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AMEN

ABRASSA MENTORSHIP AND EMPOWERMENT NETWORK

Save A Mother Initiative to contribute to reduction of maternal and Child mortality in nomadic pastoralist community- A case of Marsabit County

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Introduction

Abrassa Mentorship and Empowerment Network (AMEN)

- Transforming lives through participatory approaches that empower people.
- Creating a healthy & informed society where people thrive in harmony with themselves and their environment
- Collaborates with the government, local communities and other partners for a social transformation agenda.

We aspire to engage local talents and experience to make the best out of communities we serve.

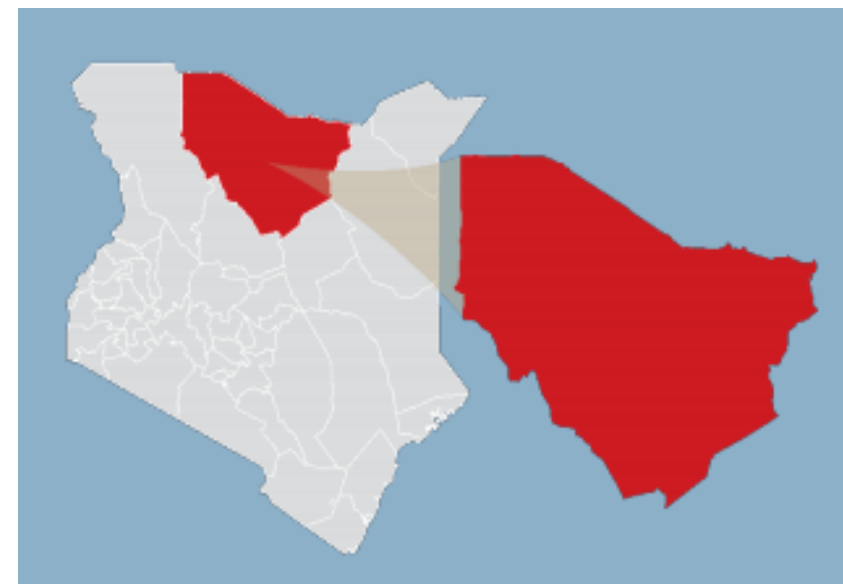


BACKGROUND

MARSABIT COUNTY

- Area 70,961.2 km²
- Four sub-counties namely: Laisamis, Saku, Moyale and North Horr.
- Total Pop: 459,785 with a population density of 6 pple per KMsq.
- Main livelihood zones; Pastoral(81%), Agro-pastoral(16%), and formal employment (3%).

Marsabit Indicators	National Indicators
Fertility rate: 5	3.9
Maternal Mortality Rate: 1127	362 per 100,000 live births
Infant Mortality Rate: 33	22 per 1000 live births
ANC 4 visit attendance: 43%	96%
Postnatal visits: 9%	52%
Skilled delivery: 26%	62%
FP uptake: 11%	53%



The challenge?

Marsabit County is one of 15 Counties that account for over 60% of maternal deaths in Kenya. The latest estimate of the County's maternal mortality ratio (MMR) is 1127 deaths per 100,000 live births.

Marsabit County's total fertility rate (5) is higher than the national rate of 3.9 and also means that Marsabit County has a high birth rate. The adolescent birth rate is also high – about 1 in every 10 girls aged 15-19 gives birth every year.

Like any ASAL counties, it has suffered from recurrent drought, human conflict and legacy of marginalization by the government and lack of international investments.

Vastness of the county, sparse population and the rugged terrain compounded by nomadic pastoralism present a challenge to the continuous provision of basic health services.



Overview of project



The **Save A Mother Initiative** is designed to address key health needs of mothers and newborns in Marsabit County who live in selected rural locations and have limited or no contact with facility-based health services.



The **area of operations:** 20 select Community units in Marsabit County



Project duration: 2 years



Start Date: March 2019



End Date: Feb 2021



Donor: Philips Foundation



Implementing partner: Abrassa Mentorship and Empowerment Network (AMEN-Kenya)

Goal

To improve maternal, newborns, and children health status through community-based interventions in the 4 sub-counties with a specific focus in 20 priority villages



Objectives

To achieve reductions in mortality and morbidity, the project had three primary objectives:

- Strengthen maternal and child health in the identified villages, while increasing the quality of and demand for services;
- Systematize a community-based model for health service delivery in the project area, while improving quality, access, and equity; and
- Document, disseminate, and promote the improvement of community-based maternal and child health services, while meeting standards and norms of the County Community health strategy.

Strategy

- **Advocacy:** The leadership, commitment and active engagement of political/cultural leaders and key stakeholders are essential for successful implementation of Community-based MNCH interventions.
- **Focused community activities:** Strengthening the existing community-based interventions
- **Fluid community health strategy-** modified to suit the nature of community lifestyle.
- **Leveraging on technology:** mHealth, CLC CHV kit, digital health
- **Social mobilization:** The full participation of communities in the transformation of their own health.
- **Linkages between health facilities and communities**



Our
Approach

Use of current
evidence-based
technical
Approaches

Partnership

Applying CHS
Principles of practice

Sustainable systems
approach

Package of services



Community

Promote demand for quality services and uptake of maternal, neonatal, child health

Engage religious, elders, and community leaders in addressing maternal and child care issues at the targeted villages



CHWs

Initial and ongoing training, on the job mentoring

Appropriate logistical support to CHWs for supply commodities, counseling materials, registers, and forms

Monitoring and supportive supervision



Systems strengthening

Procure and distribute Philips CLC outreach Kit for CHW/Midwife

Support CHAs and CHEWs to provided continuous mentorship and supervision to CHWs

Support and collaborate with SCHMT to monitor and supervise the implementation of the project CBMNCH as appropriate

Referral support

Linkage and communication with health services

Innovations

Philips Community Life Center (CLC) outreach kits

- The CLC outreach kit provides a number of tools carried in a backpack, which support community health Volunteers in their efforts to diagnose and refer people in need of further treatment or transportation.
- CHVs identify risk pregnancies and dangers signs in pregnant women and Children e.g. Hypertension; and fast breathing for pneumonia in children

Health Promotion Aspect

- Health promotion through utilization of locally translated E-MNCH videos and flipcharts.
- Capacity building of CHVs on data collection

Use of Smartphones by CHAs

- Community based information system: Mobile phones with ODK application support collection and dissemination of data from CHAs to Sub-County level for entry into DHIS 2.

RRI Model

- Adoption of RRI model during Covid pandemic to ensure continuation of essential community based RMNCH services.
- Integrated outreaches using motorbikes and donkeys in areas with poor accessibility

Project target areas

Sub-county	Villages
Saku	Kupi Qallo, Jaldesa, Nchominyi, Ilpus, Badasa
Moyale	Badanrero, Amballo, Antut, Dabel, Nana, Elle borr
Laisamis	Korr, kargi, Moite, Bala, Merille
North Horr	Dukana, Balesa, Forole, Malabott.

Expected Results for 2019-2021

1

Increased 4+ ANC visits from 43% to 60% by 2020

2

Improved skilled delivery from 26% to 50%

3

Increased uptake of PNC services from 9% to 20% by 2020

4

Increased immunization coverage of fully immunized children from 67% to 80%

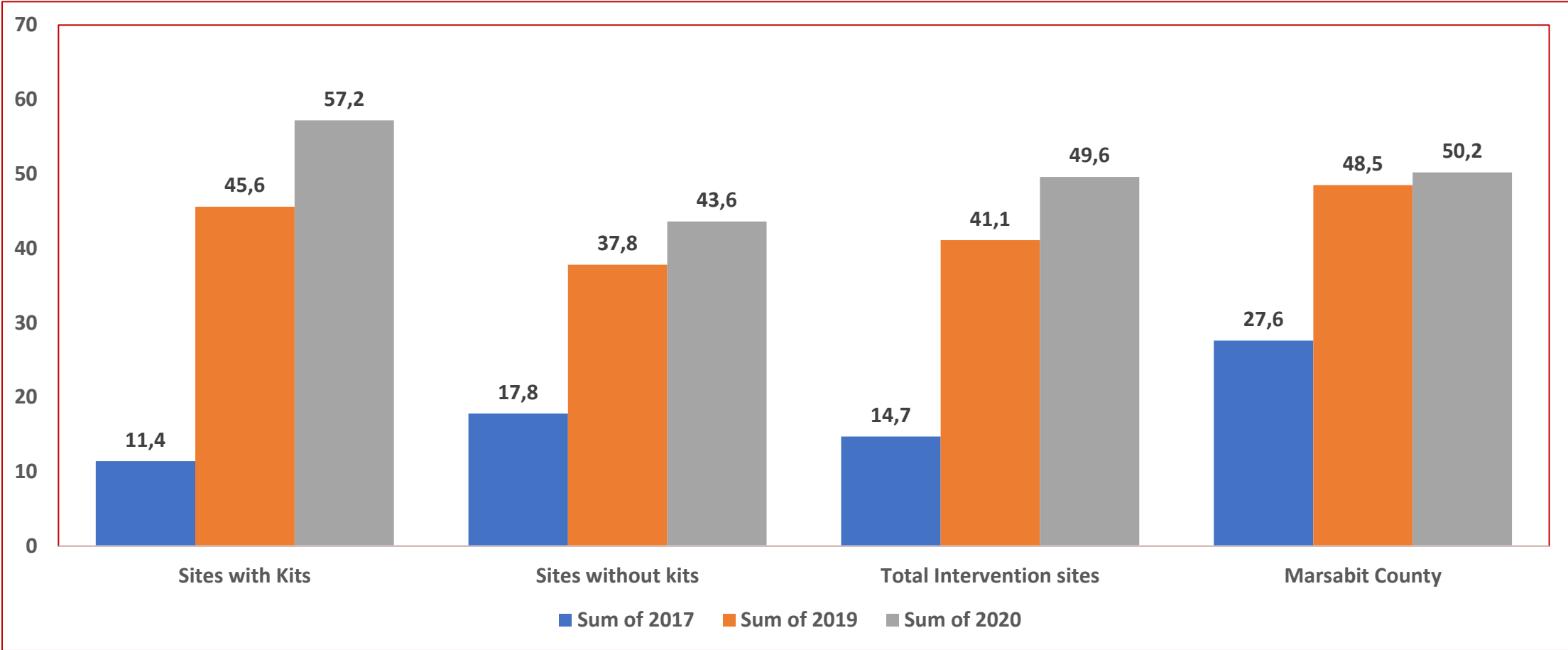
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Increased family planning uptake from 11% to 20% by 2020

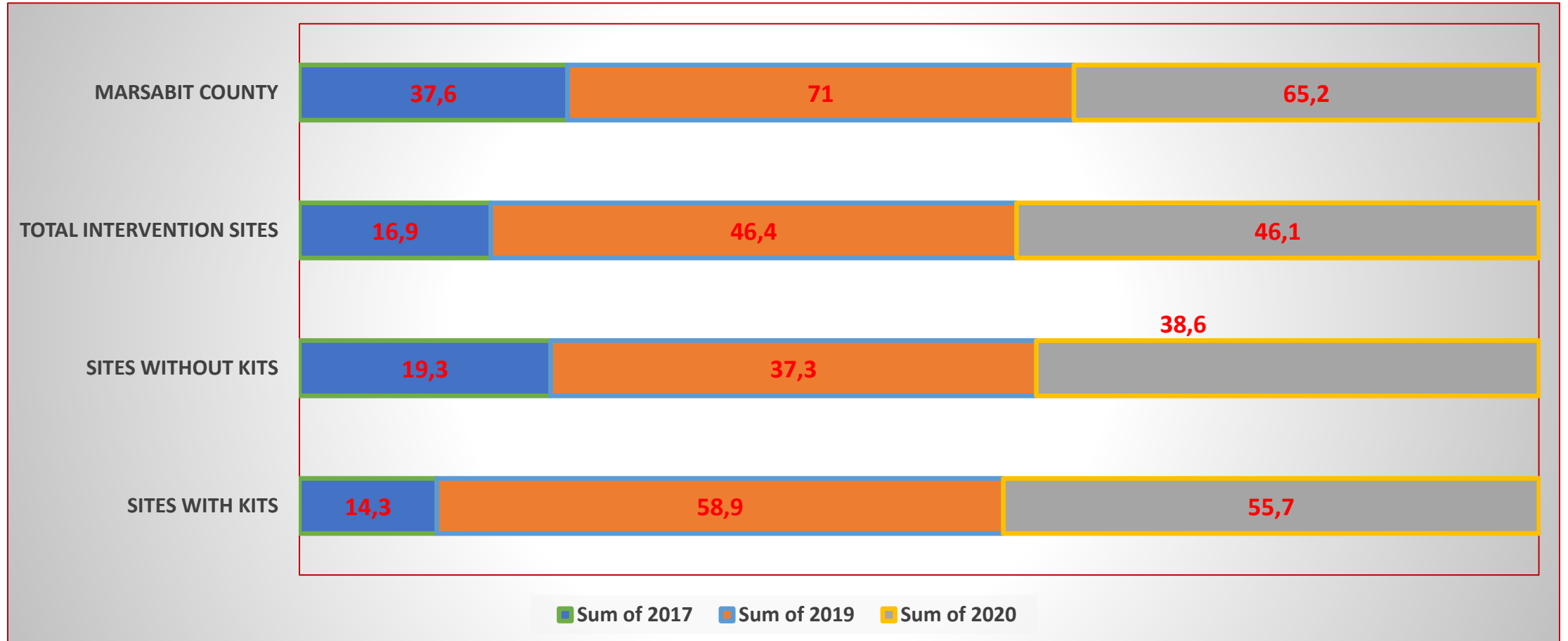
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3000 women counselled on Health, Nutrition & hygiene.

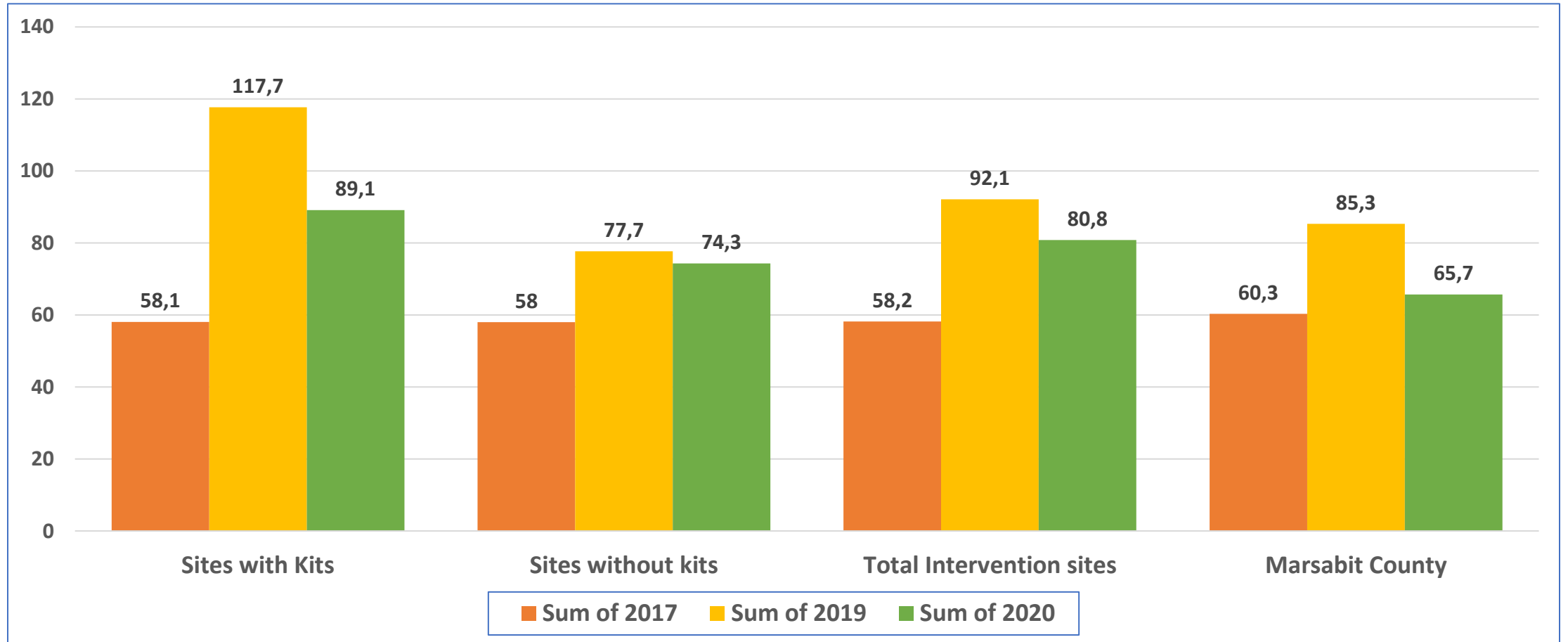
Antenatal care 4th visits Coverage



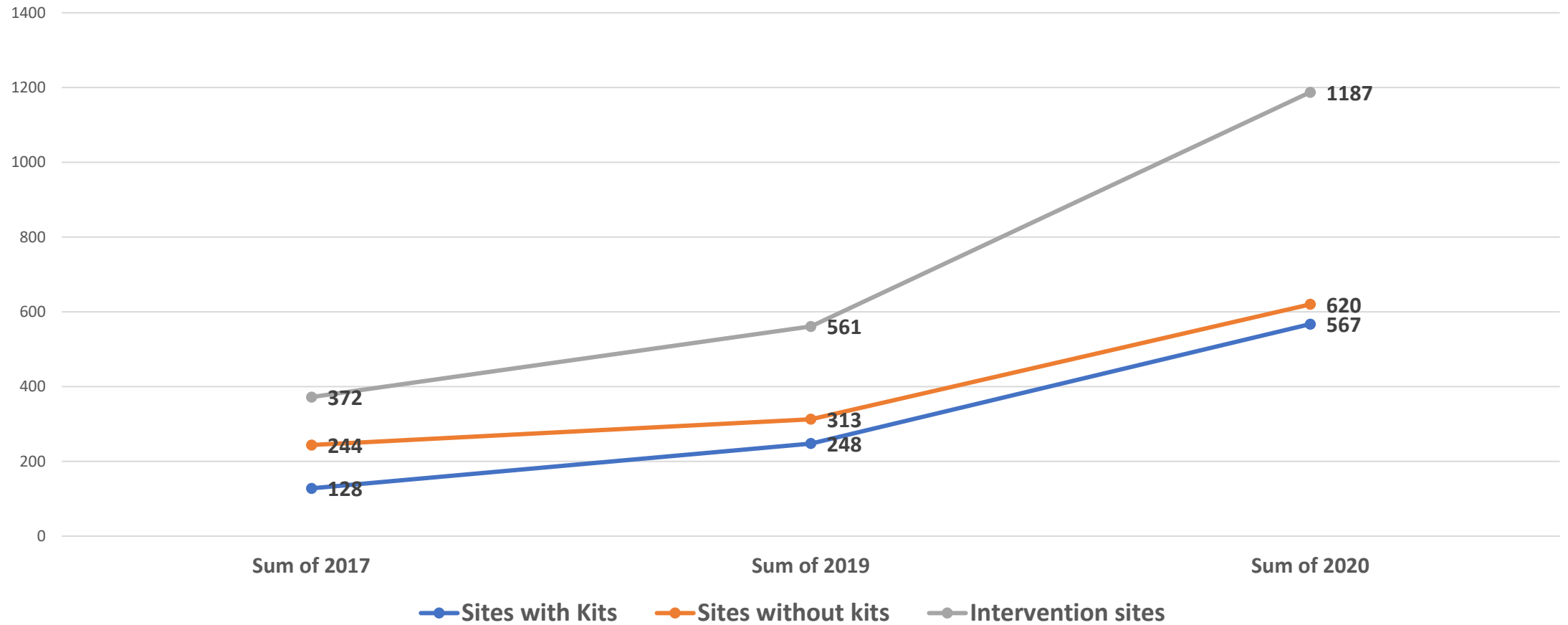
Skilled Delivery Coverage



Children under-one Fully immunized Coverage



Post-Natal visits



Achievements highlights.

- Improvement in the proportion of the CHVs reporting from **74.5% in 2019 to 82.6% in 2020** within the project area of interventions.
- For areas with Backpack, proportion of the households visited during the exercise increased from **66.7% to 75.1%**.
- **In 2020, 45,239 were screened for Covid 19.**

- CLC back pack utilization

Period	Respiration Assessment CHARM	Blood Pressure assessment for Pregnant Women	Blood Pressure Assessment for Adults
June-Dec 2019	1,932	1,945	1,805
2020	6,285	2,478	8,238

Performance of a selection neonatal and child health indicators

- Improved reporting has enabled the identification and discussion of critical issues by technical working groups. i.e increase in number of neonatal deaths, increased number of malnourished children
- Solutions and proposed interventions were identified and implemented. This has resulted in significant reduction in the cases.

#Neonatal deaths (0-28 days)				
2017	0	2	2	6
2018	3	6	9	34
2019	7	3	10	36
2020	2	3	5	17
#Children with moderate malnutrition				
2017	247	335	582	3192
2018	595	755	1350	8736
2019	815	1236	2051	9841
2020	551	524	1075	5435

Lessons Learnt

- The outreach kit has enabled the CHVs to conduct several screenings away from the static health facilities before making informed referrals which has added value and recognition to their work. For this reason, they are now more welcomed to the households enhancing cooperation when it comes to embracing health promotional messages.
- Community health volunteers in our areas of operations have increasingly become frontline health service providers even though they are paid. Their role in the health care system has a significant bearing on the attainment of universal health care coverage.
- CHVs undertake a multiplicity of roles in support of the community health strategy to deliver primary health care at the community level. A model that incorporates a stipend on top of any other non-tangible reward would go a long way in ensuring sustainability.
- AMEN Kenya provided the CHVs with a visibility jacket and cap for purpose of recognition and identification. The CHVs are reporting that generally the uniform symbolically confers higher status to them beyond their locality and also recognition beyond the community in which they serve.
- The use of data generated at level one through routine facility reporting to track progress and performance over time strengthens accountability for better results.
- The full involvement in the community strategy ensured that there was synergy and necessary moving part from the communities in terms of factual relevant strategic messaging that spurred behavior change among the locals.
- Strategic Behavior Change Communication (SBCC) platforms from print media (IEC, flip charts) materials and electronic media (animations, mobile videos, and audios) and broadcast media like radio stations ensured that the reach of the hard to reach masses

Challenges and mitigation

Challenges	Mitigation
Low demand in seeking care for fear of contracting the virus during the pandemic. This has resulted to decline in health care service utilization.	To limit Covid-19 impact on the fragile health system, the project carried out sensitization campaign through CHVs, Radio spots and online platform(Knowledge and awareness)
Long-standing insecurity situation in most parts of the county affecting service delivery within the community units.	Utilization of the CHVs to provide real-time information to the CHMTs on access to healthcare during the conflict to be prioritized as an agenda at the CSG forum.
Some of the villages are located far apart, as well as from the health facilities posing challenges to appropriate referral.	The health management team were tasked to advocate for operationalization of some of the already built health facilities that will reduce distance problems.
Lack of essential basic commodities/drugs for CHVs use at level one while providing screening and referral services.	SCHMT to determine how CHVs can best obtain the commodities to be used during the HH visits, now that partners have helped build their capacity.
High illiteracy level affecting utilization of health services and behavior change.	Use of culture and context specific MNCH messages for effective behavior change(MNCH videos and Flipcharts)

Recommendations

- Stakeholders must take a keen interest in the use of health technologies to improve access to healthcare.
- Build effective partnerships for planning and implementation with county health department, communities, national local agencies involved in maternal and child health.
- Scale up innovations that have measurable impacts on health status of nomadic group.
- Formal recognition of this cadre in the county health system
- Promote county ownership and leadership of the model and formal integration into health services.
- Pursue projects that are self sustainable i.e. social entrepreneurial models.

Thank you

