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Maternal and Child Survival Program

MCSP Kenya Program Brief
Child Health

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MCSP staff show a caregiver how to administer ORS to a child with moderate dehydration at Chemolingot sub-County Hospital in East Pokot. Photo credit: Rammah Mwalimu/MCSP

Goals

At the facility and community levels, the child health component of MCSP Kenya Program addressed the top three causes of under-five mortality – diarrhea, pneumonia, and malaria – by focusing on improving quality and availability of lifesaving services and treatments, including oral rehydration solution (ORS) and zinc, antibiotics-Amoxyl, and Artemether Lumefantrine (AL)/Artemisinin-based combination therapy (ACT). MCSP's child health work builds off the foundation laid under the Maternal and Child Health Integrated Program (MCHIP) that began in October 2009, and has worked in 17 sub-counties across Migori, Kisumu, Meru and Baringo counties.

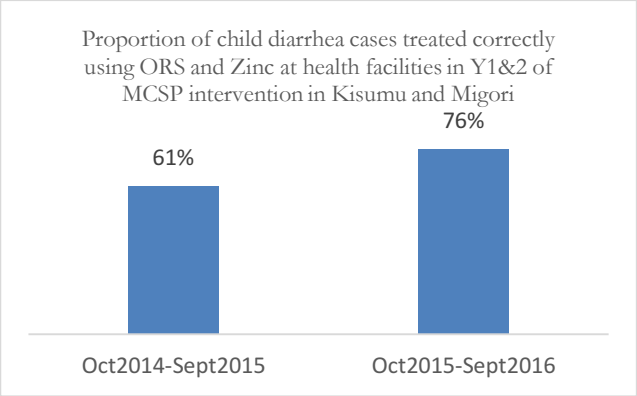
Program Approaches and Strategies

- **Strengthened primary level healthcare providers' knowledge, skills, and practices of Integrated Management of Childhood Illness (IMCI) service provision:** Leveraging the existing pool of experienced county and sub-county IMCI trainers, MCSP trained IMCI facilitators in administering the IMCI mentorship tool, its analysis and provision of feedback to healthcare workers. The program further facilitated mentorship of health care workers to provide correct treatment and increase coverage of life saving interventions. The Program also worked with the county Ministry of Health (MOH) to further institutionalize the mentorship approach by advising on the development of a county IMCI mentorship model. The model outlines key competencies required of service providers and uses an adapted WHO supportive supervision checklist to help mentors assess and address gaps in service providers' knowledge, skills, and practices. It is now part of activities included in the annual work plan of the Counties.
- **Invested in effective approaches to improve health facility readiness for management of diarrhea, pneumonia and malaria.** Following the baseline facility assessment that identified gaps in availability of functional ORT/DOT corners, MCSP procured and distributed equipment to 155 facilities in Kisumu and 160 facilities in Migori (e.g., graduated measuring jugs, cups, spoons, infection prevention containers/buckets, hand washing water stands and Trays) to revitalize ORT corners which would support sick child rehydration and caregiver education/counselling. Additionally, the Program printed, distributed, and oriented facility-level service providers on the Kenya Diarrhea Disease Prevention and Control Guidelines, information, education and communication (IEC) materials(e.g., diarrhea job aids) and standard ORT component posters. These resources support quality service provision to increase coverage of ORS and zinc.
- **Enhanced data quality through data review, quality audits, and mentorship:** To facilitate data-driven decision-making and prioritization of commodity support at the county level, the Program helped close data gaps relating to diarrhea, malaria and pneumonia by mentoring MOH staff on transferring IMCI case treatment data from the source document (under 5 morbidity register - MOH 204A) to the summary tools (MOH 705A) and, eventually, into the District Health Information Software (DHIS2). During this process, MCSP technical staff and MOH IMCI mentors uncovered key challenges to collecting/recording- high-quality data; e.g. there has been underreporting of children treated with ORS and Zinc, misclassification and under-reporting of children under 5 with pneumonia as URTI in DHIS, erroneously inflating URTI cases, incorrectly interpreting data fields and ineffectively using support staff to document data. Therefore, on a need-basis, the Program supplemented the data quality improvement process with data reviews and data quality assessments to ensure improved quality of data outputs for overall child health program management.
- **Developed and disseminated new policies and guidelines for child health:** In collaboration with national level partners, UNICEF, PATH, Nutrition International, WHO, CHAI, PS Kenya and MOH's Neonatal Child and Adolescent Health (NCAHU) Unit, MCSP provided technical support in development of the national 'Child and Adolescent Health Policy' to guide the child health agenda towards achieving the Country's national and global child survival targets. These stakeholders also worked with MCSP to revise the 'National IMCI Guidelines for service providers' which now includes the latest World Health Organization (WHO) guidance on revised classification and treatment of Under 5 pneumonia using Amoxicillin dispersible tablet. The Program supported dissemination of the revised childhood pneumonia treatment policy guidelines to county & sub county Managers and service providers, thus updating their knowledge, skills and practices to manage correctly children with cough.

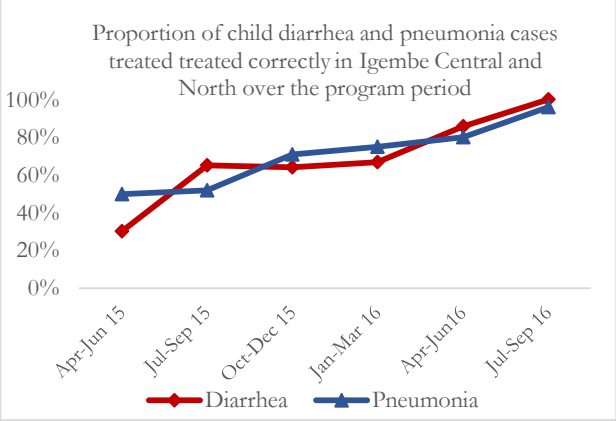
Key Results and Findings

Results

- **Improved coverage of ORS and Zinc in Counties by 15%:** From October 2014 to September 2015, MCSP strengthened ORT Corners in 303 of the targeted 330 facilities (92%) and supported two facilities per sub-county to reach national standards for ORT Centers of Excellence. In 2015/2016, MCSP procured ORT equipment, IEC materials, and job aids for 315 facilities in Kisumu and Migori counties. These activities improved coverage of zinc and ORS by 15% at County level.



- **Introduced iCCM in two hard-to-reach sub-counties of Migori:** MCSP trained 14 trainer of trainers (ToTs) at the county level in iCCM in Migori County and 39 CHVs from three community units. Due to MCSP advocacy on County health financing, the county MOH set up coordination structures and funding to ensure the availability of commodities, CHV mentorship on the use of community tools and system of quality assurance beyond the Program.



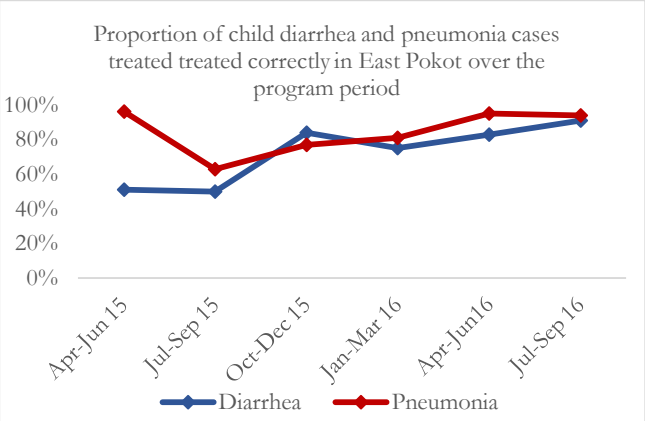


Figure 2 (above). IMCI Mentorships helped service providers correctly treat children for diarrhea and pneumonia, reaching nearly 100% in East Pokot and Igembe North & Central by September 2016. Low numbers of children treated correctly for pneumonia in East Pokot in July 2015 – September 2016 can be attributed to antibiotic stock outs.

- **Adapted and implemented an IMCI mentorship approach for Migori and Kisumu:** A total of 934 HCWs were mentored in IMCI in Kisumu, Migori, East Pokot and the Igembes with a minimum of two maternal and child health staff per facility mentored & trained on IMCI as per MOH IMCI guidelines.

Findings

- **A three-pronged strategy to IMCI introduction strongly influenced correct case management of diarrhea and pneumonia at facility level.** This strategy included dissemination of revised treatment guidelines; IMCI trainings and mentorship, supportive supervision and data quality audits. This led to HCWs managing children correctly with ORS and Zinc, Antibiotics for Pneumonia and ACT for malaria, improving coverages.

- **Stock-outs and erratic commodity supply disrupt the effectiveness of IMCI training on treatment coverage and overall service provision.** During MCSP implementation, facilities were not able to continuously dispense ORS and zinc and antibiotics to sick children; thus, affecting overall coverage. In mitigation, MCSP advocated for use of social media via the WhatsApp forum in tracking commodities, where Facility in-charges provided commodity status updates and identified over and under stocked facilities to facilitate redistribution.

Recommendations

- **Mentorship using a WHO adapted IMCI supervision checklist supports health service providers' compliance with IMCI guidelines**. The IMCI supervision checklist defines core competencies that Mentors can use to evaluate service providers against and provide one-on-one mentorship to ensure fidelity to these guidelines.
- **Clearly defined deliverables for IMCI mentors helps hold them accountable for mentee knowledge, skills, and practice results during service delivery.** These defined deliverables are especially important when considering "at scale IMCI mentorship" as in Migori and Kisumu. The Mentorship team used the IMCI mentorship checklist to come up with deliverables to measure themselves against; these are deliverables also linked to the Child health's program's goal(s).
  Empowering Community Health Assistants and facility in-charges to work together is critical to the success of iCCM implementation. This collaboration helps strengthen facility – community linkage that drives successful community level implementation; a case in point being scheduled data consolidation, reviews, corrections and documentation by both CHVs and CHAs, CHV mentorship sessions and working to strengthen referrals together. Additionally, CHV, CHA s and facility staff record keeping of Tools and commodities used in the community thus ensuring a status update of commodities and community service delivery tools.