**



## ② Photographs



Water kiosk in Elangata-Enterit



Water supply station  
at Elangata-Enterit Secondary School



Pregnant women participating in an awareness-raising activity  
on maternal and child health services, at Elangata-Enterit Health Facility





A nurse sharing the importance of handwashing before taking care of babies or before cooking



TBA Savings and Loan Group in Elangata-Enterit selecting loanees



Locally made handwashing facility using a plastic bottle (tippy tap)



At a mobile outreach in Inosin