



Life is precious

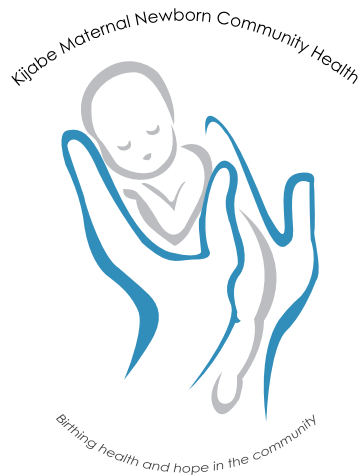
*Life is a gift from
God*

*A healthy life is a
blessing*

But it is also a choice ¹

Maternal and Newborn Community Health Project

AIC Kijabe Hospital



July 2013 - Dec 2014 Report

(31 December 2014)

Table of Contents

Acknowledgements.....	3
Project Team.....	4
List of Abbreviations.....	4
Background Information on Project.....	5
Project Aim.....	5
Project Objectives.....	5
Project Summary.....	5
Activity and Progress Report.....	6
Compendium of Best Practices.....	7
Log Frame/Project Outcomes.....	7
Challenges.....	11
Goals for 2015.....	11
Human Interest Stories.....	11
Spiritual Focus Events.....	13

Appendix (in separate PDF file upon request)

- A. Mbauni/Kinale CHC training report
- B. Mbauni CHU Basic training report
- C. Maai Mahiu CHU Basic training report
- D. Kinale CHU Basic training report
- E. Kinale Household registration report 1 & 2
- F. Operational Research: Pretesting Tools (MOH 513)
- G. Malawi report
- H. Mbauni Household registration report
- I. Publications and Abstracts
- J. Maps

Acknowledgements

We thank the board and the senior management team of AIC Kijabe Hospital for their multifaceted support and encouragement of the Maternal and Newborn Community Health Project.

We wish to thank Stricthing Roer, Naivasha/Netherlands; German Institute for Medical Mission (DIFAEM); Action Medeor, Germany; and Equipping Africa, USA for their financial support and encouragement.

We thank the Navigators, the sending agency of Dr. Mary Adam, current project director, and SIM, the sending agency of Dr. Maureen McAlhaney. We also thank Dr. Judy Frey for assisting the team in building unity and with 360 evaluations.

We wish to thank the community leaders and government authorities from the Ministry of Health, including Dr. Salim Hussein, Head of the National Community Health Services Unit as well as all those at County and sub County Health Management Teams for continued collaboration and their support.

We gratefully acknowledge the pastors and the growing team of Community Health Volunteers who work tirelessly as volunteers to reach their communities with this project.

Finally, we thank the MNCHP staff for their effort in reaching the community with accurate health information and with the love of Jesus Christ despite the challenges they face while on duty.

Project Team

Project Director Dr. Mary Adam (from 1.1.2011)
Deputy Director Dr. Peter Meissner (from 1.1.2011)
Project Officer Dr. Maureen McAlhaney
Project Officer Simon Mbugua
Project Officer Joram Ndungu
Project Officer Caroline Waithera
Assistant Project Officer Bellah Jowi
Assistant Project Officer Thomas Renner
Assistant Project Officer Dorothy Renner
Community Health Extension Workers and Community Health Volunteers in Nakuru
County, Nyandarua County, Kiambu County and across Kenya

List of Abbreviations

AIC - African Inland Church
ANC - Antenatal Care
APHIA+ - Aids, Population, and Health Integrated Assistance
CBO - Community Based Organization
CHC - Community Health Committee
CHU - Community Health Unit
CHV - Community Health Volunteer
CHEW - Community Health Extension Worker
CHAK - Christian Health Association of Kenya
DMOH - District Medical Officer of Health
DPHN - District Public Health Nurse
HCF - Health Care Facility
MOU - Memorandum of Understanding
MNCHP - Maternal Newborn Community Health Project
NGO - Non Government Organization
NHIF - National Hospital Insurance Fund
TBA - Traditional Birth Attendant

Background Information on Project

Time Frame of Project: 5 years (July 2013 - Dec 2019)

Project Aim

To improve health promotion and prevention with a focus on maternal and newborn health in target regions developing and implementing Kenya's Community Health Strategy.

Project Objectives

1. To develop new and strengthen existing CHUs by training and developing CHVs and CHCs at the Level 1/Level 2 interface. This will result in targeted communities reporting positive behavior changes after CHEWs and CHVs spread health messages in their communities.
2. Build capacity and develop operational research in Community Health.
3. Extend Kijabe Hospital's expertise in training the health care workforce of Kenya by developing a Community Health Training Center with the ability to do both in-service and pre-service training.
4. Spiritual growth that demonstrates its reality by bringing health and hope to people.

Project Summary

Maternal and newborn mortality is high in Kenya. This is influenced by the fact that 56% of women give birth without a skilled birth attendant present. As a partner in developing and implementing Kenya's Community Health Strategic Plan, we aim to decrease maternal and newborn morbidity and mortality by empowering CHVs and health care professionals. The proposed 5-year plan highlights a way forward building on the strength of public private partnerships between AIC Kijabe Hospital Maternal and Newborn Community Health Project (MNCHP) and the Ministry of Health (MOH) at various levels. This plan utilizes a shared strategy of sustainability, whereby CHUs are formed and CHVs are trained with ongoing support from the local government health personnel and capacity building by MNCHP experts. In addition, the project will develop the future healthcare workforce thru a variety of mechanisms building on the experience and expertise from the first 5 years of the MNCHP.

Our core expertise is equipping health management teams and CHVs with the knowledge and skills required to effectively implement Kenya's Community Health Strategy by:

- Training CHVs on Basic module curriculum with skill development in community entry, health prevention and promotion, and managing community health information systems.
- Training CHVs on Maternal and Newborn module curriculum which includes the importance of ANC, developing an individual birth plan, danger signs in pregnancy, how to care for a newborn, danger signs in a newborn, importance of exclusive breast feeding and immunizations, and danger signs in a postnatal mother.
- Training CHCs using the basic CHC curriculum which includes governance, leadership of CHVs activities, local problem solving, and advocacy.
- Training and implementation of Household registration (MOH 513) to develop the community health information systems infrastructure with assistance in developing skills to use local data in health care planning.
- Developing the formal community health workforce thru in-service and pre-service training.

- Developing a research platform to answer critical questions in community health.

Activities and Progress Report (July 2013 - Dec 2014)

Training

MNCHP has grown its scope from training CHVs on maternal and newborn module to training CHVs on the basic module starting July 2013. During the past eighteen months, the project has expanded in Lari, Kinangop and Naivasha sub counties by increasing the number of CHCs trained and CHUs formed by training CHVs on the Basic and Maternal and Newborn modules.

Kinangop Sub County

We have increased our influence by training 220 CHVs on the maternal and newborn health module in three locations (Nyakio, Njambini and Magumu) in Kinangop sub county, Nyandarua county. The table below shows the number of CHVs trained and who are currently active as of June 2014.

Location	CHU Name	Year Trained on Maternal Newborn	No. of CHVs Trained	No. of CHVs Active who completed Maternal Newborn (June 2014)
Nyakio	Rwanyambo	2012	15	13
	Karangatha	2013	34	34
	Bara-inya	2013	20	20
	Koinange	2013	16	16
Njambini	Munyaka	2013	35	34
	Tulaga	2014	26	26*
	Muruaki	2013	35	35
	Kiburu	2012	40	36
	Njambini	2012	25	19
Magumu	Bamboo	2013	19	19
	Karate	2014	35	34
	Matura	2011	20	15

* This CHU had 6 additional CHVs who were not able to attend the Maternal Newborn Training but they continue to serve their community having had the basic module training.

Lari Sub County

We are working in Kinale, Kambaa, Kirenga, Kijabe, Kaburu and Gitithia locations training CHVs on the maternal and newborn module. As of December 2014, 149 CHVs have been trained. The table shows the number of CHVs trained and active as of June 2014.

Location	CHU Name	Year Trained on Maternal Newborn	No. of CHVs trained	No. of CHVs Active who completed Maternal Newborn (June 2014)
Kinale	Utugi/Kinale	2011	20	15*
Kambaa	Kambaa	2013	25	23
	Kirenga	2014	18	18
	Gituamba	2014	12	12

	Kagwe	2014	12	12
Kirenga	Escarpment	2014	7	7
Gitithia	Gitithia	2014	35	35
Kijabe	Mbau-ini	2014	25	25
Kaburu	Kagaa	2013	15	15

* Since 2011 this area had the benefit of completing the basic module training. These 15 original volunteers plus an additional 8 now serve their community.

Naivasha Sub County

We have trained 113 CHVs in Karangita, Ndabibi, Maiella, Moi-Ndabi and Maai-Mahiu locations on the maternal and newborn module. The following table shows the number of CHVs trained and active as of June 2014.

Location	CHU Name	Year Trained on Maternal Newborn	No. of CHVs trained	No. of CHVs Active who completed Maternal Newborn (June 2014)
Naivasha	Karagita	2013	15	15
Ndabibi	Ndabibi	2013	18	18
Maiella	Kongoni	2013	25	25
Moi-Ndabi	Moi-Ndabi	2014	21	21
Maai-Mahiu	Maai-Mahiu	2014	34	34

Compendium of Best Practices

- The MNCHP staff uses local stories in the community to help CHVs realize that the health issues taught are real, and they should be concerned and need to deal with it as a community.
- The ability to do household registration at 6 month intervals in Kinale demonstrated significant gains in household indicators and helped the local leaders network and take ownership of health outcomes. Wherever possible doing regular household level health indicator monitoring has the ability to help grow the local leaders in using their own data and the added encouragement of seeing tangible improvements.
- We walk alongside CHVs and CHEWs to help them identify resources in their communities and how to utilize them to achieve self-reliance and independence in implementing Kenya's community health strategy.
- Continuously raising the intrinsic worth of the CHVs through motivational talks leading to passion driven health actions.

Log Frame/Project Outcomes

Target regions: Naivasha Sub county, Nakuru County; Lari Sub county, Kiambu County; Kinangop Sub county, Nyandarua County

	Narrative	Indicators	Outcomes
Goal	To improve health promotion and prevention	1. Number of CHVs trained on maternal and newborn	374 CHVs

	<p>with a focus on maternal and newborn health in target regions thru developing and implementing Kenya's Community Health Strategy</p> <p>To develop spiritual growth in our team as we participate in expanding God's kingdom and its influence (Our team from community health volunteers [CHVs] to full time staff)</p>	<p>module, but not basic module</p> <p>2. Number of community health units (CHUs) trained on basic module</p> <p>3. Number of CHUs trained on maternal and newborn module (near sub counties: Lari, Naivasha, Kinangop)</p> <p>4. Number of CHUs trained on maternal and newborn module (sub counties except Lari, Naivasha and Kinangop)</p> <p>5. Number of CHCs trained</p> <p>6. Number of CHUs trained on additional areas of expertise including nutrition, HIV, chaplain, etc. using a one session training with Kijabe Hospital (KH) staff</p> <p>7. Number of CHVs graduated on maternal and newborn module</p> <p>8. Number of CHVs graduated on basic module</p> <p>9. Assess team's spiritual growth and influence quarterly</p>	<p>3 CHUs (Mbauini, Kinale, Maai Mahiu)</p> <p>18 CHUs</p> <p>23 CHUs</p> <p>2 (Mbauini, Kinale)</p> <p>0</p> <p>374 CHVs from all regions</p> <p>73 CHVs</p> <p>See Narrative Report</p>
Objectives	<p>1. To develop new and strengthen existing CHUs by training and developing CHVs and CHCs at the Level 1/Level 2 interface. This will result in targeted communities reporting positive behavior changes after CHEWs and CHVs spread health messages in their communities.</p>	<p>1.1 Number of CHVs trained on basic module</p> <p>1.2 Number of CHVs trained on maternal and newborn module</p> <p>1.3 Number of CHVs graduated on maternal and newborn module</p> <p>1.4 Number of volunteers trained on maternal and newborn module (not CHVs, not trained on basic module)</p> <p>1.5 Number of CHUs who have done MOH 513 #1</p> <p>1.6 Number of CHUs who</p>	<p>73 CHVs</p> <p>374 CHVs</p> <p>374 CHVs</p> <p>39 CHVs (Kagwe, Barainya, Rwanyambo)</p> <p>2 (Kinale, Mbauini)</p> <p>1 (Kinale)</p>

		<p>have done MOH 513 #2</p> <p>1.7 Number of CHC units trained</p> <p>1.8 % Active CHVs in each trained CHU where we did basic, CHC, and 513.</p> <p>1.9 Maintain good relationships with MOH facilities and staff. Number involved in training.</p> <p>1.10 Strengthen the interface between subspecialty departments at KH (Nutrition, HIV, chaplain, ophthalmology, etc.) and CHUs to build capacity. Number of people involved.</p> <p>1.11 CHVs will give reports on the impact of maternal and newborn knowledge on their community (stories compiled by their CHEWs or MNCHP staff). These stories will be compiled in a database for future training and research.</p>	<p>2 (Kinale, Mbauini)</p> <p>68/73 CHVs remain active (93%)</p> <p>Average of 4 MOH staff are utilized in each CHU formed.</p> <p>1 (Chaplain department involved)</p> <p>See human interest stories</p>
	2. Build capacity and develop operational research in community health.	<p>2.1 Number of abstracts developed and presented at national or international meetings</p> <p>2.2 Number of research proposals submitted and approved by KH Ethics committee originating from Maternal and Newborn Community Health Project (MNCHP) activities</p> <p>2.3 Number of presentations done representing research on MNCHP activities</p> <p>2.4 Number of manuscripts submitted for publication</p>	<p>3 abstracts</p> <p>2</p> <p>3 in Kisumu; 2 in Malawi; 2 at TWG for Operational Research</p> <p>2</p>

		2.5 Number of manuscripts published	1
	3. Training Center: Community health extension worker (CHEW) one week training course. To equip and mobilize CHEWs to be effective in their assigned CHUs.	3.1 Number of CHEW one week training courses offered	3 in 2014 and 3 in 2013
		3.2 Number of CHEW trainees graduated from one week training course	61 CHEWs
		3.3 Number of CHEW trainees that completed action plans and are graded	57 CHEWs
		3.4 % of CHEW trainees who have stories in all categories (bridging, tragic, local solution, sustainability, linkages)	Begin tracking 2015
		3.5 % of CHEW trainees who have stories in one or more, but not all categories	Begin tracking 2015
	4. Training Center: Post Basic CHEW Advanced Certificate course (6 months). To develop the future community health workforce of Kenya with Kijabe College of Health Sciences (KCHS) as a beta test site for the course. We have already participated in developing this curriculum with the Kenya Ministry of Health.	4.1 Number of staff days for planning Post Basic CHEW Advanced Certificate course	Beginning 2015
		4.2 Number enrolled in Post Basic CHEW Advanced Certificate course	n/a
		4.3 Number graduated from Post Basic CHEW Advanced Certificate course	n/a
		4.4 % of graduates from the Post Basic CHEW Advanced Certificate course employed upon graduation (75% expected)	n/a
	5. Spiritual growth	5.1 Quarterly assessment on spiritual needs and growth	Done
		5.2 Narrative report on spiritual needs identified and influence of team	See narrative report

Challenges

1. Maai Mahiu CHU faced difficulty in recruitment and retention of volunteers because the area has a history of NGOs giving monetary incentives to those who attend various trainings. We felt resistance from the administration during the entry process and had some difficulties recruiting CHVs for the basic training course. We informed the community leaders upfront that we do not offer monetary incentives, but that we want them to participate in the training process. We encouraged the volunteers daily to motivate them to continue learning as this will be beneficial for their community. In Maai Mahiu, a transportation hub, the locals are exposed to high risk behaviors which lead to many social and health problems.
2. The MOH has minimal or no budget allocated for implementing the community health strategy. This impedes the initiation and progress of community health work in nearby sub counties and they have wanted to be dependent on MNCHP for support. We are educating them on how to continue community health work with minimal resources.
3. *The Training Community Health Committees in Kenya the Curriculum for CHCs* (published 2013) lacked good examples appropriate for our lower literacy adult learners. We developed and adapted the content using relevant examples from *The Community Health Volunteers Basic Modules Manual* (published 2012) and thus improved comprehension.
4. We choose to assist the Kijabe School of Nursing by involving nursing students during an MOH 513 household registration. This was done to increase the amount of hands on field experience available to the nursing students. This slowed down the process, but provided a rich learning exercise for the students. In field adaptations allowed for the two teams, the CHVs and the nursing students, to both instruct and gather household health data more efficiently.

Goals for 2015

1. To improve health promotion and prevention with a focus on maternal and newborn health in target regions through establishment of new CHUs by training CHVs, CHCs, and CHEWs.
2. To build capacity and develop operational research in community health.
3. To build capacity of CHEWs to effectively perform their duties in their local context.
4. To initiate new CHEW curriculum for pre service and post basic community health care personnel.

Human Interest Stories

#1 - Rose Mukami, CHEW; Embu County

Brewing illegal beer is a big problem in Njukiri location and has led to insecurity in the area. Men were becoming irresponsible parents and husbands because of alcohol abuse. They are spending most of their time away from home leaving the wives to bear the burden of the family. Women feel frustrated because of sexual dissatisfaction and as a result, fewer women were conceiving and the number of young children were going down because their husbands were never around spending most of their time consumed by drinking alcohol and suffering the effects of it.

#2 – Anne Freshia, CHEW; Lari Sub County

This CHEW was shocked to hear that TBAs in her community insert their fingers into the birth canal in pregnant women several times during pregnancy to stretch it for easier delivery at a cost. She then educated her CHVs that this can introduce germs into the birth canal, possibly causing harm to the baby. She told the CHVs that the birth canal should be left intact to prevent miscarriages. This practice also drains the families' meager incomes by having to pay for this unnecessary procedure which can create socioeconomic problems in the community.

#3 - Kiambu County

The CHEW used this illustration to teach the CHVs about jaundice in a newborn and its etiology. She used a “sufuria” as an illustration. A “sufuria” is a large, deep cooking pot with a small hole in it. Water continuously flows into it from the tap, but only a bit of the water leaks out through the small hole. This leads to water overflowing from the “sufuria”. Likewise, the breakdown of red blood cells is going at a much faster rate than the red blood cells being eliminated from the body causing accumulation of broken down red blood cells causing the skin to turn yellow and itchy.

#4 – Kiambu County and Maai Mahiu Sub County

An illustration using an egg is used to describe the protection the uterus/womb provides for the fetus. The egg yolk, representing the fetus, is protected by the shell and cushioned by the egg white. The hen also protects the eggs by brooding over the eggs. Likewise, God protects the baby in the uterus by providing the uterus for protection and cushions it with the amniotic fluid.

#5 – Lari Sub County

On the session on female reproductive health, CHVs were taught that the womb temperature is maintained at 37.5°Celsius or warmer. He illustrates this using a thermal flask where liquids will maintain its temperature as long as the flask was closed tight. The uterus likewise is a conducive place for the baby to be kept safe and warm.

#6 – Lari Sub County

Pregnancy was compared to a seed planted in fertile soil. When a seed is planted in fertile soil, it will grow well. This is similar to the baby implanted in the womb. Fertilizers/manure nourish the plant as it grows as the food the mother eats nourishes the baby in the womb. Therefore it is very important for the mother to have a healthy diet during pregnancy so as to provide adequate building blocks for the baby to grow and develop properly. The plant is protected from insects and diseases and so is the baby in the womb. Proper harvesting of the crop is required to yield a good harvest. The mother likewise needs special care during labor and delivery to produce an alive and healthy baby. The harvest needs to be handled with care to prevent damage to the crop. Likewise, the newborn requires proper care in order to grow properly and survive outside the womb.

#7 – Nakuru County

During our Maai Mahiu CHV basic training, one of the CHVs who is HIV+ volunteered to teach the other CHVs about HIV/AIDS. This was unique since most people are hesitant to share their HIV status. She shared about how she saw the signs and felt the symptoms of HIV/AIDS and how she sought help from health care providers to manage her disease. She

shared that she became infected with HIV through prostitution. She now wants to share her experience with others to prevent them from getting infected through promiscuous behaviors. She also shared how the ARV drugs affect her body with side effects. She encouraged other CHVs to come up with ideas on how to prevent the spread of HIV/AIDS. After the session, 4 more CHVs overcame their fear and shared their HIV+ status as well. The group became very passionate about wanting to support the people in their community with HIV/AIDS.

Spiritual Focus Events

1. Maai Mahiu presented challenges that were beyond the scope and capacity of MNCHP. (see Appendix C. We prayed for this community during planning meetings, emphasized the word of God, and prayed for the community daily during the training. We were able to meet the pastor of Redeemed Gospel Church in Maai Mahiu who plans to continue motivating his congregation on promoting healthy behaviors and encourage behavioral change.in addition to giving spiritual guidance.
2. Expanding our work into Garrissa brings its own challenges that allowed God to intervene. This is a very poor, semi-arid area with high maternal and neonatal death due to challenges with the healthcare work force and cultural beliefs and practices. Insecurity due to terrorism is rampant in the region and this increases the risk to residents and visitors. There were unusual, painful and bothersome situations that have led our team to their knees and debrief often while on the one week trip to the region.
3. Speaking as a team at Missions Day at Moffat College of Bible gave us an opportunity to share how we serve God thru our work in community health. We shared with them how helping communities improve their health is a way of showing God's love to them in a tangible way. Examples of this were our staff buying food for a family in the Deep Sea slum in Westlands who have gone without food for days, and encouraging CHVs when they are discouraged with their work.
4. We open our CHEW and CHV training courses to everyone chosen by their community regardless of religion, ethnicity, race, social standing and level of education. We start each day of our training with singing hymns and devotions and let our trainees know that our belief in Jesus Christ is an important part of our lives. We supported a family whose child had a heart defect financially to access care and emotionally by providing moral support.