

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

August 30, 2025

(Reporting period: June 2024 to May 2025)

World Vision Japan

Harmony Tower 3F, 1132 - 2 Honcho, Nakano-ku, Tokyo, 164 - 0012

TEL: 03-5334-5350 FAX: 03-5334-5359

URL: <http://www.worldvision.jp>

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 7.6 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.

In Year 2, the project constructed a maternity block at Kiptangwanyi Health Center, the primary healthcare facility serving this area, and installed necessary equipment. The project is also continuing to strengthen the capacity of healthcare workers and Community Health Volunteers (CHVs). Monthly meetings of the M2M groups in the villages continue to be held, and many women are experiencing changes in themselves, their children, and their families by practicing exclusive breastfeeding and savings activities which they gained knowledge from the M2M activities. More women are willing to share their experiences with others. In Year 2, all 77 target villages targeted by the project were certified as open defecation free (ODF) area.

Access to health services, which had shown improvements in Year 1 with the positive impact of the Kenyan government's Primary Healthcare Reform, was somewhat interrupted in Year 2 by disruptions during the implementation of the new Social Health Authority (SHA) system in October 2024 and reductions in US foreign aid since February 2025. However, even under such circumstances, the facilities supported by the project achieved the annual plan targets for indicators related to “ANC rates,” “family planning,” and “the percentage of children receiving full immunization”. These achievements are particularly the result of ongoing awareness-raising activities in the communities. From Year 3 onward, the project will strengthen efforts to ensure that these achievements are sustained by our counterparts even after its completion, while also strengthening improvements in the quality of healthcare services.

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

3. Activity Report

Reporting Period : June 1, 2024 - May 31, 2025

Annual Plan	Achievements	Progress Status
1.1: Infrastructure is improved at health facilities		
Construction of a maternity block at Kiptangwanyi Health Centre	<u>1 block</u>	<p>A maternity block was constructed at Kiptangwanyi Health Center, which receives a large number of pregnant and breastfeeding women from the surrounding area. Equipment was also procured and delivered to the new maternity block. When equipment was delivered, training was also provided by the supplier company on how to use and maintain the equipment.</p> <ul style="list-style-type: none"> • Main equipment provided: Delivery beds, infant warmer, medicine trolley, autoclave, weighing machine for adults, infant/newborn weighing scale, ambu bag, pulse oximeter, Foetal heart rate Doppler machine, examination light, drip stands, Hospital beds, blankets and bed sheets, wheel chair, etc. <p>On February 12th, a handover ceremony was held with the participation of stakeholders from Nakuru County, Gil-Gil Sub-County, and the villages supported by the project, as well as representatives from Shionogi & Co., Ltd., and WV. The new maternity block was officially handed over to Nakuru County with the signing of a Handover Agreement and Certificate. The Nakuru County Government will be responsible for the operation and maintenance of the new maternity block.</p>
1.2: Healthcare workers are equipped with better knowledge and skills in MNCH services		
Knowledge and skills training for healthcare workers	<u>Healthcare workers* at the four health facilities</u>	<p><u>[Knowledge and skills training for healthcare workers]</u></p> <p>In Year2, the following Continuous Medical Education (CME) sessions were conducted with the aim of refreshing the knowledge of clinical skills of health staff for specific needs in clinical settings.</p>

	<p>*Including associate doctors, nurses, pharmacists, and laboratory technicians</p>	<ul style="list-style-type: none"> • July: Kiptangwanyi Health Center, 10 healthcare workers, "Maternal and neonatal emergency care, and the latest guidelines from the American College of Obstetricians and Gynecologists of America (ACOG) and WHO" • August: Kiptangwanyi Health Center, 14 healthcare workers, "Adverse event following immunization (AEFI)" • September: Kiptangwanyi Health Centre, 7 healthcare workers, "High blood pressure in pregnancy" • October: Oljorai Health Center, 5 healthcare workers, "How to manage pneumonia" • November: Oljorai Health Center, 5 healthcare workers, "Tuberculosis in pregnancy" • December: Kiptangwanyi Health Centre, 15 healthcare workers, "Breastfeeding" • January: Kiptangwanyi Health Centre, 13 healthcare workers, 4 CHVs, "Tuberculosis in children and pregnant women" • February: Kiptangwanyi Health Centre, 15 healthcare workers and CHVs, "Diarrhea in children" Kiambugo Dispensary, 5 healthcare workers, "Labor arrest due to abnormal presentation and orientation" • March: Tangi Tano Dispensary, 6 healthcare workers and CHVs, "Pneumonia in children" • April: Kiptangwanyi Health Centre, 8 healthcare workers, "Cord prolapse / Cord ptosis" <p><u>[Maternal and Perinatal Death Surveillance and Response (MPDSR) review meeting]</u></p> <p>Monthly reviews were conducted for maternal and neonatal cases (referral cases, stillbirths, etc.) that occurred at each health facility. The participants identified areas for improvement in clinical skills, nursing</p>
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	<p>care, communication and awareness and discussed how to follow up on patients in the future. The regular review with staff at each facility provides an opportunity to identify high-risk pregnancies at an early stage and to reaffirm team structure to prepare for emergency visits and unexpected events during delivery. (25 healthcare workers from Kiptangwany Health Centre, Oljorai Health Centre and Kiambugo Dispensary)</p> <p><u>[Data review meetings]</u></p> <ul style="list-style-type: none"> September: Review of data from June to August at Kiptangwany Health Center, Oljorai Health Center, Kiambugo Dispensary, and Tangi Tano Dispensary. <p><u>[Expanded Programme on Immunization (EPI) Planning Meeting]</u></p> <ul style="list-style-type: none"> September: A two-day "Planning Meeting" (24 health staff participated). Household mapping, identifying priority areas for integrated outreaches, identifying barriers to accessing MNCH services and developing countermeasures and action plans. <p><u>[Supportive Supervision]</u></p> <p>Supportive supervision and mentorship were conducted by 5 officers from the Sub-County Health Management Team. They reviewed the quality of health services and immunization data management, as well as quality of reported data, and identified various need gaps (by reviewing data, ensuring thorough hygiene management, and identifying staff in need of training and the lack of equipment/supplies).</p> <ul style="list-style-type: none"> September: Conducted at seven health facilities in Elementaita Ward March: Conducted at the four health facilities
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Integrated outreaches	<u>33 times</u>	Integrated outreaches were conducted 33 times in villages covered by the four supported health facilities and at designated venues. (See Table 1 below for the number of beneficiaries of each health service.) In Year 2, a total of 3,272 mothers and children were reached by these integrated outreaches.
Data management review meeting	<u>5 times</u>	<p>In collaboration with the Sub-County Health Management Team, meetings were held to improve data quality of the seven health facilities in Elementaita Ward. This review aims to raise awareness of data accuracy as these data are critical information referenced for developing healthcare service improvement plans. (The following is an overview)</p> <ul style="list-style-type: none"> • August: 13 participants from the seven health facilities in Elementaita Ward. Reviewed the data on ANC and family planning counseling, and discussed how to schedule ANC, strengthen follow-up, and improve counseling. • September: 19 healthcare workers from Elementaita Ward participated. Discussed missing data and lack of equipment/supplies for MNCH. The need for cross-check before data submission and regular data review at each facility was noted. • December: Data management review (2 days) with staff at each health facility in Elementaita Ward and the Ministry of Health in Gil-Gil Sub-County. Review of each indicator and data from June 2023 to September 2024 at the supported health facilities. Future action plans were prepared at each health facility and were submitted to Gil-Gil Sub-County. • January: Data review for the November-December 2024 period at Kiptangwanyi Health Centre with 12 participants. To ensure the quality of data, it was

		<p>agreed that each healthcare worker should compile data weekly.</p> <ul style="list-style-type: none"> March: the Sub-County Health Management Team and healthcare workers from the four health facilities participated. ANC coverage and facility-based delivery rates were confirmed. Missing data on malnourished children were identified.
1.3: Community-level health systems are strengthened to ensure sustainable improvements in MNCH and nutrition		
Training for Community Health Volunteers (CHVs)	<u>1 time</u>	<p><u>[Quarterly meetings with CHVs]</u></p> <p>Conducted following up on CHVs who received training in Year 1. In November, a review meeting was held with 14 CHVs in Mbaruk/Eburu and Elementaita wards. The achievements of activities to date was reviewed, and it was agreed to update the household mapping for pregnant women and children. Review of the content of the Baby Friendly Community Initiative (BFCI) program will be done monthly during M2M group meetings.</p>
Household visits by CHVs	<u>334 visits</u>	<p>CHVs continue to visit households identified in Year 1 in each village. In Year 2, household visits focused on following up teenage and high-risk pregnant women. (334 visits)</p> <p>In addition, the Gil-Gil Sub-County Public Health Officer and dispensary nurses initiated a “group ANC” at the Kiambugo Dispensary in June which has resulted in strengthening collaboration with health facilities. 18 pregnant women (34 -38 weeks pregnant) receive checkups on the same day, creating an opportunity to share concerns and experiences and support each other.</p>
Formation of Mother to Mother support groups (M2M)	<u>19 groups</u>	<p>Through the M2M groups, pregnant women have the opportunity to learn MNCH information. The CHVs of each village call for weekly meetings, and once a month, Gil-Gil Sub-County officers such as the Public Health Officer and a registered nutritionist participate according</p>

groups) and monthly meetings		<p>to the topics that will be covered that month. It is an opportunity for members who have been participating since last year to share their experiences with other members such as on the benefits of savings activities and facility-based delivery. Savings group activities are continued to be carried out voluntarily; and many women who participate in savings activities feel that their livelihoods have improved and their lives have changed. 19 M2M groups (809 members) were active at the end of Year 2.</p> <p>■ Main topics discussed in the M2M groups were: family planning, ANC, immunization, food groups recommended for pregnant and breastfeeding women, warning signs during pregnancy, exclusive breastfeeding, how to care for pregnant women, how to use water purification tablets, how to maintain a kitchen garden, how to save money, etc.)</p> <p>[Review meeting with CHVs]</p> <ul style="list-style-type: none"> August: Led by the Gil-Gil Sub-County Public Health Officer, a review meeting was held for 10 new CHVs to review the management of M2M groups. They learned how to use the report format and prepared an action plan.
2.1: Capacity to address WASH issues is strengthened in health facilities and schools		
WASH training for healthcare workers and CHVs		This activity was integrated with the “Implementation of CLTS” activity.
Support for securing safe water within		This activity was integrated with the “Implementation of CLTS” activity.

the communities		
Community-Led Total Sanitation (CLTS) training and monitoring	<u>2 times</u>	In March, two CLTS review meetings were held jointly with the Gil-Gil Sub-County Public Health Officer and 30 CHVs to carry out the certification process for ODF villages (verifying compliance with ODF certification standards). As a result of household surveys conducted in 15 villages (634 households), it was confirmed that all households had latrines and handwashing facilities with soap.
2.2: Knowledge on WASH practices is acquired and practiced by the communities		
Establishing and training school health clubs	<u>7 schools</u>	<p>In Year 2, the Gil-Gil Sub-County Public Health Officer conducted sanitary inspections at 7 primary and secondary schools to verify compliance with the Ministry of Health standards. After the inspections, follow-up WASH awareness-raising activities were conducted for teachers and students. (The following is an overview)</p> <p>■ The criteria for sanitary inspection: the number of toilets per number of students and teachers, the condition of each facility (cleanliness of latrines, handwashing stations, water tanks, classrooms, staff room, playground and kitchen, and availability of trash bins, cleaning tools, soap and detergent), and facility safety.</p> <p>■ The key topics of the awareness-raising activities: Effective handwashing practices using soap, food hygiene, water-borne diseases, how to use water purification tablets, how to set up a simple hand-washing station (tippy tap), cleaning methods for classrooms and school premises, how to run the school health club (including how to take minutes), hygiene practices at home (water purification methods), proper waste disposal methods, etc.</p>

		<ul style="list-style-type: none"> September: Sanitary inspections and awareness-raising on “School hygiene promotion” at 4 primary schools February: Awareness-raising on “Health and WASH” at 5 primary and secondary schools April: Sanitary inspections at 2 primary schools. The conditions of sanitation facilities at each school was checked. A report on the current situation and recommendations were submitted to the Health and Education Departments of Gil-Gil Sub-County later.
WASH training for teachers	<u>12 schools</u>	<p>In April, WASH training was provided to principals and teachers of 12 schools (9 primary and 3 secondary schools) to improve their knowledge of WASH.</p> <p>■ The key topics of the training: How to monitor the sanitary conditions at each school and the implementation of health club activities, teachers’ roles in WASH management, how to set up simple hand-washing stations (tippy tap), how to use water storage tanks, water purification methods, etc.)</p>
Implementation of CLTS	<p><u>ODF: 77 villages</u></p> <p>Of these, 37 villages were supported by this project and WV’s Child Sponsorship Programme and 40 villages were supported by Nakuru County.</p>	<p>With the aim of achieving ODF in the project area, CLTS was carried out in collaboration with Nakuru County and WV’s Child Sponsorship Programme. In November, working with the Gil-Gil Sub-County Public Health Officer, CHVs, and village chiefs, awareness-raising activities on CLTS (CLTs triggering) were conducted in 10 villages. Subsequently, a total of 21 WASH dialogue sessions were held throughout the year in collaboration with CHVs, the Public Health Officer, and village chiefs. As a result of strengthening CLTS in each village, all 77 supported villages were certified as ODF by the end of Year 2. The project will continue its efforts to ensure their ODF status is sustained.</p>

		<p>■CLTs triggering include:</p> <p>Confirming the installation status of household latrines and handwashing facilities, checking traces of open defecation, and awareness-raising on various diseases caused by open defecation and unsafe water, hygiene management, purification of drinking water at home, and proper waste disposal methods.</p>
Raising awareness through global health and WASH anniversary events	<u>1 time</u>	<p>In line with the Malezi Bora Campaign, an MNCH awareness campaign promoted by the Kenyan government, the project supported 5 days of outreach in 5 villages in October. 5 CHVs, 2 nurses, and the Sub-County Public Health Officer toured 25 educational facilities (preschools and primary schools), churches, major roads, and households to conduct vaccinations, distribute vitamin A and deworming pills, and monitor children's growth. Approximately 2,000 children were reached.</p>
3.1: Baby Friendly Community Initiative (BFCl) is implemented and expanded		
BFCl training	<u>72 people</u>	<p>BFCl 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 events		<p>This activity was integrated with the "Raising awareness through global health and WASH anniversary events" activity.</p>

Output 3.2: Integrated Management of Acute Malnutrition (IMAM) is strengthened		
IMAM training		Not conducted in Year 2
Follow-up of acutely malnourished children	<u>Total of 82 children</u>	<p>Follow-up was provided to children diagnosed with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) through the integrated outreaches and the Malezi Bora Campaign mentioned above. Based on the BFCI model, CHVs provided ready-to-use therapeutic food (RUTF), and provided continuous guidance to parents about food groups and how to prepare nutritious infant food. (The following are the total number of children who received follow-up.)</p> <ul style="list-style-type: none"> • June: 12 children were continued to be followed –up from May. (No new cases) • July: 12 children were continued to be followed –up from May. (No new cases) • August: No new cases. CHVs continued to follow the 12 children who had received treatment until the previous month. • September: 1 new child with MAM. • October: 3 children with SAM and 4 children with MAM identified at the Malezi Bora Campaign. • November: 7 children from the previous month and 1 new child were continued to be followed. • December: Nutritionists from Gil-Gil Sub-County and CHVs conducted household visits in 6 villages where children identified as malnourished and not fully immunized (30 children in total) at the Malezi Bora Campaign reside.
Output 4.1: Build a positive policy environment through community led advocacy		
Formation of community advocacy groups	<u>1 group: 26 members</u>	<p>The following activities were carried out:</p> <p>In November, representatives from five health facilities and 26 members of the community advocacy group participated in a discussion on solutions for MNCH challenges. They agreed to continue advocating with the</p>

		<p>county government. (Summary follows)</p> <ul style="list-style-type: none"> • Need for additional healthcare workers • Need to arrange a meeting with Nakuru County Council members • Challenges at each health facility: <ul style="list-style-type: none"> - Kiptangwanyi Health Centre to consider possible upgrade to Level 4 (This is a request made by the community as a request for advanced medical care.) - Oljorai Health Centre to construct a staff house and latrines to enable 24 hour service at the facility - Kiambogo Dispensary to install fencing around the premises, provide waiting areas, install shelves in the facility and supply oxygen cylinders -Tangi Tano Dispensary to install latrines and assign additional staff <p>*Munanda Dispensary, which is supported by WV's Child Sponsorship Programme, also participated</p>
<p>Approach to the county and sub-county government sector working groups and policies</p>		<p>In February, under the guidance of the Gil-Gil Sub-County, the project advocated for the integration of its activities (integrated outreaches, MPDSR, CME training, etc.) into Nakuru County's annual plan during the formulation of annual plans for each health facility. Furthermore, data management reviews, supportive supervision, and EPI coverage meeting have been integrated into the sub-county annual plan and are being implemented as sub-county activities.</p>

Table 1: Integrated Outreach clients (June 2024-May 2025) ※Total of the four health facilities

	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Outpatient consultation for children under 5	49	96	35	83	135	260	93	96	69	73	102	101	1192
Nutrition screening for children under 5	13	78	26	49	81	99	93	93	37	38	85	89	781
Underweight	0	3	3	1	4	0	0	0	1	1	0	0	13
MAM	0	0	3	1	1	0	0	0	0	1	0	0	6
SAM	0	0	0	0	0	0	0	0	0	0	0	0	0
Antenatal care	5	11	1	12	15	9	4	10	4	5	6	22	104
Postnatal care	2	11	12	11	8	4	4	2	0	5	10	8	77
Immunization for children under 5	22	70	20	81	48	63	21	54	37	4	77	90	587
Vitamin A supplementation	261	56	10	5	39	14	31	7	5	5	16	13	462
Diarrhea treatment	3	9	0	3	4	2	0	5	3	4	2	15	50
Total clients of the above services: 3,272													

Table 2: Activities in the Villages (June 2024-May 2025)

Community Health Unit	Health Facility	No. of Community Healthcare workers	No. of Villages	M2M groups	M2M Group Members	WASH clubs at schools
Njeru	Kiptangwanyi Health Centre Oljorai Health Centre	12	11	1	45	1
Kiptangwanyi		12	12	3	144	2
Oljorai		9	9	7	260	2
Koilel		16	16	6	271	5
Muthaiti	Kiambogo Dispensary	8	6	0	0	1
Kiambogo		9	9	1	47	2
Tangi Tano	Tangi Tano Dispensary	7	7	1	42	4
Elementaita	Elementaita Dispensary	6	7	0	0	5
	Total	79	77	19 groups	809	22 clubs

*WASH Clubs: In Year 1, the project supported the establishment of 14 WASH Clubs. In Year 2, it supported the strengthening of 11 WASH Clubs. (There were 8 existing clubs prior to the project.)

4. Monitoring / Evaluation (as of end of Year 2)

As achievements of Year 2, information as of the end of May 2025 was obtained from the Gil-Gil Sub-County Health Records Information Officer (SCHRIO) (details below). Since “maternal mortality rate” and “under-five mortality rate” 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 Year3 completion 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	End of Yr. 2 End of May 2025
Pregnant and breastfeeding women and children under 5 years of age have improved maternal and child health	Maternal mortality rate *	0	0	0 at the mid-term point	-
	Under-five mortality rate *	5%	1.5%	0.3% at the mid-term point	-
	Total number of visitors to the four health facilities* *Clients of MNCH services and Under5 OPD clients (clients receiving health services at facility and by integrated outreaches) *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	42,502	37,668	33,396
【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%	111%
	Percentage of mothers receiving skilled professional assistance during delivery	82%	85%	81%	76%

for pregnant and breastfeeding women and children under 5 years of age	Percentage of infants receiving postnatal care within 48 hours	67%	100%	100%	81%
	Rate of complications during childbirth	2%	1%	1.3%	3.3%
	Percentage of women of childbearing age receiving essential supplies for family planning	70%	70%	76%	101%
	Percentage of children receiving full immunization	85%	96%	73%	104%
【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	874
【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	340
【Outcome 4】 Strengthened governance, policy and public engagement on MNCH in Nakuru County.	Number of policy documents issued	N/A	1	0	0

[Achievements of Year 2]

Although there were signs of improvement in many indicators at mid- Year 2, the introduction of the new social security system, the Social Health Authority (SHA) in October 2024, posed some challenges for a period of about six months in which teenage pregnant women could not access public

health services due to the difficulty in registering for SHA. As a result, some indicators achieved lower levels than compared to the start of Year 1 or Year 2. In July 2025, Gil-Gil Sub-County sorted out the challenges by allowing all pregnant women to access healthcare services at health facilities even without SHA registration; ensuring all pregnant women can receive healthcare services. This measure is expected to help improve the indicators that have decreased temporarily.

Indicators that showed improvement in Year 2 include the percentage of pregnant women having 4 or more ANC visits (from 68% in the Year 1 completion report to 111%), the percentage of women of childbearing age receiving essential supplies for family planning (from 76% in the Year 1 completion report to 101%), and the percentage of fully immunized child (from 73% in the Year 1 completion report to 104%). (Figures for the annual targets set by the sub-county)

The improvement in the figures of the ANC rate, family planning, and immunization is attributed to enhanced community awareness, which has facilitated smoother referrals from CHVs to health facilities. In addition to household visits by CHVs, M2M group activities have created a new platform where pregnant and breastfeeding women, and mothers raising children can gather on a regular basis. This has increased the opportunities for CHVs to deliver health messages to more women, and has enabled them to identify women at risk on the spot, leading to more timely and appropriate referrals. This is considered a major contribution of the project. Furthermore, essential medicine stock-outs that was a challenge in Year 1 was resolved in Year 2, leading to improvements in these values.

While the above indicators showed an increase, the following indicators experienced a decrease in their values during Year 2.

- Percentage of mothers receiving skilled delivery assistance (from 81% in the Year 1 completion report to 76%)
- Percentage of newborns receiving postnatal care within 48 hours (from 100% in the Year 1 completion report to 81%)
- Rate of complications during childbirth (from 1.3% in the Year 1 completion report to 3.3%)

Although the percentage of mothers receiving skilled delivery assistance had improved to 98% at the mid-term point of Year 2, many pregnant women were referred to private facilities because they could not register with the SHA in the latter half of Year 2. As a result, the number of deliveries at the facilities supported by the project did not increase, and the achievement rate for the whole year remained at 76%. The percentage of infants receiving postnatal care within 48 hours was 96% at the mid-point of Year 2, and it was expected that it would improve thereafter, but it decreased to 81% due to the same SHA issues. In addition, the impact of human resource shortage at Kiptangwany Health

Center, which handles many deliveries in this area, remains a challenge.

The rate of complications during childbirth indicates the percentage of pregnant who experienced complications out of the total number of deliveries at the four targeted facilities. Its value increased from 1.3% (10/755 cases) to 3.3% (20/592 cases), which can be said to be a result of the improvement in diagnostic skills of healthcare workers. There have been no maternal and infant deaths, suggesting that appropriate treatment is being provided in clinical practice even when preeclampsia complications or excessive bleeding occur.

Regarding the number of diarrhea cases in children under 5 years of age (from 885 cases to 874 cases) and underweight cases in children under 5 (from 292 cases to 340 cases), the actual total number cannot be determined without conducting household surveys. Therefore, the project plans to conduct household surveys in September of Year 3 in collaboration with Gil-Gil Sub-County.

[Challenges and Prospects]

At the health facilities in the project area, the problem of shortage of human resources and a concentration of services in the central Kiptangwanyi Health Center still remain. Kiptangwanyi Health Center serves as the referral medical facility for the area, but there has been a shortage of human resources, especially since the withdrawal of USAID support in February. Starting in the second half of Year 2, data gaps in the record books and staff burnout have been pointed out by the sub-county supervisor team. In addition, among the health services, delivery assistance at the facility and integrated outreaches to villages have not been provided according to the annual plan. The USAID project used to deploy personnel (nurses, laboratory technicians, and associate doctors) to provide HIV/AIDS counseling services and also provided support for data management. Following the discontinuation of USAID support, the Kenyan Ministry of Health announced a policy to integrate HIV/AIDS and tuberculosis prevention and treatment services into outpatient services at health facilities nationwide. Consequently, the health facilities supported by the project are now providing these services in addition to their regular operations. This has placed the project health facilities in a situation where they must handle increased workloads without any filling of staff vacancies.

Under these circumstances, the concentration of clients at Kiptangwanyi Health Center has not been alleviated. At the time of the Year 2 completion report, there was no significant change in the dispersion rate compared to the mid-term point of Year 2 for either Number of ANC clients (Table 1) or Number of deliveries at the facilities (Table 2). In particular, Oljorai Health Center continues to

operate only during weekday working hours because it still lacks staff housing. Due to the inability to accommodate deliveries on weekends and at night, the number of deliveries at the health center in Year 2 decreased from 2022. (The number of ANC slightly increased)

The redeployment of staff to Oljorai Health Centre requires an increase in the number of clients, so the project will continue to engage with Nakuru County and Gil-Gil Sub-County regarding the construction of staff housing, with the aim of increasing the number of clients accessing health services. The project will also continue to raise awareness about the deployment of additional nurses to Kiptangwanyi Health Centre.

Table 1: Number of ANC cases at the four supported health facilities

Health Facility	2022 (12 months)	Year 1 (June 2023 - May 2024)	Year 2 (June 2024 - May 2025)
Kiptangwanyi Health Centre	1,862 (49.4%)	2,125 (49.2%)	1,920 (44.9%)
Oljorai Health Centre	1,174 (31.1%)	1,127 (26.1%)	1,221 (28.5%)
Kiambogo Dispensary	660 (17.5%)	917 (21.2%)	986 (23.0%)
Tangi Tano Dispensary	75 (2.0%)	148 (3.4%)	153 (3.6%)
Total	3,771 (100%)	4,317 (100%)	4,280 (100%)

Table 2: Number of deliveries at the facilities

Health facility	2022 (12 months)	Year 1 (June 2023 - May 2024)	Year 2 (June 2024 - May 2025)
Kiptangwanyi Health Centre	592 (74.4%)	604 (80%)	500 (84.5%)
Oljorai Health Centre	114 (14.3%)	52 (6.9%)	19 (3.2%)
Kiambogo Dispensary	90 (11.3%)	99 (13.1%)	72 (12.2%)
Tangi Tano Dispensary	0 (0%)	0 (0%)	1 (0.2%)
Total	796 (100%)	755 (100%)	592 (100%)

[Initiatives for Project Sustainability]

Throughout its life period, the project is carried out in collaboration with our counterparts, Nakuru County and Gil-Gil Sub-County, as well as local medical and healthcare workers. By supplementing and integrating the annual plans of relevant departments in the sub-county, the project is working to ensure that various activities will be carried on even after its completion. From the latter half of Year 2, messages emphasizing the fostering of local ownership have been consistently communicated in every activity to ensure the sustainability of the project's achievements.

For medical and healthcare workers, the project works to build their capacity by providing ongoing technical training opportunities, aiming to ensure that quality healthcare services continue to be provided even after project completion. In addition, local M2M group activities are implemented in conjunction with the activities of CHVs to strengthen collaboration with existing community health services. Through training, female members of the M2M groups have learned the method of saving groups, which has not only strengthened their support system but also helped improve their individual livelihoods. In Year 3, the project will focus more intensely on ensuring sustainability, aiming for its achievement to continue by the counterparts voluntarily, even after its completion.

5. Project Implementation Schedule (Progress as of May 2025)

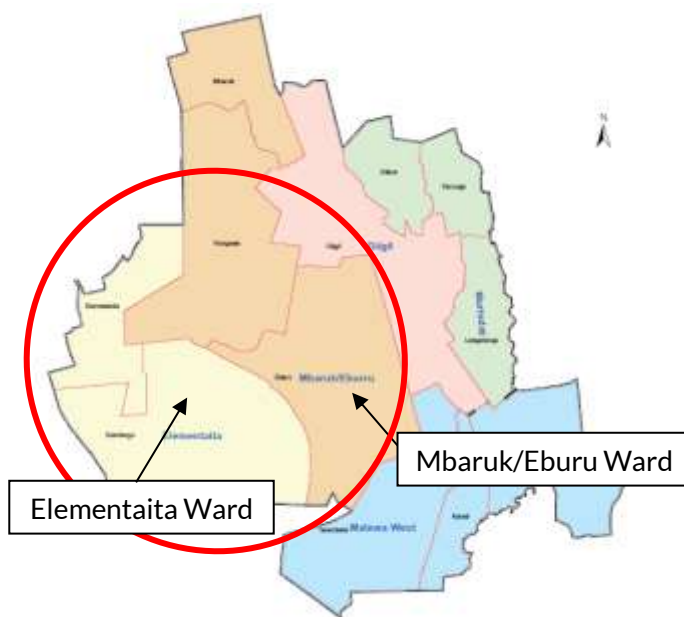
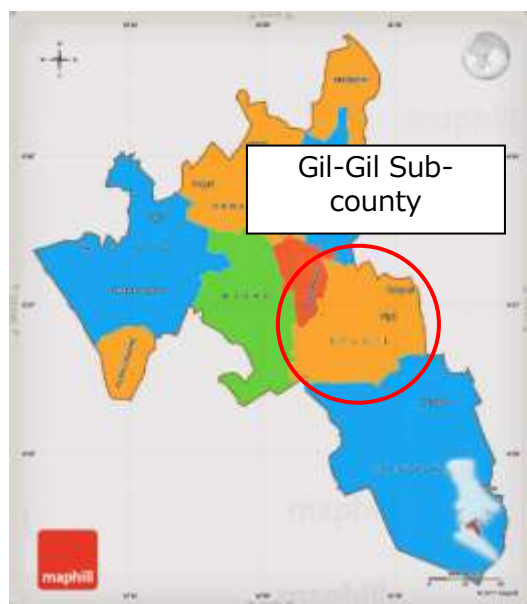
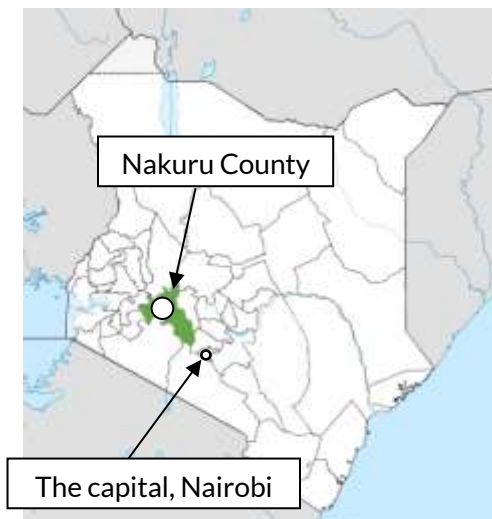
Blue: Initial plan Red: Actual

Activities	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Output 1.1												
Construction and extension of maternity blocks												
Provision of equipment and supplies												
Output 1.2												
Knowledge and skills training for healthcare workers												
Supportive supervision												
Integrated outreaches												
Data management reviews												
Output 1.3												
Training for CHVs and CHAs												

[illegible]

[Appendix]

1) Map of the project sites



Project sites: Elementaita and Mbaruk/Eburu wards

2) Activity photos

	
<p>August: Groundbreaking ceremony (center: (Nakuru County Executive Committee Member for Health)</p>	<p>October: Superstructure Walling</p>
	
<p>November: Roofing</p>	<p>January: Exterior work</p>
	
<p>Delivery room in the new maternity block</p>	<p>PNC room in the new maternity block</p>



Knowledge and skills training for healthcare workers and CHVs (Oljorai Health Center)



Group ANC
(Kiambogo Dispensary)



Supportive supervision
(Kiambogo Dispensary)



MPDSR meeting at Kiambogo Dispensary



Supportive supervision



MPDSR meeting at Kiambogo Dispensary



Integrated outreach by Kiambogo Dispensary



Integrated outreach by Oljorai Health Center



M2M group activity



M2M group activity



M2M group activity



Meeting with CHVs



Malezi Bora Campaign
CHV weighing a baby



Establishing and training a school health club



Promoting school hygiene at a primary school



CLTs Review Meeting



Sanitary inspection at a primary school



WASH training for teachers