

**Dining for Women Interim Report
 Due April 2017**

Progress Report:

1. Please provide the following information:

- a. Organization Name: Shining Hope for Communities
- b. Program Title: Maternal and Child Health (MCH) Incentives Program
- c. Grant Amount: \$60,000
- d. Contact Person: Morgan Grunat, Grants and Program Content Officer
- e. Address: 175 Varick Street, New York, NY 10014

2. Recap briefly what outcomes the program was designed to achieve.

This program was designed to provide mothers with conditional in-kind transfers to encourage their use of antenatal, post-natal, and child welfare services. The program is described in further detail below:

1. Outreach: SHOFCO Community Health Workers will conduct door-to-door community outreach, informing Kibera residents on the MCH Incentives program. Posters will also be strategically posted in key access points, such as the SHOFCO water kiosks, which experience heavy foot traffic. Education resources regarding the benefits of receiving MCH services and enrollment in the MCH Incentives program will also be made readily available at the primary care facility, as much of the MCH referrals occur during primary care visits.
2. ANC, PNC, and CWC: Patients enrolled in the MCH Incentives program will receive ongoing health care services aligned with the milestones below.
3. Incentives Timeline: The below table outlines the specific rewards mothers will receive upon meeting each milestone. Many of the rewards chosen were based on their ability to assist in enhancing the development of a child's cognitive skills.

| MCH Incentives Program | | |
|------------------------|--|---|
| | Milestone | Reward |
| 1 | Mother enrolls in the program 8-10 weeks after conceiving | Mosquito net for the family |
| 2 | Any mother who enrolls before 12 weeks | Obstetric scan for mother in the second trimester |
| 3 | Completing the recommended 4 ANC visits | Mother receives a SHOFCO branded leso |
| 4 | Father comes during pregnancy | Branded T-shirt |
| 5 | Baby delivered in health center and brought within 2wks for BCG vaccine/ first CWC visit | Baby blanket for the baby and a SHOFCO branded T-shirt for the Mother |
| 6 | Father comes with mother to follow-up visit | Branded SHOFCO Cap |
| 7 | On baby reaching 3 months old | Activity Bouncer |
| 8 | On baby reaching 6 months old | Play & Learn Stuff Animal |
| 9 | Baby's first birthday | Color and Shape Books |
| 10 | Baby's second birthday | Doll (girls), toy car (boys) |
| 11 | Baby's third birthday | Assorted building blocks |
| 12 | Baby's fourth birthday | Packet of crayons and coloring book |
| 13 | Baby's fifth birthday | Story book |
| 14 | On completion of the program | Nakumatt (supermarket) voucher given to the mother/family |

3. Has funding changed for this program? For example, have you received unexpected funding from another source?

Due to increased demand and program success, we have increased this program’s budget to \$48,271 for the year 2017. We have proposed the remaining costs to the Mitsubishi Foundation in Kenya to ensure that the program is fully funded.

4. Is your organization or program situation different than presented in the approved proposal? For example, new executive director, significant program staffing changes or NGO affiliation, loss of large funding, or other significant changes?

During this reporting period, our Chief Program Officer transitioned from the SHOFCO team. We are currently in the process of hiring a Kenyan Chief Program Officer and Chief Financial Officer in order to increase our local leadership, and have hired an interim CFO to support SHOFCO during this transition. These changes were driven by our strategic plan and our initiative to increase SHOFCO’s local leadership.

Additionally, we have had to increase the number of staff supporting our Maternal and Child Healthcare program due to an increased number of patients. Initially, we had two nurses for this program. We have added another nurse, a clinical officer, and a community health worker to support the Maternal and Child Health program.

5. What challenges are you facing as you move forward with this project? How are you approaching these challenges?

The biggest challenge that this program currently faces is the limited space in the Maternal and Child Health waiting room and examination room in our main clinic, which leads to a lot of congestion and overcrowding. To mitigate this challenge, we have been using a clinician’s room for some of the educational activities. We are optimistic that the opening of our satellite clinics in Kibera will mitigate this challenge by providing increasing the places where mothers and children in Kibera can receive healthcare.

6. Have you revised your original objectives since the project began? If so, what are your new objectives?

We have not revised our original objectives since the project began. However, we have increased the number of women we aim to serve through our Maternal and Child Health Program, due to increased capacity due to the opening of satellite clinics in Kibera. To date, SHOFCO operates a total of five health clinics in Kibera.

7. What progress have you made toward achieving your objectives? Please address each stated objective.

We have made exciting progress toward achieving the objectives for this project. Please see the results in the below chart:

| Activities | Expected Results | Indicators to Assess Progress | Results |
|------------|--|---|--|
| Outreach | Increased enrollment in MCH Incentives Program and/or patients receiving ANC, PNC, and CWC | Increase patient maternal and infant health knowledge | Through individual counseling, group sessions and support groups, SHOFCO’s MCH program is successfully disseminating information about maternal and child health to patients |
| | | Number of mothers who take prenatal vitamins | 100% of mothers enrolled in the program are taking prenatal vitamins |

| | | | |
|---------------------|----------------------------------|---|--|
| | | Decrease the average month of pregnancy of women that come for their first visit (women receiving treatment earlier within their pregnancy) | More than 60% of pregnant mothers who enroll in ANC services are in their first trimester, compared to 20% previously. |
| | | Number of mothers who come in for a minimum of 4 antenatal visits | 207 mothers have come for a minimum of 4 antenatal visits in the first quarter of 2017. |
| Incentives Timeline | Increase program retention rates | Number of ANC mothers that enroll in PNC and child welfare services | Currently, we have 85% retention rates in the Maternal and Child Health program, compared to 50% previously. More than 80% of our mothers who received ANC are enrolling for PNC and child welfare services. Our target is 90% and we are optimistic that continuing the incentives program will support this goal. |

In addition to the achievement of the aforementioned objectives, we are thrilled to report that we are experiencing improved maternal and child health outcomes. For mothers and children enrolled in the program, we are seeing 98% hospital delivery, reduced cases of maternal and child mortality, and reduced HIV infections among newborns due to successful prevention of mother-to-child transmission (PMTCT) programs and partner involvement.

8. Do you anticipate any difficulties in completing your project in the timeframe outlined in our proposal?

We do not anticipate any difficulties in completing our project in the timeframe outlined in our proposal, and are confident that we will achieve our objectives.

Finance Report:

The below budget indicates what has been spent on the Maternal and Child Health Incentives Program in 2017. As you can see, we have increased the total project budget and have spent the entirety of the grant. We chose to omit the baby dress incentive and reallocated the funds budgeted toward increasing the number of mosquito nets we could purchase as the initial incentive to join the program. We were also able to secure t-shirts at a lower cost than initially budgeted, so we allocated the excess funds to the mosquito nets as well. We are so grateful for the opportunity to use these incentives to encourage mothers to continue ANC, PNC, and CWC at our health clinics.

| SHOFCO Updated Operational Budget – MCH Incentives Program | | | | | | |
|--|----------|-------------------------------|----------------------|----------------------|----------------------------|--------------------|
| Expense Item | Quantity | Cost Per Item (VAT inclusive) | Total Project Budget | Requested DFW Budget | Support from Other Sources | Amount Spent |
| Mosquito Nets | 900 | \$6.79 | \$6,111.00 | \$4,498.00 | \$1,613.00 | \$6,111.00 |
| Lessos | 900 | \$6.50 | \$5,850.00 | \$1,029.00 | \$4,821.00 | \$5,850.00 |
| Baby Blankets | 900 | \$8.74 | \$7,866.00 | \$4,884.00 | \$2,982.00 | \$7,866.00 |
| T-Shirts | 300 | \$3.40 | \$1,020.00 | \$1,020.00 | \$0.00 | \$1,020.00 |
| Shakers | 800 | \$2.25 | \$1,800.00 | \$461.34 | \$1,338.66 | \$1,800.00 |
| Dolls | 500 | \$3.40 | \$1,700.00 | \$407.00 | \$1,293.00 | \$1,700.00 |
| Toy Cars | 400 | \$2.91 | \$1,164.00 | \$349.00 | \$815.00 | \$1,164.00 |
| Building Blocks | 600 | \$5.83 | \$3,498.00 | \$575.85 | \$2,922.15 | \$3,498.00 |
| Crayons | 400 | \$2.91 | \$1,164.00 | \$291.00 | \$873.00 | \$1,164.00 |
| Coloring Books | 400 | \$3.98 | \$1,592.00 | \$320.00 | \$1,272.00 | \$1,592.00 |
| Story Books | 600 | \$2.91 | \$1,746.00 | \$464.80 | \$1,281.20 | \$1,746.00 |
| Supermarket Vouchers | 80 | \$23.25 | \$1,860.00 | \$0.00 | \$1,860.00 | \$1,860.00 |
| Salaries: Clinic Staff | FTE | | | | | |
| 1 Clinical Officer | 1 | \$7,200.00 | \$7,200.00 | \$0.00 | \$7,200.00 | \$3,927.34 |
| 1 Nurse | 1 | \$4,800.00 | \$4,800.00 | \$4,800.00 | | \$4,557.64 |
| Benefits | | | \$900.00 | \$900.00 | | \$900.00 |
| TOTAL | | | \$48,271.00 | \$19,999.99 | \$28,721.01 | \$44,755.98 |

*All program costs are in-country expenses

**All support from other sources are secured and cash contributions