



The USAID/Kenya and East Africa Afya Jijini Program



A nurse supporting a mother to hold her newborn at the Mama Lucy Kibaki Hospital in Nairobi County. Afya Jijini works with the county government to improve the quality of MNCH services as a proven approach for improving maternal, newborn, and child survival.

MATERNAL, NEWBORN, AND CHILD HEALTH (MNCH) TECHNICAL BRIEF

Afya Jijini's approach to MNCH within Nairobi City County

USAID's *Afya Jijini* program aims to improve access to and quality of health services in Nairobi City County (NCC). The program strengthens county-level institutional capacity to manage these health services, including MNCH, as a central strategy for overall health care improvement. Managed by IMA World Health (IMA), *Afya Jijini* is a five-year contract implemented in collaboration with local sub-contractors: the Christian Health Association of Kenya (CHAK), Mission for Essential Drugs and Supplies (MEDS), and the National Organization of Peer Educators (NOPE).

DATES OF IMPLEMENTATION

September 1, 2015 – August 31, 2020

BACKGROUND

While Kenya has dramatically reduced maternal and child deaths during the past two decades, progress has been uneven across different geographies and wealth quintiles. Scale-up of emergency obstetric and newborn care (EmONC) and other evidence-based maternal and newborn health (MNH) interventions have contributed to this decrease. Maternal mortality dropped by nearly 39% between 1990 and 2015 (to 362 deaths per 100,000 live births).¹ Under-five mortality has seen a much larger reduction during the same time period – to 49.4 deaths per 1,000 births (a 51.4% decrease) – as immunization and integrated management of childhood illness (IMCI) were scaled-up.² However, the post-birth period remains a fragile time for Kenyan infants, and many still die from asphyxia, prematurity-related causes, and sepsis.

Nairobi mirrors most of the national MNCH trends, with significant reductions in maternal and child mortality in recent years. However, it still possesses unique socio-economic and structural factors that impede full realization of national MNCH goals. An estimated 60-70% of Nairobi residents live in rapidly expanding informal settlements that are characterized by extreme poverty, overcrowding, lack of access to clean water and sanitation, and high rates of HIV/AIDS and other sexually transmitted infections (STI). These factors heavily impact maternal and child survival, despite the so-called “urban advantage” (the assumption that urban populations possess better access to health services and have improved health outcomes as compared to rural clients).³ As such, Nairobi leads the country nationally in neonatal mortality at 39 per 1,000 live births, as compared to the national average of 22 per 1,000 live births.⁴ Children living in NCC informal settlements also suffer from lower immunization rates and higher incidences of diarrhea and infections, putting them at risk of death and longer-term developmental delays.⁵

Nairobi’s dynamic health system features a high number of private commercial and faith-based health facilities, with 31% of the nation’s private health providers located in Nairobi.⁶ These sites are often preferred health providers for MNCH services in informal settlements, where clients may avoid government facilities due to their perceived longer wait times, inconvenient operating hours, and lack of medicines for MNCH issues, like diarrheal disease and pneumonia. Private health facilities often filled the service delivery gap during frequent health care worker strikes in post-devolution Nairobi, especially for labor and delivery. The NCC struggles, though, to provide oversight to these sometimes loosely regulated private health outlets, as they lack the time and a perceived mandate.

¹ Keats, E. et al. *Progress and priorities for RMNCH in Kenya: A countdown to 2015 case study*. Lancet, Aug. 2017.

² Keats, E. et al. *Progress and priorities for RMNCH in Kenya: A countdown to 2015 case study*. Lancet, Aug. 2017.

³ Matthews Z, Channon A, Neal S, Osrin D, Madise N, Stones W (2010) Examining the “Urban Advantage” in Maternal Health Care in Developing Countries. *PLoS Med* 7(9): e1000327.

⁴ Kenya National Bureau of Statistics, ICF Macro. *Kenya Demographic and Health Survey 2014: Nairobi, 2015*.

⁵ Mutua, MK, Kimani-Murage E, Ettarh, RR. *Childhood vaccination in informal urban settlements in Nairobi, Kenya: Who gets vaccinated?* BMC Public Health, 2011.

⁶ Pharmaccess Group. *A closer look at the healthcare system in Kenya*. Policy brief. Oct. 2016.

TECHNICAL APPROACHES

Afya Jijini works closely with NCC and other partners to strengthen access to high-quality, evidence-based MNCH services across the continuum of care. Specifically, the project focuses on improving the quality of care of priority MNCH interventions, in line with national MNCH strategies.⁷ *Afya Jijini* cluster teams work with sub-counties to train and coach health care workers (HCWs) in delivering the core MNCH package – described below – and monitoring its implementation. The project currently works with 66 focal maternity facilities and 252 child health and family planning (FP) facilities. *Afya Jijini* assists the NCC to infuse a culture of quality improvement (QI) as a proven strategy for reducing maternal and newborn mortality in high-volume, public sector, and private faith-based health facilities in informal settlements. Throughout, the project works with local non-governmental organizations (NGOs) and community health volunteers (CHVs) to promote the adoption of positive individual, household, and community behaviors that impact the health of mothers and children. These efforts contribute to advancing the NCC and Kenya more broadly on its Journey to Self-Reliance (J2SR) by ensuring local ownership and sustainability of MNCH efforts.

MATERNAL AND NEWBORN HEALTH

Afya Jijini works with NCC to improve the quality of MNCH services as a proven approach for improving maternal, newborn, and child survival.⁸ The project provides training and mentorship in priority MNCH interventions: integrated antenatal care (ANC) services, skilled birth attendance (SBA), Respectful Maternity Care (RMC), Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Obstetric and Newborn Care, and post-natal care (PNC). Working with sub-counties, *Afya Jijini* is scaling up essential newborn care, including kangaroo mother care (KMC), chlorhexidine for cord care, and integrated community case management (ICCM) in an effort address high rates of newborn death. The project ensures that health care providers and CHVs access the relevant equipment, supplies, and job aids to provide quality care. At the community level, CHVs provide follow-up support to mothers discharged with low birthweight or otherwise vulnerable babies and encourage review at the health facility. The CHVs also encourage clients with home births to return for PNC and birth registration within 48 hours.

Throughout, the project emphasizes strong QI approaches and continued mentorship to reinforce skills-based trainings. QI work improvement teams, led by in-house, facility-based QI champions, monitor MNCH indicators and develop change ideas to address increases in maternal and newborn morbidity. *Afya Jijini* also uses the Leadership Development Program Plus (LDP+) to identify and address MNCH facility challenges. The LDP+ program convenes supervising clinicians and facility managers to work together as a team to develop practical and novel solutions to pressing MNCH problems. At Pumwani Hospital, for example, the LDP+ program helped reduce severe birth asphyxia from 2.2% to 1.59%.

Afya Jijini also works with sites to improve RMC and client satisfaction in an effort to boost SBA and retention in care. Working with a local NGO, Health Right International Kenya, *Afya Jijini* is establishing a system for reporting cases of client disrespect and abuse in labor and delivery at the five biggest public maternities in Nairobi. The NCC also launched Maternity Open Days at four high-volume health facilities as a method to encourage facility-based births for nervous first-time pregnant women. During the Maternity Open Days, nurses and volunteers walk pregnant clients through labor and delivery,

⁷ Including national essential newborn care guidelines (Feb. 2015) and those on quality obstetric and perinatal care (2011).

⁸ Keats, E. et al. Progress and priorities for RMNCH in Kenya: A countdown to 2015 case study. *Lancet*, Aug. 2017.

demystifying the process and also enrolling clients for ANC services. At Kayole II Sub-County Hospital, this resulted in more than tripling the number of facility deliveries between December 2017 and March 2018 (185 deliveries).

Scaling up maternal and perinatal death surveillance and response (MPDSR) is a priority MNCH QI initiative for NCC. MPDSR enables the county to track how many maternal and perinatal deaths occur in the facility or community and their underlying causes, and it guides NCC on how to reduce preventable deaths. *Afya Jijini* trained HCWs and community health assistants in conducting and documenting maternal and perinatal death reviews during its first two years, in line with 2016 national MPDSR guidelines. Today, sub-counties and project cluster teams provide follow-up coaching to address under-reporting, difficulties with data review, and poor aggregation on cause-of-death data. Sub-counties also convene MPDSR best practice sharing forums and facility-level committees as platforms for sharing and data review. *Afya Jijini* also introduced verbal autopsies for CHVs in target informal settlement communities with suspected high numbers of home births and deaths.

CHILD HEALTH

Afya Jijini works with focal health facilities and their affiliated sub-counties to improve the uptake and quality of project priority child health services: immunization, IMCI, and ICCM. The project provides initial and refresher training, on-the-job mentorship, and continuous medical education in child health topics, and it collaborates with sub-counties to provide integrated MNCH supportive supervision. *Afya Jijini* partners with NCC to scale-up routine immunization in line with 2013 national guidelines, as well as to participate in supplemental immunization activities, including outreach and catch-up campaigns for measles and polio as well as outbreak response (cholera). The project works with NCC to conduct immunization micro-planning and mapping, with a focus on reaching hotspots of non-immunizing communities, including in pockets of informal settlements where immunization is low.

Afya Jijini also assists NCC to improve the quality of the IMCI package and to scale up ICCM in target informal settlements. The project trained and supports 47 CHVs in the ICCM package, who diagnose, treat, and refer complicated cases of diarrhea and pneumonia at the community level. At the facility level, the project ensures HCWs conduct regular growth monitoring and provide outpatient therapy for eligible malnourished children. *Afya Jijini* also introduced volunteer Water, Sanitation, and Hygiene champions who oversee revitalized oral rehydration therapy corners in 32 high-volume health facilities. These corners provide treatment services for children suffering from diarrhea, as well as educate caretakers on how to manage diarrhea in their children.

DEMAND CREATION AND NORMS CHANGE

Afya Jijini implements several community-level social and behavior change (SBC) approaches that boost uptake of facility-level MNCH health services and improve household- and individual-level behaviors. Working with sub-counties, *Afya Jijini* has cumulatively trained more than 2,500 CHVs as the front-line of the community MNCH response. CHVs help identify, counsel, and track pregnant women throughout the first 1,000 days, promoting uptake of facility-level pre- and post-natal MNCH services and healthy behaviors. At a broader community level, CHVs mobilize and educate their pregnant mothers on the danger signs during and after pregnancy and in children; promote immunization; and educate clients on a range of FP methods and birth spacing. A trained sub-set of CHVs offer ICCM. At the county level, *Afya Jijini* provides additional technical assistance in modifying national community health strategies for the urban informal settlement context.

GENDER-SENSITIVE MNCH APPROACHES

Afya Jijini promotes gender-sensitive approaches to promotion of MNCH services, including strategically engaging male partners as advocates and allies in MNCH. Research demonstrates that Nairobi men often view MNCH as a female issue. However, men and boys typically hold household decision-making power over women and girls, including in allocating time and financial resources for health care.⁹ *Afya Jijini's* We Men Care approach directly addresses this need, engaging male partners of expectant mothers in critical health areas at 10 health facilities in impoverished informal settlements. *Afya Jijini's* We Men Care model uses peer male champions to engage *men as clients* (for FP, STI screening, and HIV services on site), *men as partners* (promoting uptake of voluntary FP, ANC, skilled delivery, post-partum child spacing, and PNC by their partners), and *men as change agents* (as volunteers and advocates in their communities and peer groups). Trained CHVs also host couples support groups across 10 facilities, working with 100 clients from the first trimester through the first 1,000 days as a gender-sensitive SBC approach, promoting ANC completion, skilled delivery, PNC, post-partum FP, exclusive breastfeeding, and immunization.

COUNTY AND SUB-COUNTY HEALTH SYSTEM STRENGTHENING

Afya Jijini strengthens the overall county health system across the World Health Organization building blocks¹⁰ to improve the availability and quality of MNCH services and to help Kenya advance on its Journey to Self-Reliance (J2SR). *Afya Jijini* has worked with the county to better coordinate the many MNCH partners implementing services in Nairobi, helping deploy them strategically to avoid duplication and re-training of certain sub-counties. The project also works with NCC to develop and adapt MNCH technical guidelines and policies to the urban environment, including the new national Community Health Strategy. Strengthening the supply chain of MNCH essential medicines, supplies, and vaccines is particularly critical. Project technical advisors work with sub-counties and high-volume facilities to accurately track and forecast MNCH supplies. Specifically, *Afya Jijini* helps sub-counties maintain adequate vaccine buffer stocks within sub-county cold stores and re-distribute MNCH commodities as a stopgap measure to ensure there are no stock outs.

RESULTS

Afya Jijini has achieved the following MNCH results, among others:

- 40% decrease in maternal deaths at target high volume health facilities (2015-2018).
- 23% decrease in newborn deaths at target high volume sites (2015-2018).
- Scaled-up MPDSR at facility and community level, with maternal death audits approaching 100% at all sites and exceeding 70% for perinatal deaths.
- Increased numbers of women attending 4 ANC visits (65% of pregnant women).
- Scaled-up KMC to 13 health facilities to improve clinical outcomes of low birthweight and premature babies.
- Increased the percentage of the newborns who received newborn care within 48 hours to 80%.
- Exceeded county and USAID targets for full immunization of children under age one.

⁹ USAID/Kenya *Afya Jijini Gender Analysis* (2016).

¹⁰ Health service delivery, workforce, information systems, essential medicines, financing, and leadership and governance.

- J2SR: *Afya Jijini* strengthened local NGO technical and management capacity for MNCH awards, including both its internal partners (CHAK, NOPE, MEDS) and smaller NGOs through its grants-under-contracts mechanism.

LESSONS LEARNED

During the past four years, *Afya Jijini* teams have identified a number of challenges and corresponding lessons learned around MNCH, including:

- The devastating impact and frequency of HCW strikes, which affect MNCH service delivery uptake and outcomes: While the project cannot address many of the root causes, *Afya Jijini* worked closely with NCC to mobilize and respond to HCW strikes by working with local FBOs and private facilities for service delivery as part of a coordinated short-term response effort that helped ensure basic services at key sites.
- Newborn mortality remains high in informal settlements and requires a combination of scale-up of quality and access to evidence-based interventions and behavioral change interventions to see improvements gained in broader MCH.

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