USAID AFYA PWANI

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MATERNAL AND NEWBORN HEALTH PROGRAM BRIEF

Afya Pwani's Technical Approach to Maternal and Newborn Health in Kilifi County

BACKGROUND

At project inception, Kilifi county's maternal and neonatal mortality rates were among the highest in Kenya at 250 deaths per 100,000 live births and 29 deaths per 1,000 live births, respectively.[1] The 2014 Kenya Demographic and Health Survey also showed low uptake of antenatal care (ANC) services (65%), skilled delivery (52%), and postnatal care services (38%) in the county. Postpartum hemorrhage, eclampsia, and sepsis were the leading causes of maternal mortality, while newborn asphyxia, prematurity, and sepsis were the leading causes of neonatal mortality.[2]

Both demand- and supply-side barriers contributed to suboptimal access to and use of maternal health services. The demand side barriers[3] [4] included: retrogressive social-cultural beliefs (opinions about the disposal of placentas, the role of mothers-in-law and men in decision making, and traditional antenatal abdominal massage, which sometimes results in early placental separation and uterine rupture). Long distances between health facilities, poor road networks, disrespectful treatment by health care workers, and high cost of ANC and skilled delivery services also hampered service utilization. In addition, most facilities lacked 24-hour maternity services and adequate postnatal units, and experienced erratic commodity supply and had inadequate equipment and poor referral structures. Knowledge and skill gaps among health care providers[5] and erratic supply of commodities and equipment contributed to poor-quality health services.

THE AFYA PWANI APPROACH AND IMPACT

The USAID Afya Pwani project (2016-2021), led by Pathfinder International, Palladium, and Plan international, was implemented to improve access to and use of quality health services in Kenya through strengthened service delivery and institutional capacity of county health systems. The project implemented an adaptive, county-led, systems approach to increase demand and strengthen the delivery of quality maternal and newborn health (MNH) services while anchoring its strategies, described below, on the continuum of care Framework (WHO, 2018) [6].

Increase demand for quality MNH services

Afya Pwani adopted the social and behavior change communication (SBCC) framework using grassroots advocacy, behavior change communication (BCC), and community education to influence both individual and societal change while challenging socio-cultural practices. The project applied the socio-ecological model to find effective tipping points for change and mobilize communities to embrace acceptable maternal health-seeking practices. The project also institutionalized preconception care by integrating Family Planning and universal Antenatal Care (ANC) referral while promoting healthy timing and spacing of pregnancy (HTSP).

Afya Pwani supported local community gatekeepers (183 Kaya leaders, 180 local administrators, and 121 religious' leaders) to dispel social-cultural barriers to MNH and improve health outcomes. *Afya Pwani* also

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[1] 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

[2] Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019.

[3] Kilifi county integrated development plan (CIDP) 2018-2022

[4] Kilifi county family planning costed implementation plan 2017-2021

[5] Moindi et al., 2016R.O. Moindi, M.M. Ngari, V.C.S. Nyambati, C. Mbakaya.Why mothers still deliver at home: Understanding factors associated with home deliveries and cultural practices in rural coastal Kenya, a cross-section study. BMC Public Health, 14 (114) (2016)

[6] Continuity and coordination of care: a practice brief to support implementation of the WHO Framework on integrated people-centred health services (WHO 2018) accessed: 9789241514033-eng.pdf (who.int)

progressively empowered the Magarini Cultural Centre, a confluence of Kaya leaders to influence communities' social norms and behavior in the Magarini subcounty, through a systematic approach, successfully transforming 183 Kaya leaders. These custodians of culture, who previously contributed to MNH service hesitancy, became proponents of positive health-seeking behaviors, incorporating MNCH education into their roles, creating demand for MNH services, and embracing their new roles as referral agents. This led to a significant improvement in the use of MNH services.

Cognizant of the acceptability and role of traditional birth attendants (TBAs) in the community, the project also transformed 400 TBAs, strengthening their capacity and redirecting their roles to birth companions and referral agents for ANC and skilled delivery. Conscious of fathers' critical part as health decision makers in Kilifi, the project involved men as partners and galvanized their support for ANC attendance and institutional delivery, engaging 400 male champions and using a paternity open day approach.

Increase access and use of quality MNH services

The project adopted the World Health Organization (WHO) recommendations on ANC for a positive pregnancy experience to expand access and use of quality MNH services, implementing and scaling up group ANC and group Postnatal care (PNC), commonly known as *Mama Kwa Mama* (MKM)[7] and *Binti Kwa Binti* (BKB) groups.[8] These were vital avenues to integrate clinical services with tailored group educational activities and peer support, which boosted retention in care and improved MNH outcomes. The approach was implemented in 93 health facilities reaching 11,169 women in 339 groups. The groups enhanced retention of enrolled women over 13 months, achieving 96% overall retention in care, 97% uptake of skilled delivery, 96% uptake Fully Immunized Child (FIC)[9], and 86% uptake of voluntary FP services. The groups enhanced socioeconomic empowerment by increasing income opportunities for women, supporting personal development, and expanding women's financial inclusion. In addition, the project supported 30 groups to register as self-help groups and 5 as community-based organizations (CBOs).

The project also introduced appointment and defaulter management in 100 facilities to enhance retention in the MNCH cascade. In addition, Afya Pwani strengthened the referral system and linkages at all levels (county, sub-county, facility, and community), enhancing client, expert, and specimen referral through co-design and rollout of seven subcounty decentralized obstetric, high-risk clinics through a collaborative venture. The project also supported the county in expanding comprehensive laboratory services for antenatal care from 20 facilities to 78 facilities by strengthening the laboratory network and procurement of HB meters in 13 facilities.

Finally, the project scaled up Linda mama[10] services through facility sensitization and increased community awareness from 18 facilities to 126 facilities (with 15 more facilities in the process of registering) to address cost-related barriers to essential services. The project documented 100% registration of clients for Linda mama during open maternity days. Scale up of Linda mama, along with SBCC, respectful maternity care, improved

[7] A peer-support structure made up of different cohorts of pregnant women (both with and without HIV; both first-time mothers and experienced mothers). Each group consists of 5 to 30 women, who are grouped based on their gestation at first ANC visit.

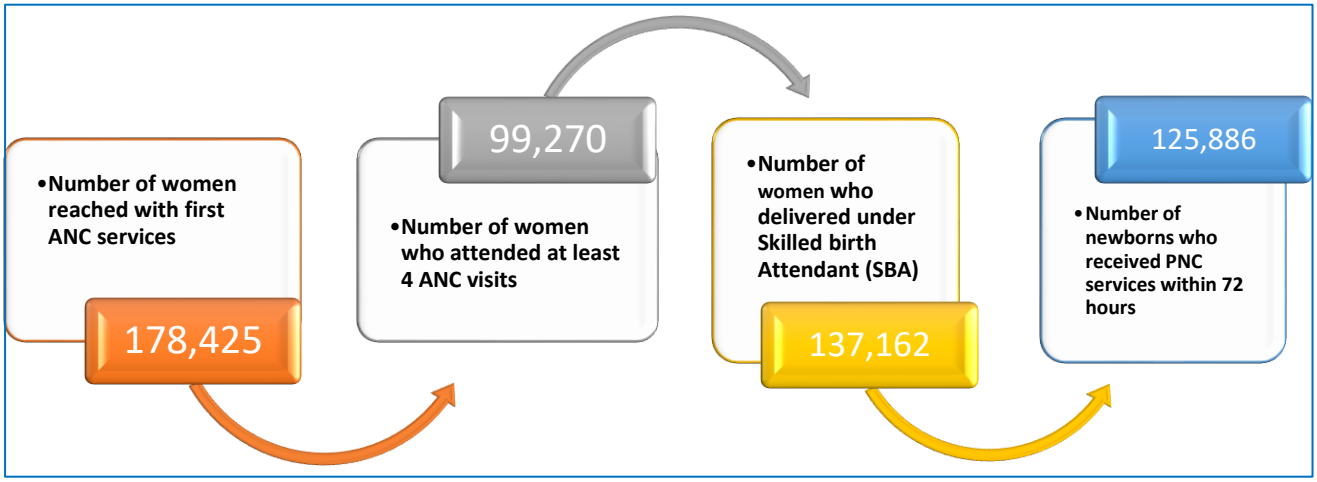
[8] A subset of the Mama group, comprising young girls and women younger than 24, and focused on ensuring quality integrated services for adolescent girls and young women who are either pregnant or breastfeeding. The BKB offers a targeted approach that focuses on adolescent and youth-friendly services.

[9] A child can be defined as fully immunized if they have received a Bacillus Calmette-Guerin (BCG) vaccination; three doses of the Diphtheria, Pertussis, and Tetanus (DPT) vaccine; three doses of the polio vaccine; and a measles vaccine and should be fully immunized within the first year of life. Source: World health organization the global health observatory- *Explore a world of health data ©WHO 2021*

[10] Linda Mama is a public funded health scheme by the National Hospital Investment Fund (NHIF) that ensures that pregnant women and infants have access to quality, affordable health services. Linda mama's goal is to achieve universal cases to MNH services and contribute to the country's progress towards universal health care.

provider emergency obstetric and newborn care (EmONC) knowledge and skills, supportive supervision, and strengthened access to equipment and commodities, helped to increase the skilled birth attendance rate from 66% at baseline to 79% as at the end of Year 4. The postnatal care rate also increased from 14.5% at baseline to 62.6% at the end of Year 4. This was the result of a multipronged approach that included strengthening provider capacity, improving reporting and documentation, increasing access to equipment, advocating for increased 24-hour maternity coverage, and using social media to reduce missed opportunities.

Figure 2. KEY AFYA PWANI MATERNAL NEWBORN HEALTH ACHIEVEMENT (2016 TO 2020



Strengthen the capacity of health care providers to provide quality EmONC services

The project invested in quality MNH services that minimize the risk of adverse outcomes by promoting prompt evidence-based actions. Afya Pwani strengthened the capacity of health care providers through training, sensitization, and onsite structured EmONC mentorship to ensure they had the necessary skills, knowledge, and competencies to prevent, identify and manage obstetric and newborn complications. Afya Pwani trained 64 health care providers in EmONC and partnered with the county to develop and implement a structured onsite clinical mentorship program in 60 facilities, reaching 312 providers. It further enhanced the county's capacity by establishing and equipping seven subcounty reproductive, maternal, newborn, child, and adolescent health (RMNCAH) resource centers with training models.[11] B/CEmONC functionality increased from 20% at baseline to 90% at the end of Year 4, through capacity strengthening on EmONC, equipment support (8 operating theatre lights, 250 Ambu bags, and 80 AVD kits), increased commodity security, improved inventory management, and successful advocacy to the Department of Health to operationalize two Comprehensive emergency obstetric and newborn care (CEmONC) facilities and ten Basic emergency obstetric and newborn care (BEmONC) facilities (Figure 2).

The project also strengthened the thirteen lifesaving medicine[12] for women and children health commodity security and inventory management for equipment, and created, produced, and distributed Maternal and newborn health job aids and materials. The health management teams embraced respectful maternity care and led the implementation of 216 maternity-open days in 93 health facilities, promoting situational awareness among providers and patient safety.

[11] Laerdeals Mama-U, Mama birthie, Sister-U, Neonatalie, Preemiebreast and preemie neoanatalie

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Afya Pwani co-developed, printed, and distributed standardized maternity files in 123 facilities. The project also increased uterotonic use from 78% to 97% by strengthening capacity on active management of third stage of labour (AMSTL); developing, printing, rolling out, and monitoring use of standardized maternity files in 123 facilities; and improving commodity management. Improved documentation and quality of MNH care also increased partograph use. In addition, capacity strengthening, commodity tracking, and advocacy led to increased use of chlorhexidine 7.2% for cord care to prevent sepsis in newborns from 52% to 93%. Cognizant of the critical role of blood in the management of maternal hemorrhage, the project advocated for increased availability of safe blood and blood products and institutionalization of the postpartum hemorrhage bundle, disseminating job aids and facilitating procurement and distribution of non-pneumatic anti-shock garments in 10 health facilities and 3 ambulances.

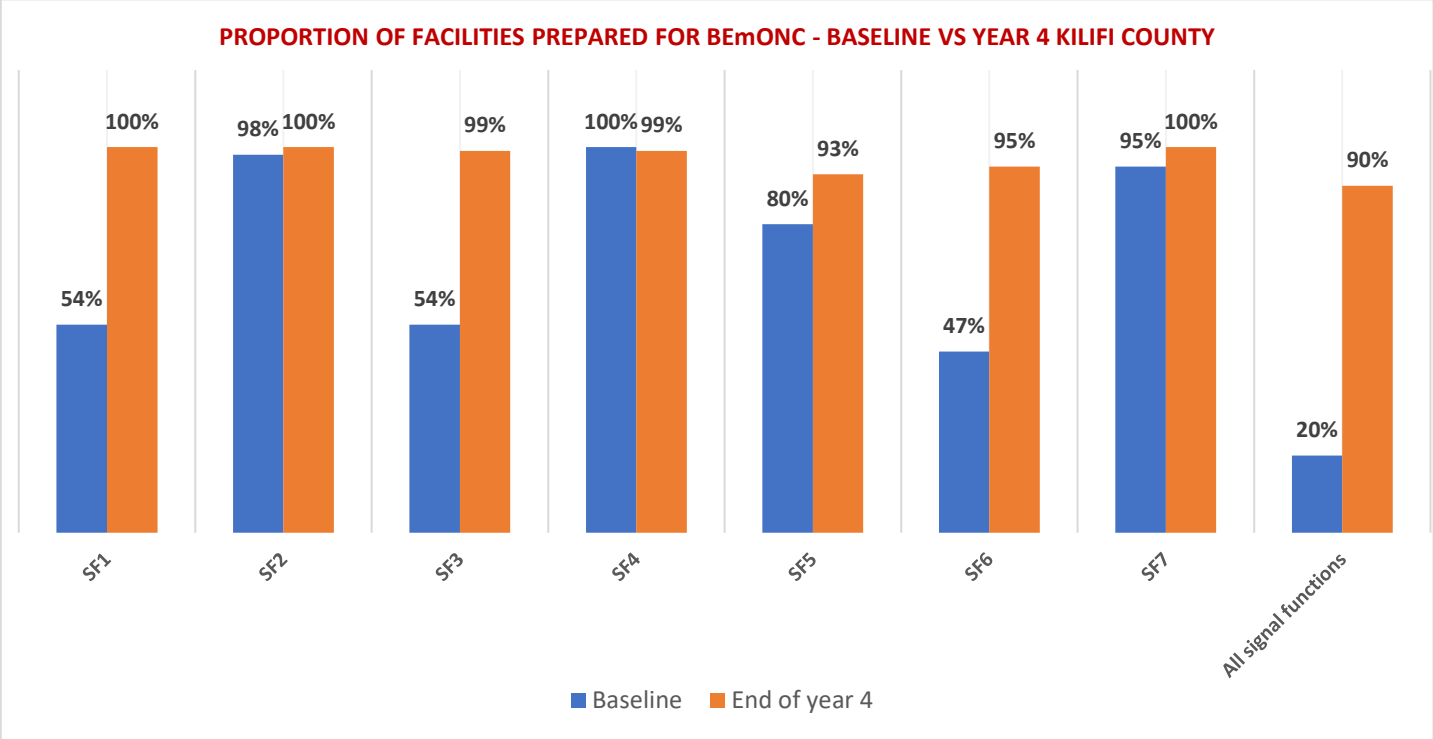
Improve the quality of MNH services

The project prioritized improving the quality of MNH services by implementing multilevel, integrative, and systemic approaches, including institutionalization of quality improvement (QI) through strengthening the county, subcounty, and facility-led continuous quality Improvement (CQI) teams through. Mentorship and coaching helped them to continuously plan, implement, and monitor quality improvement projects and conduct best practice learning forums. Afya Pwani also implemented capacity strengthening on QI, maternity open days, investments in respectful maternity care services, and strengthened feedback mechanisms.

Strengthen county capacity at all levels to plan, coordinate and monitor the implementation of maternal and newborn health services.

Afya Pwani worked in partnership with the health department to strengthen county basic and comprehensive (B/C) EmONC functionality through quarterly tracking and redistribution of RMNCAH commodities, county-led periodic EMONC assessment, equipment support, and advocacy for increased B/CEmONC coverage. The project helped to institutionalize support supervision, performance reviews, and data quality audits, and to strengthen maternal and perinatal death surveillance and response (MPDSR) functionality at all levels (county, subcounty, facility, and community). Audits of maternal deaths rose from 60% at baseline to 100% at the end of Year 4 of Afya Pwani. The project accomplished this by reinvigorating MPDSR committees at all levels, establishing a MPDSR secretariat and taskforce, and rolling out MPDSR dashboards.

Figure 1. Improvement in BEmONC Functionality in Kilifi County



KEY:

SF1 Administer parenteral antibiotics
SF2 Administer parenteral uterotonic
SF3 Administer parenteral anticonvulsants
SF4 Perform manual removal of placenta
SF5 Remove retained products of conception
SF6 Perform assisted vaginal delivery
SF7 Perform neonatal resuscitation

LESSONS LEARNED

- Partnership with nontraditional agents such as reformed TBAs is vital in addressing barriers and increasing demand for MNH services. As birth companions and referral agents, TBAs are critical in the uptake of MNH services. Health care providers need to accept and include TBAs in service delivery for a successful TBA program.
- Collaboration between the department of health, the community and the national government administrative office, '*Utawala na Afya',* is vital in addressing barriers to quality MNCH services. Tapping into the national government administrative office through structured capacity strengthening of the officers (county commissioner, assistant county commissioners, chiefs, assistance chiefs) provides a platform for increasing access to and use of RMNCAH services and increasing social accountability. And once engaged, the community can enthusiastically develop community-led solutions to address gaps.
- Birth companions and men's involvement in ANC are feasible and even crucial in a rural setting, as partners are invested in the welfare of the mother and the baby. Men are willing to accompany or come to the hospital and support families if given a care package.
- Maternity open days are an effective strategy in addressing disrespectful maternity care. They provide an arena for addressing real-time grievances through facilitated communication between the clients/community and health care providers/health facility, establishing linkages, and demystifying birth practices.

- The group ANC/PNC model provides a platform to increase access and uptake of MNCH services for improved health outcomes by providing structured education and information and care packages. It also provides an avenue for livelihoods, women's empowerment, and conversations on safe motherhood. The approach is acceptable to the community, health care providers, and local leaders who embraced and recognized group ANC/PNC and its champions.
- The use of standardized maternity files in lower-level facilities is a valuable tool for enhancing accountability and strengthening MNH quality.
- For successful EmONC functionality, commodity security and digital forecasting and quantification are essential.
- Post-training and structured mentorship lead to more sustained competency and implementation than training alone and can be done virtually.

RECOMMENDATIONS

- The project implemented the Traditional birth attendants' program in Magarini subcounty which recorded a consistent upward trajectory in uptake of skilled services. Similarly, the project engaged the Male champions in 30 public health facilities. However, the department of health does not recognize the reformed TBAs and Male champions and reformed in its community health strategy. To sustain the gains in uptake of skilled deliveries, the county should mainstream TBAs and Male champions in the community health strategy.
- The health department should budget for post-training follow-up and mentorship in MNH to improve knowledge retention and reinforce critical competencies.
- The COVID-19 pandemic government restrictions to curb the spread of the virus like restriction of face-to-face meetings hampered the routine in-person capacity building sessions. The project supported the department of health to conduct virtual sensitization sessions, an avenue that the health care providers embraced fully. Therefore, the department should scale up virtual capacity to supplement onsite sessions, promote inclusive learning, and maintain educational continuity.
- The project implemented Maternity open days, group ANC/PNC in 93 health facilities, and decentralized high-risk clinics in 7 health facilities. The interventions expanded access to quality maternal and newborn health services therefore improving health outcomes. To sustain the gains, the county department of health should scale up these interventions.

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