

# Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM)

## KENYA

**Program:** Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM)

**Donor:** Government of Canada through Global Affairs Canada

**Initiative:** Partnerships for Strengthening Maternal, Newborn and Child Health (PS-MNCH)

**Budget:** \$35,084,743; Government of Canada contribution: \$31,122,612

**Duration:** 6 years (2016 to 2022, including COVID-19 response)

**Target Countries:** Ethiopia, Kenya, Malawi, Tanzania, Senegal

**Consortium Partners:** Amref Health Africa in Canada, Children Believe (formerly Christian Children's Fund of Canada), SickKids Centre for Global Child Health, WaterAid Canada

The CAIA-MNCM program in Kenya was implemented in four sub-counties of Siaya County: Alego Usonga, Bondo, Ugenya, and Ugunja by Amref Health Africa in Kenya. Siaya county, one of six counties in the Nyanza region of Western Kenya, is characterized by high maternal, newborn and child mortality rates. The CAIA-MNCM program in Kenya had a significant impact both on improving health systems governance at the district government level and on key maternal, newborn, and child health (MNCH) indicators in local communities.

### **Policy influence and Health Governance Strengthening:**

From 2018 to 2022, Amref Health Africa influenced policy by playing an active role in the development of the County Integrated Development Plan, **specifically through its inputs of key health priorities and inclusion of community health volunteers in the budget.** This ensures that MNCH is considered at a county level and influences the availability, delivery and utilization of essential health services from a macro lens.

The Amref Kenya team partnered regularly with Kenya's Ministry of Health (MoH) and local partners to ensure a **holistic approach of other priority areas that would influence health outcomes directly**, which included implementing nutrition programs to address food diversification, engagement of government to

address agriculture and food safety net policies, and advocating for appropriate resource allocation to address human resource needs. These activities were undertaken by Amref in order to ensure progress towards decreasing neonatal mortality and underweight prevalence in children across the county.

### Health Impact:

Overall, in Kenya, significant progress was seen in several key MNCH indicators. **Program communities in Kenya saw a significant decrease in neonatal mortality when comparing statistics prior to program initiation.** Siaya county's Neonatal Mortality Rate was 19 deaths per 1,000 live births in 2014 and reduced to 10.9 per 1,000 live births in 2019. Similarly, the underweight prevalence for children under 5 was 7% in 2014 and 1.2% in 2019.

**The CAIA-MNCM program resulted in significant improvements in the utilization of health services and expertise of birth attendants;** the use of skilled attendants at delivery at baseline in 2016 was 59% (15-19 years) and 80% (20-49 years). By the end of the program, these rates had risen significantly to 92% (15-19) and 85% (20-49 years). The program was able to build community engagement and community accountability in Kenya, ultimately leading to the appropriate utilization of essential health services.

### COVID-19 Response Highlights

The COVID-19 response program in Kenya was implemented in seven counties in Western Kenya, including Migori, Homabay, Siaya, Bomet, Kakamega, Bungoma and Busia counties under the first phase of the program (extension 1), and Homabay and Migori counties in the second phase (extension 2).

Amref Kenya worked with the MoH to support its COVID-19 response plans in three key areas: health worker training; information dissemination and community engagement; and improved water, sanitation and hygiene (WASH) at the community level. Amref Kenya also coordinated its approach and activities with other local COVID-19 responses in targeted areas and ensured that there was coordinated and consistent messaging by following national strategies, as well as WHO guidance on Risk Communication and Community Engagement (RCCE).

Highlights of COVID-19 response program in Kenya include:

- **2,829 (M: 1312, F: 1517) health care workers and 18,255 (M: 5367, F: 12,888) community health volunteers were trained** on COVID-19 infection, prevention and control (IPC), Behaviour Change Communication (BCC), Maternal Infant Young and Child Nutrition (MIYCN), Sexual and Gender-Based Violence (SGBV) and psychosocial first aid in the context of COVID-19.
- **Over 32,000 beneficiaries were reached directly**, and 23.5 million people were reached indirectly.

- **15 Health Facilities were supplied** with PPEs which included 400 bottles of hand sanitizers, 2,000 reusable face masks, 28,000 surgical masks, and 42,000 hand gloves.
- **9 billboards were placed at strategic places in towns** and markets within the 7 counties to nudge community members to observe and practice IPC measures. The billboard campaign dubbed “Save me I save you’ contained three key COVID-19 prevention messages (wear a mask, wash hands, and keep physical distance) in local languages, Kiswahili and English.
- **1,104 youths (M: 572, F: 532) were trained on COVID-19 IPC** to clean marketplaces as well as disseminate COVID-19 information to the public through the ‘Safisha Mji’ (Clean) initiative. The youth were able to reach 11,070 (M: 7,230, F: 3,840) young people with COVID-19 IPC messages as well as sexual and reproductive health messages during the cleanups.
- **820 handwashing stations** branded with IPC messages were installed within 6 counties.
- **886 (M: 489, F: 397) youth were sensitized on SGBV** prevention and reporting and menstrual hygiene management (MHM).
- **727 (M: 372, F: 355) head teachers and teachers** from 200 schools from Migori and Homabay counties were trained on SGBV prevention and reporting, and MHM.
- **1,762 dignity kits were procured and distributed** to vulnerable girls from 96 schools in Migori and Homabay counties to reduce menstrual hygiene-related absenteeism and dropout.
- The program, in collaboration with the health departments, held **42 and 49 community dialogues in Homabay and Migori counties respectively**. The dialogue participants included the village elders, chiefs, and community members as well as HWs. A total of 7,420 (M: 2,520, F: 4,900) community members attended these dialogue meetings on SGBV messages and information on the process of reporting and accessing health services for SGBV survivors.