

REPUBLIC OF KENYA



ROYAL
DANISH
EMBASSY,
NAIROBI



UN H6 Joint Program
on Reproductive, Maternal,
Newborn, Child, and Adolescent Health
(**RMNCAH**)





Message from UNFPA

Kenya has made a lot of progress with regard to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). The advent of devolution has also meant that counties have increasingly assumed greater responsibility for service delivery for their citizens.

Given that resources are limited, it will be important to strengthen coordination between county health service delivery and the national policy strategic direction, as well as collaboration between counties.

Counties may not, for the foreseeable future, afford all of the equipment or human resources needed to provide services. But if they worked together and shared data, human resources and services, then supporting partners would be able to reach people easily irrespective of where they lived, and every shilling put into the healthcare system would go a lot farther.

Indeed, the program has shown that a little investment done right and done smartly can change the output, and has motivated investment by the counties themselves in those critical areas.

The single most important aspect of delivering this kind of intervention is locally-generated evidence; evidence that is owned and understood by the stakeholders themselves. Once advocacy and policy advice are based on evidence that they can relate with, you are able to go further with them and motivate political will. Advocacy does not stop with making the push.

Advocacy becomes effective when that push is translated to sustained action, and when you can find the citizens who have benefited from it. That is the measure of success.

Dr Ademola Olajide, UNFPA Representative for Kenya



Working in Concert to Save Mothers and Babies

The UN H6 Joint Program on Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH) seeks to contribute to reduction of maternal and newborn deaths in six high-burdened maternal mortality and child mortality counties in Kenya.

By Dr. Rael Mutai,
RMNCAH Program Coordinator, UNFPA

The first phase of the program was in 2015 and 2016, funded by the RMNCH Trust Fund with US\$14 million, and the second runs from 2017 to 2020, funded by a \$6 million grant from the Danish Embassy.

One of the targets of the Millennium Development Goals was that all countries would reduce maternal mortality by 75% by 2015. However, many developing countries, including Kenya, did not meet this goal.

Under the UN’s Agenda 2030, effort is being made through the Sustainable Development Goals to address the unfinished business of the MDGs. Under SDG 3 (on Health and Wellbeing), one of the main targets is Universal Access to Sexual and Reproductive Health and Rights. The key indicators include maternal mortality ratio, skilled birth attendance and under five mortality.

Accelerating Effort

To accelerate efforts towards reducing maternal deaths globally, the UN in 2010 launched the Global Strategy for Women’s, Children’s and Adolescents’ Health, now known as the Every Woman, Every Child Initiative. Consequently, the UN agencies that deal with various aspects of health – WHO (health and health systems), UNICEF (children’s health) UNFPA (sexual and reproductive health), the World Bank (government financing for health), UNAIDS (HIV and AIDS) and UN Women (gender equality and women empowerment) came together to respond to the Global Strategy.

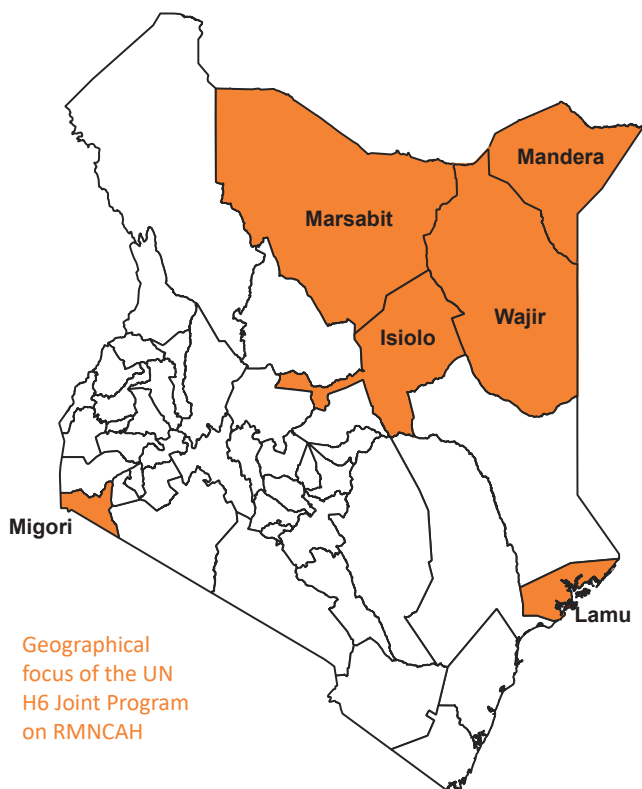
According to the Kenya Demographic Health Survey, Kenya’s maternal mortality rate (MMR) decreased from 488 per 100,000 live births in 2009 to 362 in 2014. While this is statistically significant, the actual difference is negligible because

the population has grown and the number of births has increased. A further analysis by the H6 of the maternal mortality ratio in Kenya revealed that almost 50% of these deaths happen in just six to 10 counties. Hence the Joint Program on RMNCAH has focused on the six counties with the highest MMR – Mandera, Wajir, Isiolo, Marsabit, Lamu, and Migori.

No Help to Be Found While the WHO standard for countries is that there should be a health facility within a five-kilometer radius, facilities are 50-200 kilometers apart in most of the focus counties, often with impassable roads. “In many of these counties, 50 kilometers could mean a whole day’s journey. In cases of maternal complications, if a woman goes into labor and begins to bleed before the baby is born, she will be lucky to last 12 hours. If the bleeding begins after the birth, the mother will die within two hours should no help be found,” says Dr Rael Mutai, Senior Coordinator of the H6 Joint Program on RMNCAH.

“The H6 Program seeks to provide catalytic support in the hope that through its interventions, the county health systems will be stimulated to address the various challenges that lead to maternal and child deaths.”

Poverty levels in the six target counties are high, making paid health services inaccessible to them. Not many partners work in these counties, therefore the public health system the mainstay of the local population. Besides, the social and cultural context makes it difficult for women to make decisions about using health facilities. Many resort to using the services of traditional birth attendants.



The H6 Program seeks to provide catalytic support in the hope that through its interventions, the county health systems will be stimulated to address the various challenges that lead to maternal and child deaths.

Better Access

More Demand To improve access to services, one of the major components of the program was kitting of health facilities. Through workshops, mentorship programs and support supervision, the program also built the capacities of health workers in basic emergency obstetric and newborn care (BEmONC) to give them competencies to handle the complications that often lead to death of mothers and children

Strengthening referral systems is a key intervention aimed at ensuring that mothers reach the nearest health facilities for the next level of care when complications arise. To this end, the World Health Organization (WHO) has restored existing ambulances and purchased others to transport patients.

Of the barriers that prevent people from using health services, lack of finances and means of transport are major ones. Apart from engaging the community through sensitization meetings and working with the religious leaders and other community gatekeepers to encourage health facility deliveries, the H6 Joint Program has invested in demand side financing initiatives.

Traditional birth attendants (TBAs) are trained to be birth companions, their role being to ensure that they take the mother to the facility. For every mother she escorts, the TBA receives Sh500 (US\$5). Mothers are given transport vouchers or compensated for fare used to the health facilities. In addition, provision of Mama Kits at health facilities has incentivized many mothers to seek skilled delivery services.

The program has made great effort to institutionalize quality, using first the Kenya Quality Model for Health to help facilities

continually improve their operations, including patient care, and secondly the Maternal Perinatal Death Response and Surveillance system for auditing maternal events in order to identify the causes and prevent further loss. A similar system needs to be put in place to audit newborn deaths as many of these go unreported. Thirdly, the program has invested in building the capacities of the County Health.

Management Teams (CHMTs) to provide supervisory oversight and technical support to health service delivery workers, to identify top priorities, to plan and to coordinate partners. Fourthly, the program emphasizes the collection and use of primary data for decision-making and to guide initiatives that will keep the county on track to meet its objectives.

Investments in maternal health often begin to pay off after about seven years. To sustain the gains already made, the program has been tracking a number of indicators: four antenatal visits; skilled birth attendance; new users of family planning; county expenditure on health; and registration of births. Another important indicator is the proportion of facilities that offer BEmONC.

The integrated H6 JP Program has a gender-based violence (GBV) component, spearheaded by UN Women. The program trains health workers to detect clients with a high index of suspicion of violence and if they have indeed been violated, to start them on the government treatment protocol. This includes emergency contraception, management of sexually transmitted diseases, post-exposure prophylaxis for HIV, psychological counselling and linkages to the legal system.

Encouraging results

The H6 Joint Program has made notable progress in increasing coverage of maternal and newborn care services. In Mandera, only 15% of the women were delivering at health facilities in 2015; the number is now 40%. With the equipment and training they have received, the capacity of health workers has greatly improved, enabling the facilities to offer quality basic services. Working with religious and other community leaders has helped to increase uptake of contraception that was previously hindered by erroneous beliefs and taboos.

Program activities are now integrated into County Development Plans, ensuring ownership and sustainability. Advocacy efforts for domestic resourcing of health have yielded fruit. The six counties have prioritized the program as it builds on what they were already doing.

Mandera, for instance, has done a lot of infrastructural development by building hospitals and maternity wards, which are now equipped by the H6 Joint Program.

In 2009, Mandera County was said to have a maternal mortality ratio that was worse than that of Afghanistan during the war – 3,795 for every 100,000 live births. “The great effort that the county has made is likely to be reflected in improved indicators in the next Demographic and Health Survey in 2020,” concludes Dr Mutai.



Message from the Governor

I am grateful for the partnership with the UN H6 partners to reduce the high maternal and newborn mortality burden in Isiolo County. My strategy is to begin at the grassroots by empowering the community to take charge of health matters.

We have recruited 720 community health workers (CHWs), with each taking care of 20 households. The CHWs ensure that every mother attends four ante-natal clinic visits, and refer those who are in danger of complications to the health facilities. The county has also prioritized child health, from monitoring the mother's nutrition status during pregnancy, access to immunization services, supplementary feeding in case of malnutrition, and Early Childhood Development (ECD). With these measures, we anticipate that the high maternal and newborn burden will reduce.

Isiolo is one of the four pilot counties for Kenya's UHC program. Some of the benefits from the pilot phase include improved access to essential medicines, increased human resources for health that include employment of a total of 100 nurses, clinical officers, lab technicians and lab technologists. When citizens come to our public health facilities, therefore, they find a health worker who is competent, a lab that is functional and a pharmacy that is stocked. This has greatly improved public confidence in the health facilities. I am confident that once the UHC program is rolled out across the country, it will have a significant impact on the health of Kenyans. Children and mothers will get better care because of UHC.

**Dr Mohammed Abdi Kuti,
Governor of Isiolo County &
Chairman of the Health Committee of the Council of Governors**

ISIOLO COUNTY

The county’s partnership with the H6 Joint Program on RMNCAH emphasizes reduction of maternal deaths and improving children’s health and wellbeing. The program focus begins from pregnancy – making sure that mothers attend four ANC clinics, receive nutritional advice, and deliver at health facilities for skilled birth attendance

The semi-arid county of Isiolo covers 25,336 km² of the upper Eastern Region of Kenya and has a population of 190,000. It has the fifth worst maternal death rate in Kenya, 790 out of every 100,000 live births, and a high child mortality of 154 out of every 1,000 births.

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Then there is immunization, for which the H6 Joint Program has given the county reliable cold chain support, ensuring that there are always vaccines available for children even in remote facilities that have no electricity.

For older children, health facilities have built playgrounds to make the hospital environment more child-friendly, and parents are advised to encourage play in the daily lives of young children for optimal physical and psychosocial growth and development.

“Isiolo County is determined to do what it can to ensure that it has a healthy young generation,” says Ibrahim Mohammed Alio, Chief Officer in charge of Health Services. The UN partners have supported the county to manage referrals of maternal emergencies and provided funds for outreach activities, enabling the county to increase budget allocations for other activities.

At the beginning of the program, Caesarean sections had only been done at the Isiolo County Referral Hospital, but now two additional CEmONC centres have been operationalized at the Merti and Garba Tulla sub-county hospitals, where 50 operations have been done since 2017. Two ambulances have recently been stationed at the sub-counties to facilitate transportation of mothers during obstetric emergencies.

The support of the program for outreach services enables county health staff to deliver health services to remote villages. With over 70% of Isiolo’s population being nomadic pastoralists, the outreach services also bridge the distance between facilities.

The average distance between facilities in Isiolo County is 49.8 kilometers, in contrast to the five kilometers recommended by the WHO. The county’s difficult terrain complicates its referral system. Of the five ambulances in the county, only three can reach the remotest parts of the vast

county.

Another major challenge is the health-seeking behavior of the people. The County Government has recently deployed over 720 CHVs across the county to strengthen community health services through health promotion and management of common illnesses. The CHVs are an effective tool for stimulating demand for RMNCAH services.

Demand Side Financing initiatives such as transport vouchers and Mama Kits rolled out under the program have been effective incentives in stimulating demand for services. Sustainance of these interventions is crucial for maintenance of gains made so far. Ongoing Results-based Financing (RBF) initiative directly contributes to health worker motivation as they earn 60% of resources received by the health facility. The RBF program targets key RMNCAH services such as ANC, skilled delivery, immunization and family planning services.

“The work that the County Government of Isiolo is doing with the UN H6 partners in RMNCAH builds into the goal of Universal Health Coverage. We appreciate the support,” says Alio

“The support of the program for outreach services, including the government’s Beyond Zero caravan, enables county health staff to move from one village to another, delivering health services.

HIGHLIGHTS

50+ Caesarean sections have been done since 2017

2 Additional CEmONC centres have been operationalized at the Merti and Garba Tulla sub-county hospitals.

2 Ambulances at the sub-counties to facilitate transportation of mothers during obstetric emergencies.



The Power of Play

As part of the program, several hospitals in Isiolo have set up play areas to make the environment child-friendly.

Four-year old Patient Kagiri kneels on the ground behind her mother’s make-shift vegetable stall, playing with her friends and a colorful toy train made from bits of plastic and bottle tops. Two home-made dolls and a ball fabricated from bits of cloth and plastic are passed from one child to another.

The noisy play continues even as Patient’s mother, Anne Ntinyari, steps out to fetch some water from an outside tap. The ball rolls in front of her and she kicks it back to the children.

“I have recently learnt the importance of allowing and encouraging children to play.

Before I did not appreciate it – I thought it was just noise and fights so I would shoo the children away and tell them to be quiet,” says Anne

“But now I even stop what I am doing to play a little with them. It helps us to bond, and the children are happy”.

Anne has two older children, seven-year-old twins. She has observed a difference between them and Patient “She is a very quick learner. She already knows how to count. She is also quite independent and creative. When I am in the shop I do not worry about

her. She keeps herself busy with her toys and only looks for me when she gets hungry.”

Play therapy is an element of the Toto Bore-sha Program for Early Childhood Development, part of the UN H6 Joint Program on RMNCAH. It is designed to give children confidence to be creative and build friendships.

It sharpens the child’s mind, develops alertness, and helps to develop intelligence, speech and interpretation skills, and self-expression.

As part of the program, several hospitals in Isiolo have set up play areas to make the environment child-friendly. At household level, Community Health Volunteers (CHVs) facilitate the setting up of mum-to-mum groups, where they discuss hygiene, nutrition, family planning and exclusive breast-feeding.

They also talk about effective ways of disciplining children, teach them the importance of play and show them how to make inexpensive toys from materials such as plastics and old toys. The CHVs visit the men at home with similar messages.

“I have recently learnt the importance of allowing and encouraging children to play. Before I did not appreciate it – I thought it was just noise and fights so I would shoo the children away and tell them to be quiet.



Message from UNAIDS

The UN H6 Joint Program on RMNCAH is aligned to Kenya's Vision 2030 and designed to meet the priorities of the country and priority needs of the people. The H6 partners are grateful that President Uhuru Kenyatta has prioritized Universal Health Coverage as one of the Big Four development agenda.

New HIV infections are relatively on the high side in Kenya. Working with the Ministry of Health to ensure that we have the right strategy, information and evidence, UNAIDS engages various partners working with disadvantaged groups of the population to implement activities. The objective is to capacitate the institution that is providing the actual service delivery.

UNAIDS has prepared county profiles using a location-focused approach, identifying populations that are most affected by the epidemic and why; how many people who are estimated to live with HIV are accessing services; how many know their status; how many are on treatment; and whether they are virally suppressed or not. The evidence is important for guiding policy formulation and targeting interventions.

In Kenya, like many other African countries, the majority of the population is aged under 35 years. Many of these young people face multiple challenges including unemployment and other social issues such as substance abuse or even mental health. It is important for the H6 partners to continue providing integrated services so that they can enjoy and use their potential to contribute to the economic development of the country.

This year, Kenya contributed six million dollars to replenishment of the Global Fund to fight HIV, TB and Malaria, a 10% increase from the previous replenishment and a sign of commitment to fighting HIV and AIDS. With the efforts being made by various actors, I am hoping that Kenya will be at the right place to achieve the SDGs.

Dr Medhin Tsehau, UNAIDS Country Director in Kenya

LAMU COUNTY

Lamu County is located in the Northern Coast of Kenya and covers 6,200km. It has one of the highest maternal mortality rates in the country, at 676 per 100,000 live births, while the fertility rate is 4.2.

The H6 Joint Program has had three main outcomes in Lamu, one of which is improved access to and quality of RMNCAH services, including HIV and response to genderbased violence interventions. The county received equipment that was distributed to both public and faith-based organization (FBO) facilities, greatly improving quality of services across the county.

It included theatre equipment for the sub-county hospital in Lamu East for operationalization of an additional CEmONC centre.

The theatre has revolutionized service delivery by reducing the need to refer obstetric emergency cases to the main King Fahd Hospital on the island, a journey that took hours and was often hampered by low tide.

In addition, there has been capacity building of health workers in various competencies including family planning and basic emergency obstetric care. The impact of these efforts is a notable reduction in maternal deaths, from 10 cases in 2016 to two in 2018.

The second outcome is increased demand for RMNCAH services. Particular attention has been paid to equipping Community Health Volunteers with skills to mobilize demand for services at the grassroots level, and changing the role of Traditional Birth Attendants to birth companions.

As a result of these efforts, the Faza sub-county hospital has achieved 100% of its projected target on skilled birth attendance. Health-seeking behavior has improved, with decisions for mothers to deliver at health facilities now being made much earlier than before.

The third outcome has been strengthened budgeting, monitoring and reporting systems at county level. Use of data for decision-making and advocacy has strengthened the case for increased resource allocation to the health sector during county planning and budgeting.

The challenge of Insecurity

Insecurity is a major concern in Lamu, making some health facilities inaccessible. Another concern is that most far-flung dispensaries do not provide housing for health workers. As a result, the health facilities operate only during the day, and so mothers are unable to get services at night or weekends. In addition, most facilities are manned by one health worker; when the health provider is away, services are away from the people.

While devolution has resulted in doubling of the health workforce in Lamu, there are still gaps in numbers and skills, neces-

sitating referrals for specialized care.

The sparse distribution of the population poses a challenge for service provision in Lamu. Whereas a dispensary should serve a population of 5,000, some islands have less than 1,000 people, most of whom have no means to go to other islands.

The county has had to set up dispensaries in these islands despite the inefficiency, considering that the facilities and health workers are underutilized.

Catalysing Change

“From the start, the H6 Joint Program sought to catalyze change and draw more partners to support RMNCAH services, which has happened with the entry of corporates like the Safaricom Foundation.

The fact that it is working makes it likely to be sustainable because its success is evident to all stakeholders,” observes Dr Victor Tole, Acting County Director of Health in Lamu

“The theatre has revolutionized service delivery by reducing the need to refer emergencies to the main King Fahd Hospital on the island, a journey that took hours and was often hampered by low tide.

HIGHLIGHTS

The county has received theatre equipment for the sub-county hospital in Lamu East for operationalization of an additional CEmONC centre

Capacity building of health workers in various competencies including family planning and basic emergency obstetric care

The Faza sub-county hospital has achieved 100% of its projected target on skilled birth attendance



Promoting Health at the Household

The Community Health Volunteers (CHVs) were trained by UNFPA on reproductive health for safe motherhood, including family planning, as well as child health, nutrition and referral.

Alice Mutinda walks up a path bordered by flowering bushes into a neat, quiet homestead in Kibaoni village, Lamu County. She is greeted by Margaret Wanjiru, a shy, young girl cradling her one-month-old baby, Happiness. The two sit outside to talk, the shade of a large tree providing welcome shelter from the hot mid-day sun.

Alice is a community health volunteer (CHV) in Mpeketoni Settlement Scheme II in Lamu District responsible for 20 households, including this one where Wanjiru lives with her mother and siblings. For several months she has been visiting Margaret, who became pregnant while in school, supporting her through pregnancy and early motherhood.

She asks whether the baby is breastfeeding well, reminds her to breastfeed exclusively for six months, and stresses the importance of personal hygiene for her and the baby. Alice is one of 30 CHVs attached to the Muhamarani dispensary, where she is also employed as a casual worker. The dispensary serves 11,200 people from 12 villages, and is manned by three health workers, including a laboratory technician.

The CHVs were trained by UNFPA on reproductive health for safe motherhood, including family planning, as well as child health, nutrition and referral.

“We have worked hard to encourage mothers to go to the health facility for ante-natal check-ups and delivery,” says Alice. She adds: “We even work together with the TBAs in order to stop home deliveries.”

“We have been successful because there are very few births at home. But the mothers we mobilize go to deliver at the Mpeketoni Hospital instead of Muhamarani, because our nurses live far away from the dispensary. If there were staff quarters, the mothers would not have to go to Mpeketoni to deliver.”

Margaret, too, delivered at Mpeketoni, but her baby receives her vaccines at Muhamarani. As she bids her farewell, Alice reminds her about her next appointment, and encourages her to get a family planning method.

30 Community Health Volunteer (CHV) trained by UNFPA

“We have worked hard to encourage mothers to go to the health facility for antenatal check-ups and delivery.”



Message from UNICEF

UNICEF works to support the government in terms of its priorities and plans for children. Kenya has made progress on many fronts, including reduction of child mortality, malnutrition and HIV/AIDS. But like in many other countries, there are population groups that are being left behind. The H6 partners use an equity lens to look at data generated by the District Health Information System and to identify communities that are most underserved and where the heaviest burdens of disease is, then bringing collective support to those communities.

Within the H6 Joint Program on RMNCAH, UNICEF has focused on community level platforms because it is important to bring services, knowledge and information closer to the people. One of the big learnings from this program is the importance of a full health systems strengthening approach as opposed to health systems support. The latter is about bringing a particular input to solve a particular issue without tackling the root cause, while the former takes a holistic approach, looking at everything from financing and supply chain to human resources for health and community level platforms. Policy decisions about where to direct funding and which partners to work with can then be made on this basis.

The vision of Universal Health Coverage laid out by President Uhuru Kenyatta is noble and aspirational. The H6 and UNICEF are keen to partner with the Government to translate that vision into reality for the ordinary person, for mothers and families living in the remotest part of this country or in the most disadvantaged conditions, because it is their right. UNICEF's aspiration is to see every child grow up in the best of physical and mental health, and in a family that is able to provide this.

Ms Maniza Zaman, UNICEF Kenya Representative

MANDERA COUNTY

The County of Mandera sits in the north-western corner of Kenya, bordering Ethiopia to the north, Somalia to the east and Wajir County to the south-west. Nomadic pastoralism is the major economic activity in the county, which has a population of 867,457 in an area of 25,939.8 km². When devolution was introduced in Kenya in 2015, the Mandera County Government inherited the worst maternal mortality rate in the world, 3,975 per 100,000 live births.

In 2015, the entire county had 154 members of staff in the Health Department comprising of technical and non-technical cadres. Most of the 33 health facilities were manned by community health volunteers. The County Government therefore embarked on infrastructural development, and currently the county has 76 operational health facilities and a staff complement of 864 skilled personnel.

Some of the key challenges include insecurity, which has forced many facilities to close down; lack of access to information, high incidence of teenage pregnancies coupled with early child marriages; lack of trust in the formal health system as a result of its dysfunctionality; and a weak referral system aggravated by poor road networks. “The rough terrain and poor state of roads contributed to many deaths,” observes Mohamed Adaw Hassan, Mandera Deputy Director of Health.

Partners on Board

The main objective of the H6 Joint Program on RMNCAH in Mandera is to contribute to reduction in preventable maternal and newborn deaths through improved access to, increase demand for and strengthened coordination of health services.

Training of health workers in life-saving skills has had a huge impact on management of obstetric emergencies at peripheral health facilities and reduced the number of referrals.

Similarly, contraceptive prevalence was less than 2% in 2014 (KDHS) but capacity building of health workers, coupled with community sensitization has contributed to the 10% (DHIS2) prevalence recorded, with a positive impact on the health of mothers, newborns and children. Though there is still a long way to go in this regard, it is a notable achievement in this conservative society.

Equipping of health facilities through the support of the H6 partners has contributed to changed community perception of formal health care. “There are facilities where mothers used to deliver on the ground because of lack of equipment, making it no different from delivering at home. But now we have modern delivery beds, incubators and even operating tables, so the mothers are coming,” Hassan explains.

Sensitization of communities by targeting gatekeepers, especially religious leaders, women’s groups, traditional birth at-

All high-impact RMNCAH indicators in Mandera have improved. Skilled delivery rose from 12,000 in 2017 to 22,153 in 2018 as a result of the joint effort between this H6 Joint Program on RMNCAH and the County Government.

Hassan Mohammed Odo,
Reproductive Health Coordinator,
Mandera County

HIGHLIGHTS

Through the support of the H6 partners health facilities have been equipped.

H6 program has contributed to reduction in preventable maternal and newborn deaths.

Healthcare staff have received training in Emergency Obstetric Care.

76 Operational health facilities

864 Skilled personnel



“Equipping of health facilities by the H6 partners has helped to change the community’s perception of formal health care. “There are facilities where mothers used to deliver on the ground because of lack of equipment, making it no different from delivering at home



tendants and opinion leaders has been found to be effective as they amplify the messages on skilled delivery, family planning and immunization. Family planning is a particularly sensitive subject in the county and the messaging has been contextualised as ‘child spacing’ to gain acceptability in the Islamic context.

Capacity building of key member of staff at facility, sub-county and county levels on leadership and management of health systems has led to establishment of strong county structures for coordination, supervision and mentoring, as well as monitoring and evaluation of health programs. However, the remoteness of the county and insecurity resulted in a very high staff turnover.

To sustain the gains made so far, the county is looking to bring more partners on board. “The mandate of health service provision belongs to the government, but we still have many serious gaps. The demand on the county budget is high from all sectors.

At the same time, a lot of international support is also declining or in transition for phase-out, such as Gavi support for immunization, the Global Fund for HIV, TB



and Malaria, and support for Family Planning commodities.

This is a lot for the county to be taking over. There is, therefore, need for a structured transition plan so that the County Government gradually takes over the financing of RMNCAH without disrupting services and the progress made,” Hassan concludes.



Message from WHO

The task of the World Health Organization is to make sure that all people in the world actually are healthy. Under the UN H6 Joint Program, the WHO focused on access to services by making sure that people actually have access to the health facilities, health workers and community health workers.

Equally important is quality, ensuring that facilities have staff, equipment, commodities and supplies. A third component is making sure that health workers are properly trained and able to respond to maternal emergencies.

WHO is specifically interested in making sure that the quality of the health services has improved. For that reason we pay a lot of attention to both the planning of resources and to the training of health workers themselves. You can't run proper services if you don't have the health workers knowing what they're doing.

Doing this program together with other UN agencies has been very fruitful, because each agency has its organizational strength. But we still have a lot to do together with the Ministry of Health and the other social services to make sure that mothers are protected.

I am encouraged that the counties we are working in are very eager to sustain the work we have begun.

Dr Rudy Eggers, WHO Representative to Kenya

MARSABIT COUNTY

The maternal mortality rate for the county is 1,127 per 100,000 live births. At the start of the UN H6 Program in 2015, skilled delivery was only at 26%, with only 34 a month in the entire county.

Marsabit County covers over 71,000 square kilometers, the farthest health facility under the jurisdiction of the health department being 550 kilometers away from Marsabit Town. The average distance between health facilities ranges from 10 to 100 kilometers and during the rainy season some facilities are not accessible, making health service delivery a challenge. In addition, 70% of the population of 350,000 live a nomadic life, moving from one place to another in search of pasture and water.

The maternal mortality rate for the county is 1,127 per 100,000 live births. At the start of the UN H6 Program in 2015, skilled delivery was only at 26%, with only 34 a month in the entire county.

The support of the UN H6 has helped to fill crucial gaps that have seen an improvement in indicators, and especially skilled deliveries. The Joint Program on RMNCAH extended and renovated maternity units across the county, and has supported strengthening of community structures to increase demand for services.

Through networks of community health workers operating together with former Traditional Birth Attendants (TBAs), awareness has been created in communities about the importance of ante-natal care and skilled deliveries, resulting in a dramatic increase in facility deliveries, which now stand at 500 a month.

The program has supported the county to reach nomadic populations using an integrated outreach approach, with services that go beyond reproductive health to include vaccination, growth monitoring, HIV/AIDS and counseling.

It provided a hardy utility vehicle that can navigate rough, off-road terrain, as well as ambulances to handle obstetric emergencies wherever they occur in the county. As a result, increased numbers of the county's residents have been able to access health services that were not previously available to them.

The county has four main hospitals – Marsabit County Referral Hospital, and Moyale, Kalacha and Laisamis sub-county hospitals. Training in emergency obstetric care for staff of these and peripheral hospitals has greatly reduced the number of emergencies that need referral. Equipment provided includes a portable ultrasound that helps to identify high-risk pregnancies early.

Training of staff to collect data has been useful for performing weekly post-fatality audits to identify causes of maternal and child deaths so that they can be addressed and prevented. TBAs have been incorporated into the health system and trained to pick up on high-risk pregnancies and refer them for care at health facilities.

The TBAs are paid for any referrals they make, which has helped to increase skilled deliveries. County and sub-county health management teams have been trained to ensure sustained management of the initiatives, which have resulted in increased numbers of skilled deliveries and reduced maternal and neonatal deaths.

The County Government has prioritized health in its budget, the largest part of which goes to maintaining human resources. "We need to make sure that the health workers stay and continue doing the good work that they have been trained to do," says

Dr Jama Wolde, Marsabit County Executive Committee Member for health services.

"There has been an encouraging change in health-seeking behavior since devolution as a result of greater availability and access to services. We need to sustain this. As we aim even higher for Universal Health Coverage, we need to proportionately increase the health infrastructure, human resources and budget," says Walde.

HIGHLIGHTS

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The program has provided a hardy utility vehicle that can navigate rough, off-road terrain, as well as ambulances to handle obstetric emergencies wherever they occur in the county

Healthcare staff have received training in Emergency Obstetric Care and this has greatly reduced the number of emergencies that need referral.

H6 program has supported the county to reach nomadic populations using an integrated outreach approach.



Saving Babies with Warmth and Quality Care

The 43-bed Mother and Child Complex is the newest building in the compound of the Marsabit County Referral Hospital. It was given over to the care of mothers and children after intense, successful initiatives to increase demand for services resulted in large numbers of women flocking to the hospital. The building has antenatal, labor, post-natal and kangaroo wards, as well as a laboratory and pharmacy.

The Kangaroo Ward houses mothers with babies who were delivered prematurely or developed complications that require extra care. The ward gets its name from Kangaroo care, a method of looking after a baby, especially one who is premature, that emphasizes the importance of holding the naked or partially dressed child against the bare skin of a parent, typically the mother, for as long as possible each day. The ward has a side room with six incubators where some of the babies kept.

Galmo Wako and her baby were brought to the hospital from her home in Walda village, 180km from Marsabit town. She had given birth a week earlier at Sololo Hospital near her home

but the baby developed jaundice and chest problems, and required oxygen. Mother and baby were brought to Marsabit by ambulance. The baby has been receiving phototherapy and is doing much better.

A few beds away, Hawo Diba nurses her two-week old daughter, one of a set of twins who were born premature. The other baby was born weaker and is in an incubator, so Hawa moves from one to the other to breastfeed and hold them, giving them warmth with her body. She hopes that they will be discharged soon so that she can take her babies home.

“Training of our health workers in emergency obstetric care and equipping of the complex by the UN H6 partners has enabled us to provide quality services and to save the lives of many mothers and babies. When others hear about the care we are providing, they come to the hospital in large numbers. This has contributed tremendously to reducing the deaths of mothers and babies,” says Bokayo Arero, the Marsabit County Reproductive, Maternal and Child Health Coordinator.

“Training of our health workers in emergency obstetric care and equipping of the complex by the UN H6 partners has enabled us to provide quality services and to save the lives of many mothers and babies.”



Message from UN Women

The strength of the H6 partnership is the recognition that a woman has multiple needs, multiple challenges and multiple opportunities. Instead of dissecting the woman into six projects, each H6 partners has brought its niche expertise into a holistic package of services to enable them to realize her reproductive health and rights.

A woman may be uneducated, living with HIV, have no job and be experiencing violence, presenting multi-sectoral, multi-layered intersecting forms of discrimination. Using this criteria to identify those who are left behind, we then put in place interventions that will target those populations specifically, and in that way help to raise the national average. UN Women's contribution to the H6 program has been to address the issue of gender equality and male engagement in ending violence against women.

There is greater awareness about genderbased violence because of the investments by the program, more access to GBV services and the quality of police services. We are working on access to justice because prosecution and conviction rates of sexual and other forms of violence are low.

Empowering a community is our way of sustaining the work we are doing because once they know their rights, people will demand those services. I look forward to a time and place where every woman feels safe, that she is being treated with dignity and respect, and that there are no barriers to attaining her full potential.

Anna Mutavati, Country Director for UN Women Office in Kenya

MIGORI COUNTY

The use of the RMNCAH scorecard, in particular, has made a great impact on the way we work, creating positive competition between the sub-counties and spurring the teams to keep improving their operations.

High maternal mortality largely as a result of high HIV prevalence puts Migori among the 15 counties in Kenya that contribute to the high numbers of mothers dying, with a maternal mortality ratio of 673 per 100,000 live births. (PSRI, 2014)

Gender-based violence (GBV) is an issue of concern in the county, and especially sexual GBV. Many cases, however, go unreported. The Joint Program uses a multisectoral approach, working with various departments to identify and take care of victims and to bring the culprits to book.

Another concern is the high teenage pregnancy rate. In 2016, for instance, Migori County accounted for 36% of all teenage pregnancies in the country. The county has a high total fertility rate, which stood at 5.3 compared to the national one of 3.9. As a result, Migori is a very youthful county, with 49% of the population being under 15 years, and about 70% of the population being under 24 years.

Long-lasting Contraception

Working with support from the UN H6 partners, the County Government of Migori has built capacity of health care providers with training and mentorship in various competencies that include EmONC, long-acting and reversible contraceptives, prevention and screening of cervical cancer, management of the third stage of labor when most maternal deaths occur, and post-delivery care.

With training and equipment for Basic and Comprehensive Emergency Obstetric Care, quality of maternal and newborn care services has improved, leading to reduced morbidity and mortality.

At the same time, Community Health Volunteers have been trained to identify danger signs in pregnancy. During home visits, they educate the mothers on maternity related issues and refer them to the health facilities where necessary. The H6 Program provided an assortment

of equipment for maternal and newborn care, and contributed to strengthening the referral system with the purchase of two ambulances and upgrading of four others to basic and advanced life support.

Four ante-natal care (4 ANC) visits increased from 36% to 57%, compared to the national 51%. As a result of all these interventions, indicators show that there has been improvement in access to skilled birth attendance, from 51% in 2015 to 76% in 2019. Effort is being made, working with the TBAs, to reach the 24% who are still delivering at home. Family planning uptake has increased from 44% to 49.8%.

Avoidable Factors

Working with CHVs, the county identifies pregnant adolescents and enrolls them in a First Time Young Mum’s Club. Through this initiative, the young mothers are guaranteed ANC follow-up, skilled delivery services, and post-partum Family Planning. A total of 55 healthcare providers have received training on SGBV, and through collaboration with the Judiciary and the Gender and Children’s departments, several perpetrators have been arrested and prosecuted.

“The programme has helped to build the capacity of the County Health Management Team (CHMT),” says Dr Iscar Oluoch, County Executive Committee Member in charge of Health Services in Migori.

“The use of the RMNCAH scorecard, in particular, has made a great impact on the way we work, creating positive competition between the sub-counties and spurring the teams to keep improving their operations.

The scorecard has been instrumental in helping me to lobby for resources because I am able to clearly show what the situation is on the ground, identify priorities and track progress.

“Our work with the UN H6 Joint partners is a model partnership. We need it to continue a little while longer, so that we can bridge the few gaps we’ve identified, then we can invite others to learn from us.

Dr Iscar Oluoch,
CEC, Health Services in Migori.

HIGHLIGHTS

2 Ambulances have been purchased to support maternal health Programme

55 Healthcare providers have received training on Comprehensive Emergency Obstetric Care, quality of maternal and newborn care services and SGBV.

Family planning uptake has increased from 44% to 49.8%.



Timely Training Saves a Mother's Life

“I want men to know that pregnancy is serious. Women can die if they are not taken care of properly. Men should support their wives, accompany them for checkups and ensure that they have a good diet.”

Edwin Odhiambo and Margaret Awino were delighted when they found out they were going to have a baby, their second child after four-year-old Jesta. Edwin, a carpenter, would accompany his wife from their home in Winter Village whenever she went to the Rongo Sub-County hospital for ante-natal check-ups.

When she went into labor on August 22, 2019, Margaret was admitted at the hospital and gave birth to a healthy baby boy. The delivery was smooth, but when she got up in the morning, she discovered she was bleeding heavily, and collapsed on the way to the bathroom.

When she came to, Margaret found herself dressed in a green garment, lying on a delivery bed with a team of nurses and doctors attending to her. Edwin had left to organize transport home for his wife and new baby, and was surprised when he was called back to the hospital.

“I was shocked to find her on the bed,” Edwin recalls. “She looked very unwell, and I was scared. They told me that they could not let her go home that day as she had bled heavily and they needed to monitor her for two or three days.”

Edwin left to take care of Jesta, but he would return every few hours to check on his wife. Three days later, the green

garment was removed and Margaret was allowed to go home.

Just five days before Margaret collapsed, the staff at Rongo Sub-County Hospital had been trained on management of post-partum haemorrhage (PPH), which is one of the leading causes of maternal deaths. The course was part of a training package in obstetric emergency care under the H6 Joint Programme on RMNCAH. The green garment that Edwin found her in was an anti-shock garment used to stabilise women who have suffered obstetric bleeding.

“The skills and equipment we have received have enabled us to save lives,” says Mary Ayoko, the Rongo Sub-County Nursing Officer. “Staff are highly motivated and our sub-county has not had a single maternal death in 2019.”

“I am very happy because my wife is well,” says Edwin as he hovers protectively around Margaret and the baby. “I want men to know that pregnancy is serious. Women can die if they are not taken care of properly. Men should support their wives, accompany them for checkups and ensure that they have a good diet. It is also important for hospitals to have the right equipment so that it is available for mothers who need it,” he concludes.

WAJIR COUNTY

The focus of the H6 Joint Program for RMNCAH in the county is capacity building, equipping of facilities and demand side financing.

The County of Wajir is one of the largest in Kenya, sprawled over 56,000km² and with a population of 800,000. It has the second-highest maternal mortality rate in the country – 1,683 per 100,000 live births – and 31 newborn deaths per 1,000 births.

The focus of the H6 Joint Program for RMNCAH in the county is capacity building, equipping of facilities and demand side financing.

It seeks to create awareness and demand for use of health services, and in doing so to build community linkages with the facilities to improve access. It also seeks to strengthen the health system and referral services in the county.

The program renovated 12 maternity units and equipped 40 such units across the county between 2015 to 2018. This has helped to greatly increase access to and use of maternity services. Three hospitals were equipped to provide Comprehensive Emergency Obstetric and Neonatal Care, which was previously only available at the Wajir County Referral Hospital.

Staff in charge of the facilities are trained to provide basic obstetric emergency services; before, they would refer mothers from the two sub-county referral facilities, both hundreds of kilometers away. Once the sub-county hospitals were equipped, the county was able to attract medical officers, nurses and clinical officers.

As a result of these interventions, skilled delivery increased from 18% in 2015 to 44% in 2018. The improvement in access to maternal and child health services

has had a ripple effect, raising demand for other areas of care, both inpatient and outpatient. Demand creation has been boosted by targeting men at the grassroots.

“In our society health-seeking behavior is usually decided by the men. They decide whether the woman should go to hospital. When we tell them about the complications that can arise during home deliveries, they are keen to ensure that the women deliver in hospital.” says Dr Ibrahim Somow, County Director of Health in Wajir.

“The concerted efforts of the UN agencies in the H6 Program have had a tangible impact because it looks at both the hardware and software elements of RMNCAH service delivery,” observes Dr Somow.

“But there are still many gaps to fill. Close to 70% of the health budget goes to salaries, yet the county needs more staff. There are 25 facilities that are still not operational and which need more human resources, equipment and supplies.

Dr Somow notes that advocacy by the UN H6 partners has resulted in an increase in the health budget from 16% to 23% of the total county budget.

“We need to be above 30% in order for us to fill the gaps,” he adds.

“The concerted efforts of the UN agencies in the H6 Program have had a tangible impact because it looks at both the hardware and software elements of RMNCAH service delivery.”

HIGHLIGHTS

12 Maternity units have been renovated between 2015 - 2018.

3 Hospitals have been equipped to provide Comprehensive Emergency Obstetric and Neonatal Care.

Skilled delivery increased from 18% in 2015 to 44% in 2018



Hospital Brings Hope, Joy and Life

A group of women chat quietly in the office of Dr Sadiq Omar Abidille, the medical officer in charge of the Habasweni Sub-County Referral Hospital in Wajir South.

Each woman holds a baby in her lap. All the babies were delivered by Caesarean section after the hospital's theatre was equipped and operationalized by the UN H6 Program in 2016. Before that, any complication during delivery would be referred to Wajir County Hospital, 100 km away on a rough road. Few mothers survived the journey.

"If we had not been able to operate on these mothers, it is very likely that either they or their babies, or both, would not be alive today," observes Dr Sadiq.

One of the women in the room, 28-year-old Maimouna Rashid, went into labor with her first baby in March 2013. She lives near the Habasweni hospital, but when she went there she was told that the baby's head was too big for her pelvis and she needed to go to Wajir.

"It was late in the afternoon," Maimouna recalls. "My husband hired a vehicle from town to take me to Wajir. The journey was very hard because the road was bad and I was in a lot of pain.

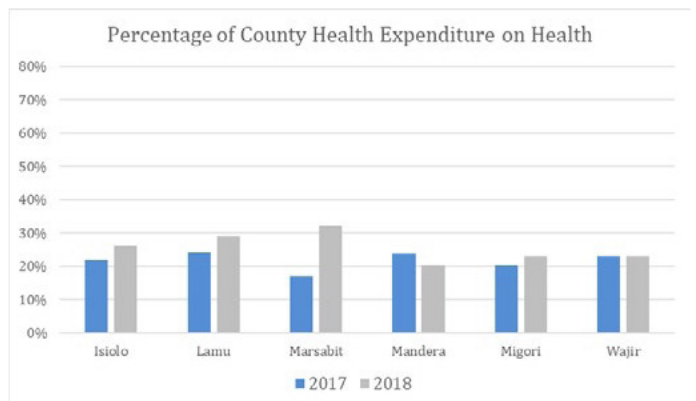
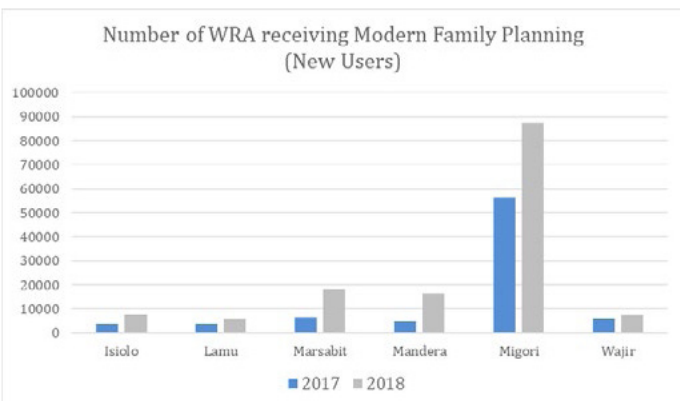
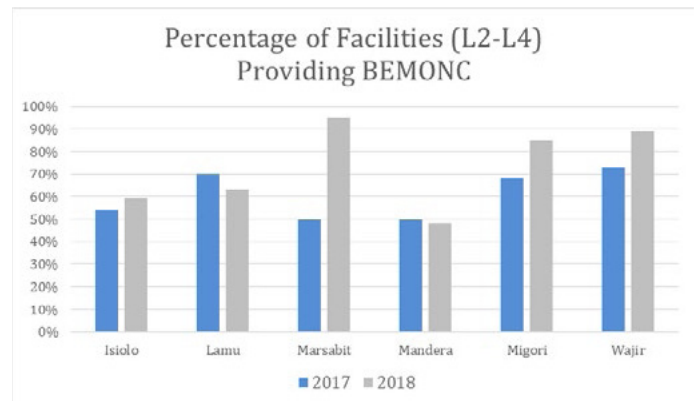
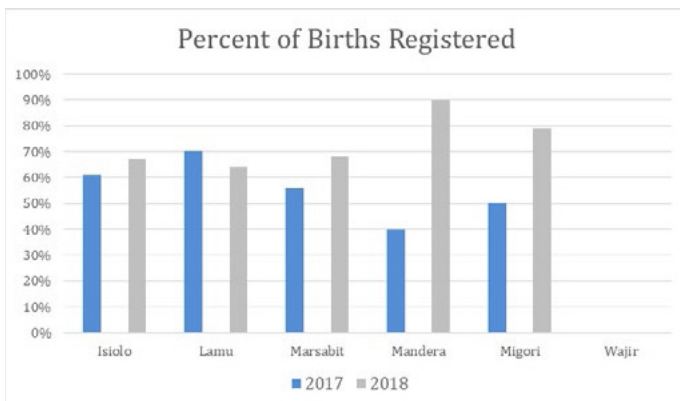
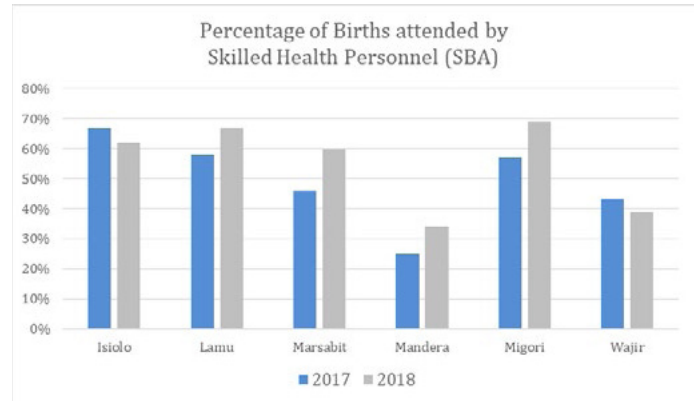
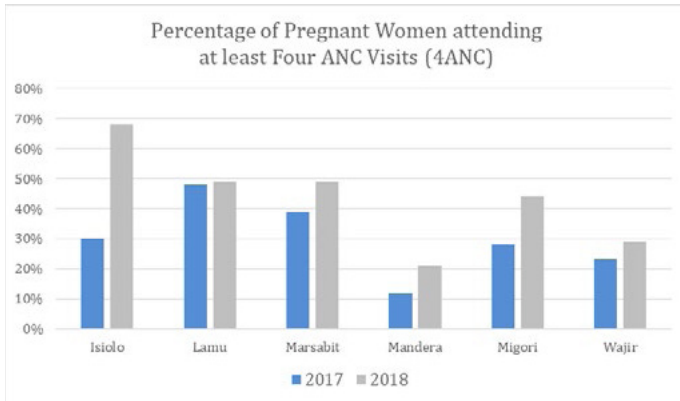
"It took a very long time. When we arrived I was taken to theatre and my baby was born. It was a terrible experience and I was very lucky to survive. I waited five years before I had another baby in January 2018."

"This time round I was very happy because I was able to get help at our hospital and I did not suffer."

According to Dr Sadiq, the improved capacity of the hospital has resulted in better health-seeking behavior by the community.

"The community now has confidence in our hospital. Most of the staff have received EmONC training and the county has sent us an anaesthetist. It makes me proud because I have the equipment and staff to be able to save lives and the community can benefit from my skills."

Progress at a Glance: Highlights of the Program Indicators



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