

Republic of Kenya
Kiambogoko Mother to Mother Project
Phase III (Gil-Gil Sub-County, Nakuru County)
YEARI Project Completion Report

August 30, 2024

(Reporting period: June 2023 to May 2024)

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1. Summary of the Project

Project Name	Kiambogoko Mother to Mother Project
Project Site	Oljorai and Kiambogo Locations, Elementaita Ward Gil-Gil Sub-County, Nakuru County, Republic of Kenya
Project Period	June 2023 to May 2026 (3 years)
Target Population/ Beneficiaries	Direct beneficiaries: 13,035 pregnant and breastfeeding women and children under 5 (of which, 8,870 women aged 15-49 years and 4,165 children under 5 years of age) Indirect beneficiaries: 21,608
Total Budget	JPY 6.3 million (including 18.0% of advocacy and administrative)
Project Goal	Pregnant and breastfeeding women and children under 5 years of age have improved maternal and child health
Project Outcomes	<ol style="list-style-type: none"> 1. Improved access to Maternal, Newborn and Child Health (MNCH) services for pregnant and breastfeeding women and children under 5 years of age 2. Improved Water, Sanitation and Hygiene (WASH) facilities and strengthened WASH practices in health facilities and communities. 3. Improved nutrition practices among community residents 4. Strengthened governance, policy and public engagement on MNCH in Nakuru County.

2. Project Objectives and Project Content

This project is implemented in Oljorai and Kiambogo Locations¹ in Elementaita Ward, Nakuru County. A total of four health facilities are supported by the project: the Level 3 Kiptangwanyi and Oljorai health centers, and the lower Level 2 Kiambogo and Tangi Tano dispensaries. Though many Level 2 and Level 3 health facilities in Nakuru are serving a large population, financial support from the county government is limited. According to the Kenya Demographic Health Survey 2014, 61% of pregnant women have had the recommended 4 or more antenatal care (ANC) visits, and 30% of women did not receive skilled birth assistance during delivery.

According to 2021 Nakuru County data², out of 275,921 children under 5 years of age, about 27.9%

¹ Kiambogo is the name of the location (district), and Kiambogoko is used as a collective name for several locations including Kiambogo.

² Source: District Health Information System2, a database of Nakuru County. Interview with Ministry of Health staff.

are diagnosed as “stunting”, 10.2% are “underweight”, and 5% are “wasting”, which indicates that the nutritional status of the children in the area is a non-negligible problem. Furthermore, among the 2 million population of Nakuru, only 25% have access to improved sanitation (latrines), 30% of people use shared sanitation and 42% use very simple unimproved sanitation³.

Mother to Mother SHIONOGI Project Phase III was launched in June 2023. Using approaches from previous two phases of the M2M project as the basis and considering the local context of Kiambogoko Location, the current project is working to enhance Maternal, Newborn and Child Health (MNCH) by improving the access to healthcare in remote areas and strengthening community health systems through activities such as Mother to Mother support groups (M2M groups). The Phase III project sets specific indicators to reduce the number of diarrhea cases among children under five, and has implemented crucial activities in the water, sanitation and hygiene (WASH) sector to achieve this goal.

Initially, a maternity block was planned to be constructed at the Kiptangwanyi Health Center in the second half of Year 1, but the start of construction was postponed until beginning of Year 2. This was due to the need of re-examining the procurement process in the face of soaring prices in Kenya and the depreciation of Kenyan shilling. Through various approaches, the project was able to strengthen the capacity of many healthcare workers and Community Health Volunteers (CHVs). Although many areas in Kenya were affected by floods in April 2024, and intermittent rains at the project site made it difficult to implement some activities for a period of time, the monthly meetings of the M2M groups in the villages continued to be held on a voluntary basis.

In Year 1, there have been some improvements particularly in access to health services. With the positive impact of the Kenyan government's Primary Healthcare Reform that began in November 2023, the facilities supported by the project have seen improvements in indicators related to “total number of visits,” “ANC rate,” and “family planning,” which have all achieved the initial targets set for the end of the project period. From Year 2 onward, the project will continue to implement activities to ensure that these achievements are sustained, while also working to improve the quality of health services.

³ Source: The National Sanitation Benchmarking done in 2017 by the Ministry of Health

3. Activity Report

Reporting Period : June 1, 2023 - May 31, 2024

Annual Plan	Achievements	Progress Status
1.1: Infrastructure is improved at health facilities		
Construction of a maternity block at Kiptangwanyi Health Centre	<u>Extension of maternity block : 0</u> <u>Plan as of the mid-term report:</u> (Construction to start in April 2024 in the second half of Year 1. Scheduled to be completed around September 2024.) <u>Plan as of the completion report:</u> <u>(Construction to start in August 2024 in Year 2. Scheduled to be completed around December 2024.)</u>	<p>Preparations were made to construct a maternity block at Kiptangwanyi Health Center, which receives a large number of pregnant and breastfeeding women from the surrounding area. A construction site at the Health Center premises was identified, and in consultation with Gil-Gil Sub-County, blueprints and bill of quantities (BOQ) were agreed upon. As construction costs increased in response to soaring prices in Kenya and the depreciation of the Kenyan shilling, procurement process had to be conducted twice. This lead to delay in selecting the construction company, and thus this activity was postponed to be carried out in Year 2.</p> <p>The new maternity block will include a waiting room, an examination room, a neonatal care unit room (6 beds), a nurses' station, a labor room (7 beds), a delivery room (2 beds), a postnatal care room (recovery room, 7 beds), a sterilization room, a latrine and shower room, a medicine storage room, a linen storage room, an office, and a kitchen.</p>
1.2: Healthcare workers are equipped with better knowledge and skills in MNCH services		
Knowledge and skills training for healthcare workers	<u>A total of 226 participants in four training methods</u>	<p>The following training was provided to healthcare workers from health facilities (health centers, dispensaries, etc.) of 8 community units (CUs) in Gil-Gil Sub-County. The healthcare workers in the project area are continuing to improve their skills through a variety of capacity-building opportunities.</p>

		<p><u>[On-the-job training and mentorship for healthcare workers through supportive supervision by the Sub-County Health Management Team]</u></p> <ul style="list-style-type: none"> July: The current status of MNCH services at Kiptangwanyi Health Center was inspected and a training needs assessment was conducted. January: On-the-job training and mentorship were provided to a total of 16 healthcare workers (5 men and 11 women) in four health facilities (Kiptangwanyi Health Center, Oljorai Health Center, Kiambugo Dispensary, and Tangi Tano Dispensary). They were given a refresher on the Ministry of Health (MoH) guidelines on delivery assistance and how to fill out necessary forms. April: On-site inspections and technical supervision were conducted at the four health facilities. The main focus was to check the availability of equipment and supplies related to MNCH, the state of management, and how to record procedures and forms. <p><u>[Maternal and Perinatal Death Surveillance and Response (MPDSR) training]</u></p> <ul style="list-style-type: none"> September: MPDSR training for 3 days, 25 healthcare workers from 7 facilities February: MPDSR training for 1 day, 79 CHVs and 3 village chiefs <p><u>[MPDSR meetings]</u></p> <p>The participants reviewed the cases of skilled birth delivery and neonatal care at each health facility, reconfirmed whether timely and appropriate measures were taken, and discussed whether there was any procedures that could be improved.</p> <ul style="list-style-type: none"> January: Kiptangwanyi Health Center, Kiambugo Dispensary
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Integrated outreach	<u>19 times</u>	<p>Integrated outreach was conducted 19 times in 14 villages and sites covered by the four supported health facilities. (See Table 1 below for the number of beneficiaries of each health service.)</p> <p>Outreach was not conducted in November 2023 and May 2024 because healthcare workers at the facilities were</p>

		<p>busy implementing MoH activities. In Year 1, a total of 1,662 mothers and children were reached by this integrated outreach.</p>
<p>Data management review meeting</p>	<p><u>5 times</u></p>	<p>Quarterly data management review meetings were held with the Sub-County Health Management Team and health facilities in Elementaita Ward to improve data quality.</p> <ul style="list-style-type: none"> September: Seven health facilities in Elementaita Ward, four of which were supported by the project, participated in the meeting, setting baseline values for project indicators and checking progress. Each health facility shared data and discussed issues and improvement plans for ensuring data quality. January: At Kiptangwanyi Health Center, Oljorai Health Center, and Kiambugo Dispensary, the participants confirmed the importance of continued follow-up to facilitate ANC before 12 weeks' gestation and completion of the essential immunization schedule for children under 5. February: The Sub-County Health Management Team (14 members from Elementaita and Mbaruk/Eburu wards) reviewed data and checked indicator progress against goals. March: At Kiptangwanyi Health Center, Oljorai Health Center, and Kiambugo Dispensary, the participants checked the progress of MoH indicators over the past few months and compared them with target values. April: The participants reviewed the achievement of key MNCH indicators at health facilities in Elementaita Ward and Oljorai Health Center in Mbaruk/Eburu Ward, and discussed future improvement plan.

1.3: Community-level health systems are strengthened to ensure sustainable improvements in MNCH and nutrition

<p>Training for Community Health Volunteers (CHVs)</p>	<p><u>2 sessions (August, October)</u></p>	<p>The following training was provided to CHVs in the project areas to strengthen their capacity and check the progress of their activities.</p> <p><u><Training for CHVs and CHA (supervisor of CHVs)></u></p> <ul style="list-style-type: none"> • August: 26 CHVs from 5 units in Elementaita and Mbaruk/Eburu wards, 5 days, topics such as awareness raising on the “Community Health Strategy”, the role of CHVs, MNCH issues in the Kenya Essential Package for Health (KEPH), improving child nutrition, WASH, and monitoring methods • October: 24 new CHVs from 12 villages, 2-day follow-up training, topics such as village health strategies, MNCH issues, improving child nutrition, proper handwashing steps, and monitoring methods <p><u>2 times (October, December)</u></p> <p><u>[Quarterly meetings with CHVs]</u></p> <ul style="list-style-type: none"> • October: Meeting with 71 CHVs from 8 units and the WASH Officer of Gil-Gil Sub-County, 2 days, sharing of issues faced during household visits (issues related to WASH and open defecation, recognition of the importance of clean water) • December: Two units (Koilel and Oljorai), discussions on MNCH and WASH issues in the community and schools, guidance on the importance of ANC during the first trimester and how to correctly fill out referral forms when referring mothers and children from villages to health facilities. • January: Meeting with the Public Health Officer (PHO) of Gil-Gil Sub-County and CHVs of 8 units, discussions on continuous monitoring of villages that have not yet achieved open defecation free (ODF),
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		and the formation and strengthening of M2M groups by CHVs.
Household visits by CHVs	<u>9,118 households</u>	<p>To ensure that no households were left behind in the project area, CHVs in 8 community units conducted household mapping and household visits in several rounds.</p> <ul style="list-style-type: none"> • August - September: Household mapping by 78 CHVs • January: Quarterly meeting with Gil-Gil Sub-County PHO and CHVs - Review of ongoing activities in 8 community units, household mapping, and discussion on WASH issues in homes and schools • February : Household mapping by 38 CHVs • March: Household mapping by 30 CHVs - All households in the project area were identified through the activity in March.
Formation of Mother to Mother support groups (M2M groups) and monthly meetings	<u>13 M2M groups</u> *Number of new M2M groups formed after November 2023 as stated in the mid-term report	<p>Regular M2M group meetings were held for women in the project area, providing opportunities for CHVs to communicate various MNCH information.</p> <p>Training on “Saving for Transformation (S4T)” and mindset change workshop- “Empowered World View” were also conducted. These skills have supported M2M members to also work as saving groups with emergency social fund function and income-generating groups. (Training participants: 657 in total) After the training, the savings groups continued their activities voluntarily. 13 M2M groups (392 members) were active as of the end of Year 1.</p>
2.1: Capacity to address WASH issues is strengthened in health facilities and schools		
WASH training for healthcare	<u>107 people</u>	The following activities were carried out for healthcare workers and CHVs in the project area to improve their WASH knowledge and their ability to respond to child

workers and CHVs		<p>diseases including diarrhea.</p> <ul style="list-style-type: none"> • WASH training for 83 CHVs from 8 community units (Topics include water purification methods using water purification tablets, WASH awareness messaging techniques, and how to obtain data using tools.) • May: 24 healthcare workers, mainly associate doctors and nurses participated in a 5-day Integrated Management of Newborn and Childhood Illness (IMNCI) training at Nakuru County Hospital. The training included lectures, group discussions, role-playing, and clinical sessions (8 times) in maternal and child outpatient consultation and inpatient wards.
Support for securing safe water within the communities	<u>544 people</u>	<p>Various WASH training and awareness-raising activities were conducted in the project area.</p> <ul style="list-style-type: none"> • July: WASH training for community residents at the Oljorai Secondary School grounds (Participants: 76 women, 33 men) <ul style="list-style-type: none"> - Raising awareness about the proper way to dispose of garbage, problems associated with open defecation, how to set up a simple hand-washing station at home, how to properly treat and safely store water, and the importance of sanitary pads for girls and women. • August: 83 CHVs from Elementaita and Mbaruk/Eburu wards <ul style="list-style-type: none"> - Water treatment methods using water purification tablets, WASH awareness messaging techniques, and how to obtain data using tools. • November: Kiptangwanyi Health Center, WASH awareness-raising activities, 40 participants (12 men, 22 women, 6 children) - Mainly sharing information about the characteristic symptoms of

		<p>hepatitis A, prevention methods (handwashing, eradicating open defecation, and treating drinking-water), and distribution of water purification tablets.</p> <ul style="list-style-type: none"> February: WASH awareness activities in 3 villages for 1 day each, a total of 218 participants (Organizers: PHO, 2 village elders, 20 CHVs) - Raising awareness about the transmission routes of water-borne diseases (the risk of open defecation), how to build latrines, how to install hand-washing facilities with soap and running water, and how to use water purification tablets March: WASH awareness-raising activities in 3 villages in Mbaruk/Eburu Ward and 1 village in Elementaita Ward, 94 participants - Communicating information about the need for latrines and hand-washing facilities with soap and running water, the need for clean water, and the transmission routes of water-borne diseases (the risk of open defecation)
Community-Led Total Sanitation (CLTS) training and monitoring	<u>CLTS implemented: 10 times</u>	<p>The following monitoring and meetings were held to accelerate ODF in villages.</p> <ul style="list-style-type: none"> September: Data on open defecation in 13 villages was closely examined. Follow-up plans were developed for villages that had not yet reached the stage of being certified as ODF. November: Quarterly review meeting on CLTS was held. Gil-Gil Sub-County PHO and CHVs from 7 community units checked the progress of indicators. The participants selected villages to implement CLTS and developed a plan for distributing water purification tablets. (Water purification tablets will be provided through WV's sponsorship program).

Improving WASH environment at dispensaries	<u>1 health facility</u>	In May 2024, a water filter (capable of purifying 4-6L/min) was installed at Kiptangwanyi Health Center. The system will be available for use as soon as testing confirms that the water quality meets the standards. This support will enable the health center's clients to access safe drinking water.
Establishing and operating Oral Rehydration Therapy (ORT) Corner	<u>4 health facilities</u>	In October, needs assessments for ORT corners were conducted at the four health facilities, and based on the MoH standards and assessment results, the necessary supplies for ORT corners (educational materials, buckets with lids, cups, measuring cups, tables, etc.) were procured and provided. With these supplies in place, it is now possible to carry out efficient oral rehydration therapy for children with diarrhea at each health facility.
2.2: Knowledge on WASH practices is acquired and practiced by the communities		
Establishing and training school health clubs	<u>14 schools</u>	Students and teachers from 2 schools were trained on the establishment of school health clubs and hygiene practices (including hygiene during menstruation), proper use of school latrines and how to keep them clean, and proper handwashing. The “WASH training for teachers” activities described below also proved effective, with 14 schools establishing or revitalizing health clubs in Year 1. <ul style="list-style-type: none"> September: Kongasis Primary School in the area covered by Oljorai Health Center, 52 participants October: The school health club was strengthened at Tangi Tano Primary School in the area covered by Tangi Tano Dispensary. (For details, see “WASH training for teachers” below)
WASH training for teachers	<u>28 schools</u>	Awareness-raising activities and hygiene surveys were continually carried out at schools to improve teachers' knowledge of WASH. For schools that do not meet the

		<p>MoH standards, support through WV's sponsorship program is being considered.</p> <ul style="list-style-type: none"> July: Training was provided to the principals and teacher representatives of 7 primary and secondary schools on the importance of WASH in school facilities. Discussions were held on topics such as stable and safe water supply systems, ensuring gender-segregated latrines, the location of hand-washing facilities, consideration for the menstrual hygiene of girls and children with disabilities, and student hygiene. August: Led by Gil-Gil Sub-County WASH Coordinator, surveys on sanitation facilities were conducted at 28 primary and secondary schools (19 primary schools and 9 secondary schools) in Elementaita and Mbaruk/Eburu wards. October: WASH awareness-raising activities were conducted at Tangi Tano Primary School. (215 boys, 220 girls, and 11 teachers participated.) Discussions were held on strengthening school health clubs, identifying roles, handwashing with soap, the timing of handwashing, CLTS, and how to use sanitary products. Principals and teachers were trained on water purification methods. February: Hygiene surveys were conducted again for schools identified as not meeting government WASH standards. (12 primary schools and 4 secondary schools for 7 days) March: Training for 18 teachers from 18 primary and secondary schools on "WASH and health club management in schools".
Implementati on of CLTS	<u>ODF: 15 villages</u>	<p>The following activities were carried out with the aim of achieving ODF in the project area.</p> <ul style="list-style-type: none"> July: Surveys were conducted on the status of open defecation in villages in the project area. The survey

		<p>checked for the availability and use of simple sanitation facilities in villages and households, residents' hygiene behavior, and traces of open defecation. 8 villages have been certified as ODF.</p> <ul style="list-style-type: none"> December: ODF assessments were conducted for 7 villages. All 296 households in the 7 villages were confirmed to have a latrine and a simple hand-washing station (tippy tank) within 2 meters of the latrine. Ultimately, these 7 villages were also certified as ODF.
Raising awareness through global health and WASH anniversary events	<u>1 time</u>	<p>In October, working with Nakuru County, the project supported activities for Breast Cancer Awareness Month as part of the MoH's MNCH awareness campaign. 100 people participated in the event, which included recommendations for regular check-ups, information about free check-ups at Nakuru County Hospital, and an "awareness walk" led by community residents, medical staff and local organizations.</p>
3.1: Baby Friendly Community Initiative (BFCI) is implemented and expanded		
BFCI training	<u>72 people</u>	<p>BFCI training was conducted to improve the nutrition-related knowledge and counseling skills of CHVs.</p> <ul style="list-style-type: none"> April: 5-day training for 32 CHVs from 4 units who have not received training within the past 2 years. May: 2-day refresher training for 40 CHVs in 4 units
Nutrition demonstration training		<p>This activity was integrated with the "Supporting government-led nutrition events" activity.</p>
Nutrition activity support for M2M groups		<p>This activity was integrated with the "Formation of Mother to Mother support groups (M2M groups) and monthly meetings" activity.</p>
Supporting government-led nutrition	<u>2 times</u>	<p>The following activities were carried out:</p> <ul style="list-style-type: none"> August: 1-day campaign for World Breastfeeding Week in 1 village with 56 participants including

events		<p>healthcare workers, village elders and community residents - CHVs provided a drama session, raised awareness about improving nutrition for infants aged 6 months and older and pregnant women, and demonstrated how to cook nutritious infant food using locally available ingredients.</p> <ul style="list-style-type: none"> October: Support for the Malezi Bora Campaign, an MNCH awareness campaign in Kenya. The 4-day campaign involved providing vitamin A and deworming pills and conducting nutrition screenings in 6 villages. Activities were conducted at schools, churches, mosques, markets and households in 5 villages in the project area.
Output 3.2: Integrated Management of Acute Malnutrition (IMAM) is strengthened		
IMAM training		After discussion with the county, IMAM training was cancelled and BFCI training was conducted instead, which is a higher priority for the Ministry of Health.
Follow-up of acutely malnourished children	<u>Total of 25 children</u>	<p>CHVs and health facilities worked together to follow up on children with moderate acute malnutrition (MAM) and severe acute malnutrition (SAM). Using the BFCI model, CHVs provided ready-to-use therapeutic food (RUTF), continuously gave guidance to parents on breastfeeding, explained food groups, and provided guidance on required food intake and cooking.</p> <ul style="list-style-type: none"> August: Oljorai Health Center, 1 child with SAM April: Kiambogo Dispensary, 12 children with SAM and MAM May: Kiambogo Dispensary, the 12 children identified in April
Output 4.1: Build a positive policy environment through community led advocacy		
Formation of community advocacy groups	<u>1 group: 23 members</u>	<p>The following activities were carried out:</p> <ul style="list-style-type: none"> July: A quarterly meeting was held with 18 members from an existing community group (advocacy group) to discuss issues in Mbaruk/Eburu and Elementaita wards.

		<ul style="list-style-type: none"> • March: A meeting was held with 23 participants from the existing community group to discuss a statement to be submitted to the upcoming county government budget meeting. • April: Meeting of the Nutrition Technical Working Group (a meeting of organizations and groups working to improve nutrition in Nakuru County). Discussions were held with registered nutritionists at the county and sub-county levels, as well as representatives of NGOs, on nutrition indicators, challenges and solutions.
Approach to the county and sub-county government sector working groups and policies		<p><u>[Project start-up meeting]</u></p> <p>Project staff introduced objectives, goals and main activities of the project, called for cooperation in the project, clarified the government's role, and encouraged community residents to take advantage of health services.</p> <p><u>[Entry meeting with Nakuru County]</u></p> <p>An entry meeting with Nakuru County was held in June. The World Vision representative gave an explanation of the Kiambogoko Area Program that has been in place since 2019, the achievements of the Mother to Mother projects in Kilifi and Narok counties supported by Shionogi & Co., Ltd. since 2015, and the activities and indicators of the Kiambogoko project.</p>

Table 1: Clients of Outreach Services (June 2023-May 2024) ※Total of the four health facilities

	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Outpatient consultation for children under 5	32	27	38	14	54	-	71	11	100	71	26	-
Nutrition screening for children under 5	32	40	53	31	77	-	59	49	94	14	0	-
MAM	0	2	3	0	0	-	0	0	1	1	0	-
SAM	0	0	1	0	0	-	0	0	0	0	0	-
Antenatal care	6	6	2	1	4	-	0	0	0	1	1	-
Family planning counseling	27	2	9	9	55	-	17	19	33	10	6	-
Postnatal care	0	0	0	0	9	-	6	6	12	1	0	-
Vitamin A supplementation	0	0	12	12	62	-	30	43	46	12	5	-
Distribution of deworming pills	0	0	10	0	0	-	0	0	0	0	0	-
Immunization for children under 5	0	13	7	5	71	-	35	72	46	26	12	-

Table 2: Activities in the Villages (June 2023-May 2024)

Community Health Unit	Health Facility	No. of Community Health Workers	No. of Villages	M2M groups	M2M Group Members	WASH clubs at schools
Njeru	Kiptangwayni Health Centre	12	11	1	40	1
Kiptangwayni		12	12	0	0	2
Oljorai	Oljorai Health Centre	9	9	3	96	2
Koilel		16	16	7	198	0
Muthaiti	Kiambogo Dispensary	8	6	0	0	0
Kiambogo		9	9	1	32	0
Tangi Tano	Tangi Tano Dispensary	7	7	1	26	4
Elementaita	Elementaita Dispensary	6	7	0	0	5
	Total	79	77	13 groups	392	14 clubs

4. Monitoring / Evaluation (as of end of May 2024)

Phase 3 project is working to strengthen the project indicators and information management. As achievements of Year 1, information as of the end of May 2024 was obtained from the Gil-Gil Sub-County Health Records Information Officer (SCHRIO) (details below). Since “maternal mortality ratio” and “under-five mortality ratio” indicators listed for the project goal use the values of the entire Gil-Gil Sub-County (not only for the four project health facilities), they require longer time to be verified. Therefore, these values will be included in the mid-term survey report.

Goal	Pregnant and breastfeeding women and children under 5 years of age have improved maternal and child health			
Project goal	Indicator The values of items with asterisks are for the entire Gil-Gil Sub-County	Baseline (2021)	End-of-project target	End of Yr. 1 End of May 2024
Pregnant and breastfeeding women and children under 5 years of age have improved maternal and child health	Maternal mortality rate *	0	0	To be included in the mid-term report
	Under-five mortality rate *	5%	1.5%	To be included in the mid-term report
	Total number of visitors to the four health facilities* *Clients of MNCH services and Under5 OPD clients (clients receiving health services at facility and at outreach services) *At the time of project development, the project planned to measure “Clients of MNCH services” only. However, “Under 5 OPD clients” is added to measure the full impact of the project.	33,963	Under Consultation With Gilgil Sub-county	37,668
【Outcome1】 Improved access to Maternal, Newborn and Child Health (MNCH) services	Percentage of women having 4 or more ANC visits while pregnant	52%	60%	68%
	Percentage of mothers receiving skilled professional assistance during delivery	82%	85%	81%

for pregnant and breastfeeding women and children under 5 years of age	Percentage of infants receiving postnatal care within 48 hours	67%	100%	100%
	Rate of complications during childbirth	2%	1%	1.3%
	Percentage of women of childbearing age receiving essential supplies for family planning	70%	70%	76%
	Percentage of children receiving full immunization	85%	96%	73%
【Outcome 2】 Improved Water, Sanitation and Hygiene (WASH) facilities and strengthened WASH practices in health facilities and communities.	Number of diarrhea cases in children under 5 years of age	773	541 (down by 30%)	885
【Outcome 3】 Improved nutrition practices among community residents	Number of underweight cases in children under 5 years of age	329	230 (down by 30%)	292
【Outcome 4】 Strengthened governance, policy and public engagement on MNCH in Nakuru County.	Number of policy documents issued	N/A	1	0

[Achievements of Year 1]

In Year 1, there have been some improvements particularly in access to health services. “Total number of visitors to the four health facilities (the sum of outpatients and outreach service users)” was approximately 1.1 times higher than the baseline value (an increase from 33,963 to 37,668 in one

year(June2023- May 2024)), “Percentage of women having 4 or more ANC visits while pregnant” increased from the baseline value of 52% to 68%, and “Percentage of women of childbearing age receiving essential supplies for family planning “ increased from 70% to 76%, achieving the initial targets set for the end of the project period.

The main contributing factor for this achievement was the significant budget allocation coming from the new Kenyan government policy for “preventive healthcare and health promotion” in the “Primary Health Care Act 2023”,⁴ which was issued in November 2023. Under this policy, CHVs were given new responsibilities; in addition to the existing role to give MNCH services⁵, works for prevention and awareness-raising on hypertension and diabetes were added. CHVs are now supported with social security and a stipend (approximately 2,000-4,000 KES per month provided by the central and county governments). Basic training was provided for CHVs, and they were also given supplies such as blood glucose test kits, blood pressure machines, and vitamin A tablets for distribution during household visits. As a result, more patients are now referred to health facilities by CHVs, thus the number of health service users has increased. The project supported to strengthen this new system by providing technical training to CHVs, which the government had not yet been able to provide. Through the synergistic effect of continuous monitoring of CHVs and various awareness-raising activities in the community related to MNCH, nutrition and WASH, the project was able to contribute to the significant improvements in access to health services.

There has also been an improvement in an indicator related to the quality of health services. “Percentage of infants receiving postnatal care within 48 hours” was 67% at baseline, but reached 100% by the end of Year 1. Before the project, this indicator did not see much improvement since many health facilities failed to keep proper records of postnatal care. In Phase 3, the project holds regular “Maternal and Perinatal Death Surveillance and Response (MPDSR) meetings” and quarterly review meetings on data management with the sub-county team and health facilities, so that the sub-county and health facilities can manage information responsibly. In addition, the healthcare workers received technical guidance in neonatal and postnatal care through regular OJT and mentorship provided by Gil-Gil Sub-County. This led to changes in the awareness of health facility staff regarding clinical skills and information management, improving postnatal care techniques and ensuring record-keeping. As a result, this indicator achieved 100% at the completion of Year 1. The project will continue to work to sustain this outcome.

⁴ Government of Kenya: Kenya Gazette Supplement Acts 2023, "Primary Health Care Act 2023"

https://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/2023/ThePrimaryHealthCareAct_2023.pdf (Acquired on 2024.08.29)

⁵ Same as above, pages 11-12, Functions of community health promoters

[Challenges and Prospects]

The project faces some challenges in achieving the targets. First is the human resource shortage at Kiptangwanyi Health Center. The indicator “Percentage of mothers receiving skilled professional assistance during delivery” was 82% at baseline, but slightly decreased by 1% at the end of Year 1. This indicator target is set by the sub-County based on the estimated annual number of pregnant women in the catchment area. The percentage calculates the actual number against the target number (i.e. not out of actual total number). Most deliveries in the project area take place at Kiptangwanyi Health Center, and yet the center still faces a shortage of human resources.

At Kiptangwanyi Health Center, when there is only one nurse on duty at night shift, if a pregnant woman in labor develops complications, there are no other staff to care for the other expectant mothers. For this reason, the ambulance that transports the pregnant woman with complications to Nakuru County Hospital is arranged to also transport other pregnant women who are not at high risk. All the pregnant mothers would thus need to deliver their babies at Nakuru County Hospital. If delivery takes place at Nakuru County Hospital, the birth is registered at this hospital. Hence the number of deliveries at Kiptangwanyi Health Center did not increase as expected and in the end, the number turned out to be lower than the target set by the sub-county.

As the construction of a maternity ward in Year 2 is expected to increase the number of users, the project will continue to advocate to Nakuru County and Gil-Gil Sub-County to assign additional nurses to the health center. It is expected that the number of deliveries at Kiptangwanyi Health Center will increase if more personnel who can assist in delivery are assigned.

Second indicator that did not show improvement is the “number of diarrhea cases in children under 5 years of age”, which is the number of children treated for diarrhea at the four health facilities. 885 cases were reported at the end of Yr.1, which is higher than the baseline value (773 cases). However, as the survey was not conducted across the whole community, it is not possible to determine whether diarrhea cases are actually increasing in the area as a whole. It is possible that the various awareness-raising activities carried out throughout the project have changed the awareness of community residents and encouraged them to actively access diarrhea treatment.

The third indicator that struggled to improve is the “percentage of children receiving full immunization”; it was 85% at baseline, but only 73% at the end of Year 1. This indicator requires that children under 5 years of age receive several types of vaccinations at planned intervals and frequencies. However, there have been reports of stock-outs of multiple vaccines, including the

rotavirus vaccine, across Kenya since around December 2023. This caused some children to miss out on the completion of their vaccination schedule which led to underachievement of the indicator target. The Kenyan government is working to ensure a stable supply of vaccines, but there are no prospects for improvement currently.

On the other hand, an indicator that saw improvement is the “number of underweight cases in children under 5 years of age” which decreased from the baseline value of 329 to 292 at the end of Yr.1. Although this indicator is largely dependent on the availability of food, sufficient rainfall during the rainy season in October-December 2023 and April-July 2024 allowed crops to grow well and local households to earn cash, helping to reduce child malnutrition. The M2M group activities and the continued encouragement by CHVs have also contributed to reducing the number of underweight cases. The project will continue to raise awareness in order to prevent the occurrence of malnourished children during the dry season from October onwards.

5. Project Implementation Schedule (Progress as of May 2024)

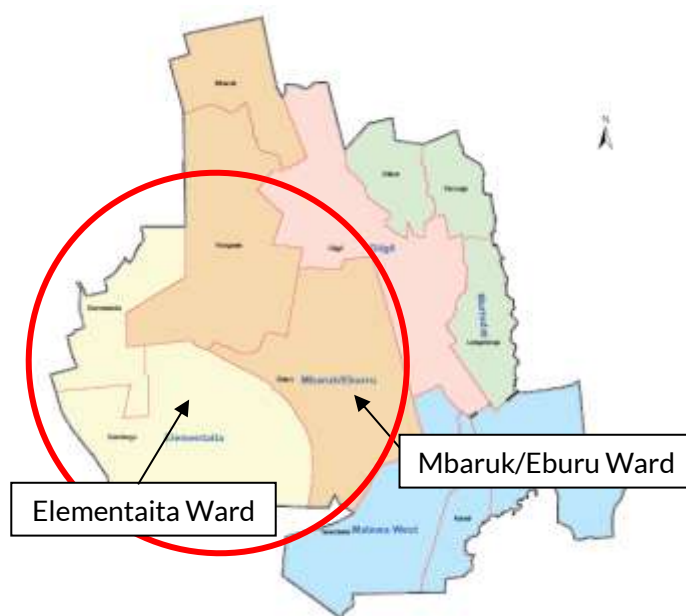
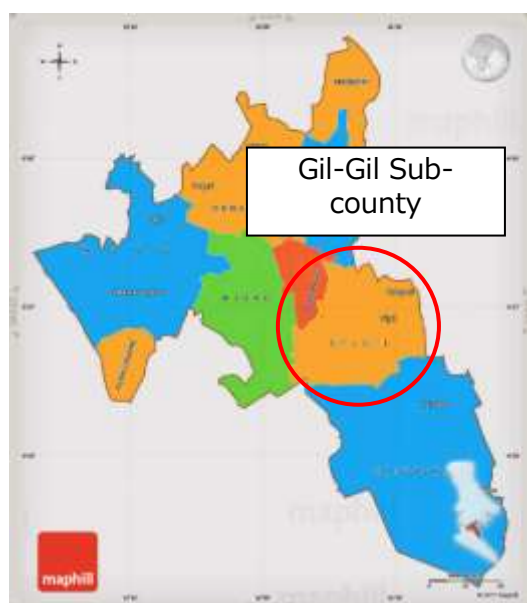
Blue: Initial plan Red: Actual

Activities	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Output 1.1												
Construction and extension of maternity wards												
* Postponed to Year 2												
Output 1.2												
Knowledge and skills training for healthcare workers												
Supportive supervision												
Mobile outreach												
Data management reviews												
Output 1.3												
Training for CHVs and CHAs												
Household visits by CHVs												
Formation of M2M groups												
Output 2.1												
WASH training for healthcare workers and CHVs												

[illegible]

[Appendix]

1) Map of the project sites



Project sites: Elementaita and Mbaruk/Eburu wards

2) Activity photos



Raising awareness during Breastfeeding Week



WASH awareness activities
at Tangi Tano Primary School



Quarterly meeting with CHVs



Nutrition screening
during Malezi Bora Campaign



WASH awareness activities



WASH awareness activities in schools



Integrated Management of Newborn and Childhood Illness (IMNCI) Training



Continuous Medical Education (CME) Training



Knowledge and skills training for healthcare workers



Data management review meeting



Mobile outreach



Household visits by CHVs



Training for M2M groups



M2M savings group activity



M2M group activity



M2M group activity



Baby Friendly Community Initiative (BFCI)
training for CHVs



BFCI training for CHVs