

BREAD FOR THE WORLD RMNCAH PROJECT ANNUAL REPORT 2023

INTRODUCTION

Every day, approximately 830 maternal deaths occur worldwide, meaning that a woman dies approximately every two minutes. These deaths occur from preventable conditions related to pregnancy and childbirth. Most (99 per cent) of these deaths occur in developing countries.

Severe bleeding, puerperal infections, preeclampsia and eclampsia, complications from delivery and unsafe abortion account for nearly 75 per cent of all maternal deaths. Major causes of perinatal deaths are respiratory cardiovascular diseases, birth asphyxia, prematurity, low birthweight and sepsis.

Skilled health care services during pregnancy, childbirth, and after delivery are important for the survival and wellbeing of both the mother and the newborn.

Implementation of the CHAK Bread For the World Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) project began in 2023.

Strategic objective

- To contribute to the health outcomes in Kenya through gender responsive, sustainable and inclusive quality health programmes and services.

Strategy

- Improve universal access to RMNCAH and nutrition services.

Broad objective

- Health systems are strengthened and access to FP/RMNCAH services scaled up through primary health care strategies for improved mother and child health outcomes: (promotive, preventive and curative services).

Program coverage

The project is implemented in 60 CHAK member health units in 15 counties of Kenya, namely Homa Bay, Kisumu, Migori, Kisii, Nyamira, Bungoma, Kakamega, West Pokot, Turkana, Isiolo, Marsabit, Kitui, Narok, Makueni and Nakuru.

Project indicators

- Improved access and uptake of family planning services - increase uptake by 20 per cent
- Improved access and uptake of ANC services by 20 per cent
- Improved access and utilization of SBA at health facilities
- Improved access and uptake of childhood immunization and treatment of childhood illnesses – 80 per cent of new births are fully immunized at the age of one year.
- Improved access to prevention and management of HIV (MTC transmission reduced to below five per cent).
- Care of women with cardiovascular diseases, diabetes, malaria and TB in pregnancy

Implementing strategies

1. Community approaches

- Encourage community-driven approach: capacity building of CHVs (household visits, outreaches, defaulter tracing, demand creation)
- Psychosocial groups for pregnant women
- Men dialogue meetings
- Strengthen referrals and emergency care for mother and babies
- Health education

2. Health facility approaches

- Capacity building of health care workers on Focused Ante Natal Care (FANC), adolescent and youth friendly services (AYFS), and newborn care Integrated Management of Childhood Illnesses (IMCI), focused Post Natal Care (PNC)
- Support supervision, onsite mentorship, CMEs
- Quality improvement
- Procure basic life saving equipment and distribute to MHUs
- Working with counties for commodities, IEC materials, registers, training, support supervision, on-job training

Baseline assessment

Primary data was collected from 55 member health facilities in 15 counties through a baseline assessment conducted at project onset. The assessment examined infection prevention and control (IPC), staffing, capacity building needs,

reproductive, maternal and child health service provision at facility and community level, availability of guidelines and standard operating procedures, availability of commodities, data collection, reporting and data use for decision making and availability of social insurance.

The assessment indicated gaps in quality of care due to limited capacity, supportive supervision, equipment, and commodity availability.

CHAK also conducted a sensitisation for in-charges from 60 focus member health facilities to inform them about the project strategy, objectives, expected results and their roles in implementation at project onset.

Capacity building

Community package on maternal and newborn health

A total of 145 Community Health Providers (CHPs) were trained on the community package on maternal and newborn health. The training aimed at equipping the CHPs with knowledge, skills and attitudes to enable them enhance community services to eliminate preventable maternal and newborn deaths and address referrals appropriately and in a timely manner.

After the training, the CHPs conducted targeted home visits to a total of 2,834

households of pregnant women and children under five years. They also conducted health education on pregnancy, importance of skilled delivery, counselled them on birth preparedness and newborn care, FP and WASH among others. **A total of 1,694 pregnant women were identified for early ANC while 988 pregnant women were referred for skilled delivery.** The CHPs worked closely within the facility MCH focal point persons and were supervised by Sub County Health Assistants (CHAs).

Adolescent and youth friendly training

Adolescent and youth-friendly health services training was conducted to address barriers faced by youth in accessing high-quality Sexual Reproductive Health (SRH) services in the health facilities. A total of 29 health care workers (HCW) were trained and 69 sensitized. The training focused on improving provider knowledge and competencies and overcoming provider bias. After the training, the HCW cascaded the training to CHPs who created demand through youth groups to ensure the services were accessible to youth. Through this training, the HCWs are empowered to offer information on SRH services offered in their facilities, e.g. contraception and treatment of STIs.

Focused Antenatal Care (FANC) training

A total of 97 HCWs were trained on FANC through a blended classroom approach with practical sessions. Onsite mentorship was done in 15 additional health



Training Community Health Providers on Community Maternal and Newborn Care package.

facilities, reaching 64 HCW. This training aimed to improve the quality of services offered in the health facilities. The CHPs identified women in early pregnancy and referred them to health facilities for services.

Men dialogue meetings

CHAK supported 10 health facilities from Turkana, Marsabit and Narok counties to conduct men only dialogue meetings to discuss SRH issues in a safe environment. These community dialogue meetings allowed the men to voice their concerns and opinions which were responded to by the HCWs and CHPs who provided explanations and helped dispel myths and misconceptions. The men exchanged information, shared personal stories and experiences and later jointly developed solutions to address the concerns.

These discussions empowered the men to encourage their spouses to start ANC visits early, access skilled birth attendance and support the women and babies after delivery. The men have been instrumental in providing finances for delivery, identifying transport means to the health facility at the onset of labour and offering companionship to the mothers during pregnancy. A total of 1417 men were reached with SRH messages during these meetings. Approximately 50 per cent of the men accompanied their spouses for ANC visits, delivery and child health clinics which was a taboo before the men forums. The dialogue meetings have also improved the health seeking behaviour of men in the target communities.



Men dialogue meeting in Narok County organised by AIC Olasiti Dispensary.



A psychosocial support group meeting for pregnant women in session.

Psychosocial support groups for pregnant women

These support groups targeted young mothers, especially those delivering for the first time. The project supported 10 psychosocial support groups in 10 focus health facilities in the hard-to-reach areas of Turkana, Marsabit and Narok counties.

The women met monthly to share their experiences and learn more about pregnancy, labour and delivery. This helped them cope with mental and emotional stress. During the group meetings, the HCWs and CHPs provided counselling and encouraged the mothers to enrol with NHIF and Linda Mama for financial support during delivery. Some facilities recorded more women enrolled with NHIF and Linda Mama.

Through this initiative, the 10 facilities have started postnatal support groups for continuum of care for the mothers and their babies. These support groups have helped the mothers cope with the emotional and physical stress of their new parenting roles, and access FP services. **The groups support the mothers to do exclusive breast feeding, access nutrition and hygiene advice and encourage them to ensure their babies receive scheduled immunizations.** A total of 572 pregnant women were reached through the postnatal support groups.

Support for NCDs in pregnant women at the facilities

The link between MNCH and NCDs is inextricable. CHAK supported training of 31 HCWs on gestational diabetes and hypertension in pregnancy to equip them with knowledge and skills on practices in Gestational Diabetes Mellitus (GDM) and Hypertension in Pregnancy (PIH) and help them scale up quality of care in their respective health facilities.



Delivery of BP machine, glucometer and test stripes to PCEA Turi Dispensary.

The training helped the CHWs understand the effects of diabetes on foetal development and the risk factors for the condition, helping them diagnose, treat, manage and refer clients effectively. The CHWs provided counselling on healthy lifestyle and access to services to the pregnant women and were sensitized to increase awareness and knowledge related to prevention, self-management and care of pregnant women with NCDs at community level.

CHAK procured and distributed 64 BP machines, 120 glucometers and 240 test stripes to support the facilities to offer quality services. These items have improved screening, diagnosis and treatment of NCDs in MCH departments.

Family planning commodities and IEC materials

During the baseline assessment, it was established that facilities did not have reproductive and maternal health IEC materials, guidelines and protocols.

The facilities were also struggling with FP commodities.

CHAK procured FP commodities including Jalele (1000), Implanon (1000), Emergency pills (800) and depo (1725) for distribution to the health facilities. This was necessitated by reduced donor funding for FP commodities.

CHAK is advocating with the counties to ensure budget allocation for FP commodities is prioritized. The project supported printing of IMCI guidelines (120 copies) and Job aids for CHPs (185 copies)

which were distributed to the implementing health facilities.

Support supervision and onsite mentorship

CHAK conducted joint support supervision with County Health Management Teams with the objective of assessing infrastructure and human resources, and reviewing progress of community and home-based interventions.

A total of 60 MHUs were visited during the year. Onsite mentorship was done for 126 HCWs and 94 CHPs.

Following the joint support supervision and mentorship, there was improved supply of commodities for which the facilities liaised with the sub county health offices and improved access to services by adolescents and youth. All routine immunizations were offered in the target facilities and cold chain maintained.



Support supervision and distribution of CHPs guidelines at AIC ALale Health Center, West Pokot.



RMNCAH data mentorship at AIC ALale Health Center, West Pokot.



Training of Community Health Providers (CHPs) from Marsabit and Isiolo MHUs.

Feedback was given to the facility in charges and CHPs on areas well done and those requiring improvement. The CHPs worked hand in hand with community leaders to give accurate MNH messages and improve access to services.

Improving health outcomes for children up to the age of two years

A total of 145 CHPs were trained on tracing children for immunization and referral to health facilities. **During the reporting period, 54 children who had defaulted on immunization were traced and referred to health facilities for immunisation.** Another 11 children were identified and referred by CHPs to health facilities for management.