

USAID AFYA PWANI



CHILD HEALTH PROGRAM BRIEF

Afya Pwani's Technical Approach to Improving Child Health in Kilifi County

BACKGROUND

In Kilifi county, children under five years of age make 17.3% (209,726) of the total population.¹ These children have a heavy burden of respiratory and diarrhea-related diseases, accounting for 55% of comorbidities.² The five most common diseases in the county among children under five years of age are upper respiratory tract infections, diarrhea, skin diseases, malaria, and pneumonia. Afya Pwani's baseline assessment identified knowledge skill, and attitude gaps among health care workers as a significant barrier affecting access and use of child health services. Other barriers identified included deep-seated disapproval of modern health care, poor health-seeking behavior, proximity to health services, and lack of sustainable financing for vaccines and other commodities. Furthermore, the county was understaffed and the workforce poorly distributed. The county's suboptimal health system was characterized by few functioning community units (90 active community units out of 307 community units proposed by the community strategy), inadequate infrastructure, human resources for health (HRH) gaps, weak supply chain, health financing gaps, low data quality, and poor leadership and governance. As a result of the above gaps, the county reported a 72% coverage for children under one year who were fully immunized.³

THE AFYA PWANI APPROACH

The USAID Afya Pwani Project (2016-2021), led by Pathfinder International in partnership with Palladium and Plan international, aimed to improve and increase access to and use of quality health services in Kenya through strengthened service delivery and institutional capacity of county health systems. To address the gaps and increase access and use of quality child health services, Afya Pwani implemented a multi-pronged

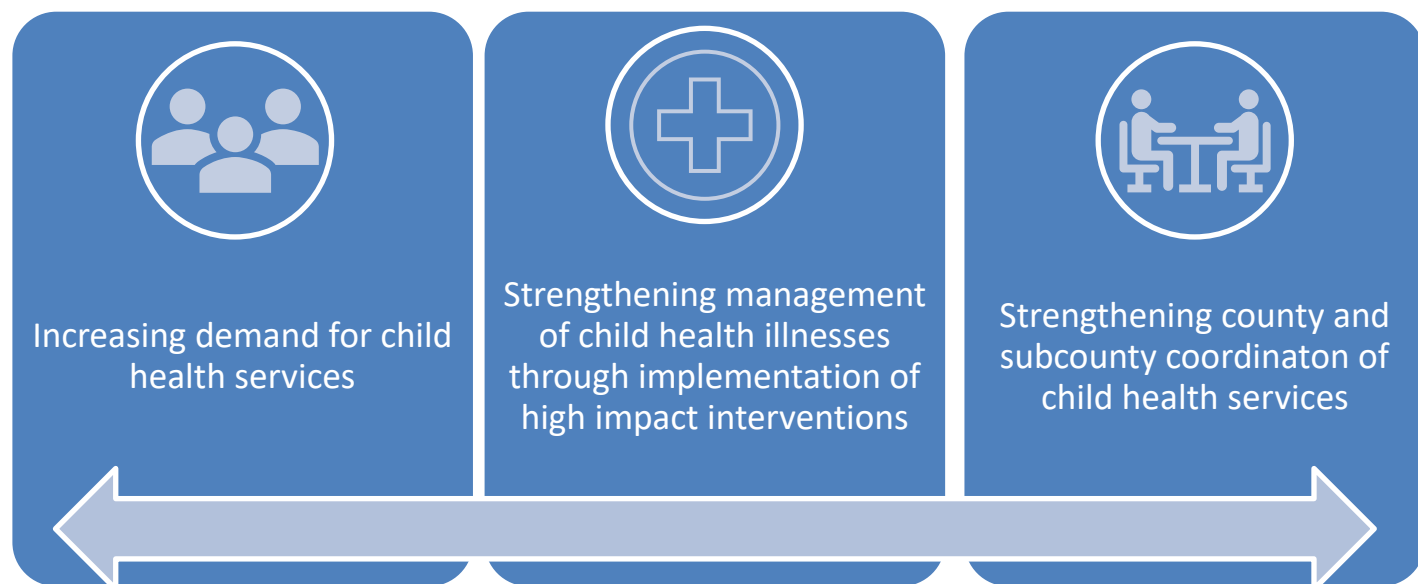


Figure 1. Key Afya Pwani Child health Interventions

¹ 2019 Kenya Population and Housing Census Volume III: Distribution of Population by Age, Sex and Administrative Units downloaded on 9/3/2021 from <https://www.knbs.or.ke/?wpdmpro=2019-kenya-population-and-housing-census-volume-iii-distribution-of-population-by-age-sex-and-administrative-units>

² Kilifi County annual work plan, 2018

³ Kenya National Bureau of Statistics, Ministry of Health/Kenya, National AIDS Control Council/Kenya, Kenya Medical Research Institute, and National Council for Population and Development/Kenya. 2015. Kenya Demographic and Health Survey 2014. Rockville, MD, USA: Available at <http://dhsprogram.com/pubs/pdf/FR308/FR308.pdf>

approach (Figure 1) to reach every child while addressing the underlying causes of child morbidity and mortality.

Increased demand for child health services

The project addressed socio-cultural barriers to uptake of child health services using social and behavior change (SBC) approaches. The project engaged the department of health Community health strategy, to mobilize the communities, address cultural barriers and cultivate an enabling environment for optimal child health practices. It aimed to improve client-provider interactions, while bolstering linkages between communities and health facilities. The project developed messages and disseminated the information using mass media and digital technology.

Increased access and linkages to child health services at the community level

The project supported the county to implement targeted integrated outreach and integrated community case management (ICCM) to address inequitable access to child health services due to long distances from facilities. The project strengthened immunization defaulter tracking to ensure each child is reached with high-impact interventions. The process entailed supporting the facilities to line list defaulters from the permanent registers, roll out defaulter tracing registers, and strengthen appointment scheduling using immunization appointment diaries.

Strengthened the capacity of health care workers to provide quality services

In the Expanded Program of Immunization (EPI) and integrated management of newborn and child illnesses (IMNCI), Afya Pwani improved the quality of diarrhea management and immunization services through training clinical mentorship, continued medical education, and whole-site sensitization. The project also supported the dissemination of guidelines and job aids.

Strengthened capacity of health facilities to

provide quality services

The project supported the county to optimally implement EPI and IMCI by strengthening commodity and equipment security, improving documentation and reporting, ensuring adherence to guidelines, and optimized the functionality of *oral rehydration therapy corner*⁴.

The project supported the county to strengthen commodity and equipment security by training health care providers in forecasting, quantification, documentation, reporting, and inventory management. The project provided technical assistance in immunization microplanning. It further strengthened the cold chain by supporting preventative maintenance to ensure no interruption of service and potency of the vaccines. The project also supported the county in conducting targeted commodity distribution and redistribution while coupling the intervention with supportive supervision and mentoring.

Cognizant of the role of water, sanitation, and hygiene (WASH) in reducing child mortality due to diarrhea and malnutrition, the project integrated hygiene promotion in all child health delivery areas. The project also increased access to clean water and sanitation in targeted communities through school-led total sanitation (SLTS), community-led total sanitation (CLTS), and sanitation marketing.

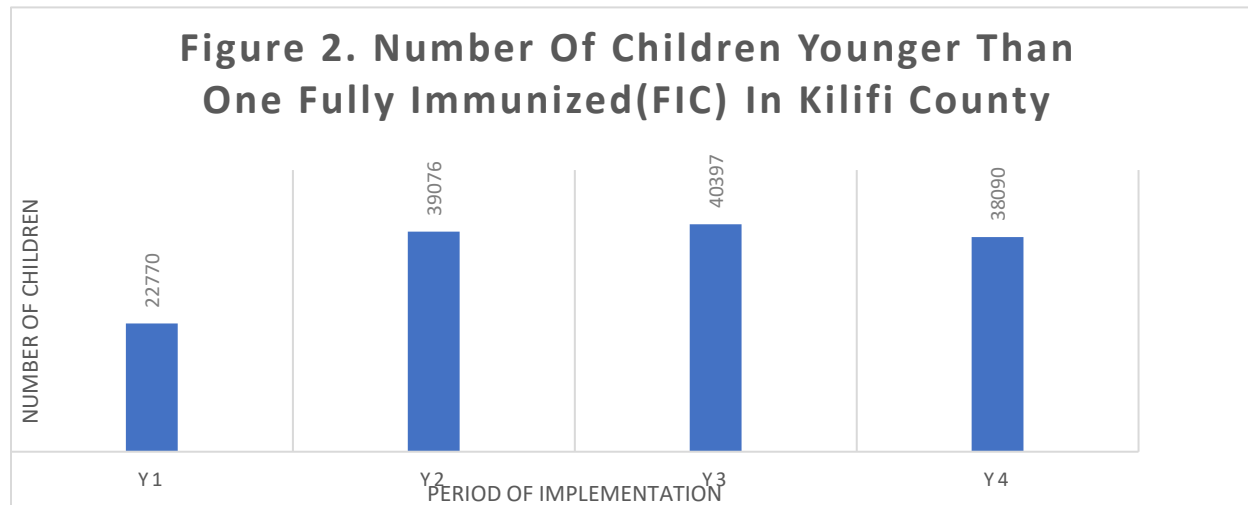
Strengthened subcounty and county management team's (S/CHMTs) capacity to plan, coordinate, monitor child health services

Afya Pwani supported S/CHMTs to conduct periodic supervision of child health services across the seven subcounties of Kilifi county. The project reached county leads through microplanning, supportive supervision, and data quality audits. It updated the

⁴ Oral rehydration therapy corners are points of treatment for sick children and equipping caregivers with necessary skills in case management of diarrhea and diarrhea prevention

county on health system strengthening through leadership and management forums, co-planning meetings, work planning, forecasting, budget analysis, and continuous quality improvement.

ACHIEVEMENTS



Afya Pwani strengthened the capacity of health facilities to provide quality services, mentoring 296 health care workers on IMNCI and 118 on EPI. The project supported the county to train 15 trainers in ICCM at the community level to close knowledge and skill gaps. In collaboration with the county health team, the project further trained 51 health care workers on EPI operational management to improve immunization skills.

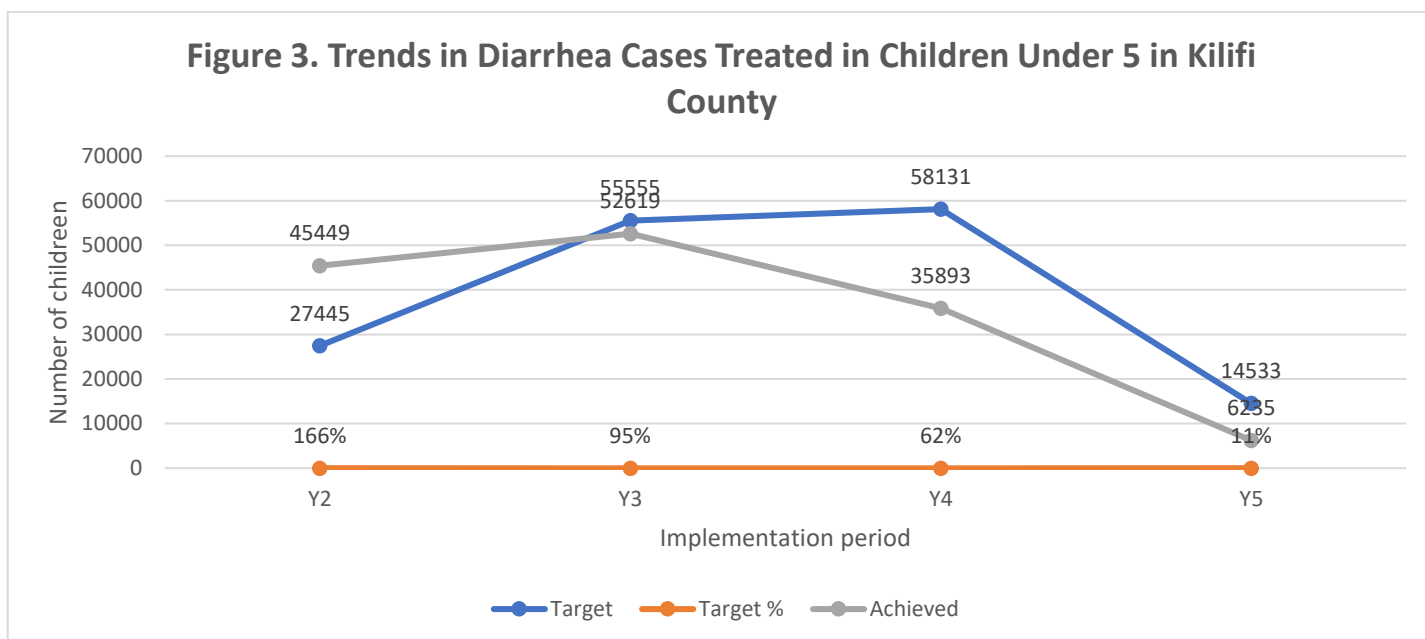
During the implementation period, 155,757 children received DPT3, and 147,723 were fully immunized (Figure 2). The achievement was mainly due to strengthened defaulter tracing due to the successful rollout of defaulter registers and appointment diaries in 100 facilities and thriving community health volunteers, male champions, religious leaders, and traditional birth attendants.

DPT1-DPT3 dropout rate: The project contributed to reducing the DPT 1 -DPT3 dropout rate from 8.2% at project inception to 5% at project closeout. The achievement was the result of integrated outreaches, supplementary immunization activities, including referrals for immunization, rapid results initiatives, child open days, regular performance review meetings, supportive supervision, and successful microplanning.

ICCM: *Afya Pwani* implemented ICCM, an equity-focused strategy, in Mulunguni, Mtoroni, and Gandini locations of the Magarini sub-county. The project trained 63 ICCM case managers to conduct household visits, during which they disseminated child health promotion messages to increase demand for child health services among caregivers. They identified 5,076 cases of childhood illnesses, successfully treated 3,042 children at home, and referred 2,034 cases for further clinical assessment and management. They also tracked 4,897 immunization defaulters, whom they referred for immunization services.

Diarrhea and pneumonia trends: The program supported the county to provide the correct treatment of diarrhea for 165, 438 children under five years.

Figure 3. Trends in Diarrhea Cases Treated in Children Under 5 in Kilifi County



CHALLENGES

- Perennial vaccine stockouts related to a national stockout led to missed opportunities. The project mitigated this challenge by strengthening commodity surveillance and management, redistributing commodities, and enhancing supportive supervision.
- Staff shortages with frequent staff transfers threatened program gains, but Afya Pwani's continuous advocacy led to staff redeployment, recruitment of more staff, and continuous mentorship.
- Industrial strikes seriously affected service delivery in all public health facilities in years one and five of the project. The strike involved medical doctors, clinical officers, nurses, and laboratory technologists. It adversely affected immunization services, leading to reduced interventions reaching children. Afya Pwani advocated for private-public partnership and engaged county leadership to inform the community to seek services from private facilities.
- The COVID-19 pandemic government restrictions to curb the spread of the virus like limitation of number of passengers in passenger vehicles, dusk to dawn curfew and partial lockdown coupled with fear among community members and the health care providers led to interruptions in service provision.

RECOMMENDATIONS

- The county should scale up appointment scheduling to all facilities to improve retention in the Maternal Newborn and Child Health cascade as the intervention is effective and acceptable to health care providers and patients.
- Future programming should support Kilifi county to develop a costed child health strategy to guide implementation and support advocacy to increase county funding for child health interventions.
- The stock out of vaccine antigens were mainly occasioned by national stockouts and low buffer stocks due to limited vaccine storage capacity. Future programming should support the national immunization commodity supply chain and advocate to the county to expand vaccine storage capacity.
- ICCM was acceptable by the community and effective in reaching children hard to reach areas in Kilifi. However, the intervention was only implemented in a small scale by the project in Magarini subcounty in Kilifi County. The intervention should be scaled out in hard-to-reach areas to reach every child.

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