

**CHILD**  
.ORG

# IMPACT REPORT

2025

Photo: [Taji Creatives](#). Features Ubah, a mum in Garissa

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# WHO IS CHILD.ORG

## THE NEED

Across the world, women are still dying from completely preventable complications during pregnancy and childbirth - [particularly in Sub-Saharan Africa](#). Kenya's maternal mortality rate is 355 deaths per 100,000 live births (UNFPA, 2025), considerably higher than the global rate which is 197 per 100,000 ([UNICEF, 2023](#)). However, with improved access to quality and timely care, many of these deaths can be prevented.

## OUR WORK

Child.org works to make pregnancy and birth safer for women and newborns, by addressing barriers that prevent women from accessing quality care during pregnancy and beyond.

We do this by working with women, health authorities, and communities to design and deliver programmes which improve access to and utilisation of *critical* maternal and infant health services.

We also work within communities to collect key data and essential feedback from women, to advocate for impactful, *lasting* change: strengthening both the experience of care and the quality of services.

## PREGNANT WOMEN'S GROUPS

Our umbrella project is Team Mum Pregnant Women's Groups. The groups are a safe space which provide pregnant women with essential health knowledge and practical skills ; social connectedness and support ; and improve their access to quality maternal health services.

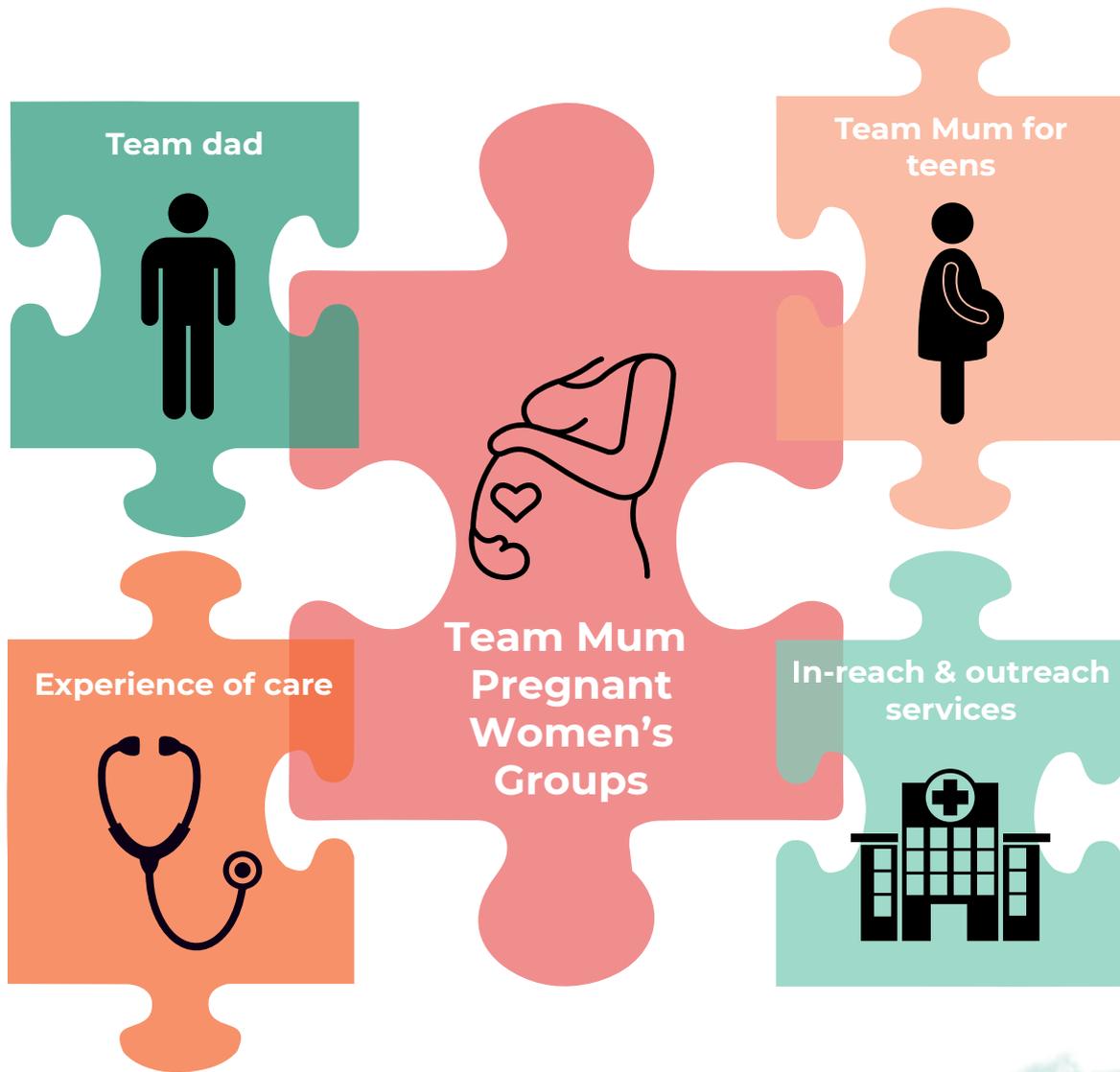
Pregnant Women's Groups have sparked several 'plug-in' projects to better connect women and children with critical care, and build safer, more supportive homes and communities for women.



Illustration by [Naddy](#)  
[Adhiambo Oluoch-Olunya](#)

## PROGRAMME PLUG-INS

Team Mum Pregnant Women's Groups and our partnerships with Health Teams in different counties across Kenya has granted Child.org excellent insight into the barriers and challenges pregnant women face. With this insight, we have developed several plug-in projects to further improve women's access to, and use of, maternal health services.





We know that to encourage greater uptake of maternal health services, we need to **work closely with male partners and dads**. Team Dad hosts men-only groups for male partners to share experiences and discuss ways to better support pregnant women. In our pilot study in Meru county, Team Dad led to a [12.1% increase](#) in male partners agreeing that it was their responsibility to support their partner by accompanying them to antenatal appointments.

[Pregnant teens and their babies face higher risks](#)

of certain health conditions, and often experience stigma and a lack of support in Kenya. That's why working with pregnant girls is critical to improve maternal and child health across the country. In 2025, we launched **Pregnant Adolescent Groups**: teen-friendly pregnancy support groups. These groups provide pregnant girls with a much-needed community of support, as well as life-saving health information tailored to pregnancy in teenagers.





A significant benefit to Pregnant Women's Groups is that they are a safe and immediate space for women to **share feedback** about their experience of maternal health services. Child.org gains valuable insight from the group sessions, and share our learnings with Health Teams and facilities. The issues can then be handled directly to improve women's experience of care, and ultimately increase the rate of women returning to use essential maternal health services.

For many women in rural Kenya, a major barrier to accessing healthcare is the vast distances to health facilities. In Narok, it is common for women to walk 10-20km whilst heavily pregnant - or in labour - to reach a health facility. In response to this, Child.org works with health teams to provide free health services to pregnant women through **community health outreaches and facility in-reaches**. Such services include ultrasound scans, antenatal check-ups, counselling, and referrals for any complications.



# NOTE FROM OUR CEO

2025 was an unprecedented year in global development. Kenya lost KES 78 Billion (£442 million) in health financing with the USAID cuts at the start of the year, with a loss of 31% of essential medical supplies, and [41,000 health workers facing insecurity](#) in their roles.

Whilst Child.org is not reliant on institutional funding, the indirect impacts on our work were enormous. Service delivery was affected in the regions where we work, with health worker numbers reducing and more inconsistent access to drugs and other commodities.

This was exacerbated by significant changes to Kenya's health insurance system. With the introduction of the Social Health Authority (SHA), thousands of Kenyans lost confidence in the availability and affordability of health care across the country. This was particularly relevant to Child.org because free maternal health services (known as Linda Mama) were no longer available, meaning many women were reluctant to seek services due to the potential cost.

This made our work more relevant and important than ever; we needed to reach as many women and families as possible to encourage them to seek life-saving support and care, and to prepare for childbirth.

Despite these challenges, and thanks to our amazing supporters and volunteers, Child.org managed to grow and thrive, and make the most of the opportunities presented as a result of the ever-changing landscape of the health system here in Kenya.

In Narok, we trained 40 community health workers and took an active role in supporting women and girls to register for SHA, meaning their care would be covered. We spoke and listened to community members' concerns about the new system, and dispelled myths and misconceptions about the potential costs.

New facility finance systems mean that clinics can now receive more government funding when they treat more patients; particularly for antenatal and delivery services. In Narok and Garissa, clinics are maximising this opportunity and offering incentives to women to use their services. Through our Pregnant Women's Groups, Child.org connects women to these clinics to receive high-quality, incentivised care. This in turn unlocks more government funding for clinics to further improve their services.

# NOTE FROM OUR CEO CONT.

We were able to thrive in this difficult context because Child.org is funded primarily through events and partnerships, both in the UK and internationally. We have invested in these sustainable funding streams to remain independent and reliable during a volatile period: 2025 brought in our biggest ever profit from Charity Concierge and new partnerships. We have even bigger plans for 2026. Ride Africa continues to grow and reach new audiences, and our 2026 cross-border route is an exciting addition to our portfolio of cycle events.

As a result of these activities, we were able to invest in exciting changes in 2025: including launching in Garissa County; developing new training materials for different contexts; and a new digital database that will improve efficiencies with our impact measurement and our accounting processes. This means we can better share our progress, build a case for support, and make evidence-based decisions with greater ease. This will allow us to grow more easily and, ultimately, reach more women and communities in Kenya.

2026 is going to be a big year. It marks 25 years since our founders brought their first student group to Kisumu in Kenya. We will celebrate with our brilliant community at the Shindig in London in April, and cheer on our first ever London Marathon team that same weekend.

In Kenya, we will mark our 25th Anniversary by expanding our work across three new counties - effectively doubling our reach across the country. One of these counties is Kisumu, where it all began for us 25 years ago.

Thank you for being a part of our story over the past quarter century. Our community of supporters has enabled us to grow and improve our work, and it's thanks to you that we're reaching more women and girls in Kenya with life-saving support.

**Healthy mums, healthy communities. Our community is you.**

Thank you

**Martina Gant, CEO**

*Marti*



# OUR IMPACT IN 2025



**1,403** pregnant women joined a Pregnant Women's Group - including **345 pregnant adolescents**

**65** **Community Health Workers** trained to run Pregnant Women's Groups and deliver maternal & child health services

**248** pregnant women referred by community health workers for further - **potentially life-saving** - antenatal care

**563** pregnant women attended community health outreaches, providing women with **critical** services such as ultrasound scans, counselling and referrals

In Narok (one of the counties in Kenya where Child.org works), there was an **increase in the uptake of maternal health services** in 2025. As Pregnant Women's Groups (PWGs) strongly encourage women to attend antenatal care appointments, this may be a strong indication of the positive impact of PWGs in Narok so far. Between March and October, KHIS recorded:



## 6% INCREASE

in the number of pregnant women attending their 4<sup>th</sup> antenatal check up - from 21% to 27%

## PREGNANT WOMEN'S GROUPS IN 2025

In 2025, Pregnant Women's Groups (PWGs) launched in two counties: Narok and Garissa. 1,058 women joined a Pregnant Women's Group, and 345 girls joined a Pregnant Adolescent's Group: a total of 1,403 women and girls.

Behind this number are real women, babies, and families facing real barriers and challenges during, and after, pregnancy. Community-based women's health education groups, such as PWGs, are proven to [effectively tackle these barriers](#), [increase uptake of maternal and child health services](#), and [reduce maternal and neonatal mortalities](#). This uptake of PWGs in Narok and Garissa is an excellent step towards safer pregnancies for women and their babies.

In Narok, KHIS data (government health records) shows a positive shift in health-seeking behaviour amongst pregnant women towards the end of 2025. In 2026, Child.org will continuously monitor the outcomes of our work, however the KHIS data may be a strong indication of the positive contribution of PWGs so far:

- **6% more pregnant women attended their 4<sup>th</sup> antenatal check-up** (rising from 21% in March 2025, to 27% in October 2025)
- **13% increase in the number of woman going to a health facility for skilled delivery:** from 50.75% in 2024 to 64.1% in 2025 (recorded at Ololulung'a subcounty hospital, where Child.org invested a lot of work in 2025).
- **9.5% increase in the number of pregnant adolescent girls (10-19 years) attending their first antenatal care appointment:** from 26.3% of pregnant adolescents in February, to 35.8% in December.

(KHIS, 2025)

1,403

total number of pregnant women who joined a Pregnant Women's Group in 2025

1,058

women joined a Pregnant Women's Group

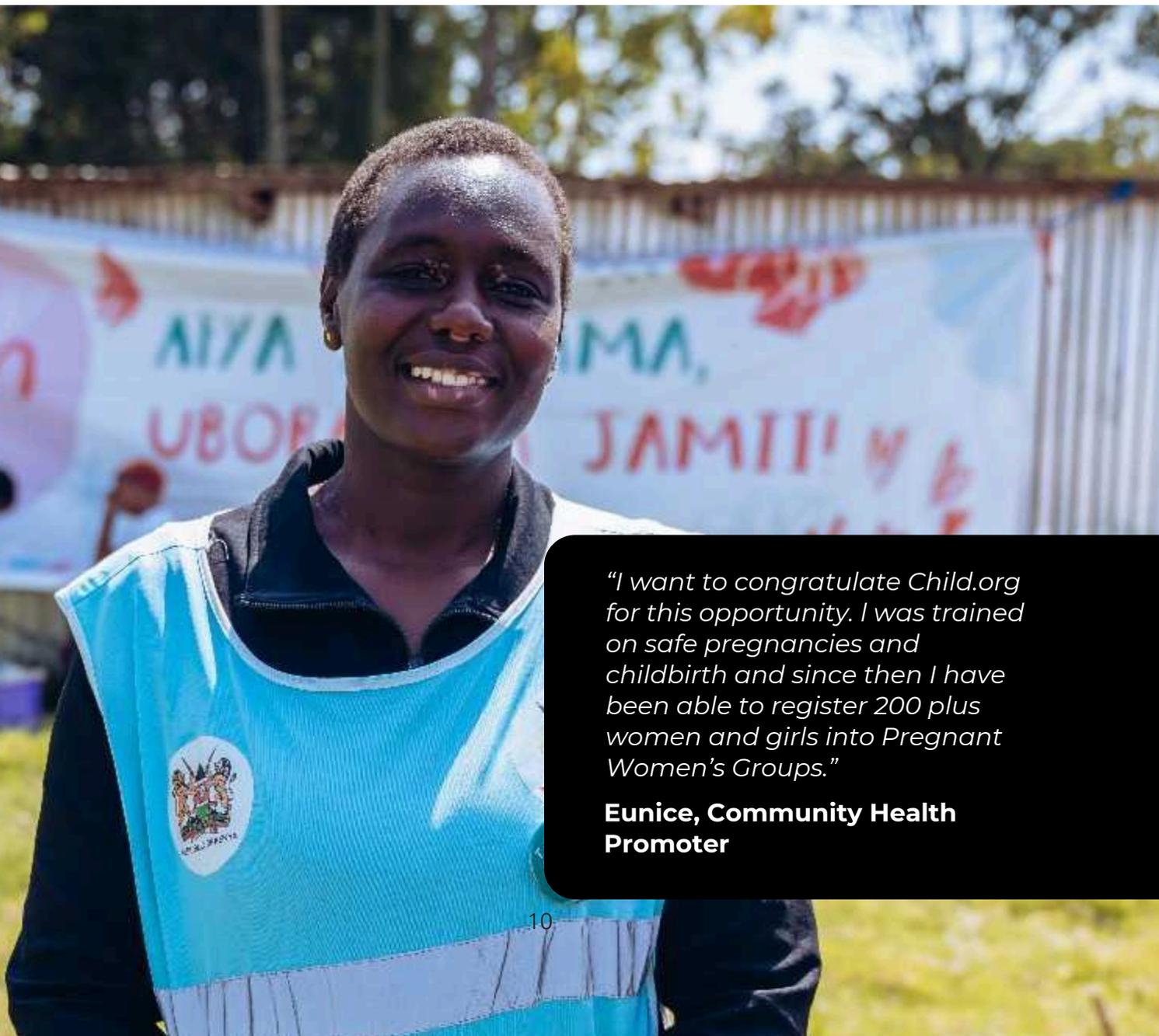
345

girls joined a Pregnant Adolescent's Group

## IMPROVING QUALITY OF CARE THROUGH TRAINING

Child.org's work is rooted in **community-based approaches**. We collaborate with County Health Management teams to deliver maternal and child health training to those who know their communities best: **Community Health Workers** (known as Community Health Promoters in Kenya). In 2025, we trained 65 Community Health Promoters to run Pregnant Women's Groups in their local areas.

We also delivered training to 37 facility health workers on how to use Point-of-Care Ultrasounds: a machine with significant potential for improved maternal healthcare (more information on p. 14).



*"I want to congratulate Child.org for this opportunity. I was trained on safe pregnancies and childbirth and since then I have been able to register 200 plus women and girls into Pregnant Women's Groups."*

**Eunice, Community Health Promoter**

## RESULTS-BASED CARE

Community Health Promoters (CHPs) are the backbone to our work and, aside from training, Child.org consistently seeks ways to ensure CHPs are well supported to champion maternal and child health in their communities.

In Kenya, CHPs should receive a government stipend of up to 5,000 KES (£28) per month to support their work. However, in most places Child.org has worked, the stipend is either delayed or only partly distributed. This makes it very difficult for CHPs to move between households, or set up Pregnant Women's Group (PWG), since such frequent public transport becomes costly.

After Child.org learnt about this barrier, we developed a performance-based incentive model to ensure CHPs receive the funds they need. By tying monetary incentives to specific outcomes - such as the number of pregnant women who joined a PWG, or the number of women referred for further care - the running of PWGs has strengthened significantly:

- **Higher motivation:** CHPs are more engaged and proactive.
- **Better data:** CHPs submit more timely reports. Increased data collection and reporting means Child.org can respond more quickly and effectively to maternal health issues.
- **Reliable care:** Group sessions are more consistent.



Jacob Chege, Child.org Programmes Coordinator (left), during a CHP training

## COMMUNITY HEALTH OUTREACHES

As mentioned, Pregnant Women's Groups provide women with a safe and immediate space to share feedback about their experience of accessing and using maternal health services.

One of the major barriers for pregnant women and girls in Narok is the long distances to a health clinic: **some women report travelling up to 100km to receive the treatment she has been referred for.** It is not just about the distance – many women must also traverse difficult terrain and extreme weather conditions.

In response to this, Child.org partnered with county and sub-county health teams to provide **free health services to pregnant women** through community health outreaches and facility-based in-reaches. These outreaches are critical as they target populations who would otherwise have limited or no access to essential care. In 2025, the services run at our outreaches included:

- Antenatal check-ups
- Referrals to health facilities for complications
- Ultrasound scans
- Nutrition education and supplements
- Pregnancy and newborn care information
- Counselling
- Vaccinations for children (0-5 years)

In 2025, 563 pregnant women received free maternal health services from these community health outreaches.

563

pregnant women  
received free maternal  
health services through  
community health  
outreaches

*“Through community health outreaches in Narok, I have seen first hand how comprehensive services ranging from free ultrasounds to dedicated antenatal care are transforming the quality of maternal healthcare for women in these communities.”*

**- Fortunata Omondi, Child.org  
Project Officer in Narok**



## BRIDGING GAPS WITH NEW TECHNOLOGIES

In rural Kenya, unavailability of medical equipment at health facilities can be life-threatening. Until recently at Olmekenyu Clinic in Narok, the nearest ultrasound was 50km away. Anne, the Facility in Charge, saw the impact of this first hand: **of the 20 women she referred for scans each month, only one would typically receive a scan.**

In 2025, Child.org partnered with Hatch Technologies to bridge this gap: by introducing **Point-of-Care Ultrasounds (POCUS)**. POCUS are easily transportable ultrasound machines, making them ideal for remote or outreach settings. POCUS can also be used by many trained health workers - such as nurses or clinical officers - and not only sonographers. This is crucial in settings like Narok where there is a shortage of trained sonographers.

Within two weeks of receiving the POCUS machines, Olmekenyu Clinic had already conducted 17 ultrasound scans. At an average cost of 1,500ksh (£8.60) per scan, free ultrasounds are a significant saving for pregnant women.



Martina Gant, Child.org CEO (centre right), with team members from Hatch Technologies and Narok Referral Hospital, holding the POCUS machine

## LAYING FOUNDATIONS IN NEW COUNTIES

In order for Team Mum to have real impact, Child.org undertakes several foundational activities before starting work in a new county. In 2025, before launching Pregnant Women's Groups in Garissa, we completed these foundational steps in the county:



### FEASIBILITY STUDY

We collected and analysed data to assess the appropriateness of Team Mum in Garissa County, and how we can best design and adapt our projects to this new context.



### BASELINE STUDY

The baseline study provided valuable insights into the current maternal health landscape in Garissa, and identified critical gaps in life-saving knowledge and health-seeking behaviours. For example:

***61% of mothers interviewed in Garissa did not know the effects of high temperatures on newborns***

Such insights are essential for Child.org and county health teams to design and deliver solutions that have real impact.



Photo: [Taji Creatives](#), pregnant women in Garissa



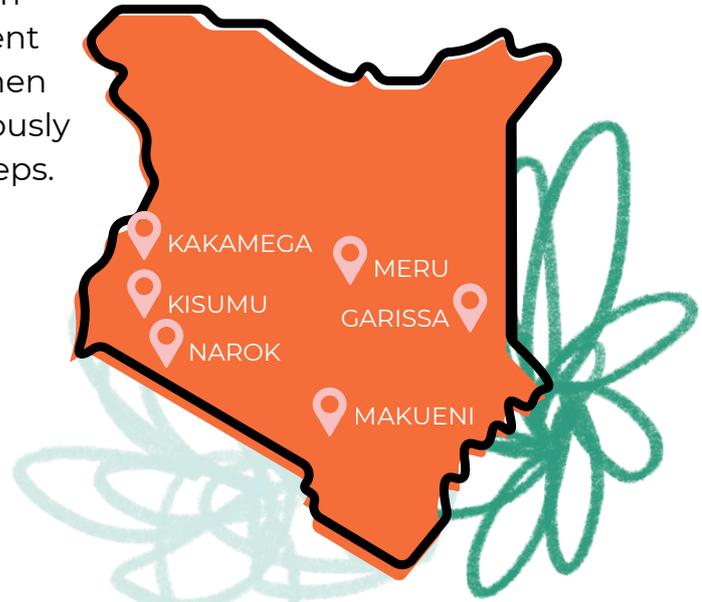
## SIGNED MEMORANDUM OF UNDERSTANDING

Child.org officially partnered with the Garissa County Health Management Team in May 2025 when the Memorandum of Understanding (MoU) was signed by both parties.

After successfully completing these foundational steps, Child.org could confidently launch Team Mum Garissa. Since first running Team Mum in 2019, we have seen how effectively the Team Mum model can be adapted and scaled to different counties, and reach as many pregnant women as possible. All this begins with our meticulously structured approach to those first critical steps.

In 2026, we look forward to completing these steps and forming partnerships with **three new counties**: Makueni, Kisumu and Kakamega.

This means, in 2026, Child.org will work across **six different counties in Kenya**.



*"A healthy pregnancy begins with knowledge and care. When we guide our mothers early, we protect our future. Every antenatal care visit is a step toward a safer birth and a stronger tomorrow."*

**- Abdia, County Chief Officer of Health, Garissa**  
(pictured left next to Cherio Onacha, Child.org's Programmes Manager)



## ADAPTING FOR DIFFERENT CONTEXTS

At Child.org, we know that there is no one-size-fits all approach to improved maternal and neonatal health. Our work in different counties is rooted in the belief that **local voices know best**: through community-led adaptation, we co-design interventions that respond to real, on-the-ground needs in the different counties.

In 2025, one of these adaptations included changing our Pregnant Women's Group (PWG) manual and guide (resources used by Community Health Workers to run PWGs). In Garissa, we adapted these resources to reflect local tradition and religion: by changing the clothes worn by our illustrated characters.

Whilst this might seem a minor change, it is significant in ensuring Pregnant Women's Groups are culturally appropriate, trusted, and engaging for the women, families and health workers in the county.



Variations of the characters Lela & Riziki, adjusted to wear hijabs (right) as is the custom for many women in Garissa. Illustrations by Naddya Adhiambo Oluoch-Olunya.

## DATA-DRIVEN IMPACT

At Child.org, we are **data-led**: we know how critical it is to collect accurate, timely data to develop effective maternal health solutions. In 2025, Child.org adopted a new data management system to strengthen how we collect, manage, analyse and use data.

Previously, our programme, financial, and performance data was stored and analysed in separate spreadsheets. Now all our data and reports are stored on one system. This allows us to:



**Improve data accuracy and consistency:** by reducing the risk of manual mistakes.



**See the big picture:** real-time dashboards and automated reports on our new system mean the team can track progress against our targets and see exactly how our projects are performing.



**Make even more informed decisions:** with more consistent data, Child.org can identify gaps in healthcare and health-seeking behaviour early - such as a dip in antenatal care attendance. We can then work with Community Health Workers and county health teams to respond quickly and effectively.

Our new data management system is a crucial and exciting step in strengthening Child.org's Monitoring, Evaluation, Accountability, and Learning processes.



Ruth Mwangi, Impact, Research & Advocacy Coordinator at Child.org

# MEET HOSSEIN

Hossein is a Community Health Worker in Garissa County. His partner is pregnant. In Hossein's village, many men are involved in pregnancy:

*"That is our responsibility. Keeping them safe until the day they give birth."*  
**However, this is not always the case.**

*"Some of my brothers, who are not educated, or do not understand the help a woman needs, will not [help her]... He does not want to fetch water, or bring firewood, or cook food for lunch or breakfast. He says 'no, I am not a woman.'"*

Some men even refuse to give wives permission to go to hospital, or be seen by a male health professional. **These delays in seeking care can be fatal.**

*"There's a man I struggled with. His child was born with a disease but the man refused to take him to hospital – and the child died."*

Through Team Dad, Child.org will help train Community Health Workers to work with 750 male partners in Garissa – championing more supportive environments for women and children. You can watch [Hossein's story here](#).



Photo: [Taji Creatives](#). Features Health Worker Hossein with his partner Katra

# FUNDRAISING 2025

2025 was another jam-packed year for Child.org's fundraising and events. We had our biggest ever festival season, ran two Ride Africa cycle challenges, and once again smashed our Big Give Christmas Challenge target.



## SHINDIG & PANEL EVENT

100 attendees at our annual Shindig celebration, hosted at The Forge in Bristol. Beforehand, we hosted Development in Dysfunction: a panel discussion about the challenges in global health and development today.

*"With everything going on in the international development sector, it's easy to feel disheartened. However, our panel event showcased a positive and exciting perspective for the future of global health, if we allow communities to guide us"*

**- Ruth Mwangi, Impact, Research & Advocacy Coordinator, Child.org**



## BIGGEST EVER CHARITY CONCIERGE FESTIVAL SEASON

- **6 festivals (Glastonbury, Latitude, Wilderness, Camp Bestival, Electric Picnic, Kaleidoscope)**
- **311 volunteers**
- **£166,664 raised**
- **New Trolley Service**

*"Great experience, made new friends, watched some great acts, and a great team and charity to volunteer for!"*

**- 2025 Charity Concierge volunteer**



## RIDE AFRICA: MARA CALLING

In 2025, we hosted two [Ride Africa](#) events:

- **67 participants**
- **£146,330 raised**
- **Sighting include: lion, elephant, giraffe, wildebeest, hyena, hippo... and countless zebra!**

*"It was an incredible experience! Not only the wildlife sightings, but also being part of an exceptional group that shared a common goal of helping others. The organization was excellent! We will definitely be back!!"*

- **Cesar, 2025 Ride Africa participant**



## BIG GIVE 2025

2025 was Child.org's third Big Give Christmas Challenge. For the previous two years, we had focused on raising funds to launch Team Mum Pregnant Women's Groups in different counties in Kenya. In 2025, we raised money to launch Team Dad in Garissa County:

- **£55,990 raised**
- **111 donors**

Thank you to our Pledger [Festival Republic](#), and Champion Funder [Reed Foundation](#), for making our campaign possible.



# THANK YOU

Child.org is a small team supported by a brilliant community of funders, partners, champions and fundraisers. Because of this community, we can make pregnancies and births safer across Kenya. *Thank you.*

## PROGRAMMING PARTNERSHIPS

Hatch Technology  
Narok, Garissa, Meru and Makueni  
County Health Management Teams

## CORPORATE PARTNERS & SUPPORTERS

Festival Republic  
ZX Lidars  
FuelHQ  
Fairweathers Solicitors LLP  
Goodlive  
Seek Development  
Dr Podcast  
New Scientist

## FUNDERS, TRUSTS & FOUNDATIONS

Reed Foundation  
The Fulmer Charitable Trust  
The Michael and Anna Wix  
Charitable Trust  
Hilary and James Leek Trust  
Eleanor Rathbone Charitable Trust  
William Grant Foundation Matched  
Giving  
The Squire Patton Boggs Charitable  
Trust  
Coles-Medlock Foundation

## COMMUNITY PARTNERS

Inner Wheel District 5

We would also like to say a special thank you to Angela and John Jackson for their ongoing support of Child.org.



*Thank you*

