


BECAUSE LABOR WON'T WAIT...



AFRICAN POPULATION AND
HEALTH RESEARCH CENTER

PAMANECH - The Partnership for Maternal, Newborn and Child Health

A photograph showing a woman on the left and a young child on the right. The woman has dark hair and is wearing a white lab coat over a red polka-dot top. She is smiling and looking towards the child. The child is a young boy with short hair, wearing a bright red t-shirt, and is also smiling. The background is a plain, light-colored wall.

**Harnessing the Potential of Public-Private Partnerships
for Better Maternal, Newborn and Child Health
in Urban Informal Settlements in Kenya**

Kenya's Population Dynamics

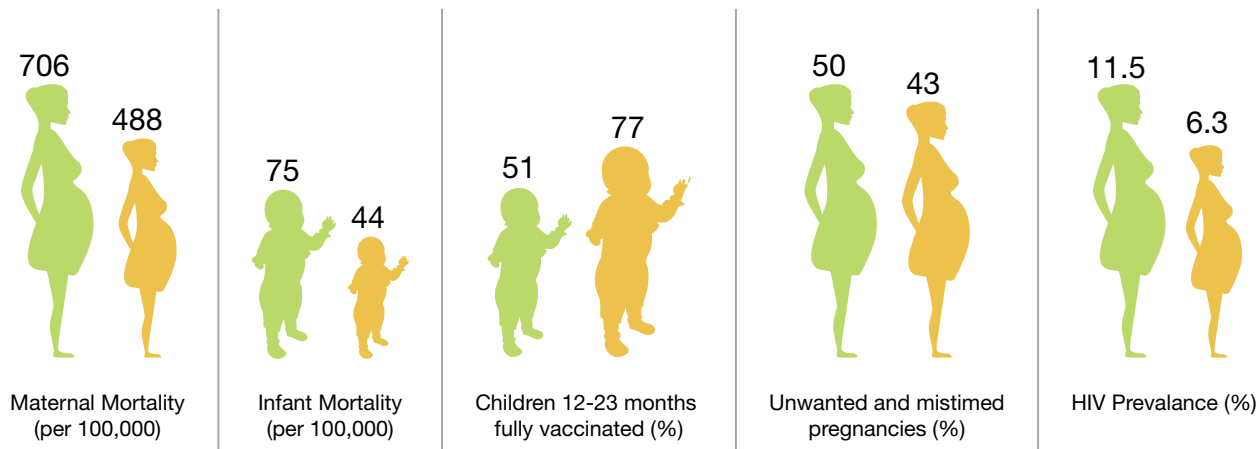
- Timely access to quality health care for mothers and children is critical to reducing avoidable deaths.
- The Kenyan Government is committed to universal health care evidenced by initiatives such as the free access to maternity care available at public health facilities.
- However, public health facilities are almost non-existent or not always accessible to mothers and their children in underserved areas such as urban informal settlements.
- Kenya is urbanizing rapidly at an annual rate of 4%.
In 2030, more than half of the population shall live in urban areas.
- 32% of the Kenyan population is urban.
- 58% of urban residents in Kenya live in informal settlements, also known as slums.
- About 1 in 5 Kenyans lives in a slum or slum-like conditions.

Maternal, Newborn and Child Health Indicators

	Average in Slums	Average Nation-wide
Maternal mortality	706 per 100,000	488 per 100,000
Infant mortality	75 per 1000	44 per 1000
Children 12-23 months fully vaccinated	51%	77%
Unwanted and mistimed pregnancies	50%	43%
HIV prevalence	11.5%	6.3%

Sources: 1. NUHDSS and other APHRC data. 2. Kenya Demographic and Health Survey 2008-09.

Maternal, Newborn and Child Health Indicators



Average in Slums
 Average Nation-wide

Health Services in Slums

- The growth of formal social services such as public health care delivery system has not kept pace with rapid urban growth; public sector provided health services are therefore inadequate.
- Only about 1 in 100 health facilities serving slum residents are public.
- Only 29% of sick children seek care at public health facilities (including those outside the slums).
- Most primary care public facilities open between 8am and 5pm, Monday to Friday (a few open on Saturdays).
- There is a gap left by the near absence of public health facilities and a vibrant, but largely unregulated private health sector has sprung up to fill this gap.



The Partnership for Maternal, Newborn and Child Health

The Partnership for Maternal, Newborn and Child Health (PAMANECH) is strengthening public-private partnerships in service delivery for the improvement of health outcomes for mothers, newborns and young children in under-served settings.

The PAMANECH model seeks to deliver a high quality health care delivery system that is convenient, accessible, affordable and responsive to the needs of residents in urban informal settlements. It also demonstrates the value of public-private partnerships in the provision of health care in under-served settings, such as urban informal settlements.

PAMANECH is improving services provided to mothers, newborns and young children in under-served settings through:

1. Infrastructural upgrades of five selected private Not-For-Profit health facilities
2. Equipping the selected health facilities with basic obstetric and diagnostic equipment
3. Setting up context-sensitive emergency transport and referral services
4. Establishing a robust Health Management Information System
5. Capacity Building of the Health Workforce in the five selected facilities and their primary referral points
6. Strengthening Leadership and Governance in Makadara and Kasarani sub-Counties to support and nurture the partnership

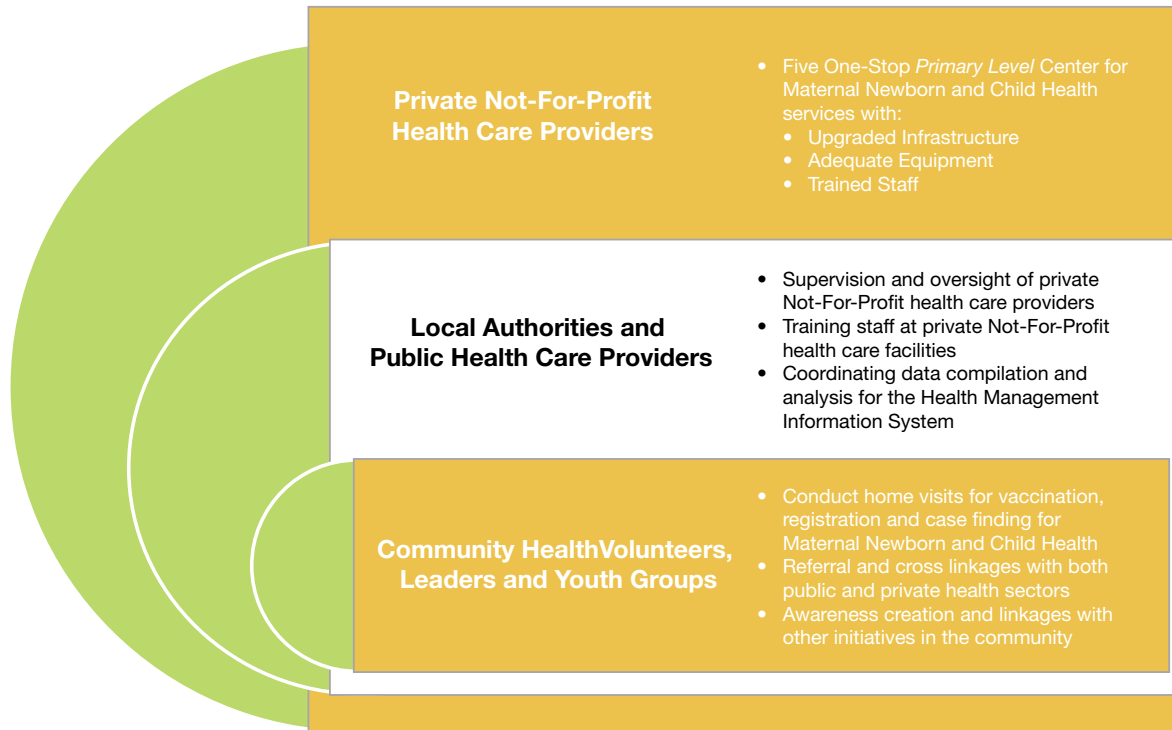
Stakeholders and Beneficiaries

PAMANECH is presently implemented in Kasarani (Korogocho slum) and Makadara (Viwandani slum) sub-Counties in partnership with the Nairobi City County, Ministry of Health – sub-County Health Management Teams, Community Leaders, Private Health Care Providers, Youth Leaders, Community Health Volunteers, and Mothers and Children under 5 years.



A Community Health Extension Worker addressing a health facility review meeting in Makadara

How PAMANECH works



1. UPGRADING HEALTH FACILITIES

- Working with the Project Management Committee, Makadara and Kasarani sub-County health management teams, the following **five** facilities were selected for structural upgrades:
 - a. Mwangaza Ulio na Tumaini Clinic
 - b. Jahmii Kipawa Clinic
 - c. Provide International Health Center
 - d. Cana Family Health Centre
 - e. MELIHEP
- **Two** incinerators have been constructed at the Jericho and Korogocho Health centers.



Cana Health Facility Before Construction



Cana Health Center - New Maternity Wing

2. EQUIPPING HEALTH FACILITIES



Part of the equipment that has been provided to the facilities

At least **five** facilities have been equipped to offer the best quality maternal, newborn and child health services appropriate for the facility level. An additional **four** facilities shall receive equipment in the next few months.

3. EMERGENCY TRANSPORT AND REFERRAL SERVICES

Two ambulances, one serving Korogocho and the other Viwandani, shall provide emergency transport in case of obstetric and child emergencies.



Providing emergency medical referral services in the Kasarani and Makadara sub-Counties, the ambulances will be run by the private Not-For-Profit health care providers and financed through a service charge on cost-recovery basis

SECURITY THROUGH YOUTH GROUPS AND COMMUNITY HEALTH VOLUNTEERS

16 youth groups (vetted by the local administration) and community health volunteers are working together to provide security services to pregnant women and sick children seeking emergency health services at night. As an incentive, each youth group has received a capital grant for an income-generating activity.

4. CAPACITY BUILDING OF THE HEALTH WORKFORCE

So far, over **200** health care workers from both Private and Public health facilities have been trained:

- **76** trained on **Emergency Obstetric and New Born Care–20** as Trainers
- On Job Training for **20** on **Elimination of Mother To Child Transmission**
- **73** trained on **Infection Prevention Control**
- **48** trained on **Integrated Management of Childhood Illnesses**

Working with the Community Health Strategy Coordinators in the two sub-Counties, PAMANECH has constituted **4** community units in Viwandani and reconstituted **9** Community Units in Korogocho and currently facilitates **180** Community Health Volunteers:

- Trained **60** Community Health Committees
- Trained **380** Community Health Volunteers on the basic community strategy module
- Trained **200** Community Health Volunteers on the Maternal, Newborn and Child Health module
- Equipped **180** Community Health Volunteers with kits and supported with monthly allowances



Health Care Workers Emergency Obstetric and Newborn Care Training

5. LEADERSHIP AND GOVERNANCE

- 17 health managers, have benefited from **leadership** and **management** courses that enable them to offer systematic supportive supervision to both private and public facilities and ensure that guidelines are adhered to, skills are reinforced and ultimately high quality services are offered.
- PAMANECH is also facilitating provision of monthly supportive supervision by the two sub-County health management teams to private and public health service providers in the sub-Counties.



Health Managers at the County and sub-County level attending a Senior Management Course at the Kenya School of Government (KSG)



A sub-County health team on a supervisory visit

6. HEALTH MANAGEMENT INFORMATION SYSTEM



The Nairobi County Directorate of Health Managers receives computers to aid the compilation and analysis of health data

- PAMANECH is part of the National m-health and e-health steering committee that coordinates the compilation and analysis of data for the Health Management Information System.
- Over **30 computers** have been provided to county, sub-county health management teams and private Not-For-Profit health facilities in addition to training on the Health Management Information Systems system. PAMANECH is extending the work of JamiiSmart (an m-Health Smart Phone application) to the two sub-Counties.

PAMANECH's ACHIEVEMENTS

Already the number of women seeking care at the selected health facilities has **doubled** and PAMANECH is seeing great success.

The private health facilities and the sub-county and county health team now have stronger working relationships.

- Two previously unlicensed health facilities are now registered.
- Private Not-For-Profit facilities are now providing Immunization and Family Planning commodities.
- One health facility has started offering HIV counseling and testing services.
- Tumaini clinic has been approved to receive NHIF accreditation.
- A two-fold increase in attendance of private providers at monthly review meetings with sub-county health management teams, due to frequent facilitative supportive supervision visits.

Facility Health Care Workers have the skills and knowledge to provide essential services such as emergency and basic obstetric care as well as management of common childhood illnesses.

- Support groups for HIV positive mothers have been established.
- Increased deliveries by skilled attendants.
- Increase in the number of women and children seeking care at the five health facilities and others in the sub-County.
- Four public and three private facilities are initiating active post abortion care.

The 14 functional Community Units have provided:

- Sub-county access to health indicators.
- Formulation of a sub-County Annual Work Plan at level-one health facilities.
- Increased number of referrals by Community Health Volunteers and youth group networks.

What Can the County Do?

Improve the delivery of health services to mothers and children in the slums by working with private Not-For-Profit health care providers already delivering services to the majority of these under-served populations:

- Include them in training programs.
- Provide supportive supervision.
- Provide access to essential supplies such as vaccines, TB drugs and family planning commodities.
- Facilitate access to the government's free maternity care initiative.
- Provide access to NHIF and OBA vouchers.
- Urge Investors to invest in health care in the slums.



The Nurse in-charge at Tumaini Medical Center demonstrates best breastfeeding practices to a new mother

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The African Population and Health Research Center is a leading Africa-based, African-led, international research institution headquartered in Nairobi, Kenya and conducting policy-relevant research on population, health, education, urbanization and related development issues on the continent.



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