

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

August 31, 2026
(Reporting period: June 2025 to May 2026)

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1. Summary of the Project

Project Name	Kiambogoko Mother to Mother SHIONOGI 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	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. Purpose and content of the project

This project is implemented in Oljorai and Kiambogo Locations¹ in Elementaita Ward, Nakuru County. A total of four health facilities², 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 data, out of 275,921 children under 5 years of age, about 27.9%

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

² See Appendix 2 for Kenyan Health System

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.

To sustain and build upon the achievements of the extensive training provided to healthcare workers during Years 1 and 2, the project continued to provide supportive supervision and mentoring to healthcare workers throughout Year 3. Through this ongoing support, healthcare workers further improved their clinical skills and demonstrated increased motivation to deliver quality healthcare services.

The maternity block of Kiptangwanyi Health Center, which was constructed under the project in Year 2 and subsequently handed over to Nakuru County, has become a key hub for the provision of maternal and child health services in the area, delivering essential healthcare services to a large number of pregnant women and mothers. Building on the success of Kiptangwanyi Health Center, Nakuru County has begun using it as a model when planning maternity ward upgrades at other health centers across the county. In parallel with the project-supported renovation of the health center’s laboratory and maternal and child health unit (under-five clinic), Nakuru County also initiated renovations of the outpatient department using its own resources. Furthermore, in February 2026, Kiambogo Dispensary was upgraded to health Center status, and three additional staff members were deployed to Kiptangwanyi Health Center. These developments demonstrate how the project’s support has encouraged increased government investment and commitment to strengthening maternal and child health services.

In the target villages, the close collaboration between Community Health Volunteers (CHVs) and

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

health centers has enabled many pregnant and breastfeeding women to join their Mother-to-Mother (M2M) groups as new members and actively participate in group activities. In addition to serving as a platform for CHVs to disseminate maternal and child health information, M2M group meetings have functioned as a forum where experienced mothers in leadership roles share their knowledge and experiences with newly enrolled mothers. Furthermore, women participating in the savings groups have gained access to low-interest loans. Income generated from individual and group-based income-generating activities established through these groups has contributed to improvements in their household economic conditions. Findings from the Household Water, Sanitation and Hygiene (WASH) Survey conducted in the third year of the project (920 households) indicate positive changes in hygiene-related behaviors among community members. It is expected that these improvements will continue and further progress will be achieved after the completion of the project.

The Mother to Mother SHIONOGI Project, Phase III, has produced steady results in the community through a variety of initiatives implemented over the 3 years of collaboration with counterparts. During Phase II, various changes occurred, including the Kenyan government's reform of primary health care, the introduction of a new social security system, the Social Health Authority (SHA), in October 2024, and the U.S. government's reduction in overseas aid since February 2025. Even under these circumstances, the proportion of pregnant women who received at least 4 ANC visits at the facilities targeted by the project increased by 27% from the baseline value (52%) and was 19% higher than the project completion target (60%). The percentage of infants receiving postnatal care within 48 hours increased by 33% from the baseline (67%), achieving the target of 100%. These results are the result of changing the attitudes and behaviors of counterparts and local residents, particularly through continued community-based awareness activities. It is expected that these results will be sustained and improved by counterparts even after the project ends.

3. Activity Report

Reporting Period: June 1, 2025 to May 30, 2026

Annual Plan	Achievements	Progress
1.1: Infrastructure is improved at health facilities		
Construction of a maternity block at Kiptangwanyi Health Center	<u>1 block</u>	The project renovated one existing block and provided medical equipment and supplies at Kiptangwanyi Health Center, which serves as a referral facility for pregnant women and children from the surrounding area. Prior to the renovation work, the facility provided the services of a clinic for children under five and a clinical laboratory in a single building. However, children visiting for regular checkups and patients with possible infectious diseases, such as malaria and tuberculosis, were forced to wait in the same waiting room, leading to the risk of infections. The renovation work divided the entrance into two and completely separated the two functions, preventing contact between the two groups. The project also paved and improved the ground on the health center's premises, which was previously bare, contributing to safe access for users, smooth movement of ambulances, and reduced dust. The project provided the following laboratory equipment, supplies, and furniture for the renovated clinical laboratory and the Maternal and Child Health Block (the clinic for children under five). ➤ List of supplies provided <u>Clinic for children under five:</u> Height measurement board, digital infant scale, scale for both mother and child, thermometer, blood pressure monitor, fetal Doppler, fetal stethoscope, examination table, step stool, examination

		lamp, MUAC tape, Z-score chart, vital signs monitor, patient screen partition, treatment wagon, wall clock <u>Laboratory:</u> Height scale, weighing scale, microscope, rotator/shaker, water bath, electronic balance, centrifuge, ESR stand, ESR tube, micropipette stand, micropipette (10~100 μL, 100~1000 μL), pipette tip rack (10~100 μL, 100~1000 μL, medical waste separation container (Yellow, red, black), tourniquet, timer, digital room temperature gauge Supplies provided enabled the laboratory to offer 20 different laboratory services. (Tests such as hemoglobin level, ESR (erythrocyte sedimentation rate), HbA1c (blood sugar level), and tests for malaria, hepatitis B (hepatitis B), Salmonella, and other types of diarrhea) The number of samples that can be tested at one time has been increased, and patient waiting times have been significantly reduced. With the project support, testing and diagnosis can be made more efficiently, and the referral function of the Kiptangwanyi Health Center has been improved. The handover ceremony held on May 20 was attended by the Deputy Governor of Nakuru County, Gil-Gil Sub-County, officials and representatives from the target villages (CHAs, CHVs, village chief, etc.), and WV staff. The renovated clinical laboratory and maternal and child health block (under-five clinic) were officially transferred to Nakuru governorate with the signing of the handover document. From now on, the Nakuru governorate will be responsible for the maintenance and operation of the facilities and equipment that have been supported by this project.
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1.2: Healthcare workers are equipped with better knowledge and skills in MNCH services

Knowledge and skills training for healthcare workers

Healthcare workers* at the four health facilities

*Including clinical officers, nurses, pharmacists, and laboratory technicians

[Knowledge and skills training for healthcare workers]

In accordance with the training needs of healthcare workers in each health facility, the following Continuous Medical Education (CME) sessions were held in the third year with the aim of refreshing the necessary clinical skills.

- June: Kiptangwanyi Health Center, 9 healthcare workers, “Neonatal Resuscitation”
- July: Kiptangwanyi Health Center, 9 healthcare workers, “Early Breastfeeding after Childbirth”; Kiambugo Dispensary, 6 healthcare workers, “Tuberculosis”
- August: Kiptangwanyi Health Center, 8 healthcare workers, “Postpartum Hemorrhage”; Oljorai Health Center, 6 healthcare workers, “Postpartum Hemorrhage”
- September: Oljorai Health Center, 6 healthcare workers, “Neonatal Resuscitation”; Kiambugo Dispensary, 5 healthcare workers, “Management of Retained Placenta”; Tangi Tano Dispensary, 5 healthcare workers, “Diarrhea”
- October: Oljorai Health Center, 8 healthcare workers, “Arrested Labor (Prolonged and Obstructed Labor)”
- November: Oljorai Health Center, 7 healthcare workers, “Maternal Nutrition”; Kiambugo Dispensary, 6 healthcare workers, “Prevention of Infectious Diseases”
- December: Kiambugo Dispensary, 6 healthcare workers, “Family Planning Counseling and Birth Spacing”
- January: Kiambugo Dispensary, 6 healthcare workers, “Active Management of Stage 3 of Labor”

	➤ Kiptangwanyi Health Center, 10 healthcare workers, "Preconception Care" <u>[Maternal and Perinatal Death Surveillance and Response (MPDSR) review meeting]</u> The participants reviewed maternal and newborn cases that occurred at each health facility (including referral cases and stillbirths), identified areas for improvement in clinical skills, nursing care, communication, and awareness activities, and provided opportunities to discuss future patient follow-up methods. By regularly sharing and reviewing case studies with staff at each facility, it is an opportunity to lead to early detection of high-risk pregnancies and to reconfirm team structures for emergency visits and unexpected events during delivery. (25 healthcare workers from Kiptangwanyi Health Center, Oljorai Health Center and Kiambugo Dispensary) <u>[Data review meetings]</u> ➤ December: The Gil-Gil Sub-County team conducted mentorship and data management review at 4 target health facilities. The team reviewed data on maternal and child health, mainly in outpatient and integrated outreaches, immunization indicators (checking consistency between records and system figures), instructed staff on how to complete records and health information systems, and checked the quality of maternal and child health services and proposed improvements. <u>[Expanded Programme on Immunization (EPI) Planning Meeting]</u> ➤ July: In collaboration with Gil-Gil Sub-County, a 2 day "planning meeting" was held with 30 healthcare workers from health facilities in Elementaita ward.
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		The team worked on household mapping, identifying priority spots for integrated outreaches, identifying and addressing barriers to maternal and child health services, and developing action plans. <u>[Supportive Supervision]</u> In order to train healthcare workers and improve the quality of health services, five officers from the Sub-County Health Management Team implemented supportive supervision and mentorship. The team managed health services and immunization data at each facility, checked the quality of data management, and identified gaps (Review data, ensure hygiene, identify staff in need of training and equipment shortages). ➤ July: four health facilities targeted by the project ➤ October: four health facilities targeted by the project ➤ December: four health facilities targeted by the project Through ongoing on-site technical guidance and reflection, supportive supervision opportunities, and regular data review by the sub-county health management team, healthcare workers at the target health facilities have made changes, including improved clinical skills, compliance with Ministry of Health guidelines, and improved data management. Supportive supervision also provided an opportunity for healthcare workers to discuss their work concerns with the sub-county supervisor, which helped build trust. This has increased healthcare workers' motivation and satisfaction with their work and has enabled them to provide health services with greater confidence. During the project, the sub-county team also had the opportunity to regularly review the status of clinics and
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		health centers, enabling them to identify bottlenecks at health facilities, such as lack of essential equipment and staffing shortages, and to document and report on the situation, with the results reflected in plans and budgets. As a result, 3 staff members were newly assigned to Kiptangwanyi Health Center, which had a chronic shortage of human resources.
Integrated outreaches	<u>41 times</u>	A total of 41 integrated outreaches were carried out in the villages by the health facilities and at designated sites to deliver medical services to mothers and children living in remote villages. (See Table 1 below for the number of beneficiaries of each health service.) Through the efforts of Community Health Volunteers (CHVs) and Community Health Assistants (CHAs) to raise awareness among community members about the importance of utilizing health services and to actively disseminate information on outreach service schedules, many clients came to the outreach services. The outreach services also enabled the identification of children who had not completed their immunization schedules and pregnant women at high risk, facilitating timely and appropriate referrals to health facilities for further care.
Data management review meeting	<u>3 times</u>	In collaboration with the Sub-County Health Management Team (particularly the Sub-County Health Records and Information Officer), efforts were made to improve the quality of health data from seven health facilities in the Elementaita area. Through regular data quality reviews, discrepancies between facility records and the figures reported to the Kenya Health Information System (KHIS) were identified and resolved. The reviews also enabled the monitoring of progress toward each facility's annual performance targets. (Summary below.)

	➤ July: 15 healthcare workers and 14 CHVs participated. Review of data at each health facility, household mapping of pregnant women by CHVs, and reaffirmation of the importance of strengthening follow-up from antenatal care to postpartum. ➤ August: Follow-up meeting to the previous month's data management review meeting held at Kiambugo Dispensary. (8 healthcare workers and CHVs participated.) Review of indicators such as early antenatal care and facility delivery rates, accuracy of data, and importance of case follow-up. ➤ November: Follow-up meeting. 24 healthcare workers from the project's 4 health facilities participated. We reviewed how to use a record book for indicators, how to check for missing data (by checking against a database), how to follow up children who did not complete their immunization schedule, and how to record and follow up severely and moderately malnourished children identified by growth monitoring. Regular joint data review meetings with other health facilities were conducted to verify progress against annual plans and targets. Through this process, healthcare workers demonstrated increased awareness of the importance of data management and strengthened their capacity not only to maintain accurate records but also to use health indicator data for planning and implementing actions aimed at improving service performance and the quality of healthcare services. Follow-up on these action plans were also carried out more systematically. In addition, the meetings provided an open platform for health facilities to share challenges and lessons learned.
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		This contributed to a stronger sense of accountability among healthcare workers regarding data management and fostered improved teamwork across facilities. These positive changes were consistently observed throughout the project period.
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>	<u>[Quarterly meetings with CHVs]</u> A quarterly meeting was held in July with Community Health Volunteers (CHVs) (30 males and 42 females). During the meeting, data from the four target health facilities were reviewed, and challenges related to missing reporting data in the Electronic Community Health Information System (eCHIS), which has been introduced by the Ministry of Health since around mid-2024, were discussed. The roles and responsibilities of CHVs, the importance of updating household mapping data for pregnant women and children, and methods of data collection were also revisited and reinforced. Through capacity strengthening of CHVs, who play a key role in promoting community health, their ability to collect and monitor household-level information on health and water, sanitation and hygiene (WASH) was enhanced. In addition, they became better equipped to provide effective awareness-raising activities on nutrition and WASH practices at the household level. Furthermore, under Activity 2.1, "Support for Securing Safe Water within the Community," continuous guidance and mentoring were provided to CHVs to strengthen their role in promoting access to safe water at the community level.

Household visits by CHVs	<u>920 households</u>	Community Health Volunteers (CHVs) in the target area continued to conduct regular household visits in their respective villages. (Number of households receiving continuous household visits: 920 households) The Group Antenatal Care initiative, which was introduced at Kiambogo Dispensary as a new approach in the second year of the project, initially enrolled eight pregnant women. By the end of the third year, participation had increased to 102 pregnant women. By organizing pregnant women into groups according to their stage of pregnancy and providing them with an opportunity to attend antenatal care together once a month, members of the same group began accompanying one another from their villages to the health facility. This peer support mechanism contributed to more consistent attendance at antenatal care services. On the same day, guidance was also provided on the use of the Mother and Child Health Handbook, enabling essential pregnancy-related information to be communicated more effectively to participants according to their stage of pregnancy. Furthermore, the sessions served as a platform for pregnant women to share their concerns and experiences with one another, thereby facilitating psychosocial support among group members.
Formation of the Mother to Mother support group (M2M group) and monthly meetings	<u>19 Groups</u>	Community Health Volunteers (CHVs) lead weekly Mother-to-Mother (M2M) group meetings, while Public Health Officers and Nutritionists from Gil-Gil Sub-County participate once a month, providing technical support and facilitating discussions on the specific topics covered during that month's sessions. Savings group activities are also ongoing. Participating women experience changes in their own health and their

		children's lives. An increasing number of women are willing to share the information gained from group activities with other participants. At the end of the third year, there are 19 M2M groups with 809 women participating. ■Key topics discussed in the M2M groups include: family planning, antenatal care, immunizations, food groups for pregnant women, warning signs during pregnancy, exclusive breastfeeding, how to care for pregnant women, how to use water purification products, how to maintain a kitchen garden, and how to save money.
2.1: Capacity to address WASH issues is strengthened in health facilities and schools		
Support for securing water communities	Dialogue sessions: 6 villages Household surveys: 46 villages	A household survey was conducted to understand the current status of water sanitation in villages, and a dialogue session and follow-up were conducted to convey information based on the needs of each village. ➤ November: Training on data collection was conducted for 52 CHVs in 46 villages, and an awareness survey on water sanitation in communities was conducted. ➤ December: A dialogue session on water sanitation in communities was conducted in Kapukures village in cooperation with 3 CHVs, village heads, and 8 residents. (54 residents from 4 villages participated and 42 medical students from Nakuru County also observed the activities.). ➤ February: A dialogue session on water sanitation was conducted in 2 villages (Kalivatura and Olepolos) in cooperation with public health officers, CHVs, and village heads in Gil-Gil Sub-county. (Total of 82 participants, with participation from 2 neighboring villages) ➤ March-April: A review of the results of a household survey on water sanitation was conducted with 46

		CHVs, and the results were consolidated. The dialogue sessions encouraged residents to identify their water sanitation challenges and provided an opportunity to share their village challenges (Lack of safe water sources, problems with poorly maintained portable toilets and hand-washing stations, etc.). In addition, they shared ways to improve water sanitation, prepared action plans, and discussed collaboration, and encouraged the whole community to improve water sanitation and change behavior.
Community-Led Total Sanitation (CLTS) training and monitoring	<u>Follow-up was conducted in 15 villages during the third year of the project.</u> <u>77 villages achieved Open Defecation Free (ODF) status and continued to maintain their ODF status.</u> Of these, 37 villages achieved ODF status by the end of Year 2 through support	In August, a review meeting on CLTs (Community-Led Total Sanitation Management Practices for Eliminating Open Defecation) was held. The meeting was attended by Gil-Gil sub-county Public Health Officer, 18 CHVs, and 1 CHV. At the meeting, the participants reviewed how to maintain the status of villages certified as ODF, the number of households that have switched to improved toilets and simple hand washing, various figures (Households that have installed new water storage tanks or are still drawing water from unsafe sources), and the hygiene status of newly relocated households. In each village, efforts have continued to promote the cleaning of simple toilets, the practice of hand washing, the installation of cupboards to dry dishes, clotheslines, and garbage dumps. In the second half of Year 3, ODF monitoring was integrated into the above activity, the Dialogue Session on Water Sanitation in Communities, to confirm whether villages certified as ODF have maintained their status, raise awareness, and continue follow-up.

	provided under this project and World Vision's sponsorship program, while the remaining 40 villages achieved ODF status by the end of Year 2 with support from Nakuru County.	
2.2: Knowledge on WASH practices is acquired and practiced by the communities		
Establishment and training of school health clubs	<u>10 schools</u>	In cooperation with the public health officer of Gil-Gil Sub-county, a "health club capacity building training" was held in 10 primary and secondary schools. Through this program, students and teachers learned proper hygiene practices, how to manage sanitation facilities, and how to run health clubs. The training in February provided an opportunity to learn about other health topics (knowledge of nutrition, prevention of infections at school and at home, mental health and stress management, recommendations for exercise, and improvement of school environment). ➤ October: 4 schools, total 101 participants ➤ February: 6 schools, total 180 participants At the schools where the training was conducted, club members conducted various activities to raise awareness about water hygiene. They instructed students to wash their hands with soap, communicated information about safe drinking water, food hygiene, and menstrual hygiene, and encouraged them to change their behavior to improve their personal hygiene.

School WASH inspection	<u>4 schools</u>	In September, during the first half of Year 3, Public Health Officers from Gil-Gil Sub-County conducted WASH inspection at four primary and secondary schools. The assessments included inspections of classrooms, corridors, latrines, water supply facilities, and waste disposal sites, with the aim of identifying water, sanitation, and hygiene (WASH) challenges and recommending appropriate improvement measures for each school. The four schools served a total of 1,142 students. During the second half of Year 3, regular follow-up of the sanitation conditions in the four schools was carried out through the activities of the school health clubs described above.
Training on water sanitation at schools	<u>8 schools</u>	During the first half of Year 3, Public Health Officers from Gil-Gil Sub-County conducted water, sanitation, and hygiene (WASH) awareness sessions in primary and secondary schools. The sessions provided students with practical learning opportunities on waterborne diseases, hygiene management at school and at home (including the use of water treatment products, latrine cleaning, and waste bin management), as well as proper toothbrushing techniques and handwashing with soap. Demonstrations were incorporated to reinforce key messages and encourage positive hygiene practices. ➤ August: Four primary and secondary schools reached, with a total of 2,769 participants ➤ September: Four primary and secondary schools reached, with a total of 1,764 participants During the second half of Year 3, follow-up activities were conducted in all eight schools through the school health club initiative described above.
Training on Water Sanitation in Communities	<u>8 Villages</u>	In the first half of Year 3, two awareness-raising sessions on water sanitation were held in villages with the cooperation of the Public Health Officer of Gil-Gil Sub-county. In the awareness-raising sessions, participants were taught about proper hygiene practices, promotion of cooperation among community members, creation of action plans for awareness-raising, and monitoring of

		water sanitation. Afterwards, participants discussed water sanitation issues (Difficulty accessing water, hygienic practices and behavioral changes, etc.) in each village and shared their experiences. ➤ September: 4 villages, led by the Public Health Officer of Gil-Gil Sub-county, 3 CHVs, 1 village chief, and 42 community members. ➤ October: 4 villages, led by the Public Health Officer of Gil-Gil Sub-county, 9 CHVs, 2 village chiefs, and 121 community members from 12 villages.
3.1: Baby Friendly Community Initiative (BFCl) is implemented and expanded		
Nutrition Demonstrations	<u>5 meetings</u>	In collaboration with dietitians, health facilities and village heads, CHAs, and CHVs in Gil-Gil Sub-County, the project conducted a variety of approaches to educating community members and M2M group members on improving child and maternal nutrition, including nutrition demonstrations and screening of child nutrition. In the second half of the third year, with the help of agricultural extension workers, two health facilities set up sample home gardens to grow vegetables for preparing nutritious meals. ➤ July: Awareness session on improving maternal and infant nutrition in Tangi Tano ➤ October: Growth monitoring of children under five at Oljorai Health Center ➤ December: Community Nutrition Initiative meeting held. ➤ January: Kitchen garden sample corner set up at Kiptangwany Health Center.

		➤ March: Kitchen garden sample corner set up at Kiambogo Dispensary. In addition to providing information on food groups, water hygiene, breastfeeding, growth monitoring, child development stages, immunization plans, and demonstrations on how to make complementary foods for young children, role model mothers shared their own experiences on diet and nutrition, quizzes on understanding, and nutrition counseling for parents of children identified as malnourished. Participants actively shared their experiences and deepened their understanding of nutrition. The kitchen garden sample corner set up at the health facility will be used by CHVs and health staff to provide nutrition guidance to residents even after the project ends. By referring to the sample corner and introducing a similar kitchen garden at home, the aim is to increase the number of food items in the household diet and to make efforts to improve nutrition for children and expectant and breastfeeding women at home.
Support for nutrition activities for M2M groups	<u>2 times</u>	In September of the first half of year 3, under the cooperation of 1 nutritionist and 3 CHVs from Gil-Gil Sub-county, 2 awareness sessions on improving maternal and child nutrition (Baby Friendly Community Initiative (BFCI)) were held for expectant and breastfeeding women who were members of M2M groups at Oljorai Health Center and villages within the jurisdiction of the Health Center. In the awareness sessions, after explaining the importance of breastfeeding, 10 food groups were explained in order to increase the number of foods in their daily diet. Active participation was seen in the sessions, with participants

		asking specific questions and sharing their own experiences. (Total number of participants for 2 sessions: 132) In the second half of Year 3, this activity was integrated into the above-mentioned "Nutrition Demonstration" and followed up.
Output 3.2: Integrated Management of Acute Malnutrition (IMAM) is strengthened		
Screening and Follow-up of Children with Acute Malnutrition	<u>14</u>	Malnourished children identified in the growth monitoring conducted on the same day as the aforementioned "Support Nutrition Activities for M2M Groups (September)" and "Nutrition Demonstration (October)" activities were referred to the Oljorai Health Center for continuous follow-up by CHVs. ➤ September: 4 children with moderate malnutrition and 3 children with acute malnutrition (7 in total) ➤ October: 2 children with severe acute malnutrition, 4 children with moderate malnutrition, and 1 child with mild malnutrition (7 in total) Note: Children identified as malnourished through this activity were registered as outpatients and subsequently followed up by Community Health Assistants/Public Health Officers and Community Health Volunteers (CHVs). As a result, the number of children with severe acute malnutrition (SAM) identified during outreach clinics was zero. In the second half of the third year, this activity was integrated into the nutrition demonstration above for follow-up.

Output 4.1: Build a positive policy environment through community led advocacy		
Formation of community advocacy groups	<u>1 group:</u> <u>26 persons</u>	During Year 3, two advocacy group meetings were held to discuss the following issues: ➤ July: Addressing medicine stock-outs at Oljorai Health Center; challenges related to the suspension of night-time services due to inadequate staff housing; the impact of savings activities implemented by Mother-to-Mother (M2M) groups; and community awareness-raising on immunization. ➤ January: Review of the business plan for the Sanitation Marketing initiative, which aims to promote the adoption of durable and improved household latrines. As a result of continued advocacy efforts by the advocacy group, three additional nurses were deployed to Kiptangwany Health Center, which had been facing a critical shortage of healthcare personnel. The shortage of staff housing at Oljorai Health Center remained an outstanding challenge throughout the project period. The project will continue to engage with the government to advocate for a sustainable solution to this issue.
Approach to the county and sub-county government sector working groups and policies		To further strengthen advocacy at the county policy level, the project participated on a quarterly basis in the County Technical Working Groups (TWGs) for Maternal and Child Health, Water, Sanitation and Hygiene (WASH), and Nutrition. Through these engagements, the project contributed to efforts aimed at improving the quality of health services available to community members. The meetings brought together all key stakeholders, including the Ministry of Health (MOH) and partner organizations, to discuss strategies for improving health

		indicators and service delivery. They also provided an opportunity to align project activities with the county's annual plans and priorities.
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Table 1: Integrated Outreach clients (June 2024-May 2025) ※Total of the four health facilities

	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Total
Outpatient consultation for children under 5	74	202	144	108	137	131	80	52	135	200	164	103	1530
Nutrition screening for children under 5	74	164	120	113	126	131	77	92	131	182	114	103	1427
Underweight	2	2	0	0	0	0	2	0	0	2	4	0	12
MAM	2	2	0	0	0	0	0	0	0	0	0	0	4
SAM	0	0	0	0	0	0	0	0	0	0	0	0	0
Antenatal care	9	25	20	5	6	3	16	3	20	11	8	6	132
Postnatal care	10	12	9	4	6	2	1	2	19	46	21	3	135
Immunization for children under 5	54	191	87	74	82	91	75	55	99	170	117	76	1171
Vitamin A supplementation	41	88	31	14	19	58	41	33	42	77	54	26	524
Diarrhea treatment	9	3	1	4	4	0	1	1	12	3	3	2	43
Total clients of the above services: 4,978													

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 Center	12	11	1	45	1
Kiptangwanyi		12	12	3	144	2
Oljorai	Oljorai Health Center	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: The project supported the establishment of 14 WASH clubs in Year 1 and the strengthening of 11 WASH clubs in Year 2. (The existing number of clubs before the project was 8) In Year 3, support was provided to maintain 22 clubs.

Note: Although the project did not provide direct support to Elementaita Dispensary, it implemented community-level awareness-raising activities in villages that are linked to and served by the facility.

4. Monitoring and evaluation (indicators at the end of the third year)

4-1 Evaluation results

As part of the evaluation process at the end of the third year, information as of the end of May 2026 was obtained from the Health Statistics and Information Officer (Sub-County Health Records Information Officer (SCHRIO)) of Gil-Gil Sub-county (details below).

Goal	Pregnant and breastfeeding women and children under 5 years of age have improved maternal and child health						
Project goal	Indicator	Baseline (2021)	End of project Target	End of Yr.1 (June 2023 – May 2024)	End of Yr.2 (June 2024- May 2025)	End of Yr.3 (June 2025- May 2026)	Achieved Status of end of project
Pregnant and breastfeeding women and children under 5 years of age have improved maternal and child health	Maternal mortality rate *	0	0	-	-	0	Achieved
	Under-five mortality rate *	5%	1.5%	-	-	1.7%	Not achieved
	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	33,963	42,502	37,668	33,396	28,758	Not achieved

	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.						
[Outcome 1] Improved access to Maternal, Newborn and Child Health (MNCH) services for pregnant and breastfeeding women and children under 5 years of age	Percentage of women having 4 or more ANC visits while pregnant	52%	60%	68%	111%	79%	Achieved
	Percentage of mothers receiving skilled professional assistance during delivery	82%	85%	81%	76%	73%	Not achieved
	Percentage of infants receiving postnatal care within 48 hours	67%	100%	100%	81%	100%	Achieved
	Rate of complications during childbirth	2%	1%	1.3%	3.3%	1%	Achieved
	Percentage of women of childbearing age receiving essential supplies for family planning **	70%	70%	76%	101%	120%	Achieved
	Percentage of children fully immunized **	85%	96%	73%	104%	90%	Improved but not achieved

[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 cases (down by 30%)	885	874	613	Improved but not achieved
【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	127	Achieved
【Outcome 4】 Strengthened governance, policy and public engagement on MNCH in Nakuru County.	Number of opportunities to provide recommendations to the Government of Kenya and to participate in policy development processes.	N/A	1	0	0	1	Achieved

Results at the end of the third year

■ Indicators of achievement of targets at the end of the project

The following six indicators met the end-of-project targets:

- **Maternal mortality ratio** (Gil-Gil Sub-County overall): The project maintained performance below the baseline level. The maternal mortality ratio decreased from 32.9 per 100,000 live births at baseline to 31.5 per 100,000 live births at endline.
- **Percentage of pregnant women attending at least four antenatal care (ANC) visits:** Increased by 27 percentage points from the baseline value of 52%, exceeding the endline target by 19 percentage points.
- **Percentage of infants receiving postnatal care within 48 hours of birth:** Increased by 33 percentage points from the baseline value of 67%, achieving the target of 100%.
- **Rate of complications during childbirth:** Decreased from the baseline value of 2% to 1%, achieving the target of maintaining the rate below 1%.
- **Percentage of women of reproductive age receiving family planning commodities:** Increased by 50 percentage points from the baseline value of 70%, significantly surpassing the target of maintaining coverage at 70%.
- **Number of underweight cases among children under five years of age:** Decreased by 61% from the baseline value of 329 cases, achieving a reduction to 127 cases. This exceeded the project target, outperforming the planned 30% reduction by achieving an overall reduction of 61%.
- **Number of opportunities to provide recommendations to the Government of Kenya and participate in policy development processes:** The project achieved its target of one engagement opportunity.

Although the maternal mortality ratio is not a performance indicator directly related to this project because it is the number for the Gil-Gil Sub-County as a whole, it can be seen that the maternal mortality ratio has improved throughout the Sub-County. Indicators related to the use of services, such as the ANC visit rate and family planning, at the health facilities targeted by the project have continued to improve since the beginning of the project. This can be attributed to the continuous awareness raising through household visits by CHVs who received training through the project and received regular follow-up thereafter. In addition, through monthly M2M group activities established and strengthened by the project, CHVs have become able to efficiently deliver health messages to more pregnant women and mothers raising children, and have increased opportunities to identify at-risk women at regular meetings and connect them to health facilities.

The rate of infants receiving postpartum care within 48 hours and the rate of complications during labor and delivery, which are indicators related to the quality of services at health facilities, were maintained at high levels throughout the project period, except for the initial period of disruption of the Social Health Authority (SHA), a social security system introduced in October 2024, the latter half of the second year of the project. The decrease in the number of underweight infants under 5 years of age can be attributed to the training provided by the project for CHVs on "Baby Friendly Community Initiative (BFCl)" and the integrated management of malnutrition, as well as the dissemination of knowledge about exclusive breastfeeding up to 6 months of age and complementary feeding for infants through M2M group activities and nutrition demonstrations. For the indicator "Number of opportunities to provide recommendations to the Government of Kenya and participate in policy development processes", a project staff attended a workshop to present on the achievements and lessons learned from the project as part of the development and implementation of the EWENE Acceleration Plan 2026-2028, which was developed as part of Kenyan Government's Every Woman Every Newborn Everywhere (EWENE) Framework⁴. The policy was implemented at the central government and will be rolled out to the sub-county level in the future.

■ Indicators that improved during the project but did not meet the project end targets

The following 5 indicators improved, but did not meet the project end targets.

- **Under-five mortality rate (Gil-Gil Sub-County overall):** The rate decreased from the baseline level of 5.0% (50 per 1,000 live births) to 1.7% (17 per 1,000 live births). However, the project did not achieve its target of reducing the rate to 1.5%.
- **Total number of clients served by the four target health facilities:** The project aimed to reach 42,502 beneficiaries, but the total number of service users recorded in Year 3 was 28,758, falling short of the target.
- **Percentage of mothers delivering with the assistance of a skilled birth attendant:** The project aimed to increase the rate from the baseline value of 82% to 85% by the end of the project. While the indicator improved to 98% at the project midline, it declined to 73% by the end of Year 3, and

⁴ [Every Woman Every Newborn Everywhere \(EWENE\)](#): EWENE is a global initiative to prevent maternal deaths, newborn deaths and stillbirths with the aim of accelerating countries' investment and action in maternal and child health to achieve the Sustainable Development Goals (SDGs). International organizations such as WHO, UNICEF and UNFPA, as well as national governments and development partners, work together to achieve "Access to quality health services for all women and newborns, wherever they live." (Retrieved August 31, 2026)

the target was not achieved. This was the only indicator that deteriorated from the baseline.

- **Percentage of children fully immunized:** Coverage increased from the baseline value of 85% and exceeded the project target during Year 2, reaching 106% of the target level. However, coverage declined to 90% in Year 3, below the end-of-project target of 96%.
- **Number of diarrhea cases among children under five years of age:** The number of cases decreased by 21%, from 773 cases at baseline to 613 cases. However, this fell short of the project target of a 30% reduction (to 541 cases).

The under-five mortality rate (Gil-Gil Sub-County overall)* showed a significant improvement from the baseline value of 5.0% to 1.7%, reflecting the results of the project's interventions, including household visits conducted through the community health system, improved access to maternal and child health services, and continuous awareness-raising activities through Mother-to-Mother (M2M) groups. However, as this indicator is based on data for the entire Gil-Gil Sub-County, including areas outside the project intervention area, the target value of 1.5% was not achieved at the sub-county level.

The total number of clients served by the four target health facilities also fell short of the project target. However, this indicator is a composite measure that includes both patients seeking treatment for conditions such as diarrhoea and malnutrition and routine service users receiving services such as immunizations. As such, it primarily reflects the number of beneficiaries reached by the target health facilities.

Changes in the social health insurance system led many mothers to seek healthcare services for their children at Level 4 and Level 5 health facilities, resulting in a lower-than-expected number of outpatient visits by children under five years of age at the target facilities. In addition, stock-outs of Vitamin A supplements in early 2026 further contributed to a decline in service utilization. Consequently, the total number of clients served was lower than in the first year of the project.

On the other hand, the number of cases of childhood stunting and diarrhoea requiring treatment decreased compared to the first year of the project, which is considered an indication of the positive outcomes achieved through the project interventions.

The failure to achieve the target for the proportion of mothers attended by skilled birth attendants during delivery was primarily attributable to the delayed resolution of staffing shortages at Kiptangwanyi Health Center and the continued lack of staff housing at Oljorai Health Center, which

remained unresolved throughout the project period. As a result, the number of facility-based deliveries did not increase as expected.

To address these challenges, the project implemented advocacy group activities, strengthened collaboration with the Gil-Gil Sub-County Health Management Team, and continued advocacy efforts with Nakuru County. As a result of these efforts, three additional nurses were deployed to Kiptangwanyi Health Center in February 2026 during the latter half of the third year. The project also contributed to the upgrading of Kiambogo Dispensary to health Center status, demonstrating tangible progress in improving both human resources and health facility infrastructure. Advocacy for the construction of staff housing at Oljorai Health Center will continue after the completion of the project.

The failure to achieve the target for the proportion of children completing the full immunization schedule was largely due to a nationwide stock-out of the rotavirus vaccine during the third year of the project, caused by manufacturing delays by the supplier between June 2025 and March 2026. In response to this external factor, which was beyond the project's control, the project continued community awareness-raising activities and follow-up by Community Health Volunteers (CHVs) to promote completion of childhood immunization, ensuring that children could be vaccinated promptly once vaccine supplies became available again.

The number of diarrhoea cases among children under five years of age improved substantially compared with the first year of the project; however, the project target was not fully achieved. Nevertheless, as discussed below, the Household Water, Sanitation and Hygiene (WASH) Survey indicated positive changes in WASH-related behaviours among community members, suggesting that further improvements can be expected in the future.

4-2 Utilization of Health Services under the Support Project

A key challenge identified prior to the start of the project was the concentration of service utilization at Kiptangwanyi Health Center. An important objective of the project was therefore to reduce the burden on this overutilized facility while enabling more pregnant women and mothers in the surrounding areas to access appropriate services at nearby health facilities. During the third year of the project, positive changes were observed that contributed to addressing this issue (see Table 1 below).

At Kiambogo Dispensary, the Group Antenatal Care (G-ANC) approach became firmly established,

resulting in a substantial increase in antenatal care (ANC) visits from 917 to 1,344. In response to the growing number of service users, the facility was upgraded to a health center in February 2026, which is expected to facilitate further strengthening of its service capacity in the future.

Similarly, at Oljorai Health Center, strengthened outreach services and increased household visits by Community Health Volunteers (CHVs) contributed to an increase in ANC visits from 1,127 to 1,463. The growing utilization of these neighboring facilities helped to ease the concentration of clients at Kiptangwany Health Center. As a result, Kiptangwany's share of total ANC visits across the four target facilities decreased from 49.2% in Year 1 to 38.4% in Year 3.

While the project supported the construction and equipping of a new maternity ward, an under-five clinic, and a laboratory at Kiptangwany Health Center, there were concerns that these improvements might further increase service concentration at the facility. However, the project's efforts to strengthen the capacity of neighboring facilities helped balance service utilization across the area. Consequently, the total number of ANC visits across all four facilities increased from 3,711 in 2022 to 4,782, demonstrating an overall expansion in service coverage and access.

Table 1: Number of ANC visits at the 4 target health facilities

Name of health facility	2022 (12 months)	Year 1 (June 2023 May 2024)	Year 2 (June 2024 May 2025)	Year 3 (June 2025 May 2026)
Kiptangwany Health Center	1,862 (49.4%)	2,125 (49.2%)	1,920 (44.9%)	1,836(38.4%)
Oljorai Health Center	1,174 (31.1%)	1,127 (26.1%)	1,221 (28.5%)	1,463 (30.6%)
Kiambogo Dispensary	660 (17.5%)	917 (21.2%)	986 (23.0%)	1,344(28.2%)
Tangi Tano Dispensary	75 (2.0%)	148 (3.4%)	153 (3.6%)	139(2.9%)
Total	3,771(100%)	4,317 (100%)	4,280 (100%)	4,782 (100%)

On the other hand, facility-based deliveries (Table 2) did not show substantial improvement by the end of the third year. Due to the lack of staff housing, Oljorai Health Center continued to operate only during regular weekday working hours and remained unable to provide delivery services at night.

Nevertheless, the number of facility deliveries increased slightly compared with the second year.

To address these structural challenges, the project implemented advocacy group activities, strengthened collaboration with the Gil-Gil Sub-County Health Management Team, and maintained continuous engagement with Nakuru County authorities. As a result, three additional nurses were deployed to Kiptangwanyi Health Center in February 2026 during the latter half of the third year, which is expected to help alleviate staffing shortages to some extent.

In addition, the upgrading of Kiambogo Dispensary to health Center status is expected to contribute to an increase in the number of skilled deliveries conducted at the facility in the future. Advocacy efforts for the construction of staff housing at Oljorai Health Center will continue beyond the project period in collaboration with relevant government authorities.

Table 2: Number of deliveries at the facilities

Name of health facility	2022 (12 months)	Year 1 (June 2023 to May 2024)	Year 2 (June 2024 to May 2025)	Year 3 (June 2025 - May 2026)
Kiptangwanyi Health Center	592 (74.4%)	604 (80%)	500 (84.5%)	553 (83.5%)
Oljorai Health Center	114 events (14.3%)	52 events (6.9%)	19 events (3.2%)	29 events (4.4%)
Kiambogo Dispensary	90 events (11.3%)	99 events (13.1%)	72 events (12.2%)	80 events (12.1%)
Tangi Tano Dispensary	0 (0%)	0 (0%)	1 (0.2%)	0 (0%)
Total	796 (100%)	755 (100%)	592 (100%)	662 (100%)

4-3 Indicators on water sanitation (conducted in November 2025 (light rainy season) and March-April 2026 (rainy season))

In addition to the survey conducted in November 2025 covering 920 households in 46 villages, a second survey was carried out in March-April. The same 46 Community Health Volunteers (CHVs) who participated in the first round conducted a Household Water, Sanitation and Hygiene (WASH) Survey covering 920 households in 46 villages. The households surveyed in the second round were

selected separately from those included in the first survey, although some overlap may have occurred. The results presented in Table 3 were obtained through this survey. As no baseline data were available at the start of the project, the findings cannot be used for direct comparison. Furthermore, only five months elapsed between the two survey rounds. Nevertheless, the results provide a useful snapshot of the prevailing situation in the target communities and are presented below for reference.

Since March and April are the rainy season, the percentage of respondents who obtain drinking water from the pond has increased since November. On the other hand, the percentage of respondents who purify drinking water increased 13.2% from 70.1% to 91%, and those who wash their hands with soap increased from 88% to 92.6%. In addition, among households with handwashing stations, the percentage of households with both water and soap increased from 65.5% to 73%. The percentage of households with tanks for safe water storage also increased from 58.1% to 64%. The frequency of diarrhea decreased slightly from 98.3% to 97%, but no significant difference was observed. In a short period of time, there was an improvement in knowledge about water sanitation, which indicates that the results of continuous awareness activities in the community are spreading.

Table 3. Results of a survey on water sanitation in the community (November 2025 and March-April 2026)

Indicators related to water sanitation	1st (November 2025) Number of responses	Those who answered "Yes" or Selected an option	2nd (March-April 2026) Number of responses	Those who answered "Yes" or Selected an option
Responded that "Diarrhea can be prevented"	920	99.3% (914)	920	99.1% (912)
Primary source of drinking water	987 (multiple answers allowed)	• Rainwater supply system 69.7% (688) • Water supply pipe 13.8% (137) • River and running water 4.7% (47) • Spring and well water 3.7% (37)	1,141 (Multiple answers allowed)	• Rainwater supply system 65.7% (750) • Water supply pipe 16.3% (187) • River and running water 4.3% (50) • Spring and well water 0.2% (3)

		• Pond 7.3% (72) • Other 0.6% (6)		• Dish pond 13.2% (151)
Purify drinking water	920	70.1% (645)	920	91% (837)
Household water purification methods	931 (multiple answers allowed)	Boiling 64.5% (601), Chlorine 27% (252), Filtration 1.9% (18), Other 6.4% (60)	1,012	Boiling 63% (638), Chlorine 19.3% (196), Filtration 2.1% (22), Other 15% (156)
Type of household latrine	920	Portable toilet 99.3% (914), flush toilet 0.65% (6), open defecation 0%	920	Portable toilet 99.5% (915), flush toilet 0.5% (5), open defecation 0%
Hand washing with soap	920	88% (810)	920	92.6% (852)
Households with a family member who experienced diarrhea within 2 weeks	920	10.8% (100) *Affected mostly children. (All were treated with ORS.)	920	1.3% (12) *Affected people's age range varied from 10yrs to 59years. There were no children under the age of 5. (All were treated with ORS.)
Frequency of diarrhea	920	Rarely 83.8% (771), never 14.5% (134), once a month 1.5% (14), once a week 0.1% (1) Of the 15 respondents who answered 1 month or 1 week, 11 used	920	Rarely 66.8% (615), never 30.2% (278), once a month 0.8% (7), once a week 1% (10), every day 1% (10)

		health services and pharmacies when they were sick.		
Seasons when diarrhea is more likely to occur	920	Rainy season 31.5% (290), dry season 68.1% (627)	816 *Those who responded "There are seasons when people feel vulnerable to diarrhea,"	Rainy season 39.3% (321), dry season 40.6% (332), no particular season of susceptibility 20% (163)
Households with handwashing facilities	920	Water and soap 65.5% (603), Water only 18.5% (170), Insufficient 15.9% (147)	920	Water and soap 73% (730), water only 17.9% (165), insufficient 9% (83)
Availability of tanks for safe water storage	920	Yes 58.1% (535), No 41.8% (385)	920	Yes 64% (589), No 36% (331)

4-3 Sustainability of the project

To ensure the sustainability of the project, the project worked with the counterparts in Nakuru and Gil-Gil and with local healthcare workers to foster local ownership throughout the project. In addition, by supplementing and integrating the activities into the annual plans of relevant departments in the Sub-County, the Ministry worked to ensure that the various activities would continue after the project ended. After the project ended, the Ministry of Health in Nakuru will be responsible for building the capacity of healthcare workers and CHVs, and will continue to provide the necessary supplies and services for maternal and child health. The Ministry will also implement, coordinate, and monitor health services provided by the Social Health Insurance Authority (SHA) at the local level, as well as maintain and manage the infrastructure of health facilities and deploy the necessary resources and healthcare workers.

< Capacity building of healthcare workers >

The Ministry provided healthcare workers with continuous technical training opportunities during the project to build their capacity and ensure that health services of a stable quality continue to be provided after the project ended. In addition, the Ministry strengthened integration with existing community health services by coordinating with the activities of CHVs. After the project is completed, the Ministry of Health will supervise, mentor, and review data for healthcare workers, and will oversee and manage the activities of CHVs.

< Collaboration with relevant ministries and agencies >

The project involved collaboration with several counterparts as well as the Ministry of Health. The Ministry of Education will promote the establishment of school health clubs, health promotion activities, and implementation of school hygiene inspections. The Ministry of Agriculture, Livestock and Fisheries will provide technical support and advice on kitchen gardens and related livelihood improvement activities. The Department of Children's Services will conduct awareness-raising activities on children's rights and promote community understanding of children's health rights, including immunization.

< Activities of the M2M Group >

After acquiring knowledge on maternal and child health and savings group methods through training, the M2M Group functions as a forum for women to share experiences and information. It strengthens the support system among women and contributes to improving the livelihoods of participants. After the project ends, the M2M Group will continue to act as a role model for demonstrating the importance of maternal and child health and will serve as a platform for sharing important messages on maternal and child health and water sanitation.

< Activities of the Community Advocacy Group >

The Community Advocacy Group conducts awareness-raising activities in local communities, as well as lobbying for policies through policy proposals and advocacy activities. Furthermore, by promoting accountability and communicating the voices of community people to the government and relevant organizations, the Community Advocacy Group contributes to the promotion of resident participation in resolving local issues.

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												
Household visits by CHVs												
Formation of M2M groups												
Output 2.1												
Support for securing safe water within the communities												
Output 2.2												
Establishing and training school health clubs												
WASH training for teachers												
Implementation of CLTS												
Output 3.1												
Nutrition activity support for M2M groups												
Output 3.2												
Acute malnutrition screening												
Output 4.1												
Formation of community advocacy												

[illegible]

6. Impact story of Mother to Mother SHIONOGI project

(Interview at the ceremony to hand over the renovated Maternal and Child Health Building and clinical laboratory)



"Today is a very special day for us. I'm very happy to be here today. I'm very grateful as a facility in charge and also as a member of the community. Words cannot express our gratitude. The facility will not only improve medical services for patients, but will also contribute to improving the overall health of the community. From today onwards, we will responsibly maintain the facilities and equipment that you have supported to improve and maintain our service standards. And I promise to do my best to provide necessary services to patients. Your support has greatly encouraged us. May you be blessed in abundance."

Facility in charge of
Kiptangwanyi Health Center
Bernadette Luori



"I gave birth to my oldest child in a hospital in Nairobi. Last time, I had to share a bed with two other women in that hospital.

This health center is close to my house and new, so this delivery was very comfortable. I had ANC visits 8 times, and the nurse taught me a lot."

Mary, who gave birth at Kiptangwanyi Health Center

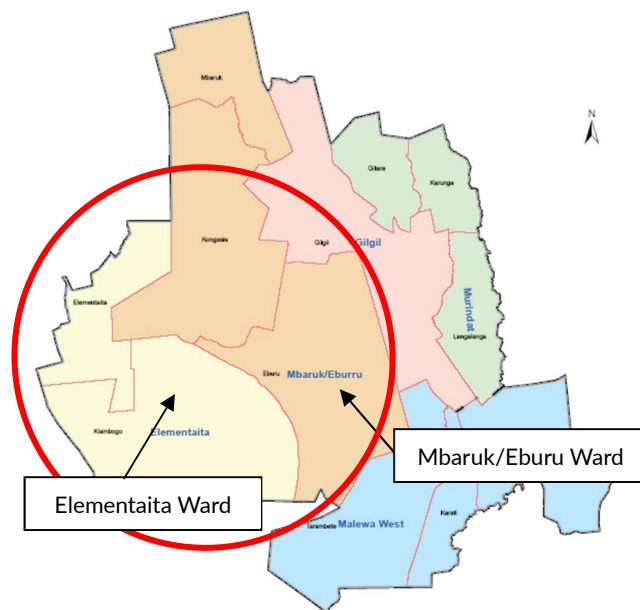
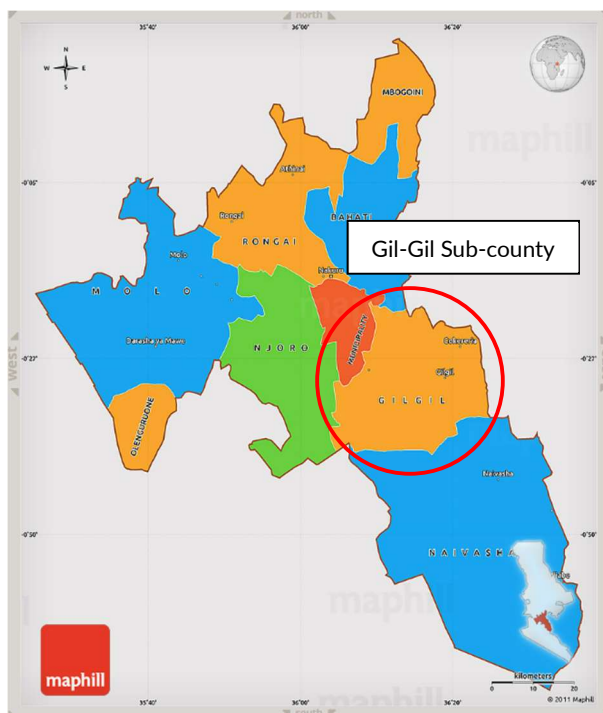
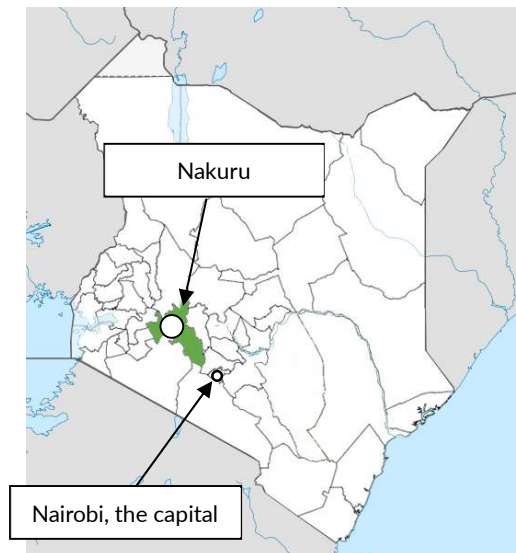
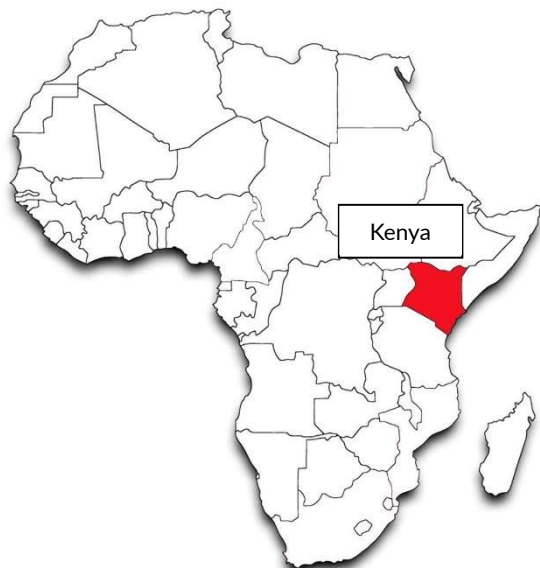
< Voice of one of the Mother to Mother Groups supported through the project >

"I learned a lot from the M2M group. The knowledge of water sanitation and savings in particular was a real "game changer" for us. Women's cash income has increased and they can now afford the necessities of life. The number of children suffering from diarrhea has also decreased dramatically."



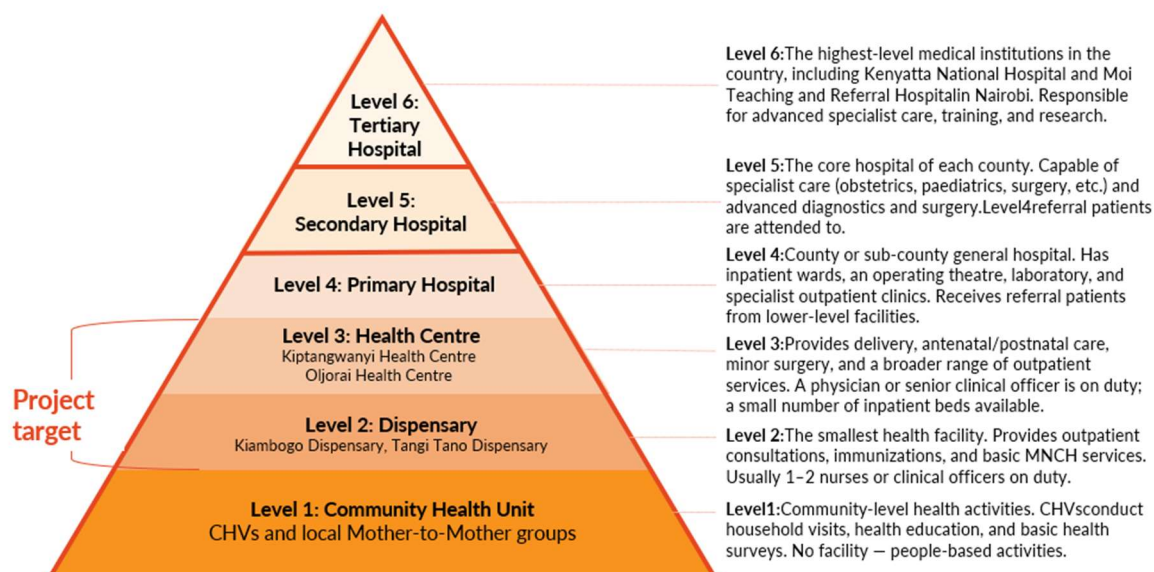
[Annexes]

① Map of the project sites



Project sites: Elementaita and Mbaruk/Eburu wards

② Kenya Health System



The project targets Level 3 health Centers and Level 2 dispensaries.

③ Glossary

Term / Abbreviation	Full Name	Description
① Abbreviations and Acronyms		
MNCH	Maternal, Newborn and Child Health	Encompasses the health of pregnant and breastfeeding women, newborns and children.
WASH	Water, Sanitation and Hygiene	Covers safe drinking water access, sanitation facilities, and handwashing promotion.
ANC	Antenatal Care	Prenatal check-up (antenatal visits).
M2M groups	Mother to Mother support group	Groups where local mothers gather to share MNCH information and support each other. Core activity of this project.
CHV	Community Health Volunteer (Promoters)	Community-level volunteer who conducts household visits and health education.
CHA	Community Health Assistant	Paid staff who supervise and manage CHVs.
ODF	Open Defecation Free	All households use a toilet. Status awarded to villages meeting this criterion.
CLTS	Community-Led Total Sanitation	Community-driven approach where residents identify open defecation issues and promote latrine construction.
MPDSR	Maternal and Perinatal Death Surveillance and Response	System to record and analyze maternal and perinatal deaths to prevent recurrence.
CME	Continuous Medical Education	Regular technical training for healthcare workers.

Term / Abbreviation	Full Name	Description
BFCI	Baby Friendly Community Initiative	Community initiative to promote breastfeeding and infant and young child nutrition.
IMAM	Integrated Management of Acute Malnutrition	Integrated approach covering identification, treatment and follow-up of MAM and SAM children.
SAM	Severe Acute Malnutrition	Severe acute malnutrition.
MAM	Moderate Acute Malnutrition	Moderate acute malnutrition.
RUTF	Ready-to-Use Therapeutic Food	High-calorie therapeutic food for children with severe acute malnutrition.
SHA	Social Health Authority	Kenya Social Health Authority. New public health insurance system introduced in October 2024.
KHIS	Kenya Health Information System	System for managing health data at the national level in Kenya.
EPI	Expanded Programme on Immunization	Expanded Programme on Immunization.
ORS	Oral Rehydration Solution	Salt and sugar solution used in the treatment of diarrhea.
MUAC	Mid-Upper Arm Circumference	Tape used to measure mid-upper arm circumference as a quick assessment of nutritional status.
SCHRIO	Sub-County Health Records Information Officer	Sub-county administrative officer responsible for managing health facility data.
eCHIS	Electronic Community Health Information System	Electronic community health information system managed by the Kenyan Ministry of Health.
SDGs	Sustainable Development Goals	International goals to be achieved by 2030.
③ Organizations, Systems and Personnel		
Ministry of Health (MOH)	Ministry of Health, Kenya	Ministry responsible for health administration in Kenya. Collaborates with the project at national, county and sub-county levels.
Nakuru County Government	Nakuru County Government	Primary counterpart for this project. Responsible for facility operation and maintenance.
Gil-Gil Sub-County	Gil-Gil Sub-County	Administrative unit of the project area. Sub-county health team provides field guidance.
Sub-County Health Management Team	Sub-County Health Management Team	Team that manages and supervises health services at sub-county level.
Public Health Officer	Public Health Officer (PHO)	Officer assigned at sub-county and county level. Leads CLTS and WASH activities.
Counterpart	Counterpart	Local implementing and partner organizations.

Term / Abbreviation	Full Name	Description
		Primarily refers to the Kenya Ministry of Health, county and sub-county governments.
Community Advocacy Group	Community Advocacy Group	Group of community representatives who advocate for policy improvements with the government. Formation supported by this project.
Agricultural Extension Worker	Agricultural extension worker	Government official responsible for agricultural technical guidance. Supports kitchen garden activities for nutrition improvement.

④ Activity photos



Roofing work



Wall work



With engineers from Gil-Gil Sub-county
Joint monitoring of maintenance work



Newly installed
Laboratory workbench



Maternal and Child Health Building and
Laboratory near completion



Completed Laboratory Workbench

	
Furniture provided	Test equipment provided
	
Handover ceremony	Landscaping of parking space
	
Parking space landscaping	



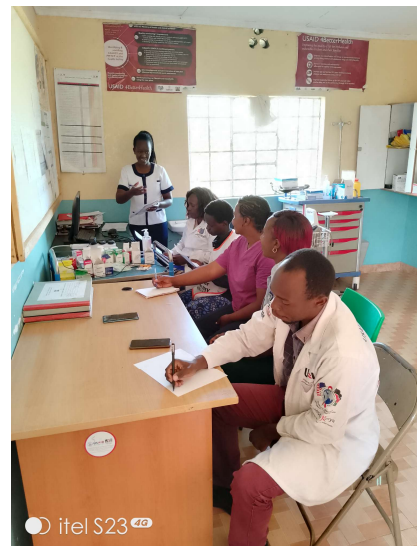
View of patients using the laboratory



Equipment provided by the project



Training for healthcare workers



Continuous Medical Education



MPDSR (maternal and perinatal mortality)
surveillance) meeting



MPDSR (maternal and perinatal mortality
surveillance) meeting



Supportive supervision



Data management meeting



Group antenatal care
at Kiambogo dispensary



Group antenatal care
at Kiambogo dispensary



Group antenatal care
at Kiambogo dispensary



CHVs at Tangi Tano Dispensary
Implementation of deworming campaigns at
outreach services



Outreach services at Kiambogo Dispensary



M2M group activities



M2M Group Activities



M2M Group Activities



M2M Group Activities



Quarterly meetings of CHVs



M2M Group Activities



M2M Group Activities



Monitoring for ODF



CLTs and Water Sanitation
Review Meeting



Community Water Sanitation Dialogue Session



Community Water Sanitation Dialogue Session



Water Sanitation Awareness Session



School Water Sanitation Training



Nutrition Demonstration



Nutrition Demonstration



Community Nutrition Initiative Meeting



Household visits by CHVs



Nutrition demonstration



Sample garden corner



Kitchen garden at Kiambogo Health Center



Green and yellow vegetables grown
at the kitchen garden