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BACKGROUND

- In the 80's and 90's Kenya's health indicators on maternal, newborn and child health (MNCH) declined
- Indicators in northern arid lands (NAL) Kenya are especially poor. For example access to skilled birth attendance (SBA) in Samburu County was 12% in 2012 compared to the National average of 60% (KDHS, 2014)
- APHIAplus IMARISHA program funded by USAID partnered with the Ministry of Health and Samburu County to establish maternal shelters so as to improve access to SBA.

DESCRIPTION

- Project initiated in late 2012. However the shelter was constructed later in 2013 following the discussions
- Discussions held with health sector and community leaders and health volunteers (CHVs) and community members on the importance of health especially MNCH for the general community wellbeing.
- Community sensitized on high impact interventions for MNCH including SBA such as antenatal care, skilled birth attendance and immunization
- Community health committee and CHVs trained on their roles in MNCH service provision
- Community prioritized to address access to SBA through construction of maternal shelter at the local health facility. The shelter acts as a waiting home for expectant mothers from far areas
- Health facility provided space while the community provided local materials and labour to construct the shelter fashioned along the traditional Samburu hut
- Health facility caters for the running costs of the shelters including feeding of mothers housed. This is done through financial reimbursements from the improved performance under the results based financing (RBF) scheme
- A standard operating procedure (SOP) for operation of maternal shelter was developed
- A register also developed and placed at the shelter to record and track utilization of the shelter.

LESSONS LEARNT

- Increased CHVs mobilization and referral of expectant mothers to shelters and health facilities
- 86% utilization of the maternal shelter by mothers
- 45% of deliveries at the health facility passed through the maternal shelters
- Increased access to SBA in the County from 17% in 2012 to 34% in 2015

- Exponential increase in average number of deliveries at the health facility was recorded
- Decreased maternal and newborn complications
- Improved financing at health facility through increased reimbursements to the health facility from the RBF.

RESULTS

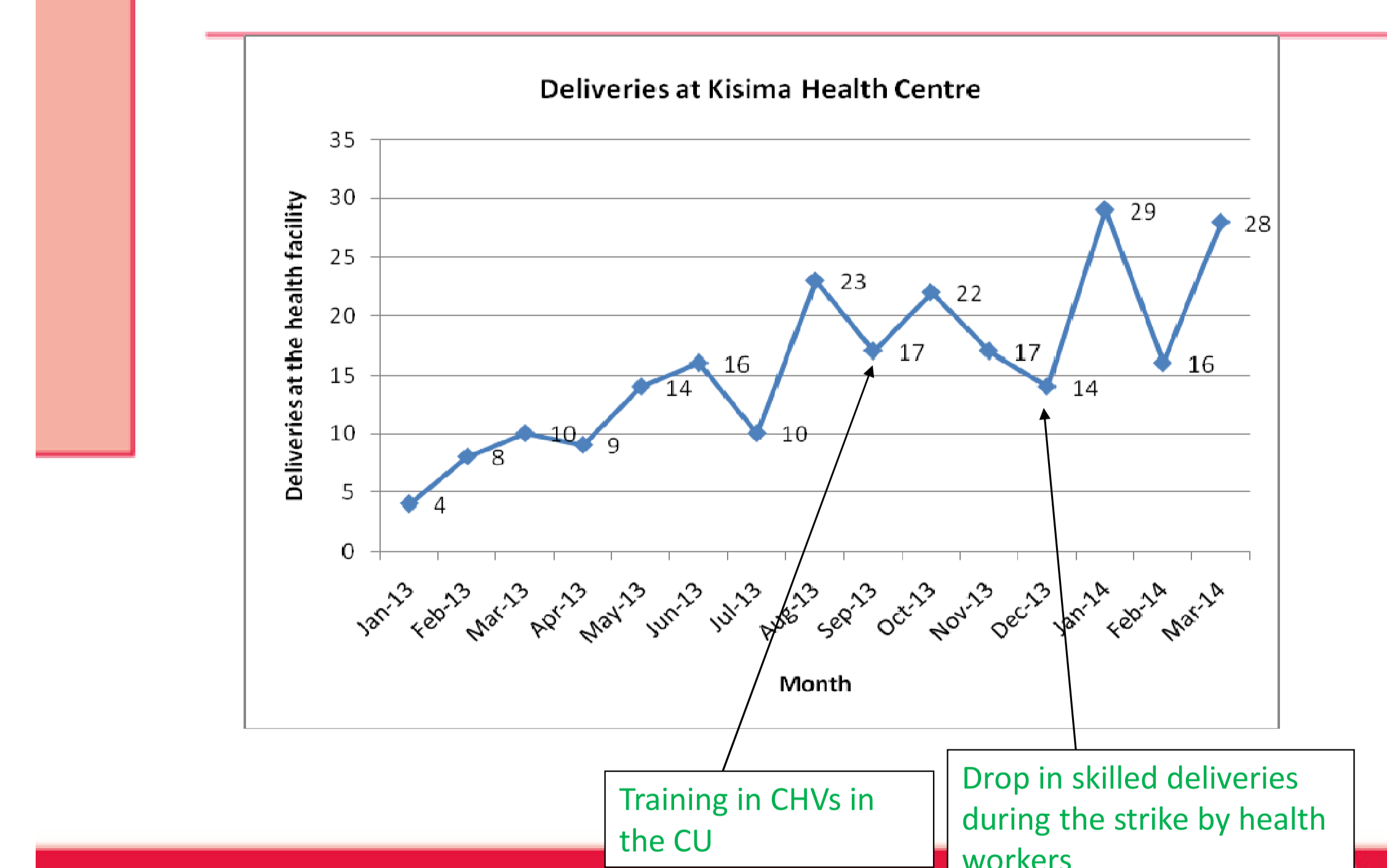
- Maternal shelters are an effective strategy to enhance access to SBA in the hard to reach areas
- Establishment of a maternal shelter should be led by and actively involve the community
- Community involvement enhances utilization and sustainability and thereby contributes to better access to SBA
- From the lessons learnt at Kisima, other maternal shelters are being put up in other areas so as to scale access to SBA.

Skilled Birth Attendance at Kisima Health Centre

Health Facility	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	Jul - Sep 2014	Oct - Dec 2014	Jan - Mar 2015	Apr - Jun 2015	Jul - Sep 2015
Kisima Health Centre 1	48	74	62	86	57	97	108	103

The maternal shelters were established / constructed in September 2013. See the trends below in the skilled deliveries

Chart 1: Increase in skilled deliveries in Kisima Health Centre



The pie-chart above presents perceptions about MHM



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