

# Mother to Mother SHIONOGI Project

## Promotion of Maternal, Newborn and Child Health (MNCH) through community empowerment in Upper Manya Krobo District, Ghana Annual Report (Year 2)

July 29, 2025

(Project Period for Year 2: June 2024 to May 2025)

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Sexual and Reproductive Health and Rights for all



## 1. Summary of the Project

Project Name	Promotion of Maternal, Newborn and Child Health (MNCH) through community empowerment in Upper Manya Krobo District, Ghana
Project Site	Asesewa, Anyaboni, Akateng, Sekesua and Otrokpe Sub-districts, Upper Manya Krobo District, Eastern Region, Ghana
Project Period	June 2024 to May 2025 (2 <sup>nd</sup> year)
Target Population/ Beneficiaries	72,160 including 105 community health volunteers (CHVs) (90 Maternal Child Health Promoter (MCHP) and 15 Over-the-Counter Medicine (OTCM) Sellers, 64 Healthcare Workers (HCWs), 112 Community Health Management Committee (CHMC) members
Total Budget	JPY 46,000,000
Project Goal	To improve access to MNCH services including prevention of child diarrhea
Objectives	<ol style="list-style-type: none"><li>1. To improve quality MNCH services including prevention of childhood diarrhea</li><li>2. To increase knowledge and awareness on MNCH including Antenatal Care (ANC), facility deliveries, Postnatal Care (PNC), and Family Planning (FP) and prevention of childhood diarrhea</li><li>3. To strengthen community support network for MNCH including prevention of childhood diarrhea</li></ol>

## 2. Context and Challenges

### 2-1. The Environment Surrounding Pregnant and Postpartum Women in Ghana

Ghana's maternal mortality rate remains high at 263 deaths per 100,000 live births (as of 2020), approximately 66 times higher than that of Japan.<sup>1</sup> This project, supported by Shionogi & Co., Ltd. since June 2023, aims to improve the health of pregnant/postpartum women and newborns, particularly in Upper Manya Krobo District, where maternal and child health conditions are especially severe. This region is also where JOICFP implemented a community-based Sexual and Reproductive Health and Rights (SRHR) program from 2021 to 2022.

Upper Manya Krobo District in the Eastern Region, where the project is implemented, lacks basic developed infrastructure such as roads. The northern part of the district borders Lake Volta, and in some areas, the only option for reaching health facilities is by boat. Depending on the area, the distance to a health facility ranges from 10 to 20 kilometers, making physical access one of the biggest challenges in maternal and child health.

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<sup>1</sup> State of the World Population report 2024, UNFPA

In districts with poor access to health facilities, many pregnant women choose to give birth at home with the help of unskilled birth attendants (SBAs). In fact, only about 45.8% of deliveries in the district are assisted by SBAs (2023 District Health Directorate data), which is significantly lower than the national target of 90%. Improving physical access is essential to achieving SDG Goal 3 and Universal Health Coverage (UHC).

There are 47 health facilities in the district, comprising 1 district hospital, 4 health centers (HCs), 1 private maternity home, and 41 CHPS<sup>2</sup> compounds, which are positioned below HCs. In remote areas, health facilities often lack accommodation nearby for healthcare workers, making it difficult to provide the intended 24-hour healthcare services. On-site housing for healthcare workers is therefore essential.

Many facilities also lack sufficient space to ensure privacy, and due to inadequate equipment, they are unable to provide proper delivery care. To increase facility-based deliveries, it is important to raise awareness about ANC, childbirth, PNC, and FP, and to encourage the use of health facilities. However, even when pregnant and postpartum women who have been educated on these matters visit the facilities, if quality services are not available, it does not lead to improved health outcomes. In fact, it discourages women from continuing to seek care.

## **2-2. Children Under Five and Diarrheal Diseases in Ghana**

Diarrheal diseases are the fifth leading cause of death among children under five in Ghana, accounting for 9% of under-five mortality (2021).<sup>3</sup> Contributing factors include poor sanitation, contaminated drinking water sources, inadequate nutrition, parental poverty, illiteracy, and limited years of schooling.<sup>4</sup> According to the project's baseline survey, only 45.0% of residents in the target area had correct knowledge about water and sanitation, and just 34.1% practiced proper handwashing. Ghana's treatment rate for diarrhea using Oral Rehydration Salts (ORS) is also low at 48%, even when compared with other African countries.<sup>5</sup> In the project's second year, to effectively promote maternal and child health—including childhood diarrhea—communication strategies, messages, educational materials, and communication activity plans were developed in collaboration with healthcare workers, community health volunteers and OTCM sellers. Awareness activities were then fully launched to educate community members on both childhood diarrheal diseases and broader maternal and child health issues.

## **3. Project Indicator Goals and Progress**

In the second year of the project, significant progress was observed in areas related to community awareness activities. Indicator 8 “Number of referrals by CHVs / OTCM sellers” reached 4,257, which is 2.4 times higher than the Year 1 figure of 1,793. Similarly, Indicator 14 “Number reached through CHVs/OTCM sellers” increased by 1.3 times from 10,162 in Year 1 to 12,881 in Year 2. For Indicator 14, monthly participation ranged from 600 to 700 people until October 2023, then rose to the 900s in November 2023, and consistently surpassed 1,000 participants per month in 2024.

Since both Indicators 8 and 14 have already exceeded their end-of-project targets, it can be said that the project's community awareness activities are producing strong results. Furthermore, Indicator 13 “Retention rate of CHVs/OTCM sellers” remained at 100% in the second year, following the same result in Year 1. This suggests that the project has successfully established a stable structure in which community-level actors are well-rooted and able to continue implementing activities on an ongoing basis.

The project also successfully promoted the utilization of health services in the second year. In maternal and child health, the rate of women receiving at least four ANC visits (Indicator 1) reached 92.6%. While improvement had already been observed in Year 1, the increase compared to the pre-project level in 2022 (80%) was more significant in Year 2 — a 12.6 percentage point increase compared to only 1.7 percentage points increase in Year 1 — showing a notable leap in ANC attendance in the second year.

Furthermore, the PNC coverage within 48 hours of delivery remained high, achieving 98%, just shy of the target (100%). Indicator 4, “FP uptake,” rose by 3.1 percentage points from Year 1, reaching 54.8%.

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<sup>2</sup> CHPS: Community-Based Health Planning and Services

<sup>3</sup> The Ghana Health Service (2021)

<sup>4</sup> <https://www.imedpub.com/articles/diarrhoea-among-children-under-five-years-in-ghana.php?aid=19364>

<sup>5</sup> The State of the World's Children 2023

Regarding diarrheal disease-related services, Indicator 5 “Number of children under five treated for diarrhea / Number of diarrhea cases among children under five” remained high, achieving 1338/1338, far exceeding the target of 750/750. This indicates that community awareness-raising has successfully deepened understanding of the need to treat childhood diarrhea, resulting in more children receiving treatment at health facilities.

On the other hand, Indicator 6 “Incidence rate of diarrhea among children under five” decreased in 2024 to 10.6%, compared to 11.5% in 2022 and 11.8% in 2023. However, this still falls short of the target rate of 5%. Indicator 10 “Exclusive breastfeeding (EBF) at 3 months” remained high at 98.9% in 2024, continuing the strong trend from 2022 (99.0%) and 2023(99.9%). This suggests that the cause of diarrhea among infants is likely to be found in daily life factors other than breastfeeding. Therefore, in the third year, the project plans to further strengthen handwashing promotion as a key preventative measure against childhood diarrheal diseases.

Some indicators did not show clear improvement. For Indicator 2 “Deliveries assisted by SBAs,” the rate was 51.9% in the second year, a slight increase from 51.3% in the first year, essentially maintaining the same level. However, when disaggregated by sub-district (appendix 1), the figures tell a different story. In Akateng, where a maternity waiting house (MWH) and a maternity wing were constructed, the rate significantly changed: from 42.3% in 2022, to 42.2% in 2023, and then to 78.9% in 2024. When comparing the percentage point increase between 2022 and 2024 across the five sub-districts, Akateng showed the highest improvement. This suggests that direct interventions to improve service access under this project — namely the establishment of the MWH in Year 1 and the construction of the maternity wing in Year 2 — have made a significant contribution to the increase in SBA in the area.

Data of project area (5 sub-districts)

	INDICATORS	BASELINE RESULT	DHIMS II 2022 (Jan – Dec 2022)	DHIMS II 2023 (Jan – Dec 2023)	DHIMS II 2024 (Jan – Dec 2024)	TARGET (2026)
1	ANC 4+ (%)	84.8%	80%	81.7%	92.6%	90%
2	Skilled delivery (%)	85.6%	45%	51.3%	51.9%	60%
3	PNC within 48 hours of delivery (%)	44.9%	98%	97.8%	98.0%	100%
4	FP uptake (%)	22.2%	57%	51.7%	54.8%	58%* <sup>5</sup>
5	U-5 diarrhea cases (#)/ Treated cases (#)	-	1297/1297	1363/1363	1338/1338	750/750
6	U-5 diarrhea cases (%)	21.4%	11.5%	11.8%	10.6%	5%
7	Children (12-23 months) fully immunized (%)	-	99.2%	90.9%	94.0%	100%
8	Referrals by CHVs/OTCM sellers (#)	-	2,754	1,793	4,257	3,600
9	Handwashing practice (%) * <sup>1</sup>	34%	-	-	-	55%
10	Exclusive breastfeeding (EBF) at 3 months (%)	-	99%	99.90%	98.9%	-
10 -a	Exclusive breastfeeding (EBF) up to 6 months (%) * <sup>1</sup>	77.2%	-	-	-	80%
11	People's knowledge on MCH and child diarrhea * <sup>1</sup>	45%		-	-	70%
12	Commitments made, recommendations reflected in policies/ guidelines, by the government at different levels (#) * <sup>2</sup>	-	-	-	-	3
13	Retention rate of CHVs/ OTCM sellers	-	92%	100%	100%	100%
14	# reached through CHVs/ OTCM sellers	-	10,162	8,635	12,881	10,300
15	Satisfaction rate of MCH services * <sup>3</sup>	95% (As of October 2024)	-	-	95%	-

16	Number of MWH users <sup>*4</sup>	-	-	-	97	150
17	Number of deliveries by MWH users <sup>*4</sup>	-	-	-	97	120
18	Number of people participated in Mama Papa Class <sup>*4</sup>		-	-	411	3640
19	Couple Year Protection (CYP)		5039.9	4055.05	3775.59	6047.88

\*1. Not in DHIMS II, using baseline survey data.

\*2. Not in DHIMS II, will be using final report data

\*3. Not in DHIMS II, using baseline survey data

The baseline figure 95% is the percentage of all the respondents who either said 'very satisfied' or 'Moderately satisfied.'

\*4. Data not in DHIMS II, calculated from District Health Directorate monthly records

\*5. Since condoms were no longer included in the count from 2023, the target value was revised from 60% to 58% in consultation with the DHA

For the monthly data related to the above, please refer to Attachment 2.

## 4. Project Progress

### 4-1. Project Plan

In order to improve quality MNCH services including prevention of childhood diarrhea, the project is designed to achieve three outputs: namely, 1) improved quality of MNCH services, 2) increased community knowledge and awareness on MNCH, and 3) strengthened community support network for MNCH. Activities are planned for each output as follows.

- 1) To improve the quality of MNCH services, the project conducts training for healthcare workers and strengthens health facilities such as construction of a MWH, a maternity wing, and a CHPS compound (the lowest level primary health care facility), and installment of necessary medical equipment and furniture in those buildings.
- 2) To increase community knowledge and awareness on MNCH, the project trains CHVs and OTCM sellers to conduct effective health education/ SBCC activities.
- 3) To strengthen the community support network for MNCH, the capacity of the CHMC is enhanced to ensure the project's long-term impact supported through income-generating activities. Regular meetings and orientation sessions for CHMC members focus on developing, piloting, and revisiting sustainable community health plans and income-generating activities.

### 4-2. Planned Activities

Year 1	Year 2	Year 3
June 2023 - May 2024	June 2024 - May 2025	June 2025 - May 2026
<b>Overall</b> 0-1 Baseline survey	<b>Overall</b> 0-2 Semiannual and annual reports	<b>Overall</b> 0-2 Semiannual and annual reports

<p>0-1 Dissemination meeting of the baseline survey outcomes  0-1 Project start-up meeting  0-2 Monitoring plan development  0-2 Semiannual and annual reports  0-8 Regular monitoring</p> <p><b>Output 1</b>  1-1 Training for health staff on MNCH including prevention of child diarrhea / Mama papa class (replacing customer care training in the first year)  1-2 MWH construction  1-5 Painting workshop for MWH  1-6 MWH launching ceremony  1-7 Workshop on management of MWH</p> <p><b>Output 2</b>  2-2 Training for CHVs/OTCM sellers on MNCH and prevention of child diarrhea</p>	<p>0-3 Joint monitoring before Project Steering Committee (PSC) and PSC meetings  0-5<sup>6</sup> Workshop to develop sustainability plan and support on communication action plan finalization  0-6-3 Satisfaction survey (A survey assessed satisfaction with antenatal, delivery, postnatal, family planning, and childhood diarrhea services at HCs and CHPS in each sub-district)  0-8 Regular monitoring</p> <p><b>Output 1</b>  1-1 Training for health staff on customer care incl. Mama papa class training  1-3 Maternity wing construction &amp; installment of medical equipment (Akateng)  1-4 Construction of a CHPS compound and a borehole &amp; installment of medical equipment (Sutapong)  1-5 Painting workshops (Akateng HC and Sutapong CHPS)  1-6 Launching ceremonies (Akateng HC and Sutapong CHPS)</p> <p><b>Output 2</b>  2-1 Workshop on how to use SBCC tools  2-3 Development of SBCC tools based on communication strategy  2-4 Workshop to develop Communication Action Plans (CAPs)  2-5 Conduct SBCC activities in the community based on CAPs</p> <p><b>Output 3</b>  3-1 Meeting with CHMC and support on implementing CAPs  3-2 Orientation for CHMC on supportive supervision for CHVs and OTCM sellers</p>	<p>0-3 Joint monitoring before Project Steering Committee (PSC) and PSC meetings  0-5 Implementation and review of the sustainability plan pilot  0-6-1 Endline survey  0-6-2 A simple survey on the effectiveness of SBCC targeting CHVs, pregnant and breastfeeding women, and their families  0-6-3 Satisfaction survey (A survey assessed satisfaction with antenatal, delivery, postnatal, family planning, and childhood diarrhea services at HCs and CHPS in each sub-district)  0-7 Final dissemination meeting  0-8 Regular monitoring</p> <p><b>Output 1</b>  1-1-2 Training of Community Health Nurses (CHNs)  1-4 Construction of nurses quarter (Sutapong)  1-6 Launching ceremony of the nurses quarter (Sutapong)</p> <p><b>Output 2</b>  2-1 Refresher training of CHVs/OTCM sellers (incl. JOICFP apron use)  2-3-1 Printing of SBCC tools for CHMC members  2-3-2 Development and printing of MWH handbook  2-5 S Conduct SBCC activities in the community based on CAPs</p> <p><b>Output 3</b>  3-1 Annual review meeting with HCWs and CHMC  3-2 Income Generation Activities (IGA) training for CHMC</p>
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<sup>6</sup> 0-4 is not in use, therefore not listed.

#### 4-3. Progress Update

Reporting period : June 1<sup>st</sup>, 2024 – May 31<sup>st</sup>, 2025

Annual Plan	Progress Status
0. Overall project	
0-2 Semiannual and annual reports	<p>To monitor progress and measure results, two types of data were obtained monthly from the District Health Administration (DHA):</p> <ol style="list-style-type: none"> <li>1. Utilization of maternal and child health services, including childhood diarrhea, in the project target areas; and</li> <li>2. Activity records of CHVs and the number of referrals to health facilities.</li> </ol> <p>These data were reported in quarterly, semi-annual, and annual reports. For Indicator 4 “FP uptake,” the method of data collection changed, prompting a revision of the target value for the end of the project (2026).</p> <p>Additionally, from August 14 to 16, 2024, a joint monitoring visit was conducted by the UMK District Health Directorate and JOICFP project team in the sub-districts of Anyaboni, Sekesua, and Akateng. Monitoring was strengthened through in-person interviews with HCWs, CHVs, and CHMC members.</p>
0-3 Joint monitoring before Project Steering Committee (PSC) and PSC meetings	<p>Two rounds of monitoring and PSC meetings were conducted in the second year, as outlined below:</p> <p>[First Round] September 17, 2024: Joint monitoring was conducted ahead of the PSC meeting. Fourteen members were divided into two teams and visited facilities in the sub-districts of Asesewa, Sutapon, Akateng, and Anyaboni for monitoring activities.</p> <p>September 18, 2024: The first PSC meeting was held. The meeting included an overview of the M2M project, progress reports on project indicators, presentation of the baseline survey results (conducted in 2023), updates on training sessions conducted for CHVs and HCWs, and sharing of findings from the joint monitoring conducted the previous day.</p> <p>[Second Round] May 13, 2025: Joint monitoring was conducted ahead of the PSC meeting. A total of 16 members were divided into two teams and visited facilities in the sub-districts of Akateng, Aframase, Sutapon, and Otrape for monitoring activities.</p> <p>May 14, 2025: The PSC meeting was held with 33 participants, including representatives from the UMK District Assembly (UMKDA), Ghana Education Service (GES), Ghana Health Service (GHS), leaders from all five sub-districts, the JICA officer and JOICFP Executive Director, Ms. Etsuko Yamaguchi from the Tokyo headquarters. The group reviewed achievements to date, discussed key priorities for Year 3, and presented each sub-district’s sustainability plan, followed by feedback sharing. Feedback included the following:</p> <ul style="list-style-type: none"> <li>• The Ghana Health Service (GHS) acknowledged delays in the monthly aggregation of DHIMS data and, under the leadership of the new Director, declared its commitment to release each month’s data by the 15th.</li> </ul>



	<ul style="list-style-type: none"> <li>• It was confirmed that the newly constructed maternity wing and maternity waiting house (MWH) under this project will henceforth be maintained under the responsibility of the community.</li> <li>• Some sub-districts were found to have incorporated income-generating activities (such as community farms) into their sustainability plans as a means of securing funds.</li> <li>• A lack of training opportunities for conducting more effective income-generating activities was identified as a challenge.</li> </ul>
0-5 Workshop to develop sustainability plan and support on communication action plan finalization	In November 2024, a sustainability planning workshop was held, during which representatives from each of the five sub-districts developed draft plans. Finalization of these drafts was then carried out within each sub-district. JOICFP reviewed all submitted plans and provided comments. The revised plans were subsequently presented by each sub-district during the second PSC meeting for Activities 0–3, held on May 14, 2025. Participants, including members of the District Health Directorate (DHD), provided feedback on the plans. The main points of discussion are as described above in the activity 0–3.
0-6-3 Satisfaction survey	From October 8 to 10, a satisfaction survey was conducted by the District Health Directorate and JOICFP at 13 health facilities across the five target sub-districts. Using a convenience sampling method, a total of 152 women who had received services related to ANC, SBA, PNC, FP, and childhood diarrhea were surveyed. Further details are provided later in this report.
0-8 Regular monitoring	<p>Regular monitoring of CHVs and OTCM sellers was continued.</p> <p>For community health volunteers, their activities within various communities, home visits, submission of monthly reports, referrals to health facilities, and follow-up with service users were confirmed.</p> <p>For OTCM sellers, it was confirmed that they conducted education on FP, maternal and child health, and causes of diarrhea, made referrals to nurses within their assigned areas, and submitted monthly reports.</p>
1. Quality MNCH services including prevention of child diarrhea is improved	
1-1 Training for health staff on customer care incl. Mama papa class training	<p>From October 21 to 22, 2024, a training was conducted for healthcare staff from health facilities in the five sub-districts. Two one-day sessions were held for groups of 32 and 31 participants, respectively, with a total of 63 participants.</p> <p>The training covered not only service quality improvement but also broader topics related to the M2M project, including childhood diarrhea prevention, Water, Sanitation and Hygiene (WASH), Infection Prevention and Control (IPC), childbirth education classes (“Mama-Papa classes”), strengthening collaboration with CHMC and OTM sellers, as well as communication strategies and messaging.</p> <p>Following the training, the trained HCWs conducted Mama-Papa classes in their respective areas.</p>
1-3 Maternity wing construction & installment of medical equipment (Akateng)	<p>Completed in November 2024, the maternity wing consists of an ANC room, delivery room, PNC room, nurse station, storage room, and toilets. The delivery room is equipped with two delivery beds.</p> <p>Regarding basic medical equipment, a finalized list (appendix 3) was confirmed through discussions between the DHD and JOICFP. In January 2024, the agreed equipment was provided to Akateng HC, where usage has since begun. The equipment includes delivery beds, a refrigerator for vaccines and other medicines, a</p>

	radiant warmer, and more.
1-4 Construction of a CHPS compound and a borehole & installment of medical equipment (Sutapong)	<p>The construction of the Sutapong CHPS was completed in December 2024. The CHPS includes a waiting area, consultation room, treatment room, delivery room (with 1 bed), postnatal recovery room (with 3 beds), storage, two toilets, and a bathroom.</p> <p>In January 2025, JOICFP and HCWs jointly selected and provided equipment (Attachment 4). The equipment includes a delivery bed, refrigerator for vaccines and other medicines, radiant warmer, and more.</p>
1-5 Painting workshops (Akateng HC and Sutapong CHPS)	<p>[Akateng HC Maternity Wing] From February 24 to 26, 2025, a three-day painting workshop was held at the maternity wing of Akateng HC. Community members, including community health volunteers, as well as representatives from Shionogi &amp; Co., Ltd., who were on a site visit, participated. The painting designs were based on the communication strategy and the educational materials under development (dialogue cards and flip charts), ensuring that common messages and images were conveyed consistently.</p> <p>[Sutapong CHPS] From January 20 to 22, 2025, a three-day workshop was held to provide an education session on maternal and child health, including childhood diarrhea, to community members. Participants included 15 community members, 4 specialist staff from the UMK District Health Directorate, 1 facilitator, and 4 JOICFP staff. The participants were divided into five groups, each assigned a theme: 1) ANC and facility-based delivery, 2) PNC, 3) FP, 4) EBF, 5) Handwashing and diarrhea prevention. Each group developed designs aligned with their themes, receiving feedback from HWCs and facilitators throughout the process.</p>
1-6 Launching ceremonies (Akateng HC and Sutapong CHPS)	<p>Launching ceremonies were conducted for the Akateng HC maternity wing on December 17, 2024, and the Sutapong CHPS on January 23, 2025. Approximately 400 people attended each ceremony, including specialist staff from the UMK DHD, doctors from Asesewa Sub-district Hospital, sub-district chairpersons, JOICFP staff, and community members. All attendees were given the opportunity to freely tour the facilities during the opening events.</p>
2. Knowledge and awareness on MNCH including ANC/facility delivery/PNC/FP and prevention of child diarrhea is increased	
2-1 Workshop on how to use SBCC tools	<p>This activity consisted of two types of training: (1) training for trainers, and (2) training for CHVs. The SBCC tools consist of dialogue cards and flip charts.</p> <p>[1. Training for Trainers on Using SBCC Tools] Held from November 5 to 8, 2024. Four participants from each of the five project sub-districts took part, including members of CHMCs, HCWs, CHVs, OTCM sellers, teachers, and peer educators<sup>7</sup>. In addition, four staff from the DHD, one from the District Education Office, and JOICFP staff participated. Participants learned the characteristics and use of dialogue cards and flip charts, as well as skills to train awareness-raising actors in their respective sub-districts.</p> <p>[2. Training for CHVs on Using SBCC Tools]</p>

<sup>7</sup> The TOT was undertaken jointly for M2M Project and JICA adolescent health project since these two projects are implemented in 3 common sub-districts, namely, Asesewa, Akateng, and Anyaboni.

	<p>From April to May 2025, trainers who completed (1) conducted training sessions for CHVs and OTCM sellers active in each sub-district. The goal was to explain and practice the use of SBCC tools (dialogue cards and flip charts) to empower them to conduct SBCC activities independently. A total of 87 participants<sup>8</sup> received training and were given the complete set of finalized materials. Training was conducted by staff from the DHD, District Education Office, and JOICFP.</p>
2-3 Development of SBCC tools based on communication strategy	<p>The activity proceeded as follows:</p> <ul style="list-style-type: none"> <li>• July 20 – August 25, 2024: Deployment of a JOICFP SBCC specialist to Ghana.</li> <li>• July 23, 2024: Orientation for facilitators.</li> <li>• July 24 – 26, 2024: Communication strategy and message development workshop. Twenty-eight participants including HWCs, CHMC members, CHVs, and others from the five sub-districts attended. The DHD, District Education Office, and JOICFP served as facilitators.</li> <li>• July 30 – August 1, 2024: Workshop for tool development and draft creation. Twenty participants from the five sub-districts, including HWCs, CHMC members, and CHVs, participated. The DHD, District Education Office, and JOICFP served as facilitators.</li> <li>• August 19 – 20, 2024: Pretesting of dialogue cards.</li> <li>• September – October 2024: Development of two types of materials (dialogue cards and flip charts), including design and layout work with a graphic designer. The flip charts were revised versions of existing maternal and child health materials previously used in the project area.</li> <li>• November 5 – 8, 2024: During Activity 2-1 “Training for Trainers on Using SBCC Tools,” input was gathered from 20 participants who would serve as SBCC trainers to finalize the materials.</li> <li>• December 2024 – February 2025: Test printing and revisions.</li> <li>• March 2025: Final printing.</li> </ul>
2-4 Workshop to develop Communication Action Plans (CAPs)	<p>In November 2024, during Activity 2-1 “Training for Trainers on how to use SBCC tools,” participants drafted CAPs to guide awareness-raising activities aligned with the communication strategy.</p> <p>Each sub-district then finalized their CAPs, which were submitted to JOICFP for review and comments. The revised plans were sent back to the sub-districts and subsequently presented by each sub-district at the second PSC meeting for Activities 0–3, held on May 14, 2025. Participants, including members of the DHD, provided feedback.</p> <ul style="list-style-type: none"> <li>• Within the Communication Activity Plan (CAP), participants cross-checked items such as “implementers of communication activities,” “locations of activities,” “frequency of implementation,” and “media tools to be used” to ensure that there were no omissions or gaps, and pointed them out where deficiencies were found.</li> <li>• Since some CHVs have become inactive, each sub-district will continue monitoring and, if necessary, consider replacing them with other community health volunteers.</li> <li>• As a result of the construction of maternity waiting house (MWH) and the continuation of awareness-raising activities, it was noted that home deliveries have been eliminated in the community across the river.</li> </ul>

<sup>8</sup> Out of the total 105 CHVs and OTCM sellers, 18 were unable to attend the SBCC training. JOICFP conducted mop-up trainings on the 24<sup>th</sup> of June, 2025, and 6 of the initially absent participants were able to join. For the remaining 12 CHVs, JOICFP plans to train them during routine supportive supervision visits.

2-5 Conduct SBCC activities in the community based on CAPs	As described in Activity 0-8, CHVs continued various community activities, home visits, submission of monthly reports, referrals to health facilities, and follow-up with clients. OTCM sellers also continued education on family planning, maternal and child health, and causes of diarrhea, referrals to nurses within their catchment areas, and submission of monthly reports. Furthermore, following Activity 2-1's "Training for CHVs on how to use SBCC Tools," the use of materials developed in Year 2 has established a stronger foundation for enhancing SBCC activities.
3. The community support system for maternal and child health, including childhood diarrhea, is strengthened for sustainability	
3-1 Meeting with CHMC and support on implementing CAPs	It was confirmed that regular meetings of the CHMC were held as needed. As described in Activity 0-5, support was provided for finalizing the sustainability plans through the workshop held in November and subsequent follow-ups. Similar efforts were made to facilitate the formulation and drafting of the CAPs.
3-2 Orientation for CHMC on supportive supervision for CHVs and OTCM sellers	A Supportive Supervision (SSV) tool for use by CHMC was developed (Attachment 5). Using this tool, training on supportive supervision was conducted for CHMC members across the sub-districts between March and April 2025. Led by facilitators from the DHD, the training included explanations on how to use the SSV checklist, group discussions, role-play exercises, and the development of action plans related to supportive supervision, including monitoring schedules for each community.

## 5. Satisfaction Survey Result

### Overview of Satisfaction Survey

From October 8 to 10, the District Health Directorate and JOICFP conducted a satisfaction survey of women who received ANC, SBA, PNC, FP, and childhood diarrhea services at a total of 13 health facilities across the five target sub-districts, using a convenience sampling method. A total of 152 women participated in the survey.

The surveyed facilities (HCs and CHPS) and the number of samples are as follows:

Sub-districts	HCs		CHPS	
	# of facilities	# of respondents	# of facilities	# of respondents
Akateng	1	34	1	6
	Akateng	(34)	Akotoe	(6)
Anyaboni	1	15	2	17
	Anyaboni	(15)	Apimsu	(8)
			Mensah Dawa	(9)
Asesewa	0	0	2	17
			Asasehene	(7)
			Asesewa	(10)
Otrokpe	1	11	2	16
	Otrokper	(11)	Akataiwa	(6)
			Bormase	(10)
Sekesua	1	15	2	21
	Sekesua	(15)	Osonson	(10)
			Sutapong	(11)
Total # of	4	75	9	77

respondents				
Total # of facilities	4	-	32	-

For selecting target facilities, one HC—serving as a referral point from CHPS—and one or more CHPS facilities (particularly those covering larger populations) were selected from each of the five project sub-districts. Since Asesewa has no HC, the survey was conducted only at CHPS facilities there.

### Survey Results

Among all respondents who received maternal and child health (MCH) services, satisfaction with MCH services was measured using a four-point scale: “Very satisfied,” “Moderately satisfied,” “Moderately dissatisfied,” and “Very dissatisfied.” 95% responded as either “Very satisfied” or “Moderately satisfied.” Satisfaction levels by type of health service are shown in the table below, with services related to childhood diarrhea receiving the highest satisfaction.

Service Received	Very Dissatisfied(%)	Moderately Dissatisfied(%)	Moderately Satisfied (%)	Very Satisfied (%)	Overall Satisfaction (NET Very Satisfied + Moderately Satisfied) (%)
ANC	0	3	16	81	97
SBA	0	12	12	76	88
PNC	0	4	11	85	96
FP	0	4	25	71	96
Child Diarrhea	0	0	20	80	100
Average (%)	0	4.6	16.8	78.6	95.4

This result will serve as the baseline for satisfaction among MCH service users. A similar survey will be conducted again in Year 3 as part of the endline survey. For detailed information on the satisfaction survey, please refer to Appendix 6.

### 6. Year 2 Schedule (Actual)

Activities	Q1			Q2			Q3			Q4		
	6	7	8	9	10	11	12	1	2	3	4	5
0. Overall project												
0-2 Semiannual and annual reports		Annual		Quarterly			Semi-annual			Quarterly		
0-3 Joint monitoring before Project Steering Committee (PSC) and PSC meetings												

0-5 Workshop to develop sustainability plan and support on communication action plan finalization						Workshop							
0-6-3 Satisfaction survey													
0-8 Regular monitoring													
1. Quality MNCH services including prevention of child diarrhea is improved													
1-1 Training for health staff on customer care incl. Mama papa class training													
1-3 Maternity wing construction & installment of medical equipment (Akateng)						Completion		Equipment					
1-4 Construction of a CHPS compound and a borehole & installment of medical equipment (Sutapong)								Completion	Equipment				
1-5 Pairing workshops (Akateng HC and Sutapong CHPS)								Sutapong	Akateng				
1-6 Launching ceremonies (Akateng HC and Sutapong CHPS)								Sutapong	Akateng				
2. Knowledge and awareness on MNCH including ANC/facility delivery/PNC/FP and prevention of child diarrhea is increased													
2-1 Workshop on how to use SBCC tools						ToT							CHVs
2-3 Development of SBCC tools based on communication strategy													
2-4 Workshop to develop Communication Action Plans (CAPs)													
2-5 Conduct SBCC activities in the community based on CAPs													

3. The community support system for maternal and child health, including childhood diarrhea, is strengthened for sustainability											
3-1 Meeting with CHMC and support on implementing CAPs											
3-2 Orientation for CHMC on supportive supervision for CHVs and OTCM sellers											

## 7. Project Sustainability

### 1. Collaboration with the local health authority

JOICFP has continued implementing the project in close collaboration with the Ghana Health Service (GHS), the regional and district health directorates. For example, during the PSC meetings and their preparatory monitoring visits, district health officials participated to review the project's achievements to date (i.e. From Indicators 8 and 14, active community awareness activities and an increase in the number of referrals were confirmed; together with the construction of maternity waiting house (MWH), this contributed to a reduction in home deliveries in the community across the river. From Indicators 1 and 4, an increase in the proportion of women attending at least four antenatal care visits and in the utilization of family planning services was confirmed. From Indicator 5, the maintenance of a 100% treatment rate for diarrhea was confirmed., discuss challenges (i.e. a gap remains between actual results and target values in Indicators 6 and 2) and priority areas (i.e. For Indicator 6, efforts will focus on strengthening awareness-raising activities related to the practice of handwashing. For Indicator 2, emphasis will be placed on enhancing awareness-raising on facility-based delivery and strengthening the monitoring of such activities, particularly in sub-districts where there have been no direct interventions through construction projects), and examine sustainability plans for each sub-district. This process fostered a shared understanding at the district health directorate level to support sustainable activities in each community going forward.

### 2. Strengthening the Community Health System

Based on the experience of operating the MWH at Akateng HC, a handbook has been compiled. The CHMC will continue to play a central role in the ongoing management and utilization of MWH. The handbook will be improved in Year 3 by incorporating further lessons learned from maternity waiting home operations, and it will be shared with other sub-districts, districts, regions in Ghana, as well as NGOs, to maximize the project's impact.

Additionally, in Year 3, IGA training will be provided to CHMC members if the Ghanaian cedi depreciates against the US dollar and sufficient budget can be secured in the local currency. This activity is expected to enable them to independently secure maintenance costs for the MWH.

### 3. Capacity Building of Community

To ensure sustainability of activities, emphasis continued to be placed on strengthening the capacity of community. This approach aligns with JOICFP's strategy of reinforcing existing systems—not introducing entirely new ones—through capacity building of stakeholders, activity reviews, identifying challenges, and implementing countermeasures to sustain activities.

For example, through the development of SBCC activity plans and supportive supervision training for CHMC members on supporting CHVs' activities, it is expected that stakeholders will continue to support one another and maintain high-quality SBCC activities even after the project ends.

## 8. Implementation Plan for Year3

In the final year (Year 3) of this project, greater focus will be placed on strengthening support to ensure that the interventions implemented so far continue sustainably after project completion. Through sustainability

plans, it is expected that stakeholders—including community members, HCWs, and government officials—will proactively and continuously carry out activities. For example, leveraging the supportive supervision training for CHMC members conducted at the end of Year 2, technical assistance will be provided to enable CHMC, who lead CHVs, to independently conduct monitoring after the project ends.

Regarding the MWH at Akateng HC, built in Year 2, a versatile operational handbook will be developed based on lessons learned from approximately 1.5 years of operation, strengthening the system for sustainable self-management.

Furthermore, toward the end of Year 3, a Memorandum of Understanding (MOU) is planned to be signed with UMK District and the five targeted sub-districts to secure their commitment to continue the project-supported activities as official district and sub-district initiatives after project closure.

The construction of nurses quarter in the Sutapong area will provide a stable environment for HCWs to reside locally and engage in medical activities, further enhancing MCH services.

Additionally, if the Ghanaian cedi depreciates against the US dollar and sufficient budget can be secured in the local currency, IGA training will be provided to CHMC members, enabling them to secure maintenance costs for maternity waiting homes and other facilities built under this project, thus maximizing project outcomes and strengthening sustainability.

Furthermore, for areas where actual results deviate from the target values for each indicator, efforts will be focused on activities aimed at improving them. In particular, for Indicator 6, “Incidence of diarrhea among children under five,” as mentioned in Section 3, “Project Indicator Goals and Progress,” awareness-raising activities related to handwashing will be strengthened. For Indicator 2, “Deliveries assisted by SBAs,” the rate of improvement is relatively low, especially in sub-districts where there have been no direct interventions such as facility construction. Therefore, emphasis will be placed on enhancing awareness-raising activities on facility-based deliveries and strengthening their monitoring in these sub-districts. The provision of facility-based delivery services requires the assignment of midwives and the proper setup of delivery equipment. The scope for support under this project is limited, and these efforts largely depend on initiatives by the regional and district health authorities. While it is difficult to guarantee specific measures at this stage, challenges will continue to be shared, and discussions and coordination on possible interventions will be pursued.



## 9. Stories of stakeholders and beneficiaries

Kloku Celestine, pregnant woman living in Overbank community

Celestine has delivered two children, one at home and the other at a clinic. Although she was able to give births safely, she has experienced problems such as bleeding after delivery. This time, she stayed at the MWH and maternity wing at the Akateng HC after receiving information from the Community Information Center and a referral from her midwife. She stayed at the MWH for two days before the expected delivery date and was able to stay in the same room with her husband, and her family also visited and supported her during the delivery. She said that being able to spend time before and after the delivery in a calm environment gave her great peace of mind. Celestine delivered her baby girl safely and she was very happy with the clean and spacious delivery room and comfortable bed. She also said she would recommend this facility to her friends and hopes that by sharing her experience, other women will feel comfortable coming to the facility. Lastly, as her message to everyone at Shionogi, she said, "I would like to thank all of our supporters from the bottom of my heart. I would like to ask for further support, including the provision of housing for nurses and midwives, so that I can continue to rely on medical staff when I need them," while expressing her gratitude.



Midwife who helped Celestine's delivery (standing on the right)

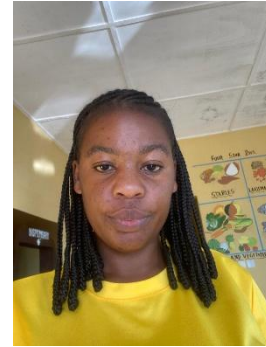
Addo Victor Kofi, OTCM seller

Victor, who runs a community pharmacy in Asesewa, has been doing this work with his family for 7 years and has also been a CHV doing SBCC activities in the community for 4 years. Victor participated in a SBCC stepdown training to learn how to use the SBCC tool. He said that the training was very useful with interactive dialogue and made it easy to understand to pass on the message to people in the community. The education level in the community is not very high, so it has often been difficult to convey information through verbal explanations alone. However, he believed that this new educational material, which focuses on illustrations and uses familiar everyday situations that could happen at home will help understand community people. He also expressed that with this material, it will be much easier to explain about health topics than before. Many people in the community are concerned about the risks of abortion for young people and the side effects of family planning services such as pills, and prejudice and misconceptions are also strong in the community. Misconceptions such as the belief that contraception causes infertility and that many people prefer to deliver their babies at home. To change those situations, Victor will help spread accurate information by displaying SBCC materials in his shop and directly explaining them to customers who come to buy medicine



Linda Nyaba, Community Health Nurse (@Sutapong CHPS)

Linda provides a wide range of health services at Sutapong CHPS, including infant care, ANC, PNC, school health activities, outreach services, treatment of minor illnesses, FP consultation, and home visits. Before the new clinic was built, the community had only a temporary building made of mud to provide health services with limited resources. The current facility is a great place for staff to work, with privacy during clinic visits and ample space for necessary activities. She likes the calm environment and the state-of-the-art facilities and equipment, which enables her to serve clients more effectively. With the new facility, community people have better access to quality medical care than ever before, and they don't have to go to other facilities in case of emergencies. The community is very pleased and satisfied with the services provided by this facility. Linda finds it deeply rewarding to make a positive impact on people's lives and contribute to their health and well-being. She feels fulfilled and proud to provide quality care and support to her patients.



## 10. ACRONYMS AND ABBREVIATIONS

- ANC: Antenatal care
- CAP: Communication Action Plan
- CHAP: Community Health Action Plan (Document prepared quarterly by the CHMC under the CHPS by the GHS and used for implementation and operation)
- CHMC: Community Health Management Committee
- CHN: Community Health Nurse
- CHPS: Community-Based Health Planning and Services
- CHV: Community Health Volunteer
- EBF: Exclusive breastfeeding
- FP: Family Planning
- HC: Health Center
- HCW: Healthcare worker
- IGA: Income Generating Activities
- DHA: District Health Administration
- DHD: District Health Directorate
- DHIMS: District Health Information Management System
- GES: Ghana Education Service
- GHS: Ghana Health Service
- IPC: Infection Prevention and Control
- MCHP: Maternal Child Health Promoter
- MOU: Memorandum of Understanding
- MWH: Maternity Waiting House
- ORS: Oral Rehydration Solution
- OTCM: Over-the-counter medicine
- PNC: Postnatal care
- PSC: Project Steering Committee
- SBA: Skilled birth attendance/ attendant
- SBCC: Social and Behavioral Change Communication
- SDGs: Sustainable Development Goals
- SRHR: Sexual and Reproductive Health and Rights
- SSV: Supportive Supervision
- UHC: Universal Health Coverage
- UMK: Upper Manya Krobo
- UMKDA: Upper Manya Krobo District Assembly
- WASH: Water, Sanitation and Hygiene

## 【Appendix】

### Appendix 1. Indicator 2 “Delivery assisted by SBAs” per sub-district

Sub-districts	2022	2023	2024
Akateng	42.3%	42.2%	78.9%
Sekesua	12.6%	12.7%	35.5%
Otrokper	22.4%	27.8%	47.1%
Anyaboni	7.8%	10.8%	33.7%
Asesewa	137.7%	145.1%	134.0%

\*In Asesewa, the figures exceed 100% because users also visit from outside the Asesewa area.

### Appendix 2. Service statistic data and Community Activities Data of the project area (5 sub-districts, 2<sup>nd</sup> year, per month)

<https://shionogi.box.com/s/jn4cq5a8p2iqqmjhkwahrrr7thsmqhul>

### Appendix 3. List of equipment and supplies provided to the Akateng Maternity Wing

<https://shionogi.box.com/s/108umoxg67213ndp5jjqz86yl3w6dp44>

### Appendix 4. List of equipment and supplies provided to the Sutapong CHPS

<https://shionogi.box.com/s/1z5oj26fcdpiewu7mb1czj2zxo9fhqkt>

### Appendix 5. SSV tools

<https://shionogi.box.com/s/elmxpuj0k5z8ux06k3h9nvqgy84keqzt>


### Appendix 6. Satisfaction Survey

Questionnaire: <https://shionogi.box.com/s/3o6a9kgj4a40d863znp44sq0b4l7ewyq>

Report: <https://shionogi.box.com/s/bd5xip9a15n6qkzrum2pgxn2enpdh6ba>

## Appendix 7. Competed SBCC tools

### Dialogue Cards (excerpts)



### Appreciate and use of MNCH services

**CALLING MESSAGES**

- Questions to start a dialogue**
  - What do you see in the picture?
- Questions about knowledge**
  - What do you understand by family planning? (FP)
  - How does family planning contribute to health and well-being? (FP)
  - What is postnatal care and why is it important? (PNC)
  - What are some of the benefits of delivering in a health facility compared to home delivery? (Delivery)
  - How often should a pregnant woman visit a health facility for antenatal care? (ANC)
- Questions about attitudes**
  - What do you think about men accompanying their partners to the health facility for MNCH services? (Male involvement)
  - Have you had some concerns about the side effects of family planning methods? (FP)
  - What are some of the cultural beliefs and practices that influence the use of family planning? (FP)
  - What factors will influence you (your partner) to attend ANC? (ANC)
  - Can you share any personal experience you have had when your relative went to deliver at a health facility? (Delivery)
  - Can you mention some barriers in seeking PNC within the first 48 hours after delivery? (PNC)
- Questions about practices**
  - Will you, your partner and family members use family planning methods and why? (FP)
  - When will you attend your next ANC? (ANC)
  - Do you plan to deliver at the health facility and why? (Delivery)
  - When will you visit the health facility after delivery for postnatal care? (PNC)
  - As a family member, how can you help a pregnant or nursing woman in your family receive MNCH services?

**KEY MESSAGE**

- Attending ANC at least 4 times or more ensures healthy pregnancy.
- Facility delivery is safe for both mothers and newborns.
- PNC within 48 hours after delivery ensures healthy mothers and healthy babies.
- Family planning is good for healthy life.
- Male partners are encouraged to support their partners for full participation of MNCH services.

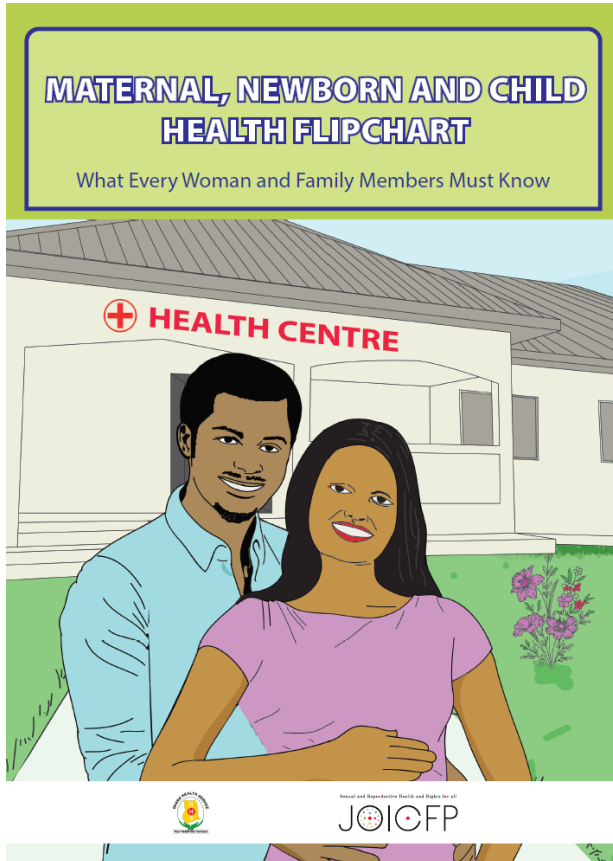
**FACILITATION TIPS**

- Encourage your audience to express their own opinions.
- Use Maternal and Child Health Record Book and MNCH Flipchart to provide more information on ANC, delivery, PNC and FP.
- The images in the picture are contraceptives available at health centers in the project site.
- Facilitators should have samples of family planning commodities.

**REFERENCE**

- Maternal and Child Health Record Book; "C. Health Messages during Pregnancy" (p.15); "F. Preparing for delivery" (p.19); "D. Health Messages for Delivery" (p.20); "E. Health Messages on Family Planning" (p.30); "Post Natal Care (PNC)" (p.33)
- Maternal, Newborn and Child Health Flipchart: "Antenatal Care" (p.4); "Planning for Delivery" (p.11); "Labour and Delivery" (p.14); "PNC" (p.15-16); "Family Planning Methods" (p.20)

### Flipchart (excerpts)




**MATERNAL, NEWBORN AND CHILD HEALTH FLIPCHART**

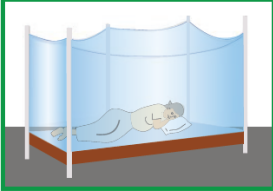
What Every Woman and Family Members Must Know

JOICFP


### PRE- PREGNANCY GOOD PRACTICES



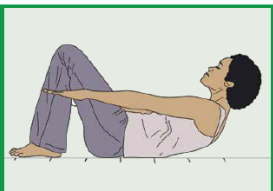
**Eat nutritious diet from the four star food groups. Take one folic acid and one iron tablet each day.**



**Sleep under insecticide treated net**

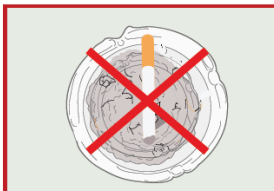


**Breast Examination**

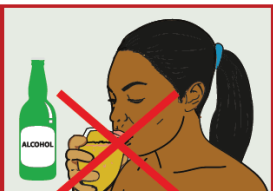


**Exercise**

### BAD PRACTICES



**Smoking or chewing tobacco**

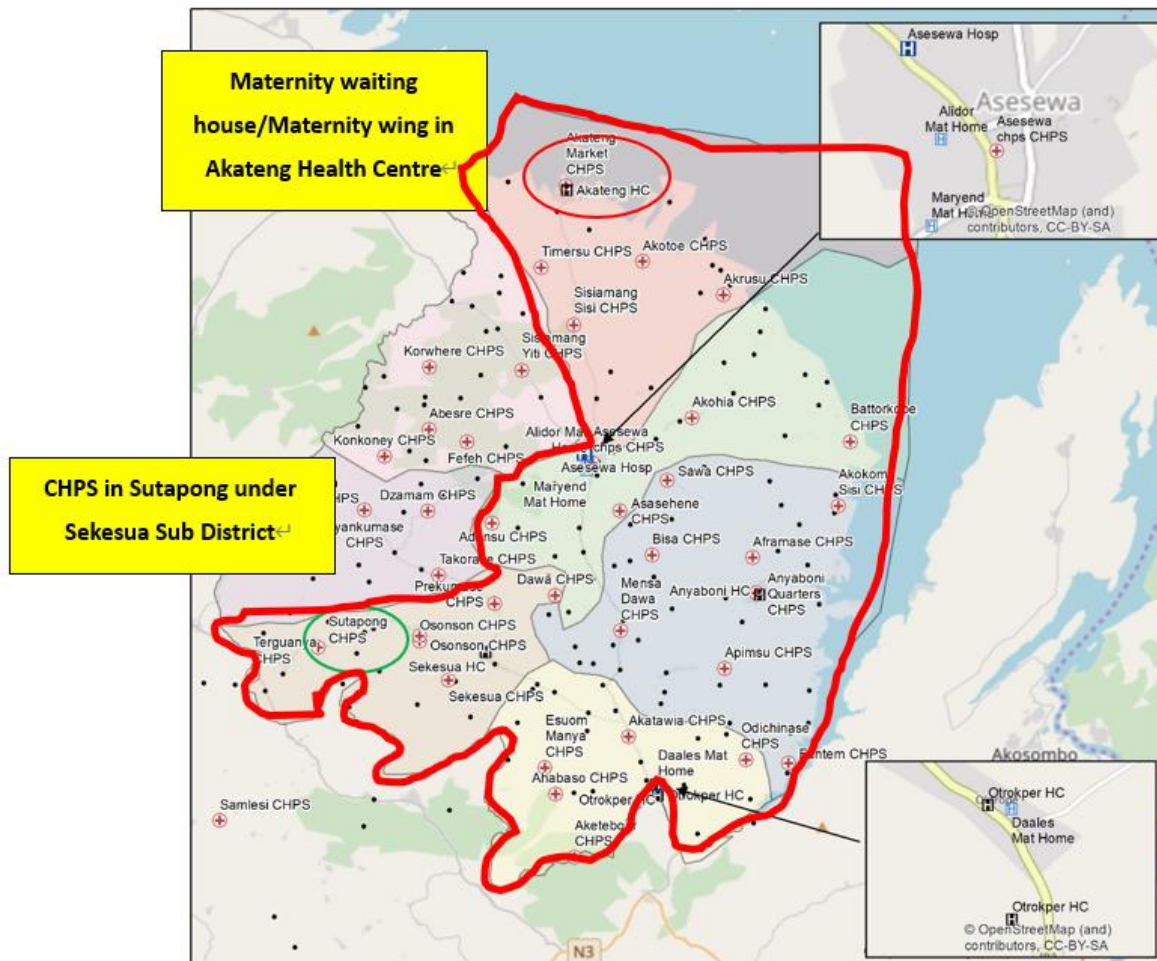


**Drinking alcohol**

2

## Appendix 8. Map of the project site

### Health Facilities in Upper Manya Krobo District





## Appendix 9. Activity photos



0-3 Joint monitoring before Project Steering Committee (PSC) and PSC meetings (Photo: Scene from the monitoring conducted prior to the PSC meeting in May 2025)



0-3 Joint monitoring before Project Steering Committee (PSC) and PSC meetings (Photo: A leader from Anyaboni sub-district speaking at the PSC meeting)



0-5 Workshop to develop sustainability plan and support on communication action plan finalization (Photo: Scene from the sustainability planning workshop held in November 2024)



0-8 Regular monitoring (Photo: DHD staff and JOICFP staff interviewing OTCM sellers about their activities in Sekesua sub-County. Taken in August 2024.)





0-8 Regular monitoring (Photo: JOICFP staff interviewing the Chairperson of the Akateng CHMC about activity updates. Taken in August 2024.)



1-1 Training for health staff on customer care incl. Mama papa class training (Photo: Scene from the customer care training. Taken in October 2024)



1-1 Training for health staff on customer care incl. Mama papa class training (Photo: Scene from a Mama-Papa Class held at Sekesua HC to promote male participation. Taken in February 2025)



1-3 Maternity wing construction & installment of medical equipment (Akateng) ( Photo: The completed Akateng Maternity Wing. Taken in November 2025)





1-3 Maternity wing construction & installment of medical equipment (Akateng) (Photo: JOICFP staff handing over essential primary healthcare equipment. Taken in January 2025.)



1-4 Construction of a CHPS compound and a borehole & installment of medical equipment (Sutapong) (Photo: The Sutapong CHPS under construction and a water tank storing well water. Taken in November 2024)



1-4 Construction of a CHPS compound and a borehole & installment of medical equipment (Sutapong) (Photo: JOICFP staff providing essential primary healthcare equipment while confirming details with HCWs at the newly completed Sutapong CHPS. Taken in February 2025)



1-5 Painting workshops (Akateng HC and Sutapong CHPS) (Photo: Scene from a painting workshop held with the Shionogi & Co., Ltd. delegation at the maternity wing of Akateng Health Center. Taken in February 2025)



1-5 Painting workshops (Akateng HC and Sutapong CHPS) (Photo: Participants painting a mural about diarrhea treatment using ORS at Sutapong CHPS. Taken in January 2025)

1-6 Launching ceremonies (Photo: Unveiling of the plaque at the opening ceremony of the maternity wing at Akateng HC. Taken in December 2024)



1-6 Launching ceremonies ( Photo: Participants at the opening ceremony of Sutapong CHPS. Taken in January 2025)



2-1 Workshop on how to use SBCC tools (Photo: Scene from a training session on the use of SBCC tools conducted for trainers. Taken in November 2024)



2-1 Workshop on how to use SBCC tools (Photo: Scene from a training session on the use of SBCC tools conducted for HCVs. Taken in April 2025)



2-3 Development of SBCC tools based on communication strategy (Photo: Scene from the communication strategy and message development workshop—part of the educational material creation process—where participants mapped out places and opportunities where people in the community exchange information. Taken in July 2024)





2-3 Development of SBCC tools based on communication strategy (Photo: Scene from the educational material selection and draft creation workshop—part of the material development process—where participants are developing concepts and questions for illustrations related to each theme. Taken in July 2024)



2-5 Conduct SBCC activities in the community based on CAPs (Photo: JOICFP staff conducting monitoring and reviewing SBCC activities of OTCM sellers. Taken in March 2025)



2-5 Conduct SBCC activities in the community based on CAPs (Photo: JOICFP staff conducting monitoring and reviewing SBCC activities of CHVs. Taken in February 2025)



3-1 Meeting with CHMC and support on implementing CAPs (Photo: Scene from a CHMC meeting reviewing the operational guidelines for the Akateng MWH. Taken in November 2024)



3-2 Orientation for CHMC on supportive supervision for CHVs and OTCM sellers (Photo: Scene from a supportive supervision orientation—including an explanation of the newly developed SSV tool—conducted for CHMC. Taken in March 2025)

Beneficiary: A new mother who stayed at the Akateng MWH and gave birth safely. Taken in April 2025.