

# Msingi Bora: Achieving sustained early child development impacts at scale: a Kenya RCT

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Promotion of Responsive Parenting using m-Health Approach

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**USC**  
**Dornsife**  
*Center for Economic  
and Social Research*





# About SWAP

NGO operating since 2005 in Western Kenya with public health programs, research and emergency response.

**Vision** – A healthy and empowered community where everyone enjoys high quality life.

**Mission** – To provide innovative solutions for improved health and economic status of communities

Award Winning – Energy Globe Award Kenya 2022, Global water Award 2023, MRC Outstanding Team Award 2023

Over 65 publications in peer reviewed international journals.



# Background

- Worldwide, 43% of children under age 5 will not reach their full developmental potential due to poverty (Lancet 2017)
- Impacts of parenting programs on ECD generally positive, but most are delivered via home visits: non-scalable in LMICs
- Impacts tend to fade-out over time (Jeong et al., 2021)
- Group models are more scalable: positive evidence of Responsive parenting curriculum in Uganda, Bangladesh, Kenya
- **Problem:** Limited evidence on the short- and longer-term effectiveness and cost-effectiveness of group parenting programs

# Msingi Bora Sites

Kisumu County – Kisumu West Sub County

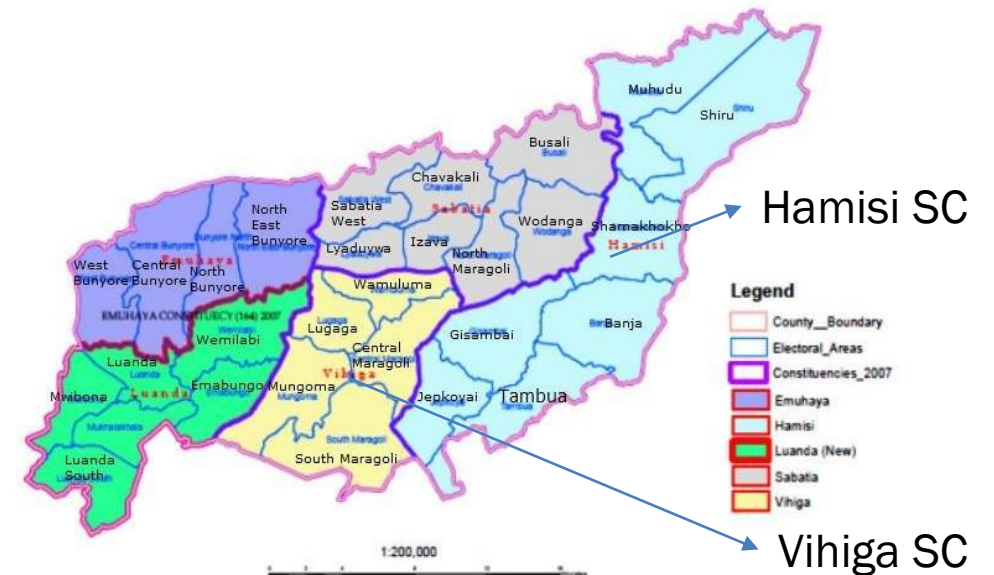
Rural areas of Kisumu West



Kisumu West SC

Vihiga County – Hamisi and Vihiga Sub Counties

Msingi Bora previously implemented in Sabatia Sub County



Hamisi SC

Vihiga SC



## **Msingi Bora Objectives**

To experimentally test the relative effectiveness and cost-effectiveness of two different delivery models (In-person & Remote sessions) for an ECD-responsive parenting intervention targeted to mothers and their children aged 6-18 months in a randomized adaptive trial.

# Methodology and Design

- Sixty CHPs and their associated villages randomly assigned to one of three treatment arms
  1. In Arm 1, 20 CHPs deliver a traditional in-person group-based delivery featuring 16 biweekly village sessions over 8 months, followed by monthly “booster” meetings for 16 additional months
  2. In Arm 2, 20 CHPs deliver a hybrid intervention that combines in-person meetings with remote (SMS) delivery
  3. Arm 3, 20 villages assigned to a control group and receive CHPs services as usual. This design allows us to test the degree of substitutability or complementarity between in-person and remote delivery.
- Interventions in Arms 1 and 2 deliver the same content, which is based on the curriculum tested in our earlier trial, but extended over two years to maximize their potential to sustain impacts.
- Arm 2 villages, the curriculum is partially adapted to a mobile format.

## MSINGI BORA

Community Meetings to Promote  
Early Child Development (ECD)  
mHealth  
ENGLISH VERSION 2023



# 5 Message poster

A large poster of the 5 practices is shown at each session.

Small versions is given to each family.

Feed

WASH

Play

Talk

Love & Respect

1. **Feed** your child animal-source foods, 3 meals + 2 snacks, 4 to 8 handfuls of cooked food at each meal



2. Parents **wash** their own and children's hands with soap and water before touching food and after latrine use.



3. Provide your child with a variety of **stimulating play** objects.



4. Parents **talk** and **sing** with children, watch and listen to their child's sounds.



5. Parents show **love** and **respect** for themselves, their children and their partner.



# M-Health Approach

- Households receiving remote delivery of intervention content i.e. SMS messages, group SMS/WhatsApp chats with the CHP and other village mothers, video content, and phone calls
- The project has provided 324 smartphones to all households assigned to study Arm 2
- Conducted rigorous training on phone usage (SOP) and ethical considerations, especially on child protection rights and safe use of social media applications
- 37 CHPs and Mentors received a smartphone containing an open source locally available ECD App called SurveyCTO for data collection and transmission to a central server, VLC to help organize and play videos and audio, and a WhatsApp group platform that helps them support mothers remotely





# M-Health Approach cont'd

- Limited internet access and poor ICT resources in rural,
- Poor local network coverage and logistics during the group calls
- Low digital literacy and language barrier
- Security risk -1 phone lost
- Participants not adhering to laid study policies of proper phone use hence misusing data bundles



# Recommendations

- Great need of implementing evidence-based and cost-effective parenting programs to improve ECD
- Msingi Bora is the most effective cost-effective parenting program globally to date for LMICs, both in the short- and medium-term
- Our group-based model uses a structured curriculum, which was found acceptable, adequate and engaging by parents and CHPs.
- We continue to seek for scalable solutions: currently testing Msingi Bora mHealth, a hybrid delivery model that combines in-person meetings with remote delivery via smartphones with videos for stimulation activities....in implementation phase.

# THANK YOU FOR LISTENING

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