Maternal and Newborn

Community Health Project

AIC Kijabe Hospital

ANNUAL REPORT DECEMBER 2016
Acknowledgements

We wish to thank the board and the senior management team of AIC Kijabe Hospital for their continuous support to the MNCH team in the past years in our mission to support the vulnerable communities improve their maternal and newborn health indicators.

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We sincerely thank the Navigators, the sending agency of our current project director Dr. Mary Adam and Serving in Mission, the sending agency of Dr. Maureen McAlhaney

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 Community Health Volunteers who work tirelessly to reach their communities with this project.

Lastly, 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.
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List of Abbreviations
AIC - African Inland Church
ANC - Antenatal Care
CBO - Community Based Organization
CHC - Community Health Committee
CHU - Community Health Unit
CHV - Community Health Volunteer
CHEW - Community Health Extension Worker
MNCHP - Maternal Newborn Community Health Project
MOH – Ministry of Health
NGO - Non Government Organization
PHO- Public Health Officer
TBA - Traditional Birth Attendant
Executive Summary

2016 was a year of great opportunity for the Maternal Newborn Community Health Project. It marked the start of several new developments in addition to continuation of our core work strengthening community health units to build healthier communities.

Highlights include:

- A week long in-service course for CHEWs from Garissa County. It was a first time to have a full class from this needy area, known for poor maternal and newborn outcomes.
- The development of a SALT workshop (Strengthen, Appreciate, Learn, and Transform) an innovative approach to quality improvement at Level 1 in Kenya’s health system. Results are showing community health volunteers can drive positive health change using their own resources and their own ideas.
- 157 CHVs have been introduced to the maternal newborn curriculum by the team this year alone, bringing the total trained to over 34 community health units and over 800 volunteers.
- We are addressing health system utilization questions in Naivasha sub County with research addressing the decisions mothers and families make on where to deliver and how they understand quality care.
- We continue to bring health and hope to communities by training community health volunteers attached to government facilities, building up CHEWs, demonstrate ways to improve quality data collection and build Kijabe Hospital’s public private partnership with County governments.

We count it a privilege be extend the reach of Kijabe Hospital’s mission and vision of health care to God’s glory, beyond the walls and into the community.

Mary B. Adam, MD, MA, PhD, Director Maternal Newborn Community Health
Introduction

The AIC Kijabe Maternal & Newborn Community Health Project (MNCHP) has in the past eight years worked to decrease neonatal and maternal morbidity and mortality by partnering with Ministry of Health both at the national, county and sub county levels to empower health care professionals working at Tier 1 & 2 (dispensaries and health centers) through training and technical support for Community Health Extension Workers (CHEWs) and Community Health volunteers (CHVs) to share accurate maternal and newborn health messages, case identification at the household level thereby driving demand for health care by enhancing timely community referrals to the health care facilities.

The project provides one-week training to government employed health workers who are currently working as Community Health Extension Workers (CHEWs). These CHEWS are responsible for supervision of the CHUs. Most CHEWs have a background of nursing, public health officers (PHOs) and social sciences. The supervisory role for the CHUs is a position that often requires them to split their time between facility based duties and the community. Most of them lack skills required to work with adults of low literacy which is needed to work effectively at Tier 1 & 2. They also lack training and experience in community health reporting tools and therefore they are unable to support the CHVs in conducting household mapping and registration which builds the local database of community health indicators that provides an important opportunity for the real household health issues to be identified and prioritized.

The project works with diverse communities that includes agrarian, pastoralists and semi urban across 14 counties in Kenya with more concentration and support to Kijabe hospital near neighbors; Nakuru, Nyandarua and Kiambu Counties. The project team works with the community members to developed culturally appropriate adaptations of evidenced based interventions in addressing maternal and child health issues.

The project has also partnered with County governments in developing CHUs, conducting household mapping and registration as well as strengthening the existing CHUs with Maternal and Newborn health module training. We have also supported CHUs in coming up incoming generating activities (IGAs) to ensure sustainability of the units.

We have worked with the sub county health management teams and the volunteers to address complex community health challenges through an ongoing research agenda. The project Director Dr. Mar Adam is a member of the National Division of Community Health Interagency Coordinating Council and on the Technical Workgroup for Operational Research.
In all the places we work we seek the love of Chris, a love that gives birth to hope through knowing Jesus Christ.

**The objectives of the project are:**

1. To partner with MOH at county and sub county levels in developing new community Health Units (CHUs) and strengthening the existing CHUs and in-service training and technical support for CHEWs working at Tier 1 & 2.
2. To improve health promotion and disease prevention with a focus on Maternal and Newborn module using a government certified 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, immunizations, danger signs in a postnatal mother and the role of men in improving maternal and child health.
3. Train and support CHVs to collect and utilize accurate household level data by conducting households mapping and registration using government certified tool (MOH 513) to develop community health information systems.
4. To develop community based participatory processes at level 1 through operational research to build capacity in primary healthcare systems and support the communities to identify and utilize their strengths to drive local solutions.
5. To develop quality improvement processes and tools starting at Level 1 and that work across the continuum of care (spanning the community, facility healthcare, and mid-level management) strengthening the health care system in Kenya.
6. Spiritual growth that demonstrates its reality by bringing health and hope to people.

**PROJECT ACHIEVEMENTS**

1. **CHEWs training**

12 CHEWs from Garissa County were trained in July 2016. This brings accumulative total of 183 CHEWs who have gone through our training center since September 2012. Over 80% of (83%) CHEW trainees have successfully implemented their action plans and scored the passing grade as per September 2016. The 12 CHEWs from Garissa are in the process of implementing their action plans and half of them have already received a follow up visit MNCHP team. The CHEW training program has been a success and the county governments have been making requests to have more of their CHEWs trained. During one of the support follow up visits to a CHEW who is a full time PHO, he said, “*When I was given the role to be the in charge of this unit, I was not trained or briefed on my expectations in*
this added role. I was also not facilitated with required resources to be able to move into the villages to support and supervise the CHVs making my work very difficult. The training at Kijabe has helped me to understand my roles as a CHEW and also to support the CHVs appreciate that it is possible for us to do our duties with limited resources we have. Also after visiting the model CHUs for Kijabe, I was able to evaluate the work that is been done by our partners in our CHUs and I realized they were not helping us much. Now I know how to direct them".

Group photo for Garissa CHEWs after completing the 1 week training at Kijabe Hospital

DR. Evelyn from Kijabe Hospital issuing certificates to Garissa CHEW graduates
2. Developing new Community Health Units

The project has funded development of 2 CHUs in 2016 in 2 counties. Selection of this units was based on the Kijabe hospital near neighbors namely; Raitha CHU in Kinangop Sub County and Kamburu CHU in Lari Sub County. The CHUs are in Nyandarua and Kiambu counties respectively. This brings a total of 8 CHUs with a total of 211 CHVs who have undergone a 10 days training and among them 158 CHVs receiving a government certified certificate and a budge since the inception of the project.

**Community Health Units developed with funding from MNCHP Kijabe**

<table>
<thead>
<tr>
<th>Name of the CHU</th>
<th>County/ Sub County</th>
<th>Year Trained</th>
<th>No. of CHVs trained</th>
<th>Support given by MNCH project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinale</td>
<td>Kiambu/Lari</td>
<td>2013</td>
<td>20</td>
<td>Meals, transport for MOH, MNCHP &amp;CHVs for 10 days, stationeries, certificates and budge.</td>
</tr>
<tr>
<td>Mbauini</td>
<td>Kiambu/Lari</td>
<td>2014</td>
<td>25</td>
<td>Meals, transport for MOH, MNCHP &amp;CHVs for 10 days, stationeries, certificates and budge.</td>
</tr>
<tr>
<td>Naivasha</td>
<td>Nakuru/Naivasha</td>
<td>2014</td>
<td>28</td>
<td>Meals, transport for MOH, MNCHP &amp;CHVs for 10 days and stationeries.</td>
</tr>
<tr>
<td>Maimahiu</td>
<td>Nakuru/Naivasha</td>
<td>2014</td>
<td>25</td>
<td>Meals, transport for MOH, MNCHP &amp;CHVs for 10 days and stationeries.</td>
</tr>
<tr>
<td>Rwanyambo</td>
<td>Nyandarua/Kinangop</td>
<td>2015</td>
<td>28</td>
<td>Meals, transport for MOH, MNCHP &amp;CHVs for 10 days, stationeries, certificates and budge.</td>
</tr>
<tr>
<td>Kijabe</td>
<td>Kiambu/Lari</td>
<td>2015</td>
<td>25</td>
<td>Meals, transport for MOH, MNCHP &amp;CHVs for 10 days, stationeries, certificates and budge.</td>
</tr>
<tr>
<td>Raitha</td>
<td>Nyandarua/Kinangop</td>
<td>2016</td>
<td>30</td>
<td>Meals, transport for MOH, MNCHP &amp;CHVs for 10 days, stationeries, certificates and budge.</td>
</tr>
</tbody>
</table>
3. **Empowering existing CHUs with Maternal & Newborn training**

In 2016, 6 CHUs with 157 CHVs were started on maternal newborn training which is still ongoing. This brings to a cumulative total of 34 CHUs with 834 CHVs from the Counties neighboring Kijabe hospital; (Kiambu, Nyandarua and Nakuru) since 2012. The MNCH trainers utilize the government curriculum that 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, role of men in maternal and newborn health, importance of exclusive breast feeding and immunizations, danger signs in a postnatal mother and how to conduct a home visit.

*Photo of an ongoing maternal and newborn training in Namucha CHU, Naivasha Sub County*

The CHVs work voluntarily without any remuneration or benefits. They are expected to meet once in a month as they bring in their monthly reports from household visits. During this time, the volunteers also get together for their income generating activity. The trainers utilize this days when the CHVs are meeting for other activities to train them. This reduces the burden of having
the volunteers spend extra days for training. The module requires meeting on 7 days and spending about 2 hours in training, taking about 7 months to complete the module. The project provides materials, CHVs, MNCHP staff and CHEW’s transport and a snack during the training.

A nurse who is in charge at a local dispensary is also a CHEW. With encouragement and coaching from the MNCH staff, she successfully led a maternal newborn training with the CHVs at her dispensary. This included a complete CHVs tour of the facility so that they could understand how things work at the dispensary. She reported that the volunteers have helped in improving the relationship between the community and the health facility which was tense before. “When people say negative things about our facility, the CHVs clarifies to them the truth. For example, the CHVs saw the work load here and they appreciated that we are strained, so when the community members complain of long waiting hours, they now tell them that we multitask to register, diagnose and dispense drugs. It is a big relief for me since complaints have reduced. Also referrals from the community have gradually increased” the CHEW said.

### 4. MOH 513 Household mapping and registration

In 2016, 3 CHUs were funded by MNCHP Kijabe to conduct MOH 513 Household mapping and registration and community feedback activities namely Mai mahiu, Raitha and Kamburu in Naivasha, Kinangop and Lari Sub Counties respectively. This brings to a total of 7 CHUs that has been funded for MOH 513 activity by the project. The household registrations aims at helping the volunteers map their villages, divide the households each will be visiting and also get the community baseline health indicators which will guide among other things the volunteers to understand their community health challenges prioritize them and guide in the community action and dialogue day’s activities where they engage the community to get solutions for their health challenges. During the household visits, they also give health education on prevailing health problems and make appropriate referrals.

The CHVs are often adults of low literacy requiring a lot of close supervision as they fill the MOH 513 tool that is in English. Supervisors from MNCHP and MOH accompanies them for at least the first 3 households and observe as they ask questions and fill in the books, be available physically and on phone to answer to any questions as they arise from CHVs during home visits, cross checking and debriefing daily to collect mistakes.

During the household visits, Many CHVs appreciated the disease and disability burden in their community. One volunteer said “I am surprised that we have a lot of children with disability in our community, I live here but I didn’t know many people are suffering”. “People have told me a lot about their health problems and one woman showed me a scary skin condition that I had never seen” another volunteer said. “Visiting many homes with sick people has made me appreciate
good health as a precious gift that I had taken for granted, my perception about life has changed for good. I will encourage everyone to be going for medical checkups even when they feel okay to detect diseases early before they get chronic” another volunteer reported.

5. Community feedback activities

After tallying all the households’ data collected during the MOH 513 activity, the information is shared with the community and a discussion is generated to get the root cause of the poor indicators. Every indicator is discussed with different community and health system stakeholders taking stage to lead in addressing indicators that affect their areas of operation while supporting the community members to appreciate their roles in getting solutions to their challenges.

During one of the feedback activity addressing poor immunization indicators, an elderly woman said, “Nothing ever happened to my children who were not immunized. When we were bringing up our children those days immunizations were not there and they grew well”. “When you call for such meeting where health education takes place, the young women don’t want to attend. When we go back to advice them, they call us old fashion with nothing to offer other than bully them around. It is very difficult with the young mothers” another elderly woman said. One man said, “Doctor, you know this issues of immunization are for women, so when they don’t follow the schedule as advised, us men can never know. Am very surprised with that report”

“The health workers shouts at us when we miss clinics as scheduled. Because of fear, mothers choose not to go at all”. A young mother reported “When they inject our children they are always in a hurry and they don’t explain why they inject them. Sometimes more than 1 injection in one visit. This raises suspicion and we fear” said a young woman

By the end of the discussion, the facilitators had addressed all the issues arising, given health education especially on the dangers of not taking children for immunization, men involvement on issues of MCH and reassuring the community of government stakeholder’s effort in making services better.
6. Health system strengthening

a) Ongoing operation research

MNCHP has an ongoing research agenda aimed at addressing important question in health services delivery. We have presented our findings on the effectiveness of evidenced based adaption's we deliver to community health workers at both national and international forums e.g. in April 2016, we presented our findings on effects of a short training course and professional background on the job performance of the community health extension workers in Kenya at the 7th Annual Global Health Consortium of Universities for Global Health at the USA among other presentations.

We are currently partnering with Naivasha Sub County in a research titled, Understanding delivery decisions of Naivasha sub county mothers. This qualitative research will help inform Naivasha Sub County about why the referral hospital is overloaded with delivering mothers and why so many families choose not to delivery at their closer local facility.
b) SALT (Strengthen-Appreciate-Learn-Transform)

In the year 2016, the project has worked to develop capacity in primary healthcare systems using SALT approach workshop in Wangu community health unit (CHU), Naivasha Sub County. The approach involves the community identifying their strength (resources) to drive local solutions to their challenges. The local volunteers develop action plans were through a community participatory process based on the community priority challenges addressing poor nutrition, poor sanitation and improving mother and child health through household visits. This is an innovative approach to doing quality improvement at Level 1 with Community Health Volunteers. The community went through a process of innovation and in cases where they failed the first time, they iterated until the best process in addressing the challenge was found. The aim is to utilize the success of this approach is to duplicate the approach in addressing future problems at the community and health management teams in all levels of the healthcare system.

One of the groups was addressing poor community nutrition as a result of overreliance on one season crops and prioritizing on cash crops. The group decided to start kitchen gardens with short season crops at their own homes which they could use as demonstration sites for other community members to learn. They also decided to increase community awareness on proper nutrition through health education. Unfortunately, they were not successful with the kitchen garden initiative due lack of rains and the community has no reliable source of water; they lack
piped water, no rivers or shallow wells. During one of the meeting they had to iterate their plan of action or choose something different to implement. “When we selected this action plan, we were convinced that there is a great need in our community, so changing it will not solve that problem which needs to be addressed. I think we should look for ways to solve our challenges rather than giving up.” one woman said.

“I visited a relative living in a semi arid area and I learnt that we can recycle domestic dirty and soapy water we use for washing clothes and utensils for our gardens. What they do is collect used water in a tank and add wood ash and after some days it is safe to use in the garden. I wish we can adopt and try this out” another woman said.

After a heated discussion the group agreed to try all they had learnt from each other and from the facilitators.

7. Incubating new ideas: MamaTips

MamaTips is a way to send voice and text messages to help teach pregnant women about the growing baby in their womb. MamaTips is also a group of bright young Kenyan social entrepreneurs, Fanice Nyatigo, Laurene Amoit, Gloria Njanja, and Jacob Chege. The Maternal Newborn Team is providing technical expertise to these young Kenyans because of our shared dreams. In working together with the MamaTips team we have had additional assistance from members of the nutrition department and the Family Clinic in developing the proper context for messages. The MamaTips team are learning about developing the idea, finding funds, and exploring how to bring this wonderful dream into reality.