PROGRAM REPORT

APRIL 2020

Mother to Mother Project

Shionogi

Submitted as part of Access Accelerated

Access Observatory

Contents

The information in this report has been submitted by the company concerned to the Access Observatory. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Mother to Mother Project

2 Diseases program aims to address

• Other NCDs (maternal and children disease)

3 Beneficiary population

• Children (under 5yrs)
• Women of reproductive ages 15-64
•All genders
•Rural populations

4 Countries

• Kenya

5 Program start date

October 1, 2015

6 Anticipated program completion date

Completion date not specified.

7 Contact person

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8 Program summary

'Mother to Mother SHIONOGI Project' is a collaboration between Shionogi and World Vision which began in October 2015 and will run for a period of 5 years. The project is committed to improve the health of mothers and children in rural community in Kenya. The project is funded in part through a portion of the sales from multi-vitamin Popon S Series and donation by Shionogi employees.

The vision of Mother to Mother Project is to develop a sustainable community for the well-being of mothers and children. The project site is located in Osupuko Division of Narok South Sub-County in Narok County, Kenya, where World Vision has been operating a long-term regional program to support community development. Within the project community, there are high levels of poverty, food inadequacies and low access to medical services, especially affecting pregnant and nursing mothers.

The project aims to foster self-sustainability and to contribute to the reduction of maternal and child mortality by increasing access to maternal, newborn and child health (MNCH) services and by reducing malnutrition. Project activities focus on increasing the capacity of health systems to deliver MNCH services and improving utilization of essential health services by pregnant or nursing mothers and children under five years old. The capacity of health systems is increased by strengthening community level health structures to promote uptake of maternal and child health services and also strengthening the community capacities for local health advocacy. In improving utilization of essential health services by pregnant or nursing mothers and children under five years old, the focus is on increasing uptake of hygiene and sanitation practices within the project area.

We support community health workers (CHWs) to establish or strengthen Mother-to-Mothers (M2M) support groups to enhance peer education on MNCH and support the groups to establish and strengthen income generating activities.

Program Overview

8 Program summary cont.

We train CHWs and community health extension workers (CHEWs) as trainers of trainees (ToTs) on maternal, infant and young child nutrition who then facilitate peer education among M2Ms groups.

The focus of the M2M group is on maternal infant and young child nutrition, micronutrient supplementation, fortification of complementary foods and access to ante and postnatal care. In our effort to improve healthcare access and capacity building, we have reconstructed a health care facility in the target area (Elangata-Enterit) and equipped it with basic medical equipment for maternal and newborn health services delivery. We also train village and health facility committees on management of health services. In addition, we conduct outreach through mobile clinics every month to increase access to healthcare services. We provide children and women vitamins and vaccinations in our mobile clinic.

The scope of activities includes advocacy messages and solutions based on evidence, as well as the education to public about the importance of health care services and in-hospital baby deliveries by health care professionals. Mother to Mother Project strives to highlight the needs of people, and call for action to further improve and raise awareness about health. One way we do this is by training and strengthening the established Citizen Voice and Action (CVA) groups on advocacy relating to health issues in the community. In this way, we hope to improve demand for healthcare, which will further increase the number of people receiving health services in the area.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Media campaign during opening ceremony of healthcare facility in November 2016. Community hHealth Volunteers (CHVs) trained by the program sensitized mothers at the household level on Maternal and Young Child Nutrition (MYCN) 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.
Mobilization	Support community health workers (CHWs) to establish or strengthen Mother-to-Mothers (M2M) support groups to enhance peer education.Train and strengthen the established Citizen Voice and Action (CVA) groups on advocacy relating to health issues in the community.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training of community health workers to enable them to learn new practices of feeding children and to promote update of maternal child health services. A trainers training of 10 Community Health Extension Workers (CHEWs) and community strategy persons was done in December 2016 and 3 follow-up training sessions of Community Health Volunteers (CHVs) in each location by trainers were also conducted. CHV were trained on maternal, infant and young child nutrition, water treatment and safe storage, hand washing and food hygiene. In addition, advanced training sessions to the CVAs (citizen Voice and Action) on advocacy relating to health issues in the community were implemented between October 1st 2017 and September 30th 2018.
Infrastructure	Construction of healthcare facility.
Technology	Equipped new facility with technology appropriate for delivery and post-natal care.
Management	Health communities have gained autonomy in managing the health facilities.

Companies, Partners & Stakeholders

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Treatment	Mobile clinics outreaches were done every month (two sites per outreach in each of the three locations) and 1368 lactating mothers and 451 pregnant mothers received services on MNCH and education on nutrition, HIV, maternal & child health during 6 months from October 2016 to September 2017. Between October 1st 2017 and September 30th 2018, 2,114 lactating mothers and 504 pregnant mothers received services on MNCH and education on nutrition, HIV, mand maternal and child health. 3,208 children under the age of five received MNCH services of which 495 children were fully immunized. Treatment is also provided at the Elangata Enterit Health facility constructed by the project in 2016.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Kenya
Health Service Strengthening	Kenya
Health Service Delivery	Kenya

11 Company roles

COMPANY	ROLE
Shionogi	Shionogi established Mother to Mother Project in an effort to reduce the high maternal mortality rate in Kenya.The project is funded from a portion of multi-vitamin sales and donations from Shionogi employees. Shionogi aims to provide sustainability and together with implementing partner 'World Vision', we identify the needs of the people to constantly ensure the improvement and progress of the project, at the same time to seek for possible collaboration to further expand this project. Healthcare facility in the targeted area was reconstructed to facilitate and increase access to health.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
World Vision Japan and World Vision Kenya	Through World Vision, we are able to contact and directly confirm the needs of the target area and implement our programs. World Vision provides the services and report to Shionogi to track the improvement and progress of the project in the target area http://www.wvi.org/	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
World Vision Japan and World Vision Kenya	Kenya

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED
World Vision Japan and World Vision Kenya	Ministry of Health, County Government Company engaged with the local government to obtain necessary approval for the reconstruction of healthcare facility. In addition, government also supports in supplying medicines such as supplement and vaccination for children used in mobile clinic.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: Yes
Non-governmental Organization	World Vision Kenya Support the program in assessing target population needs, designing and implementing interventions, as well as providing periodic reports to Shinogi.	Infrastructure: Yes Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: Yes
Faith-based Organization	Leader of local religion was asked to cooperate in education of the community.	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: Yes
Local Hospitals/Health Facilities	Health care professionals are sent from public health facilities to the dispensary.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Other	Company collaborates with community volunteer group for the education of the community.	N/A

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Most health indicators in the region covered by the Mother to Mother Project are below the national average in Kenya. 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 antenatal care (ANC) visits and 9.4 % delivering at a health facility with a skilled birth attendant. Only about 55.6% of pregnant women were counseled and tested for HIV, and received results during ANC visit. Finally, 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 the national averages of 26%, 11% and 4% respectively.

To tackle these challenges, Mother to Mother Project, along with World Vision, puts our priority in enhancing education to mothers and community health workers, as well as improving accessibility to healthcare services. Through trainings, mothers developed their own 'mother to mother' group to enhance peer education on MNCH, and the health committees are now able to manage the health facility to improve its effectiveness in service delivery. Furthermore, to achieve our goal in proving self-sustainability in the area, we address other critical problems such as lack of water by supplying water tanks near the hospital, sanitation issues and support income generating activities.[1]

a How needs were assessed

The survey which employed participatory methods of data collection such as household (HH) survey, FGDs (Focus group discussion) and KII (Key Informant Interviews) were done, and meetings with community and local government were held to discuss issues.

b Formal needs assessment conducted

Yes

16 Social inequity addressed

Gender inequality is very prominent in the project area. Women are often not allowed to visit healthcare facilities without their husband's consent. We do not only involve women but also encourage and educate men about the importance of going to healthcare facilities, and for women to give birth under care by professional attendants. As a result, we can witness several cases of male behavior changes towards receiving health in the area.

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. Through health education and advocacy about the importance of allowing lactating and pregnant mothers and the under-five years old to access medical services, Mpoke decided to change his behavior from his wife delivering with a Traditional Birth Attendant to a Skilled Birth Attendant. HE even 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 little or no complication before birth.

17 Local policies, practices, and laws considered during program design , cont.

The local government was engaged in planning stage of the project to obtain necessary approval and consensus in the reconstruction of healthcare facility. We followed the county's standard regulation for reconstruction of healthcare facility.

Local Context, Equity & Sustainability

17 Local policies, practices, and laws considered during program design , cont.

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	Yes	Kenya has a health care guideline named "Community strategy implementation guideline" (Ministry of Health, Kenya 2007.3). However, Osupuku division of Narok South sub-county in Narok county has only three dispensaries and the indicators of maternal and children's health are worse than those for Kenya.

18 How diversion of resources from other public health priorities is avoided.

None in particular.

19 Program provides health technologies (medical devices, medicines, and vaccines).

Yes; Laboratory test equipment (e.g. microscope, centrifuge, patient monitor, bio-safety cabinet).

20 Health technology(ies) are part of local standard treatment guidelines

Yes (Details are not currently available).

21 Health technology(ies) are covered by local health insurance schemes

Yes (Details are not currently available).

22 Program provides medicines listed on the National Essential Medicines List

Yes

23 Sustainability plan

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

a) Capacity development for community level health facilities by strengthening CVA, who have ocntinued 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.

b) 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.

c) World Vision has developed strategic partnerships with the Ministry of Health, Community Health Partners and Catholic churches, wehre 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 syneergy while leveraging on ongoing owrk and partnerships. Local existing community structures like village health management committees, health facility committee and CVA have been incorporated 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.

Additional Program Information

24 Additional program information

In our effort to further contribute to achieve sustainability, Mother to Mother Project is designing and planning to collect statistical data to assess the current situation and impact of health improvement activities in the target area.

The project will collect data from the target area (Enlangata Enterit) and neighboring area through KAP survey (Knowledge, Attitude, and Practices) to find out the morbidity rate of diarrhea, death caused by diarrhea, impact of access to medical services, and frequency of diarrhea cases in the healthcare facility. By doing so, the program hopes to create evidence supported by data to further assess the needs of the people and implement appropriate intervention to ensure the sustainability in target area. The program also hopes that through data evidence, it will be able to highlight the improvement and provide more visibility for the project in order to attract possible collaborations to further develop the area and further expansion of the project.

a Potential conflict of interest discussed with government entity

Yes. This program is focused on social contribution activities and has no business activities planned or implemented at this moment.

25 Access Accelerated Initiative participant

Yes

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes

Resources

1. Kenya Demographic and Health Survey 2014. Available at: https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf

Program Indicators

PROGRAM NAME

Mother to Mother Project

27 List of indicator data to be reported into Access Observatory database

	INDICATOR	TYPE	STRATEGY	2017	2018	2019
1	Number of patients receiving health services	Outcome	Health Service Delivery	6,359 people	4,273 people	4,459 people
2	Number of people trained	Output	Health Service Strengthening	---	---	---

INDICATOR **Number of patients receiving health services** 1

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Number of patients (women and children) receiving health services from the healthcare facility and mobile clinic
	Method of measurement	Number of patients are recorded from the clinic registry taken by doctors, health care providers and healthcare volunteers
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	World Vision Japan and World Vision Kenya	There is a registration and medical record form which are required to be filled in by Ministry of Health Kenya. The health facility keeps a record of all the patients that received health services using the registration and medical records form. Implementing partner, World Vision Kenya and World Vision Japan, will get the data collected at the health facility from the health care providers every month.	Every month
31	Data processing	World Vision Japan and World Vision Kenya	Recorded number of patients receiving healthcare services are collected and summed up by the implementing partner every month. The data is processed by disaggregating the number of patients by diagnosis, age, and gender. The recorded data is then submitted to Ministry of Health in Kenya.	Every month
32	Data validation		World Vision Kenya and Ministry of health Kenya monitors the healthcare facility on a regular basis to ensure that records are properly collected and reported each month.Shionogi team visits the health care once a year to monitor the management procedures and condition.	

33 Challenges in data collection and steps to address challenges

Human error may occur, as data is collected manually.

INDICATOR	2017	2018	2019
1 Number of patients receiving health services	6,359 people	4,273 people	4,459 people

Comments:

2015-2018: 14,628 people. Number of patients attended at Elangata Enterit health facility in each year are as follows: Project Year 1 (1st October 2015 to 30th September 2016)= 3,996 people. Project Year 2 (1st October 2016 to 30th September 2017)= 6,359 people. Project Year 3 (1st October 2017 to 30th September 2018)= 4,273 people.

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

2

	ITEM	DESCRIPTION
	Definition	Number of trainees
	Method of measurement	Counting of people who completed all training requirements CALCULATION Sum of the number of people trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	World Vision Japan and World Vision Kenya	The implementing partners, World Vision Japan and World Vision Kenya, collect the attendance sheet from each training session. Each health volunteer participating in the training program signs the attendance sheet. The implementing partner will then collect the attendance sheet and report the number of people trained once every 2 months to Shionogi.	Ongoing
31	Data processing	World Vision Japan and World Vision Kenya	The implementing partners, World Vision Kenya and World Vision Japan, organizes the trainings and monitors them every time and keeps a record of who is trained and how many people get trained. The implementing partners review the attendance sheet every two months and sums up the number of people trained.	Once every two months
32	Data validation		World Vision confirms the data.	

33 Challenges in data collection and steps to address challenges

Proper administrative system for attendance record is not implemented, thus some of the data recorded might cause accuracy of the data.

INDICATOR	2017	2018	2019
2 Number of people trained	---	---	---

Comments: N/A

Program Documents

Program Documents

1. Mother to Mother Project - Year 2 Completion Report. 31 March 2018. Available at: https://bit.ly/M2M_Y2

2. Mother to Mother Prokect - Year 3 Completion Report. 7 December 2018. Available at: https://bit.ly/M2M_Y3

3. Mother to Mother Prokect - Year 4 Completion Report. 29 November 2019. Available at: https://bit.ly/M2M_Y4

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable.
For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities
for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner.

(Public Sector is defined as government; Private Sector is defined as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities is avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program

part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.