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**PROJECT TITLE: UZAZI SALAMA PHASE III****PROJECT BRIEF**

Project Period: March 2020-March 2021

Project Budget:

Partner: Amref Health Africa, PharmAccess Foundation

Target group: Women of Reproductive Age, Children Health Managers,

Region: Samburu County

**Background**

In the last six years, progress has been made in Samburu County on reproductive, maternal and new-born health (RMNH) outcomes. Funded by the M-Pesa Foundation, Amref Health Africa and PharmAccess Foundation have been implementing the *Uzazi Salama* project, in partnership with the county government.

The county government has attributed improvements in RMNH outcomes to, among other reasons, contributions from development partners in improving the quality of health service delivery and strengthening community health systems. *Uzazi Salama* is one such intervention, which was purposefully designed to address major demand and supply challenges in the delivery of MNH services. This has resulted in significant improvement of MNH indicators like: a 22% increase (from 34% to 56%) in health facility deliveries; 9% increase in immunisation and 6% increase in ANC<sup>1</sup>. These can be attributed to increased community education, capacity strengthening of health workers, as well as upgrading of health facilities to provide quality MNH services.

The last phase (March 2020 to March 2021) of the *Uzazi Salama* initiative implemented in the past one year was geared towards extending its engagement in Samburu County to **further improve maternal new-born health coverage** and **foster sustainability** of the health programmes at community, facility and county levels. The objectives of this phase were:

1. To improve access and utilisation of quality maternal and new-born health services through increased social accountability.
2. To increase programmatic, financial, partnership sustainability of the project initiatives.

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<sup>1</sup> Source DHIS (2015-2018)

## Approach

The following interventions were conducted by the *Uzazi Salama* project to achieve the set objectives:

- 1. Strengthen health financing for maternal and new-born health supplies and commodities in Samburu County:** During Phase II of the project, it was realised that capacity building of health workers without providing the necessary equipment and supplies was not sufficient in improving the quality of maternal and neonatal health services. Similarly, reliable supply of medical supplies and equipment requires adequate allocation of funds in the county health budget.
- 2. Sustain quality maternal and new born health service provision:** To achieve this, the project team sought to enhance county ownership for sustainability and embedded quality improvement using SafeCare.
- 3. Strengthen the referral system to improve uptake of maternal and new-born health services:** Poor infrastructure and lack of ambulance services have been cited as a major impediment to access of health services in the county. To bridge this gap, the project worked with the county government in revising the ambulance policy. An evaluation of the current gaps to inform the next course of legal framework was initiated and the process has been taken over by the county.
- 4. Strengthen accountability to ensure health commitments are fulfilled:** The *Uzazi Salama* project has been working with the county government to ensure that maternal and new-born health priorities are included in the County's Annual Operational Plans (AOPs) for increased accountability in ensuring successful implementation of its health plans. The project also worked with communities and other civil society organisations (CSOs) to strengthen social accountability to ensure the government stays committed to the provision of quality MNH services.

## 1.0 COVID-19 Response Activities

The following activities were implemented as per the work plan:

carried out through a public address system in areas where with no radio coverage. Due to hesitancy to visit health facilities for MNH services due to fear of contracting COVID-19 in the health facilities, it was important to allay the fears through community sensitisation. There was, however, a challenge in ensuring all community members adhere to COVID-19 prevention protocols. Some community members are still in denial on the existence of COVID-19, hence do not adhere to the use of masks, sanitizing and social distancing guidelines. Community Health Volunteers are, however, playing a crucial role in continuously educating the community and demystifying the myths. Approximately 50,000 people were reached with these key messages.

On radio, one talk show was held at Serian FM to continuously promote COVID-19 awareness and prevention and encourage the community to keep accessing health service



Picture 3: Health Workers at Loosuk health center being enrolled for an eLearning COVID-19 Course

**Delivery of targeted key messages for CHVs through Leap on COVID-19 and MNCH:** SMS messages were developed in

in conjunction with County Health Promotion Unit. (see excerpt on the tested messages). The messages were customised for CHVs to ensure MNH services continuity. The messages were blended with content on COVID-19 and MNH. The messages were deployed to all the 1,200 CHVs in the county, using the Amref Leap platform. CHVs used their basic phones to access, chat and educate the community on MNH and COVID-19 prevention.

**b. Training/Capacity Building of the health workforce on COVID-19 through Leap and Jibu platforms**

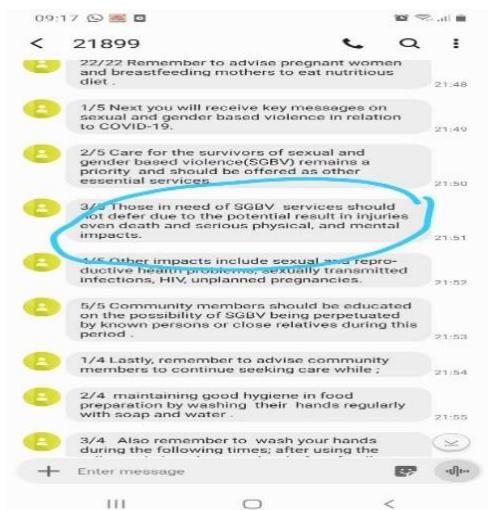
i. The project supported capacity building of community health assistants (CHAs) and Community health volunteers (CHVs) on COVID-19 through Leap. This was done in partnership with the Mastercard foundation project, where a total of about 60 CHAs and about 700 CHVs trained. The course covers four modules which the CHVs are currently taking.

- ii. During visits to the health facilities, HCWs were enrolled on the online COVID-19 course for health workers. was done through the Amref Jibu platform.



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Picture 4: COVID-19 messaging on one of the CHV's phones using the Leap platform

## 2.0 Objective 1: To Improve Access and Utilisation of Quality Maternal and Newborn Health Services through Increased Social Accountability

### Strategy 1: Strengthen Health Financing

#### Activity I: Train HFMCs, CHVs and CSOs on public participation

After preliminary meetings and consultations, a draft training package was developed, finalised, digitised, and rolled out. Four training sessions were carried out for various stakeholders at sub-county levels - Samburu East and Samburu Central and Samburu North. A total of 64 key stakeholders - MoH Officers, CHVs, 9 CSOs, the Health Facility Management Committees (HFMCs), and local administrators (Ward Administrators, Senior Chiefs, and Assistant County Commissioners) - were trained. Discussions during the training, which was carried out in partnership with the Ministry of Finance, ICT and Economic Planning Discussions, highlighted the need to improve public participation process in the county.

From the training, it was clear that there is need for more capacity building to target village administrators, more CHVs, village elders and other community members on social accountability.

This [https://youtu.be/4GSFT\\_ePb1Y](https://youtu.be/4GSFT_ePb1Y), is a clip from the training, which was featured in the media for increased publicity. This training can also be used for other CHVs across the country to strengthen social accountability in the health and other sectors.

### Strategy 2: Quality Improvement

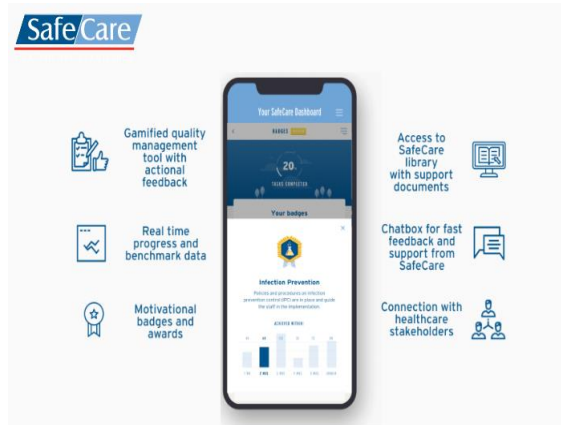
#### Activity II: Train and refresh six county quality official champions on quality improvement

The project engaged Samburu County to identify six quality champions who were later trained on SafeCare methodology. The three-day training targeted health workers drawn from various clinical sites. After the training, trainees were guided through assessments of six health facilities in Samburu Central. Assessment reports and quality improvement plans were generated and shared with the health facility teams. The trainees were also given credentials to access the SafeCare system, which will enable them to continue mentoring the facility in-charges on self-assessment as well as monitor the implementation of the facility quality improvement plans.

**Activity III: Validation visit I & II for 12 health facilities:** These were carried out remotely, instead of in-person as originally planned, due to the COVID-19 pandemic.

**Introduction Safe Care quality dashboard/platform:** A total of five health facilities were aligned to the SafeCare quality

dashboard/platform. with follow up being done remotely. Although this has been achieved, there have been



challenges in having successful calls with the facilities during the follow ups. The Platform is an interactive quality-management tool which complements the technical assistance received from the safe care team and helps to motivate and incentivise healthcare facilities to improve their services. Based on the challenges faced on a weekly basis, which included connection to examples of best practice, connection to the assessors, and access to real-time progress information, this digital solution will provide a real-time path towards

quality improvement.

As a result of the delay in carrying out safe care assessments due to the COVID-19 pandemic, Safe Care 19, which is a digital facility self-assessment tool, was implemented. This is a guide for facilities on what needs place already as they monitor the situation. If all the recommended guidelines are complied with, the facility ready to deal with potential COVID-19 suspected and cases.

A total of 25 health facilities have already used the tool, automated improvement plans shared with respective dashboard has been developed and will be shared with

and sub county heads. Downloadable, printable, resources for healthcare facilities and their patients specifically for the COVID-19 pandemic <https://www.safe-care.org/resources> have also been shared.



Picture 5: COVID-SafeCare Preparedness tool assessment rolled out to all facilities

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### Strategy 3: Multisector Supportive Supervision

#### Activity IV: Quarterly Multisector Supportive Supervision

The project rolled out joint supportive supervision across the whole county. The activity was rolled out in 80% of all the health facilities across the three sub-counties. Participants in the activity included directors and officials from Ministries of Finance, Public Works, Water, Lands and the county health leadership. During the activity, the role of each department was defined more clearly. The inclusion of the different sectors is key to ensuring synergies and leveraging on resources for effective service delivery. Participants noted that:

1. Planning is uncoordinated in the various county departments. The multisector supportive supervision therefore provided an opportunity to identify and leverage activities.
2. Key departments do not have a copy of department of health's annual work plan neither is the health department aware of the work plans of the other departments.

The final round included a dissemination of the supervision report. Participants included leadership from Ministries of Finance, Public Works, and county health department. Some issues agreed upon included:

1. An inspection team composed of public works, health and a structural engineer will be formed to visit the health facilities in the worst state.
2. The health service delivery gaps identified in the report will be captured in the next Annual Work plan and budget (2021/2022 FY) as areas of priority. The other departments will also consider doing the same.
3. A forum with Chief Officers from the various departments will be set up to institutionalise the activity.

The project handed over the reports to the leadership of the health department for follow up and actualisation.



Picture 6: A multisector supervision visit with other department filling in data collection tools



Picture 7: Assessment of functionality of equipment and infrastructure at Loosuk Health Centre.

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### Strategy 4: Referral Transport

#### Activity V: Revive and Operationalise 10 Ambulances

One of the key project areas of focus was advocacy for operationalisation of 10 ambulances which had stalled for a long time. By the end of the project the 10 ambulances had been operationalised by the county activity. The operationalisation of two ambulances were as direct result of the project's advocacy efforts through trained health facility management committees under the PDQ activity.

**Success Story:** Since the commissioning of the ambulance at Marti, two lives have been saved. A young girl from Baragoi with a serious heart condition was successfully referred and transferred to Kenyatta National Hospital where she received treatment and is now stable. A woman, residing in Marti area of Samburu North, of reproductive age had fistula. She was successfully referred to Moi Teaching and Referral Hospital, where she received surgery and is now in stable condition too. The community and Samburu North sub county team is very appreciative and continues to support the initiative.

#### **Activity VI: Advocacy to allocate and ring fence ambulance maintenance funds**

**Facilitate finalisation of ambulance policy/bill:** Owing to a gap in a strong legal framework for ambulance administration and management, the project supported the revision of the current policy. The project co-created a framework for the assessment and evaluation of the policy with the county. The assessment's target population included the county health leadership, transport officers, sub-county medical officers of health, health facility in-charges, CHVs and community beneficiaries of ambulance services, among others. The policy is meant to streamline management of ambulances in the county and improve efficiency of referrals. One key challenge has been lack of resources to complete the activity. However, finalisation of the review of the policy has been transitioned to the county, and this has been captured in the next Annual Work plan and budget (2021/2022) for the county.

### **3.0 Objective 2: To Increase Programmatic, Financial, Partnership Sustainability of the Project Initiatives**

#### **Strategy 5: Social Accountability**

##### **Activity VII: Hold Social Accountability Forums**



Picture 8: H.E President Uhuru Kenyatta attending the Kisima Declaration by 40 Elders drawn from 6 critical mountains of Samburu as far as Marsabit. The declaration is a great step towards eradication of FGM/C

The project held eight social accountability forums at sub-county level - Samburu East, Samburu North and Samburu Central. The forums brought together interdepartmental stakeholders including health and other players in health service delivery, such as the provincial and county administration, social services among others. Approximately 1,011 people were reached. During the forums, the project team asked the stakeholders why indicators were improving slowly, despite the huge investments that have been made. The stakeholders indicated that the sustainability of programmatic indicators is

challenged by inconsistent functionality of Community Units (CUs) and demand creation activities. As gate keepers at sub-county level, it was agreed that since the challenges causing sub-optimal performance of RMNH progress were now clearer, they will engage appropriately in public participation and advocate for the missing links to be addressed. One of the forums was a public participation forum to review the county fiscal strategy paper for Samburu Central.

**Anti-FGM Declaration by Samburu County Elders:** The project participated in this historic event that drew a total of 40 elders from the nine clans of Samburu County coming together to declare that not undergoing FGM/C is not a curse and to bless uncut girls. FGM/C, one of the retrogressive cultural practices, is a major contributor to school drop outs and early marriages among girls, subsequently leading to maternal birth complications. The event was officiated by H.E President Uhuru Kenyatta as the Chief Guest. See link (<https://youtu.be/Jg51HhLDh4A>) to the newsbyte, which was aired on NTV.

### Activity VIII: Implementing the PDQ model in 25 health facilities

The project rolled out the PDQ model in 26 health facilities, surpassing the target of 25. The model involved an audit of factors that hinder performance despite health investments to the health facilities, to the community level, and holding everyone accountable on actions required of them. It identified action points and "Quality Improvement Teams (QIT)<sup>2</sup>" were formed to follow up.

The follow up activity involved a review of action points by the various QITs, which determined that the local health facility management committees and local administration are able to



Picture 9: A PDQ session at Sereolipi Health Centre in Samburu East, during which it was determined that demand creation was low due to a high number of inactive CHVs

<sup>2</sup> The QIT is a Multisector team that looks at quality. It includes the Village Admin Chiefs, Health Facility Management Committee and CHVs. This is different from the QIT at the health facilities, which is made up of health workers implementing Safecare/KQMH.



take charge of their own health. The PDQ committees in some sites like South Horr were able to approach and follow up on their action points, for example engaging the MCAs to have local roads to the health facility repaired. The project learnt that the local established PDQ committees required more capacity building and material support to implement their action plans. To increase sustainability and continuity of this initiative in Samburu East, the project capacity built and partnered with a local CBO (SAIDIA). Local CBOs will ensure continuity of this activity in the areas/facilities not covered by *Uzazi Salama* project.

This model has received significant acceptance as an innovation for social accountability and project sustainability, the model presents an opportunity for scale up and documentation. [Here](#) is a link to sample reports with action points being implemented by various QITs.

#### Activity IX: Train CHVs on Social Accountability and Public Participation through the Leap Platform

The project rolled out training on social accountability and public participation to a total of 489 (98%) out of a targeted 500 CHVs. The course has four topics/modules: Forms of Introduction Accountability, Social Accountability Mechanisms, Public Participation, and Stages of public of Participation. Prior to training, a training manual was digitised converted to distance learning which was then deployed to the CHVs. A completion rate of about 34%<sup>3</sup> has been achieved among the CHVs. The course was also rolled out to five CSOs, whose completion rate is at 84%. This could have been occasioned by the level of education of CSOs relative to that of CHVs.

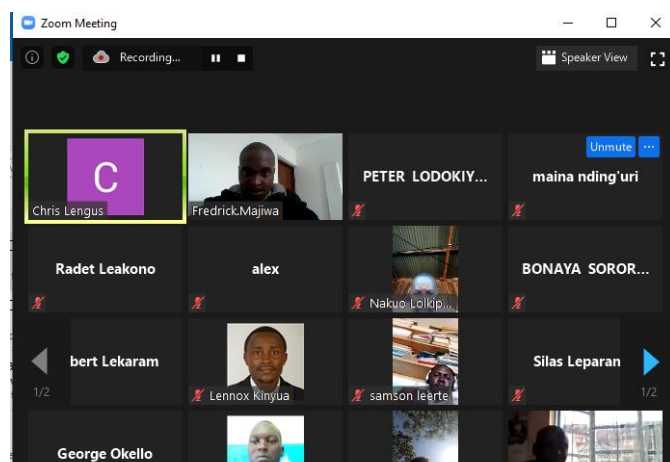


Picture 10: Social Accountability training going on in Loosuk, Samburu Central.

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<sup>3</sup> Source: Leap System - Reported as at 26<sup>th</sup> April. This is still ongoing to accommodate the varying pace of learners

## Activity X: Hold Health Stakeholders Forums.



The project facilitated three county health stakeholder forums during the quarters of April-June 2020, July-September 2020, October-December 2020 and January-March 2021 period. The forum was attended by about 40 participants drawn from various county health programme leads and other development partners. The quarterly meeting included presentations by various programme areas (RMNCAH QI, Community Health, Mental Health, HIV, among others. Achievements and

county health status were presented and the two-day meeting determined that there are data quality concerns, where not all outputs, and achievements, are being reported. This has since been taken up by the various county programme officers. For instance, a new form of DQA with revised tools is being developed by the county M&E office. Other actions that have emanated from these forums include reactivation of technical working groups (TWGs), uploading of key planning documents onto the Samburu County government website among others. With the phase out of the *Uzazi Salama* project in March 2021, and having been adopted as way of holding stakeholder's forums going forward, the county health department is resource mobilising to ensure continuity of the practice

## Activity XII: Hold and Support Data Review Meetings and Data Quality Audits

The project targeted four data review meetings. A total of five key data review meetings were held, which focussed on various advocacy aspects. These included reviews of Maternal Perinatal Deaths, Community Health Data, county RMNCAH indicator performance, and Annual Review (APR).

a) *The project spearheaded the County Progress Review meeting.* The forum involves FY 2019/2020 performance per indicator and Budget allocation for the year was also and bottlenecks identified. In attendance

### **Notable Achievement**

After continuous engagement with the county, the following initiatives have been included in the FY 2021/2022 work plan and budget as priorities:

1. Purchase of mother baby packs
2. Installation of an ambulance call centre
3. Review and strengthening of the ambulance policy
4. Funding to CHS Bill/stipend for CHUs.

This achievement signifies success in sustainability of the *Uzazi Salama* initiatives.

Progress

Annual review of budget. reviewed were

CHMT, Finance Department (Head of budget) and other implementing partners. The meeting revealed that budget tracking is weak and needs to be strengthened. Furthermore, the template used by Treasury to report expenditure was not congruent with that of the Annual Work Plan. [Here](#) is the link to the draft report currently being reviewed.

b.) *The project attended the County Commodity (Security) Technical Working Group meeting.* Present at the meeting was the Director Health, CHMT and other development partners. During the meeting, it was revealed that there is a lot of discrepancy in commodity reporting and actual stocks, therefore causing frequent stock-outs in the health facilities. Furthermore, there is need for more automation of data management of commodities.

Three data review meetings were held on maternal and perinatal death surveillance. The main purpose of the meetings was to review maternal and new-born deaths that had happened over the last three months. Root causes of the new-born deaths were of most concern since maternal deaths had subsided considerably, with only two cases having been

reported in the year. It was reported that 63% of new-born deaths occurring in the county referral hospital were from peripheral facilities, while 37% were from Baragoi. The key immediate causes were due to asphyxia, excess bleeding, and unligated cords. The reviews highlighted key issues as the delayed decision to seek skilled delivery services, the late onset of ANC given the ages of the mothers as seen in Baragoi where majority of the mothers were aged below 20 years, among others. During the meeting, it was agreed that there is need to hire a paediatrician, not only for the New Born Unit (NBU) in Maralal, but also at Samburu county referral hospital. As a result of this review discussion, recruitment has been prioritised by the county. Similarly, it was also agreed that there is need to operationalise the Baragoi theatre to minimise deaths due to challenges with referrals to Maralal, which is 106 Kms from Baragoi. Liaison with Gertrude's Foundation has also been facilitated to provide the specialist care needed. Further, *Uzazi Salama* will be seeking to support operationalisation of the Baragoi Sub County Hospital theatre in the anticipated scale up of Phase IV.

### **Activity 12: Support Radio and Media engagements:**

As part of advocacy for the adoption of MNH initiatives, the project conducted awareness creation through various media channels. Four media campaigns were carried out, reaching approximately 200,000 people with relevant MNH messages. Two local radio media engagements were held through spot messages on local radio station Serian. Due to the ongoing male circumcision season, which typically results in a higher number of marriages, the messages developed and broadcasted were on the need for early initiation of ANC services by the newlyweds. A talk show on the uptake and sustainability of MNCH outcomes



Picture 11: Engagement with media during the first meeting with MCAs (health committee)

in the county was also held. The radio spots are still ongoing and are being used for sensitisation beyond the project period. KTN News covered discussions on the CHS Bill by members of the County Assembly of Samburu who unanimously supported the Bill. Here is a link to the newsbyte feature <https://youtu.be/LNIEjvkvUUI>

## **Other Activities**

### **Project Scale-up**

The lessons learnt and successes realised in this and previous phases of the project informed the design of a scale up of the project in Samburu and other counties. Several critical co-creation meetings, both virtual and in-person, were held with county teams, during which lessons from the Samburu experience formed a huge part of the scale up proposal.

## M-Pesa Foundation and Gertrude's Foundation Visit to Samburu

The project hosted the *Uzazi Salama* programme review meeting in Samburu with attendance by the M-Pesa Foundation and Gertrude's Teams. The team visited health facilities both at county and peripheral level. The review meeting was held at Samburu Guest house, to discuss the progress of the project. The meeting reported achievement of the key performance indicators. The team agreed to improve on documentation and ensure reporting of the outcomes level indicators achieved.



Picture 12: M-Pesa Foundation Team and Gertrude's Foundation visit to Samburu, at Loosuk Health Centre

## Lessons Learned

1. The achievement of sustainability is a gradual process and requires more than a 12-month engagement with the county. There is need to embed these efforts at the start of any project.
2. Full implementation of the PDQ model in the health facilities is a high impact intervention in ensuring community participation in taking up corrective actions.
3. Multisector support supervision is a feasible model that other departments can adapt to ensure a whole holistic (sector-wide) approach to health and development challenges in the county.

## Conclusion

In conclusion, the project met the objectives of this phase. Success has been realised having managed to implement all the planned activities within the set project period.

Key achievements were realised in having done capacity building of various target groups of leaders, roll out of three social innovations (PDQ Model and Multisector Supportive supervision, automated Self-Assessment Quality of service dashboard) and fostered social accountability.

The main aim of the project was to entrench sustainability programmatically and financially. In comparison to baseline values (2018), the project realised sustained maternal health outcomes with others improving. The number of 1<sup>st</sup> ANC visits and 4<sup>th</sup> ANC visits maintained while skilled deliveries increased. The child health indicators were greatly affected the COVID-19 pandemic where fully immunised children reduced a little. Family planning rates maintained pace but the report shows a declined due to disjointed reporting owing to a revision of the national reporting tools.

After engaging in budget advocacy, key *Uzazi Salama* initiatives have been taken up and prioritised in the next annual work plan. Maintenance costs for the renovated and constructed health facilities have been included in the budget. Mother and baby packs, and the cost of reviewing the ambulance/referral strategy have also been taken up. To foster sustainability of community health units, to maintain community education, a bill to ensure CHVs will paid a stipend is currently in at the county assembly for endorsement. Further, the county recruited new Community Health Assistants who were deployed to all Community Units (CUs) established by *Uzazi Salama*. This was posing a gap in sustainability of the CUs. PDQ model and multisector support supervision have also been taken up by the county and included in the next annual work plan and budget.

## References

Ministry of Health, Kenya Health Information system

## Acknowledgement

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