

FOR CHILDREN  
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# MATERNAL NEWBORN AND CHILD HEALTH PROJECT

2016-2018



REPUBLIC OF KENYA  
MINISTRY OF HEALTH



# ABOUT WORLD VISION

World Vision is an international Christian humanitarian organisation dedicated to working with children, families and communities to reach their full potential by tackling the root causes of poverty and injustice.

World Vision Kenya partners with communities, the Government, sponsors, donors and corporates to help realise its five year strategy (2016-2020) for transformational development. The five-year strategy focuses on improved livelihoods and resilience, child protection, education, health and access to water, sanitation and hygiene (WASH) for children and their families. Through our advocacy work, we enable the voices of children and their communities to reach decision-makers who have the power to change unjust policies and practices.

World Vision Kenya has vast program reach in Kenya with over 50 Area Development Programs (ADPs) - long-term development programs spread across 35 counties nationwide.

## *Vision:*

*Our vision for every child, life in all its fullness; Our prayer for every heart, the will to make it so.*

## *Mission:*

*World Vision's mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice, and bear witness to the good news of the Kingdom of God.*

## *Core Values:*

*We are Christian | We are committed to the poor | We value people  
We are stewards | We are partners | We are responsive*



## **LEARN MORE:**

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**Kenya**

# UNICEF SUPPORTED MATERNAL NEW-BORN AND CHILD HEALTH PROJECT

Implemented by World Vision

2016 -2018



## GOAL

To reduce maternal and neonatal mortality in Kenya, with particular focus on four counties that adds to the overall burden of maternal and newborn deaths. These are Homa Bay, Turkana, Kakamega and Urban slums of Nairobi.

## BACKGROUND

UNICEF has been implementing Maternal and New-born Health (MNH) projects, as part of a DFID initiative in a five-year programme in Kenya between 2013 and 2018. The DFID programme aims to reduce maternal and neonatal mortality in Kenya through increasing access to, and utilisation of quality maternal and new-born health services. Aligned with sector priorities and in close collaboration with national and local authorities and other development partners, the programme has the following key components:

- ② Scale-up training of health workers in emergency obstetric and neonatal care (EmONC).
- ② Health systems strengthening and demand-side financing, targeting the poorest women in 6 counties.
- ② Independent review to monitor progress against the indicators and milestones in the logical framework and annual work plans.
- ② Evaluation consisting of a total of 3 retrospective studies at the programme's end.

In 2016, UNICEF identified World Vision International, as an implementing partner for a Maternal, New-born and Child Health (MNCH) project in selected counties. The project runs from July 2016 to July 2018. It will be implemented as part of UNICEF's overall MNH programme and will complement efforts rolled out by the various partners. The interventions aim at increasing access and utilisation of basic maternal and newborn services, targeting women of reproductive age (15-49yrs), in selected high-burden disadvantaged counties (Turkana, Kakamega, Homabay and Nairobi).

The project will implement activities through the Centres of Excellence concept, a health systems strengthening model that sequences the elimination of supply and demand barriers for MNH service provision.

## RATIONALE / KEY ISSUES IN TARGET REGIONS

### ⓔ Agrarian (Homa Bay and Kakamega)

- ⓔ Inadequate integration of health services.
- ⓔ High HIV burden in both counties affecting general health outcomes in maternity and integration of services.
- ⓔ Inadequate lab services in the existing health facilities, reducing the ability of the health workers to offer complete MNH services.
- ⓔ Inadequate training of existing CHVs and CHEWs on community-based maternal and new-born care.
- ⓔ Lack of youth friendly RH services, in light of the high rate of child pregnancy in Homa Bay.

### ⓔ Nomadic Region (Turkana County)

- ⓔ Average walking distance to the nearest health facility is 50 kilometers, with less than 5 per cent of the populations living within two hours of a referral facility. Adding to this fact, not all health facilities provide delivery services.
- ⓔ There is less than optimum integration of health services to enhance coverage.
- ⓔ Most pregnant women have insufficient knowledge about the risks of child birth and thus do not plan for institutional delivery and/or, have preferences for delivering at home.
- ⓔ Almost 40 per cent of HIV+ pregnant women don't have skilled birth delivery, increasing the risk of infection for the new-born.

### ⓔ Urban (Nairobi)

- ⓔ Despite the existence of equipped facilities, insufficient healthcare workers contributes to overcrowding and overworked staff, which leads to patients being referred to other delivery facilities, such as Pumwani, Kenyatta National Hospital and Mama Lucy Kibaki.
- ⓔ Inadequate youth friendly Reproductive Health (RH) services, particularly for the informal settlements.
- ⓔ Higher out-of-pocket payments of MNH services, reducing accessibility of those services by the urban poor.

## INTERVENTION/ EXPECTED-RESULT AREAS

The Maternal New-born Health (MNH) Project, has three components that include Respectful Maternal Care (RMC), demand generation and social accountability. The programme will cover Nomadic (Turkana), Urban (Nairobi), and Agrarian (Homa Bay and Kakamega), contexts. The respectful maternal care component will be implemented in Nairobi, Homa Bay and Kakamega counties; and demand generation and social accountability in Turkana, Nairobi, Homa Bay and Kakamega counties.

These components are expected to produce three main results in targeted counties:

- ② **Result Area 1:**  
Increased utilisation of facility-based MNH services, due to implementation of Respectful Maternity Care.
- ② **Result Area 2:**  
Increased utilisation of MNH services through community-based demand generation activities.
- ② **Result Area 3:**  
Citizen Engagement in provision of MNH services is strengthened and maintained in Kakamega, Homabay, and Turkana and in selected, Nairobi sub-counties.

## IMPLEMENTATION STRATEGIES

- ② Work with Community Health Volunteers (CHV), building on the Community Health Strategy (CHS) and existing women and other social groups.
- ② Implementation of the nationally approved Community Maternal and Newborn Health module as part of Community Health Strategy.
- ② Integrate demand generation of MNH services, RMC and Social accountability in community dialogues.
- ② The project will also work with Faith Based Institutions (Christian and Muslim) for successful implementation of the project.
- ② In addition to the CHS within the nomadic areas, that is Turkana, the project will use Manyatta setting, informal locales where women meet and share information, targeting the influencers (which include elderly women) in such forums, to enhance acceptability of MNH messages.
- ② Specific to Nairobi, the project will engage the existing youth groups, set up in both the formal and informal settlements.

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