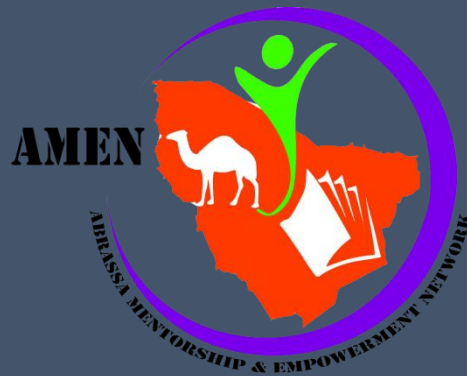


Abrassa Mentorship and Empowerment Network (AMEN-Kenya)



SAVE A MOTHER INITIATIVE PROJECT IN MARSABIT COUNTY OF KENYA

End of Project Evaluation Report.
February 2019- February 2021.

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LIST OF ACRONYMS.

AMEN KENYA	Abrassa Mentorship and Empowerment Network Kenya
ANC	Ante-natal Care
CBHIMS	Community Based Health Information Management Systems
CB-MNCH	Community Based Maternal New-born and Child Health
CHAs	Community Health Assistants
CHCSFP	County Health Community Strategy Focal Person
CHMT	County Health Management Team
CLC	Community Life Centre
CHV	Community Health Volunteer
CU	Community Unit
ECD	Early Childhood Development
ECDE	Early Childhood Development Education
FP	Family Planning
HII	High Impact Intervention
IEC	Information Education and Communication
KDHS	Kenya Demographic and Health survey
LICs	Low Income Countries
MMR	Maternal Mortality Ratio
MNCH	Maternal, New-born and child Health
RMNCAH	Reproductive Maternal, New-born, child and Adolescent Health
TWG	Technical Working Group
SCCHSFP	Sub-county Community Health Strategy Focal Person

ABOUT AMEN-KENYA

ABRASSA Mentorship and Empowerment Network (AMEN-Kenya) is a community-based organization registered in Kenya with the aim of transforming lives through participatory approaches that empower people. With the aim of creating a healthy & informed society where people thrive in harmony with themselves and their environment.

AMEN-Kenya works with the government, local communities and like-minded partners to drive a social transformation agenda. We aspire to engage local talents and experience to make the best out of communities we serve. We recognize that however poor people are, they wake up to work every morning to provide for themselves, their families and the community to the best of their capabilities.

We understand that this dream and effort is at times undermined due to desperate situations that they face including poverty, marginalization, lack of opportunities and poor health among the many others. Together with other development partners, government and communities, ABRASSA continues to address these many challenges and contributes to better welfare for the people and communities

Vision:

A transformed, empowered and productive society where everyone can meet their basic needs

Mission:

Working with most vulnerable people to build a responsible society by imparting values, life-skills, integrity and professionalism to teenagers, youth, and young career graduates uplift their living standards through participation and innovative solutions to their development needs

Core Values:

1. Professionalism
2. Humanitarianism
3. Accountability
4. Stewardship

EXECUTIVE SUMMARY

Abrassa Mentorship and Empowerment Network (AMEN-Kenya) partnered with the County Government of Marsabit with support from Philips Foundation to implement the Project ‘*Save a Mother Initiative*’. ABRASSA Mentorship and Empowerment Network (AMEN-Kenya) is a Community-Based Organization registered in Kenya. AMEN-Kenya works with the National and County government, local communities, and like-minded national and internal organizations to create a healthy and informed society.

AMEN-Kenya was funded by Philips Foundation to implement a 2-year project ‘Save a Mother Initiative’ in Marsabit County across 4 sub-counties, Laisamis, Moyale, North Horr, and Saku sub-county. The overall goal of the project was to improve maternal, newborn and child health status through community-based interventions in the 4 sub-counties with a specific focus on 20 priority villages in Marsabit County. The project aimed to increase demand for health services and improve health-seeking behavior through community health strategies. The strategies adopted included capacity building and equipping Community Health Volunteers (CHVs) to provide level 1 services. The project also supported the implementation of High impact Maternal and child health intervention (HII) including support for Malezi Bora, outreaches (Motorbike based integrated outreaches), and hygiene and health promotion. To ensure effective planning, monitoring, and evaluation of health interventions by the CHMT and other health actors, the project supported technical working groups and stakeholder forums. Community-based Health Information Management System (HIMS) developed by the project, based on HII and County health department scorecard formed the basis of engagement of health teams, stakeholders and management of performance-based motivation for Community Health Volunteers.

This report presents the findings of an external end of Project evaluation. The main purpose of the evaluation was to assess the Project’s effectiveness, efficiency and impact. The learnings from the evaluation will be used to inform future programming and demonstrate results of the Project to the donor, Philips foundation. The evaluation relied on desk reviews, review of Project data and qualitative interviews with AMEN-Kenya Project team and Project beneficiaries. The evaluation took place in February 2020. The key findings of the evaluation include:

The findings of the evaluation revealed the following;

The project interventions were technically adequate in increasing access to primary health care in the remote areas, this was evidenced by significant changes noted in project indicators at output and outcome levels.

The interventions used included innovations such as Philips CLC back packs that have gained acceptance and popularity at local level, this has also improved health seeking behavior with community members requesting for more services to be included during home visits.

Greater equity has also been realized due to increased access of women and children to primary health care.

1. INTRODUCTION

1.1. Background

Improving maternal, newborn and child health is a key global agenda. Although some progress has been noted, the goal of reducing maternal mortality ratio (MMR) by three quarters by 2015 remains unmet by most of the Low Income Countries (LICs). Given this scenario, consistent efforts need to continue focusing on reducing MMR in the high burden LICs, many of which did not achieve the desired health targets contained within the aspirations of the Millennium Development Goals (MDGs).

With Kenya's MMR of 488 per 100,000 live births, more than 6,000 women and girls are estimated to die each year as a result of pregnancy-related complications most of which are totally preventable. Additionally, close to 250,000 women are estimated to suffer from disabilities caused by complications during pregnancy and childbirth each year. The last Kenya Demographic Health Survey (KDHS) indicated that early childhood mortality in the country dropped down to 52 per 1000 in 2014 from 74 per 1000 in 2008-9. More than 60% of all the childhood deaths are estimated to occur within the neonatal period, while many more newborns are left with long-term disabilities that impact negatively on their quality of life.

Overall, between 1990 and 2010, despite global MMR reducing by close to 50%, Kenya recorded no statistical change at all in MMR. However, the positive change in the policy environment means that interventions targeting drastic reduction in MMR may be more feasible in the country moving forward. Some of these are: The Constitution which binds the government to provide 'the highest possible standard of health; devolution which offers an opportunity for the established counties to direct more investments towards the health sector and transformative development blue print 'Vision 2030', clearly stipulates strategies to strengthen the healthcare system.

1.2. Save A Mother Initiative Project Description

With funding from the Philips Foundation, AMEN Kenya implemented a two-year Project entitled "Save a Mother Initiative" in the four sub-counties of Marsabit County.

Project Goals and Objectives

The overall goal of the project was to improve maternal, newborns, and child health status through community-based interventions in the 4 sub-counties with a specific focus in 20 priority community units (CUs). The project aimed at increasing the demand for health services, improving behavior in health care search through a community health strategy.

The following strategies were adopted to achieve the Project's goals:

- 1) Capacity building and equipping Community Health Volunteers (CHVs) to provide level 1 services,

- 2) Support for the implementation of High impact Maternal and child health intervention (HII) including support for Malezi Bora, outreaches (Motorbike based integrated outreaches), and hygiene and health promotion,
- 3) Support to the CHMT to ensure effective planning, monitoring, and evaluation of health interventions by the CHMT and other health actors through support for technical working groups and stakeholder forums,
- 4) Community-based Health Information Management System (HIMS) developed by the project, based on HII and County health department scorecard formed the basis of engagement of health teams, stakeholders and management of performance-based motivation for Community Health Volunteers.

Specific objectives

To achieve reductions in mortality and morbidity, the project had three primary objectives:

- Strengthen maternal and child health in the identified villages, while increasing the quality of and demand for services;
- Systematize a community-based model for health service delivery in the project area, while improving quality, access, and equity; and
- Document, disseminate, and promote the improvement of community-based maternal and child health services, while meeting standards and norms of the County Community health strategy.

Expected Results/Outcomes

- Increased family planning uptake from 11% to 20% by 2020
- Increased 4+ ANC visits from 43% to 60% by 2020
- Improved skilled delivery from 26% to 50%
- Increased immunization coverage of fully immunized children from 67% to 80%
- Increased uptake of PNC services from 9% to 20% by 2020
- 3000 women counselled on Health, Nutrition & hygiene

The project targeted women within the reproductive health age with strategic messaging and communication on the need to:

- 1) Attend at least 4 ANC visits to ensure that the mother and child were safe during pregnancy, labor, and delivery.
- 2) Ensure women gave birth in health facilities in the presence of a skilled medical attendant.
- 3) Attend postnatal clinics as scheduled to monitor growth and immunize the newborn.
- 4) Provide contraceptives to women.

In the second year of the Project (March 2020-March 2021), AMEN integrated Covid-19 interventions into the Project following the surge in the number of Covid-19 Infections and deaths. The original design of the project was maintained but Covid-19 indicators were incorporated to develop strategies that would cushion the program against reduced access for RMNCH services following the guidelines that were

provided by the World Health Organization (WHO) and Kenya Ministry of Health (MOH) to reduce activities in public places in the effort of reducing the spread of Covid-19 virus.

Marsabit County has a population of just about 372,931 people. About half of the population is aged below 15, 15% are aged under 5 and 27% are aged 10-19. Marsabit County's total fertility rate (5) is higher than the national rate of 3.9 and also means that Marsabit County has a high birth rate. The adolescent birth rate is also high – about 1 in every 10 girls aged 15-19 gives birth every year. Marsabit County is one of 15 Counties that account for over 60% of maternal deaths in Kenya. The latest estimate of the County's maternal mortality ratio (MMR) is 1127 deaths per 100,000 live births. Child death rates in Marsabit County mirror the national trend although the neonatal death rate is slightly higher and under five death rates are slightly lower.

Table 1: Key population, RH and Child health Indicators

Indicator	Marsabit County	Kenya
Total population	372,931	38,589,011
Total fertility rate	5	4
Adolescent birth rate (birth per 1000 girls aged 15-19)	105	96
Maternal Mortality rate (Maternal deaths/100,000 live births)	1,127	495
Modern Contraceptive prevalence rate	11%	53%
Neonatal mortality rate (deaths per 1000 live births)	24	22
Under 5 mortality rate (deaths per 1000 live births)	70	52

2. PURPOSE OF THE EVALUATION

The evaluation seeks to provide comprehensive feedback to the donor by highlighting to what extent the project met its intended goals, objectives, outcomes, and impact as per the contractual obligations.

The evaluation was also conducted to document crucial evidence and lessons learnt to the AMEN-Kenya management and resource mobilization team as well as contributions of learning into National policy.

The evaluation has also been compiled to reiterate the organization's commitment to a healthy and informed society which will be used for programming and application of future grants to meet the project gaps and scale up the project operations.

3. METHODOLOGY

The evaluation process included desk review of the key project documents and reports, qualitative interviews with the Project staff, key stakeholders and beneficiaries, and analysis of HIS data reported through the DHIS2 system in Kenya.

3.1. Desk review

Desk review of literature and key project documents was carried out. Documents reviewed included project proposal, annual work plan, and project reports.

The evaluation derived its finding from quarterly and annual project donor progress reports which were shared with the AMEN-Kenya Project team.

3.2. Qualitative interviews

More data was collected through key informant interviews and Focus group discussions with project staff and key stakeholders.

Interviews with end beneficiaries particularly mothers were also conducted.

3.3. DHIS2 data

The data shared was pulled from the Marsabit county DHIS reports as keyed in by the SCHRIO and reports confirmed by the AMEN-Kenya Project Manager as per other means of verification (MOV), data collection tools. MOH 513, and MOH 514 registers which can be found across the 20 health facilities (Community Units).

The program collected monthly reports using registers such as MOH 513 and MOH 514 which necessitated to build the capacity of CHVs on data entry and correct filling of the reporting tool. The CHVs, CHAs and AMEN-Kenya Project Manager worked with the SCHRIOs in updating the DHIS 2 to ensure the project data as per the registers were concordant with the DHIS 2 monthly reports.

4. EVALUATION FINDINGS

The project was launched by the Governor of Marsabit County in 2019. The project had 5 full-time staff and worked with 200 Community Health Volunteers (CHV) and 20 Community Health Assistants (CHAs) in 20 CUs. The project started with an inception workshop that was attended by 53 participants drawn from members of CHMT, SCHMTs, Local NGOs, CBOs, and the media. The aim of the inception workshop was to formally engage County Department of Health and other health actors on the implementation, scope and reach of the Project. Following the inception workshop, AMEN Kenya developed MoU with County department of health for Save a Mother Initiative project support and partnership.

A baseline survey was conducted in 2019 in the 20 intervention community units in collaboration with County health community strategy focal person (CHCSFP) and Sub County health community strategy focal person (SCCHSFP). The survey identified gaps in the community health implementation strategy by evaluating the delivery and quality of health services at the community level. The survey exposed nonfunctional units across the community and greatly informed the review of the initiative implementation strategy at the inception stage. All 20 Cus participating in the project were retrained. Most of the CHVs engaged in the community strategy were semi-illiterate.

The project staff, CHVs, CHAs and county and sub-county focal persons were involved in the dialogues to sensitize community members on the goals and expected outcomes of the project and get buy-in from the relevant community gatekeepers. CHVs were trained on community health strategy which promoted healthy seeking behavior through community activities such as Malezi Bora where Vitamin A supplements, deworming drugs were provided. During Malezi Bora outreaches, health education on the importance of breastfeeding, the importance of ANC visits, hand-washing, and distribution of iron and folic acid was highly advocated for. The project working with the CHMT and CHS department developed a mechanism for rewarding the best performing team and the most improved team of CHVs to strengthen the community strategy through performance based monitoring.

CHVs were also trained on how to use the Phillips CLC outreach Kit which contained equipment for checking blood pressure, respiration monitoring, pulse oximeter and a first aid kit. The CHVs were mentored on the use of Philips CLC outreach kits and they were provided with backpacks with necessary tools for diagnosis and triaging of community members during the home visits. The ability of CHVs to triage, diagnose and link/refer community members to the health facilities greatly increased confidence among community members in the work done by CHVs. CHAs were facilitated with motorbikes that traversed the counties through rough terrains reaching out to the hard-to-reach women, newborns, and children. The project provided 20 motorbikes to Community Health Assistants (CHAs) which necessitated easy navigation through the communities with poor and impassable roads, coordination of activities, supportive supervision, outreach and emergency support.

During all community activities, information, education and communication (IEC) materials were distributed which were in local languages and had information that was culturally accepted by the locals. The program developed 200 flip-charts in the local Borana Language which is spoken by most locals covering topics such as the importance of ANC, benefits of facility delivery, maternal danger signs, postnatal care, and care of the newborn. The project also worked with voice-over artists to develop animated audio-messages that were shared during household visits to further ensure factual and relevant information was passed on. The program also developed mobile video messaging a mainstream health education platform that is known to actively engage a wide audience through which they could see and hear in the local Borana language.

To support the reporting and data use component of community strategy, CHAs were trained on synchronizing of the MOH 514 data through ONA, a web-based reporting platform, and the use of a mobile-based ODK app in collecting and reporting real-time data to DHIS. The CHVs and CHAs were trained on data audits to detect discrepancies between the MOH 513 and MOH 514 and DHIS during reporting and making corrections to ensure the various data sources were concordantly leading to credible data being reported for decision making and research purposes. The project also used ODK (mobile platform) for data collection from the field which can be extracted from the project data management system, ONA (web-based platform) which was co-managed by the organization and the HRIOS. This increased number of CHVs competently reporting credible data from 74.3% in 2019 to 82.6% in 2020 (DHIS2). One-on-one sessions were conducted with CHVs, CHAs, CHCSFP and the community during the community dialogues and the focused group discussions

The community sessions were however limited during the implementation of the Covid-19 containment measures which reduced reach and impact greatly reducing access to RMNCH services at Level 1. Mothers were afraid of accessing health facilities due to fear of contracting Covid-19 and in turn infecting other children and family members. A downward trend in uptake of RMNCH between Jan-Jun 2020 was noted compared to the same period in 2019. In the wake of Covid-19 AMEN-Kenya developed creative inventions like the use of tippy-taps, handwashing facilities which used pedals to dispense water and liquid soap in control quantities which were benchmarked by most organizations and replicated across Marsabit county. 200 CHVs, 20 CHAs, and 20 Health facility In-charge were sensitized on Covid-19 pandemic as front line health care service providers. 450 face masks, 300 (500ml) alcohol-based sanitizers were distributed to the CHVs to adhere to MOH Covid-19 containment measures during household visits. Radio sessions in the local dialect, Borana, Rendille, and national language Swahili were aired during prime time with culturally appropriate messages on RMNCH reaching out to the population with strategic messages on RMNCH and Covid-19 with recorded sessions being shared alongside the project reports. The biggest limitation with radio sessions was the inability to adequately capture numbers reached. However, a large number of people in Marsabit county listen to radio and it is the most common media used to relay messages and hence most preferred means of

communication. The CHVs and CHAs were adequately trained on the selection of the project beneficiaries and trained on reporting aligned to the project indicators on interest.

The program had progress review meetings with Philips Foundation and the Marsabit County health staff to share performance and develop joint strategies which led to the achievement of both Y1 and Y2 project targets. The project also partnered with the AMREF Koota Injena project in celebrating the International Day of the Girl Child which was commemorated on 11th October 2019 to sensitize young girls on healthy behavior and avoidance of harmful practices.

4.1. Project outputs and outcomes

The Project aimed to improve maternal, neonatal and child health outcomes. The following results were observed:

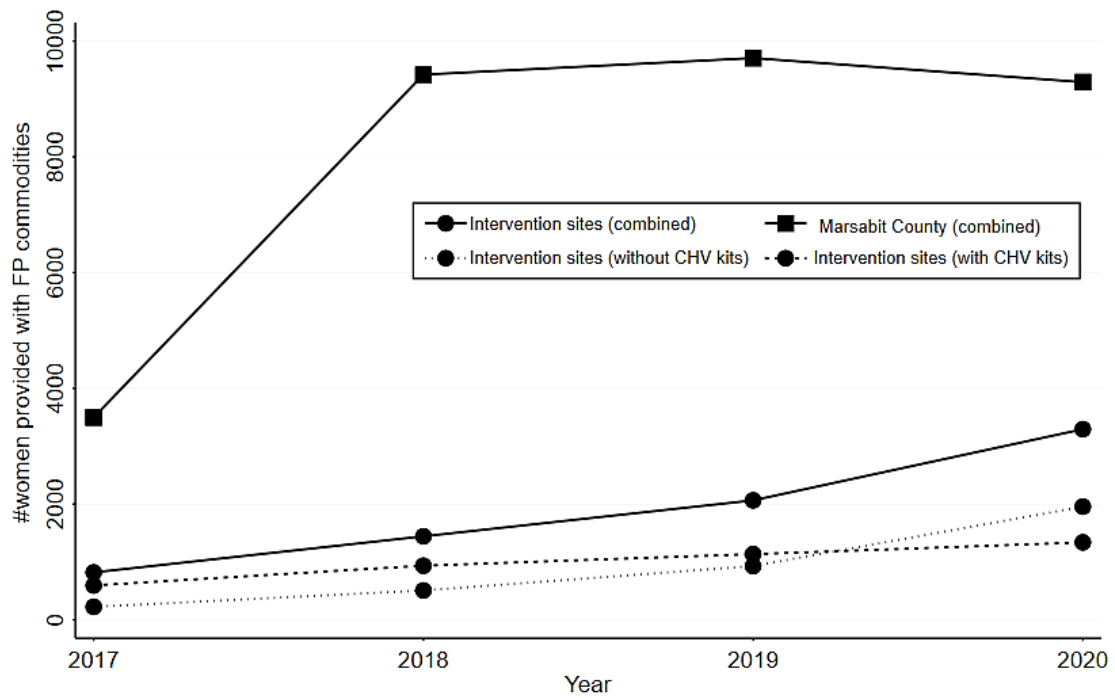
4.1.1. Household visits

71% of target households were visited in 2019 and 72.1% in 2020. The increase in the number of households visited led to an increase in the proportion of households using a functional pit latrine from 42.5% in 2019 to 54.1% in 2020 while the proportion using treated water increased from 82% in 2019 to 93.6% in 2020. The increase in household visits also led to increased contact with community members for health messaging, education and referral.

4.1.2. Maternal health

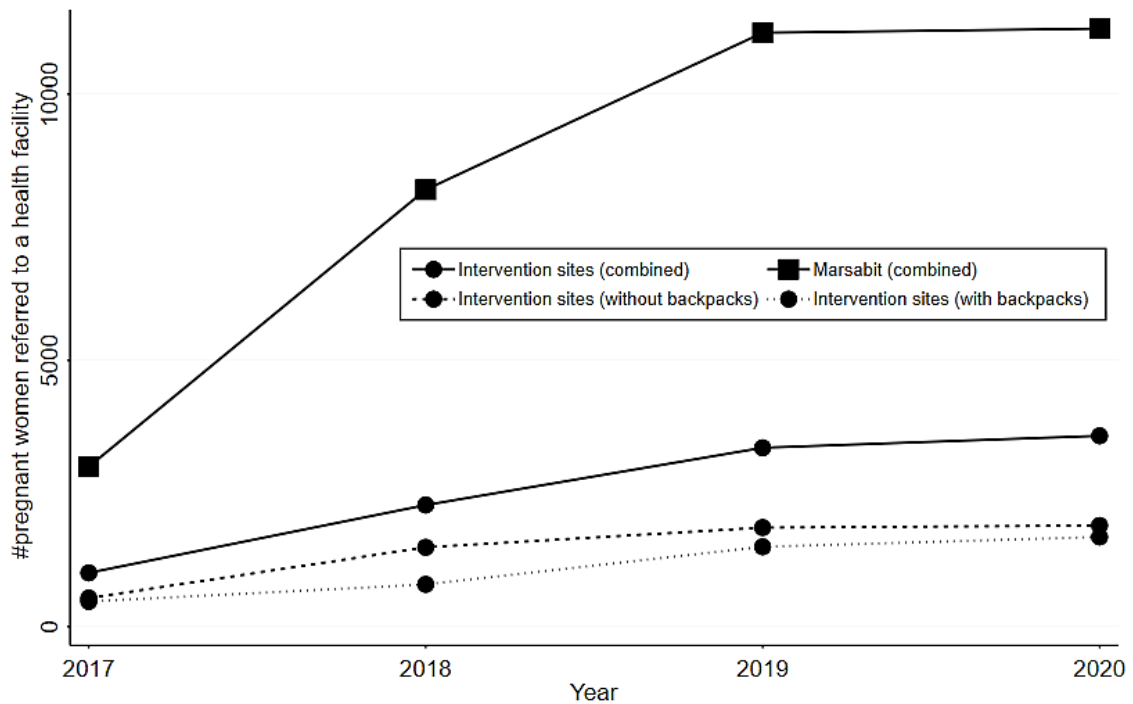
The number of women provided with FP commodities increased in the intervention sites both in the sites that had CHV kits and the ones without. There was also a similar increase in the number provided with FP commodities at the County level,

Figure 1: Number of women provided with family planning (FP) commodities per year in the AMEN Project sites (with and without CHV kits) and in Marsabit County as reported in MOH 515 register, 2017-2020.



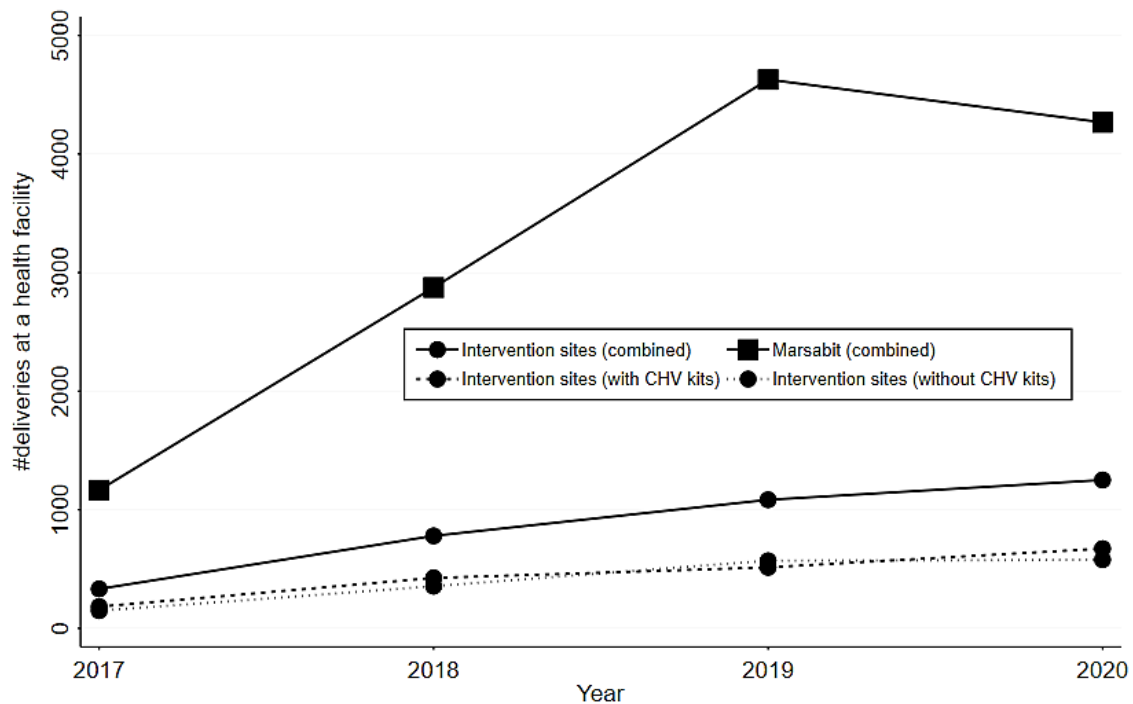
Similarly, the reported number of pregnant women referred to health facilities by CHVs increased in the Project intervention sites and in the County, Figure 2. There was over 3.5 times increase in the number of reported referral in the intervention sites and at the County level.

Figure 2: Number of pregnant women referred to a health facility per year in the AMEN Project sites (with and without CHV kits) and in Marsabit County as reported in MOH 515 register, 2017-2020.



The number of reported deliveries that took place in a health facility increased in the Project sites and across the County, Figure 3. There was a slight decrease in 2020 compared to 2019 at the County level.

Figure 3: Number of deliveries that took place in a health facility per year in the AMEN Project sites (with and without CHV kits) and in Marsabit County as reported in MOH 515 register, 2017-2020.



4.1.3. Neonatal and child health

There was an increase in all the reported neonatal and child health indicators in the Project sites and across the County, Table 2. The reporting on neonatal deaths and reach to newborns, malnourished children and children in need of immunization increased in the Project sites and in the County overall.

Table 2: Performance of a selection neonatal and child health indicators per year in the AMEN Project sites (with and without CHV kits) and in Marsabit County as reported in MOH 515 register, 2017-2020.

Indicator and year	Intervention sites (without CHV Kits)	Intervention sites (with CHV Kits)	Intervention sites (combined)	Marsabit County (combined)
#Newborns visited at home within 48hrs of delivery				
2017	47	121	168	952
2018	718	269	987	3902
2019	487	330	817	6070
2020	491	517	1008	4683
#Neonatal deaths (0-28 days)				
2017	0	2	2	6
2018	3	6	9	34
2019	7	3	10	36
2020	2	3	5	17
#Children with moderate malnutrition				
2017	247	335	582	3192
2018	595	755	1350	8736
2019	815	1236	2051	9841
2020	551	524	1075	5435
#children with severe malnutrition				
2017	114	112	226	854
2018	163	222	385	2308
2019	220	309	529	2389
2020	144	249	393	1140
Children of 0-11 months referred for immunization				
2017	144	577	721	2693
2018	945	673	1618	7061
2019	1176	1665	2841	13370
2020	1329	1762	3091	13878
Immunization defaulter referred				
2017	203	373	576	1290

Indicator and year	Intervention sites (without CHV Kits)	Intervention sites (with CHV Kits)	Intervention sites (combined)	Marsabit County (combined)
2018	316	242	558	3257
2019	488	550	1038	3849
2020	259	655	914	3102

4.1.4. CU governance and health promotion activities

Table 3, presents data on the number of action days, dialogue days and community monthly meetings held in the intervention sites and in the County overall. The number increased in the Project sites and in the County compared to the baseline in 2017. There was however a reduction in the number of meetings in 2020 due to the COVID-19 restrictions.

Table 3: The number of dialogue days, action days and community monthly meetings held per year in the AMEN Project sites (with and without CHV kits) and in Marsabit County as reported in MOH 515 register, 2017-2020.

Indicator and year	Intervention sites (without CHV Kits)	Intervention sites (with CHV Kits)	Intervention sites (combined)	Marsabit County (combined)
#Community dialogue days held				
2017	10	14	24	113
2018	54	36	90	273
2019	42	72	114	368
2020	31	39	70	234
#Community Actions days held				
2017	21	36	57	190
2018	92	48	140	392
2019	71	95	166	530
2020	43	52	95	324
#Community monthly meeting held				
2017	34	42	76	276
2018	83	65	148	625
2019	98	141	239	858
2020	62	86	148	520

4.2. Sustainability

- Closely collaborate with County Governments through joint supervision and work planning.
- Continue to strengthen and reinforce the sustainability of county health management structures, conducting health awareness campaigns through active community participation and community co-managing.

4.3. Results Summary

The evaluation has demonstrated that the project was aligned to the Sustainable Development Goal 3 (SDGs) geared towards promoting healthy lives by reducing maternal mortality, complications at birth, neonatal deaths and child mortality. The project worked closely with the Level 1 health facilities through building capacity of the facility staff on community strategy and data use for decision making, improving quality of services and improving structures for data collection and reporting through the MOH registers and electronic medical reporting. The support at Level 1 had a multiplier effect of strengthening the health systems at both Level 4 and 5 health facilities as evidenced in the overall improvement of indicators in the County.

The project also deployed new technologies such as the use of the Philips CLC outreach kit which increased confidence in the work of CHVs across the household level by improving capacity for diagnosis and triaging for common illness and referrals to health facilities. The project has also increased the urgency to integrate the work of the CHVs as a prerequisite to successful community strategy. The project provided training, mentorship and financial support through field allowances which motivated them in the community units to boost capacity of community engagement and mobilization.

Of importance to note was the initiative's ability to be flexible in its implementation despite challenges that the Covid-19 pandemic presented worldwide and in the community interventions. The restrictions imposed by MOH almost crippled the community engagement as they superseded the guidelines that had already been laid down. To achieve the objectives of the Save a Mother Initiative, the project team established strategies that ensured that they achieved their goals with limited community engagements and also in a cost effective manner.

There were also changes in attitudes towards deep rooted cultures which initially were a hindrance to attainment of the project goals. The rigorous household visits and outreach activities through one-on-one sessions, radio sessions, mobile videos, animations and audios in local dialect impacted on men who started accompanying their wives to the health facilities for ANC and PNC visits. The project also recorded increased uptake of modern contraceptives among locals who are predominantly Muslims some of whom shun from the use of modern contraceptives as per their religious beliefs.

The project invested on the CHAs and CHVs data reporting and collection capacity through training them on mobile real time data collection techniques like use of ODK. This ensured that data was received in time for critiquing, analysis and interpretation

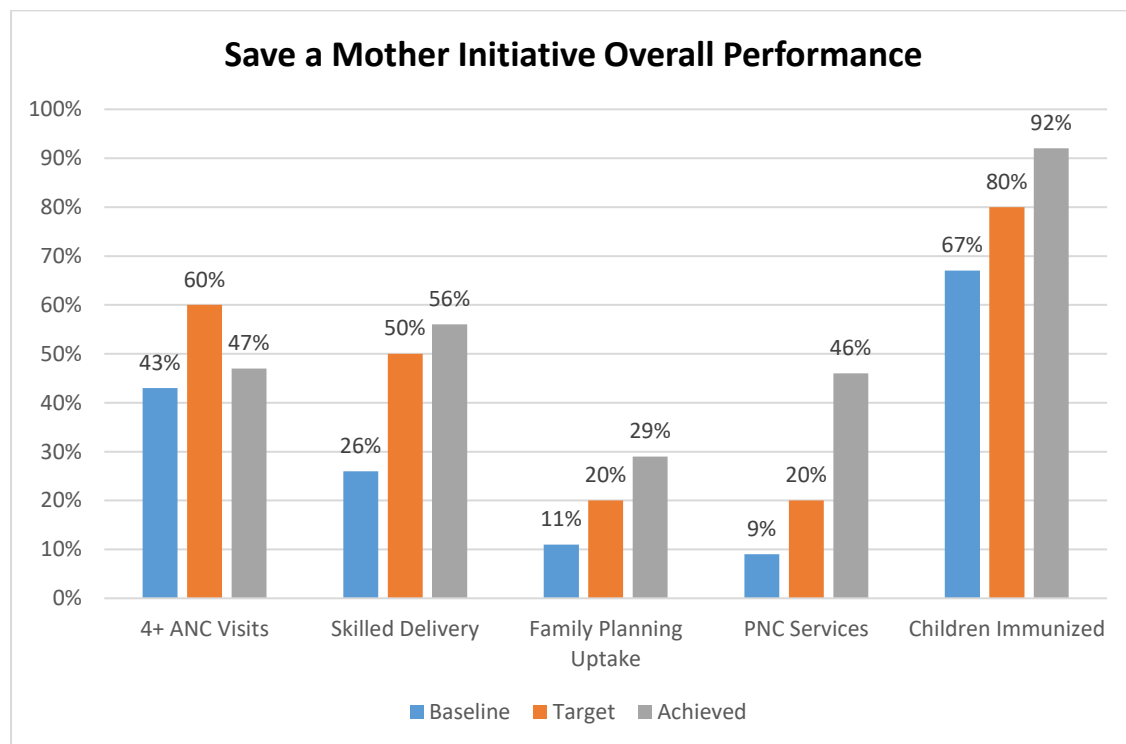
increasing program quality. The CHVs were also trained on comparing different data sources across reporting platforms which ensured interoperability of the systems.

The Save a Mother Initiative had 6 main outcomes that it intended to achieve at the end of the 2-year project cycle. They included:

1. Increase 4+ ANC visits from 43% to 60% by 2020.
2. Improve skilled delivery from 26% to 50%.
3. Increase immunization coverage of fully immunized children from 67% to 80%.
4. Increase family planning uptake from 11% to 20% by 2020.
5. Increase uptake of PNC services from 9% to 20% by 2020.
6. 3000 women counseled on Health, Nutrition & hygiene.

The project achieved its 2-year goals as summarized below (See Annexure):

Figure 4: Overall performance of Maternal and child health indicators in the AMEN Project. The performance is compared to the baseline in 2017 and Project targets.



The above results were as a result of a deliberate effort by the program to involve and build the capacity of the CHVs, CHAs, Marsabit CHMT, and health facility staff including SCHRIO. The full involvement in the community strategy ensured that there was synergy and necessary moving part from the communities in terms of factual relevant strategic messaging that spurred behavior change among the locals. The continuous adoption of Strategic Behavior Change Communication (SBCC) platforms from print media (IEC, flip charts) materials and electronic media (animations, mobile videos, and audios) and broadcast media like radio stations ensured that the reach of the hard to reach masse. It. To reach the rural population that could be illiterate, local dialect

messaging was done with relevant information that spurred the desire for uptake of RMNCH services. The sustained facilitation of CHVs in terms of tokens of appreciation to encourage performance, training of CHVs on reporting platforms, logistical support including provision of motorbikes, provision of outreach tools like the Philips CLC kit increased behavior change and consequently increased demand for RMNCH services. The referrals also increased traffic to health facilities across the 20 units in the county where service providers reinforced behavior change by giving future appointments (TCAs) for services like ANC visits, PNC visits, and immunizations.

The project realized a lot of gains in identifying and managing communicable and non-communicable diseases in the community through use of the Philips CLC Outreach kits. In 2019, a total of 1,932 (in 7 months) assessment without kits for respiratory infections were done compared to 6,285 (in 12 months) cases in 2020 with use of the kits. Within the same period in 2019, total of 1,945 blood pressure assessments for pregnant women were done without kits compared to 2,478 assignments in 2020 with use of the kits. A total of 1,805 blood pressure assessments were done for adults in 2019 without use of kits as opposed to 8,238 assessments in 2020 with use of kits. The CHVs referred 231 hypertension cases with use of kits in 2019 compared to 28 cases referred in 2019 without kits. 298 hypertension cases were referred using kits in 2020 compared to 13 cases referred without use of kits. CHEWS managed 490 fever cases using kits compared to 295 fever cases without use of kits in 2019. 217 fever cases were managed with kits compared to 178 cases managed without kits in 2020. The trends observed shows that the Kits were very instrumental in assessment, referral and management of common diseases among women and the elderly in the communities.

5. KEY LESSONS LEARNT AND RECOMMENDATIONS

The CLC-CHV Bag pack kit which is full of useful health monitoring equipment design to monitor the health of an individual has added value and recognition to their work during the household visits. The CHVs are reporting that they are now able to conduct a number of screenings prior to making informed referrals which the community members appreciate the most.

Community health volunteers in our areas of operations have increasingly become frontline health service providers albeit without pay. Their role in the health care system has a significant bearing on the attainment of universal health care coverage.

AMEN Kenya provided the CHVs with a visibility jacket and cap for purpose of recognition and identification. The CHVs are reporting that generally the uniform symbolically confers higher status to them beyond their locality and also recognition beyond the community in which they serve.

CHVs undertake a multiplicity of roles in support of the community health strategy to deliver primary health care at the community level. Their volunteering however should be looked at within the context of a world with real needs where they also have families to take care of. A model that incorporates a social entrepreneurial mechanisms on top of any other non-tangible reward would go a long way in ensuring sustainability

Abrassa Mentorship and Empowerment Network (AMEN) has relatively achieved its goals for the Save a Mother Initiative.

Based on the health delivery gaps that are existing in the county, AMEN should strengthen and scale-up the existing operations and also include interventions around Non-Communicable Diseases (NCD) that create awareness of the NCDs, highlighting risk factors, screening and prevention, support to infrastructure and equipment, and capacity of the health workforce to promote availability, access, affordability of basic and specialized services including screening, diagnosis, treatment and monitoring at primary health care.

Motorbikes for CHAs improved training, follow-up and mentorship of community health volunteers due to ease of movement.

Motorbikes are cost effective means of conducting integrated outreaches to reach the hard-to-reach groups.

Use of android phones based ODK and online ONA system improves data quality, facilitates data collection and sharing at level 1

6. CONCLUSION

- The project achieved its key goals as per the projection stated in the project proposal and its contractual obligation with the donor.
- The effects of Covid-19 had far-reaching effects on Y2 implementation but technical support from the donor, Marsabit county government, and the organization contributed to targeting achievement.
- The county government needs to be supported to sustain the program as per the Y1 project inception recommendations for sustainability purposes by supporting the CHVs, CHAs, and community activities.
- The interventions used included innovations that have gained acceptance and popularity at local level, this has also improved health seeking behavior with community members requesting for more services to be included during home visits.
- Greater equity has also been realized due to increased access of women and children to primary health care.
- The project utilized a participatory approach and capacity building throughout the project cycle which created a sense of ownership and enhanced project efficiency.

List of activities that were planned that were not implemented, with reasons.

List of activities	Reasons for not implementing
Performance based rewarding for the Community health volunteers.	Inadequate resources due to the competing priority interventions e.g. Capacity building of CHVs and Mentorship as some units were not trained, provision of MOH tools to enable reporting by CHVs.
Care group model approach	

7. ANNEX 1: PHILIPS FOUNDATION SAVE A MOTHER INITIATIVE MONITORING AND EVALUATION FRAMEWORK.

	Indicator	Definition	Baseline	Achieved value (%)	Data Source	Frequency	Responsible	Reporting.
Goal	To support focused activities to sustain RMNCH in the context of COVID-19 in Marsabit County of Kenya.							
Outcome	Increase 4+ ANC visits from 43% to 60% by 2020	Increase the proportion of pregnant women who complete a minimum of 4 ANC visits before Labor and Delivery (L&D) from 43% in 2018 to 60% in 2020.	43%	47%	ONA/MOH 515 CHEW summary. MOH 405-ANC register	Monthly reports.	MNCH nurse/AMEN-Kenya Project Manager/Sub-County HRIT/HRIO.	DHIS/ONA/AMEN-Kenya Monthly/Quarterly/Annual donor reports.

Outcome	Improve skilled delivery from 26% to 50%	Increase the proportion of pregnant women who deliver in a health facility with the help of skilled birth attendant from 26% in 2018 to 50% in 2020	26%	56%	ONA/MOH 515 health facility Register. MOH 333-Maternity Register	Monthly reports.	AMEN-Kenya Project Manager/CHV	DHIS/ONA/AMEN-Kenya Monthly/Quarterly/Annual donor reports.
Outcome	Increase immunization coverage of fully immunized children from 67% to 80%	Increase the proportion of children under 1 year who are fully immunized from 67% in 2018 to 80% in 2020.	67%	92%	ONA/MOH 515 health facility Register. MOH 510-Immunization permanent Register.	Monthly reports.	MNCH nurse/AMEN-Kenya Project Manager/Sub-County HRIT/HRIO.	DHIS/ONA/AMEN-Kenya Monthly/Quarterly/Annual donor reports.
Outcome	Increase family planning uptake from 11% to 20%	Increase the proportion of women of reproductive (WRA) taking	11%	29%	ONA/MOH 515 health facility Register. MOH 512-	Monthly reports.	AMEN-Kenya Project Manager/Sub-County HRIT/HRIO.	DHIS/ONA/AMEN-Kenya Monthly/Quarterly/Annual donor reports.

	by 2020	modern contraceptives from 11% in 2018 to 20% in 2020.			Family planning Clinic register			
Outcome	Increase uptake of PNC services from 9% to 20% by 2020	Increase the proportion of women who have just delivered and attending PNC from 9% in 2018 to 20% in 2020.	9%	46%	ONA/MOH 515 health facility Register. MOH 406-Post-natal care register	Monthly reports.	MNCH nurse/AMEN-Kenya Project Manager/Sub-County HRIT/HRIO.	DHIS/AMEN-Kenya Monthly/Quarterly/Annual donor reports.
Output	3000 women counseled on Health, Nutrition & hygiene.	Number of women sensitized on healthy seeking behaviors towards nutrition and hygiene practices	-	6,377	CHV Referral booklets MOH 100	Monthly	CHVs/AMEN-Kenya Project Manager/M&E Officer	Monthly/Quarterly/Annual donor reports