

Mother to Mother Project –YEAR 4 Completion Report.

Date: 29th Nov 2019

I. Summary of the project

Project Name	Mother to Mother SHIONOGI Project
Project Site	Osupuko Division of Narok South Sub-County, Narok County, Republic of Kenya
Project Period	1 st April 2018 to 30 th September 2019
Beneficiaries	Direct beneficiaries: 741 households (3,545 people)
Total Budget	JPY 20,000,000
Objective	To contribute to improvement of maternal and child health through multi-sectoral approach, and to evaluate the impact of the community intervention
Activities	<ol style="list-style-type: none"> 1. Facilitate construction of a new water supply facility 2. Promote construction of sanitation facility 3. Train Community Health Volunteers (CHV) on Water, Sanitation and Hygiene (WASH) 4. Establish and train 3 school health clubs on WASH with hand washing facilities 5. Sensitize the community on proper WASH practices 6. Train CHVs, male champions, and Traditional Birth Attendants (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 Groups (M2M group) on village saving and loaning activity 9. Conduct monthly mobile outreaches 10. Carry out periodic review meetings with Ministry of Health (MoH) 11. Conduct nutrition program 12. Continue research activity (mid-term survey)

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 Area Program).

The area is dominated by pastoral type of livelihood (about 60%). Other livelihood types are formal agro pastoral and permanent and temporary employments in the major urban centers. The community experiences high poverty levels, food inadequacies and low access to medical services especially for pregnant and lactating mothers.

In the region covered by the project, most of health indicators are below the national performance standards, and the access to essential health services for women and children is also

low. Only 22.6% of women are attending at least four ante-natal care (ANC) visits, 9.4 % of them are delivering at a health facility, and only 9.4 % delivering under the support of skilled birth attendant. About 55.6% of pregnant women were counseled and tested for HIV, and received results during ANC visit. While the proportion of children (12-23 months) fully immunized is 73.8%, child 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.¹

The project year of 2019 is the 4th year of the 5-year intervention program, and 2nd year of the 3-year study conducted concurrently to the intervention program. The goal of the 3-year study is to collect scientific evidence of improvement of maternal and child health through multi-sectoral interventions on health, nutrition and WASH, and assess the impact of the intervention. The intervention activities include behaviour change communication methodology to educate and lead the community to become more informed.

¹ *Iaramatak ADP Evaluation FY 2012, World Vision*

3. Project Achievements

This report covers the activities conducted between 1st April 2018 and 30th September 2019.

Activities	Quantity	Achievements
1. Facilitate construction of a new water supply facility	<ul style="list-style-type: none"> • Hydrogeological survey • Environmental and Social Impact assessment • Extension of water pipeline to Elementary and Secondary Schools <p>(Revised)</p> <ul style="list-style-type: none"> • Construction of water tank, water kiosk and cattle trough • Pipeline extension 	<p>Hydrogeological surveys and Environmental Impact Assessment (EIA) were done in five different sites in Elangata-Enterit to identify the most suitable site for drilling a borehole.</p> <p>With the private funding, borehole was drilled in Kiprusus village.</p> <p>A depth of the borehole is 93 m and its yield is 21.4 m³ per hour, which is much more than expected. The project has constructed a masonry water tank on the hill, and is going to construct a water kiosk and cattle trough in the nearest village. Water will be pumped up to the water tank and connect to kiosk for use.</p>
2. Promote construction of sanitation facility	1 training to CHVs CLTS in 4 villages	<p>The training of trainer (ToT) for CHVs was done on community-led total sanitation (CLTS). CLTS is a behavior change methodology to trigger people's desire to take action to construct toilet by recognizing the sanitation situation in their own village and its risks. After the training, CHVs had a sensitization session called "triggering" to the community in four different villages. It involves invoking shame or embarrassment by demonstrating how disgusting the act of open defecation is. The project also instructed how to construct latrines with locally available materials.</p> <p>By the end of the reporting period, 15 latrines have been constructed and 9 are under construction. It is essential for all community members to change their attitude and behavior towards sanitation to achieve the open defecation free status in the village. The project supported to have a meeting with CHVs and community leaders to discuss difficulties and how to promote the activity. CHVs are also collaborating with MoH to disseminate right messages to each member of the community.</p>
3. Train Community Health Volunteers (CHV)s on Water, Sanitation and Hygiene (WASH)	2 training sessions	<p>The ToT on water purification was done for CHVs in Elangata-Enterit (32 participants) and Isinon (10 participants). The CHVs distributed water purifiers to all 741 household and educate them importance of water purification and sterilization, and how to purify or sterilize water using the purifiers or other methods. In addition, the project trained CHVs on hand washing and solid waste management.</p>

Activities	Quantity	Achievements
4. Establish and train 3 school health clubs on WASH with hand washing facilities	3 school health clubs	The project supported 6 water tanks to Elangata-Enterit Primary School, Elangata-Enterit Secondary School, and Isinon primary school (2 tanks each). In collaboration with MoH, a WASH club was established in each school where students learn proper hand washing method and other hygiene and sanitation behaviors. The students are expected to become ambassadors to their respective villages to disseminate the messages to their family and neighbors.
5. Sensitize the community on proper WASH practices	Continuously	CHVs and Mother to Mother Support Group (M2M group) were trained on hand washing and water purification, and distributed 100 sachets of water purifiers to each household. As one of the sensitizing method, wall murals were drawn in Elangata-Enterit primary and secondary schools encouraging students to wash their hands with soap after using the toilet.
6. Train CHVs, male champions, and Traditional Birth Attendant (TBA) as key influencers on Maternal Newborn and Child Health (MNCH)	CHVs: 1 training session Male champions -> religious leaders: 1 training session TBA: 2 training sessions	<p>A refresh training was done to 42 CHVs on maternal and child health, then they sensitize mothers on the importance of ANC, immunization and exclusive breastfeeding during their monthly household visit.</p> <p>In this period the project took a new approach to involve religious leaders who have a great influence on attitude, way of thinking, and behaviors of the community. The project engaged 19 leaders (10 male, 9 female) and conduct one- week training on basic knowledge of maternal and child health, disease prevention, issues in community health. They also learned roles of husband in maternal and child health, and family planning which is sometimes a taboo topic and people especially male partners tend to be reluctant to accept. The leaders will form a group of 4-8 members and promote sensitization in their respective community in the next year.</p> <p>TBAs often support delivery at home, so the project provided training to 46 TBAs on various risks of home birth and importance on medical care before and after delivery. After the training, more TBAs started to support pregnant mothers come to the health facility instead of supporting home birth.</p>
7. Train CHVs on early childhood development	1 training session	The CHVs received a training session on early childhood development including importance of play and communication, safe and stimulating environment for young children to boost their cognitive development. In the training, CHVs discussed roles of school, parents, CHVs and community, and what they can do during home visit. They have also created child-friendly space in

Activities	Quantity	Achievements
		2 sites.
8. Facilitate training of CHVs and Mother to Mother Support Group (M2M group) on village saving and loan activity	1 training session	<p>A total of 42 CHVs and 46 TBAs participated in the training for village saving and loan. The group of TBAs has started a savings group with Ksh. 24,000 (approximately USD 240) collected in the first meeting, and contributed Ksh. 50 (USD 0.5) every month by each member. They have accumulated the pooled fund to Ksh. 50,000 (USD 500) during the reporting period. The savings have been used for lending to members who would wish to take loans with a 10% interest. The loan has greatly helped the members start small business such as grocery and farming during rainy season. In addition, 20 children benefited as their school fee was paid with the loans.</p> <p>The group of Isinon CHVs have started with 15 members and increased their pooled fund to Ksh. 100,000 (USD 1,000). They have purchased 12 goats as the group property.</p>
9. Conduct monthly mobile outreaches	12 times (Every month)	Mobile outreaches were conducted every month in 4 sites in Elangata-Enterit. As a result, 215 pregnant mothers received services on MNCH and education on nutrition, HIV, and MNCH. The immunization service was provided in mobile outreaches, and 1,381 children under five years received MNCH services, of which 457 children were fully immunized.
10. Carry out periodic review meetings with Ministry of Health (MoH)	3 times	Review meetings were held three times among MoH, staff from Elangata-Enterit Health Facility, community leaders and CHVs. In the meeting, they shared challenges and discussed how to improve health services and management at the facility. The project continues involving the capacity of MoH staff in order to increase their accountability to run all the services.
11. Conduct nutrition program	1 training session Nutrition program and monitoring	<p>1) Growth monitoring In partnership with MoH, the project measured height and weight of 865 children aged 6-59 months to monitor their growth. Malnourished children were given support with therapeutic or supplementary food and nutrition management.</p> <p>2) A training session was done on Positive Deviance Hearth (PD hearth) for CHVs. PD hearth is a</p>

Activities	Quantity	Achievements
		community-based rehabilitation and behavior change intervention for families with underweight children. After the growth monitoring, 87 underweight/malnourished children were registered, and 12 participated in education and food demonstration sessions, and completed the PD hearth program. Others refused to participate in the activity due to stigma and shame. Mothers did not want other people to recognize their children were malnourished. To change their mind set, the project involved the area chief and community leaders to encourage mothers to join the program and sensitize the nutrition issues as well.
12. Continue research activity (mid-term survey)	Continuous	The mid-term survey was done in Elangata-Enterit test site and the Maji-Moto control site.



A water tank (under construction)



Tentative water point



Health club at a primary school



Health club learning proper hand washing

4. Actual Implementation Schedule

Activities		2018										2019								
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
1. Facilitate construction of a new water supply facility	Plan																			
	Actual																			
2. Promote construction of sanitation facility	Plan																			
	Actual																			
3. Train CHVs on water, sanitation and hygiene (WASH)	Plan																			
	Actual																			
4. Establish and train 3 school health clubs on WASH with hand washing facilities	Plan																			
	Actual																			
5. Sensitize the community on proper WASH practices	Plan																			
	Actual																			
6. Train CHVs, male champions, and TBA as key influencers on MNCH	Plan																			
	Actual																			
7. Train CHVs on early childhood development	Plan																			
	Actual																			
8. Facilitate training of CHVs and M2M support group on village saving and loaning activity	Plan																			
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9. Conduct monthly mobile outreaches	Plan																			
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10. Carry out periodic review meetings with Ministry of Health	Plan																			
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11. Conduct nutrition program	Plan																			
	Actual																			
12. Continue research activity (mid-term 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. In the first 3 years from 2016 to 2018, the project conducted mobile outreaches in three sub-locations (Elangata-Enterit, Enkutoto, and Mosiro), but the controlled study starting from 2018 focuses on only Elangata-Enterit, and outreaches in 2019 was done in the Elangata-Enterit sub-location only.

Table 1. Number of clients in outreaches

	2015	2016	2017	2018	2019
Pregnant women age 15 -49 years					
# of women receiving antenatal care from a skilled provider	340	469	543	504	215
# of women at least 4+ANC for the last live birth	66	118	101	134	32
# of women delivered by skilled birth attendant/at health facility	2	29	27	46	48
# of women counselled and tested for HIV and received their results during ANC visit.	167	469	371	230	146
Children 0 – 59 months					
# of children fully immunized	375	415	512	495	457
# of children immunization defaulters	167	47	227	247	54
# of children reported to be stunted	10	0	59	72	18
# of children reported to be wasting	5	3	85	78	64
# of children reported to be underweight	14	0	109	203	101

2015: October 2014 - September 2015

2016: October 2015 - September 2016 (YEAR1)

2017: October 2016 - September 2017 (YEAR2)

2018: October 2017 - September 2018 (YEAR3)

2019: October 2018 - September 2019 (YEAR4)

2) Achievements at the Elangata-Enterit health facility

The cumulative number of clients who received any service at the facility in each year is shown in table 2. After massive increase from 2015 to 2017, the number decreased in 2018, but slightly increase in 2019 and it still indicates a big change in health seeking behavior compared to the situation in 2015.

Table 2. Number of clients attended Elangata-Enterit health facility in each year

YEAR	2015	2016	2017	2018	2019
# of patients	2,505	3,996	6,359	4,273	4,459

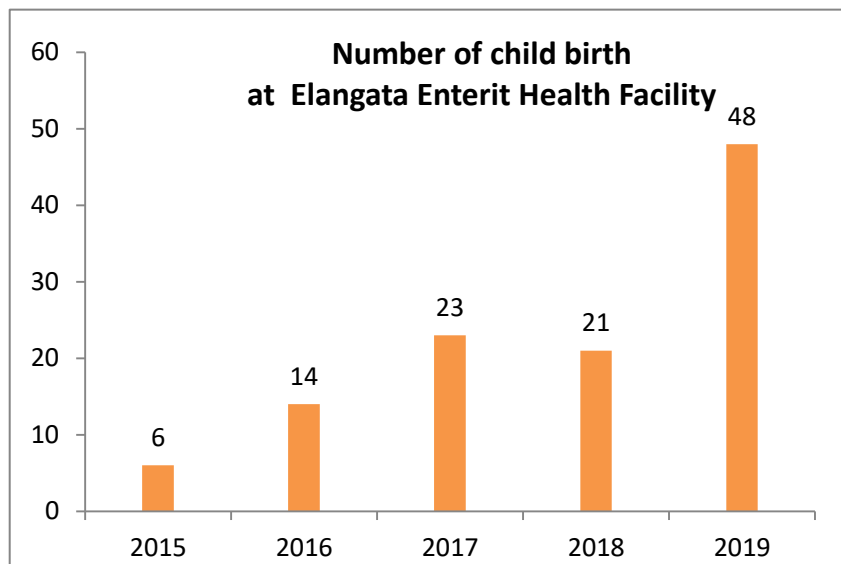


Figure 1. Number of deliveries at Elangata-Enterit Health facility in each year

The number of child births at Elangata-Enterit Health Facility has more than doubled since between 2017 and 2019 (Figure 1). The increase of institutional child delivery is attributed to the trained CHVs and TBA proactively promoting pregnant women of the ANC and safe delivery services offered at the facility

Basic laboratory tests are now conducted within the facility, which is made possible by the project providing the facility with necessary equipment. The number of test cases conducted in 2019 is shown in table 3.

Table 3. Number of clinical laboratory test cases at Elangata-Enterit health facility in 2019

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Total
27	33	0	57	51	37	61	20	37	35	30	31	419

6. Sustainability

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

- a) Through activities of the CVA groups established in the project, regular dialogues are held between the government officials and the community members to discuss and resolve issues together. CVA is one of the local platform for advocacy and problem solving.
- b) The project has continued with building capacity of CHVs and M2M support group who play important roles in the community health improvement. Members have been gaining their confidence to lead community development, and health and nutrition activities in their community. The project will continue to support capacity development in the last year to ensure their activities are sustainable.
- c) All the stakeholders including local committees are also involved in planning, implementation, and monitoring and evaluation in the project. The partnership among government, community committees, and community members has been strengthened to improve quality of services and promote patient-centered care at the Elangata-Enterit health facility.

7. Story of beneficiaries

Male /female behavior change.



Wanchiko Lenkume is a mother from Elangata-Enterit sub-location sharing the testimony of the goodness of having a latrine at home as compared to when they had none. After participating in the CLTS session she learned that she may have been eating unsanitary and contaminated food due to open defecation in her house. She said she is now using the latrine she constructed to protect herself from the unsanitary environment.

Mothers' voices



We are so grateful for the project providing a borehole water at Kiprusus Village. During the dry season, we dig sand at parched river searching for water which takes several hours every day, and get very small amount of dirty water. With the provision of safe and clean water, diarrhea cases have reduced. Thank you for bringing blessed water to us.

List of abbreviations

ANC	Ante-Natal Care
ADP	Area Development Program.
CHV	Community Health Volunteer
CLTS	Community-Let Total Sanitation
CVA	Citizen Voice and Action
MNCH	Maternal, Newborn, and Child Health
M2M	Mother to Mother
MoH	Ministry of Health
PD Health	Positive Deviance Hearth
TBA	Traditional Birth Attendant
WASH	Water, Sanitation and Hygiene

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