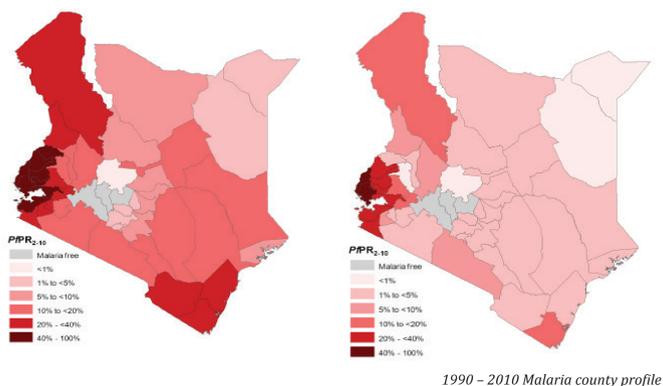


Improving better pregnancy outcomes: Use of Community Health Workers (CHWs) in identification and referral of pregnant women not accessing intermittent preventive treatment (IPTp) in Kenya

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Epidemiology of Malaria in Kenya

Malaria Mapping 1990-2010 Showing reduction in prevalence

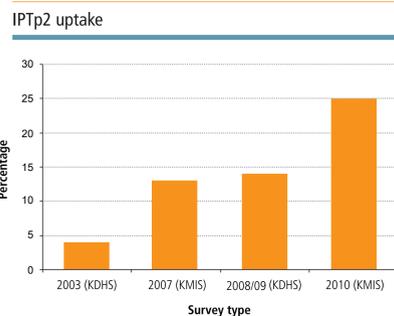


Background

- Infection with malaria in pregnancy (MIP) increases risk of
 - Maternal anemia,
 - Fever and preterm delivery,
 - Stillbirth,
 - Intrauterine growth retardation,
 - Neonatal mortality

IPTp uptake

- Effective malaria prevention measures are available but coverage rates in Kenya have remained low



To increase uptake of IPTp the Division of Malaria Control and Division of Reproductive Health used the Ministry's community health strategy approach to scale up IPTp uptake

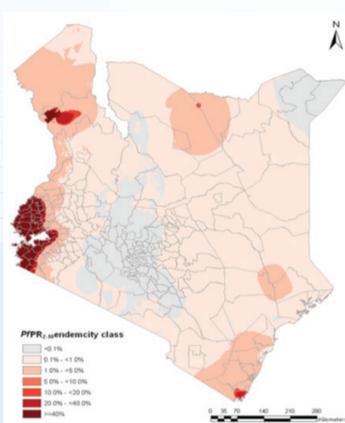
Scaling up IPTp uptake

Policy: Provision of IPTp using SP in malaria endemic areas

Goal: To increase IPTp uptake



Target: 14 malaria endemic counties



Activity: Use of CHWs to sensitize the community



Methods

- Capacity building of sub-counties to roll out community-based MIP activities
 - Selection of districts in malaria endemic counties
 - Identification of operational community units
 - Training of TOTs on facility orientation skills and community MIP (cMIP)
 - Training of Community Health Extension Workers (CHEWs) by TOTs
 - Training of CHWs by CHEWs



CHW training session by CHEW



Community Based Health Information system (CBHIS) Household Register (MOH 513)

- Supportive supervision of CHWs

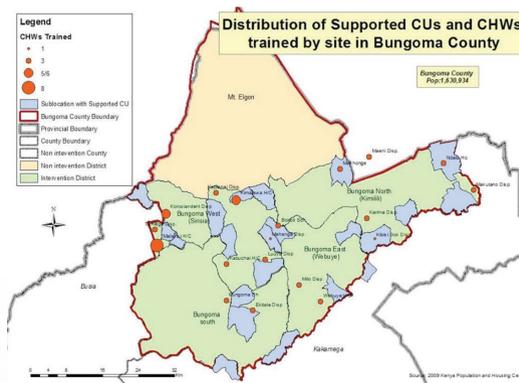
- Data quality audits on information collected by CHWs
- Mentoring of CHWs on MIP interventions.



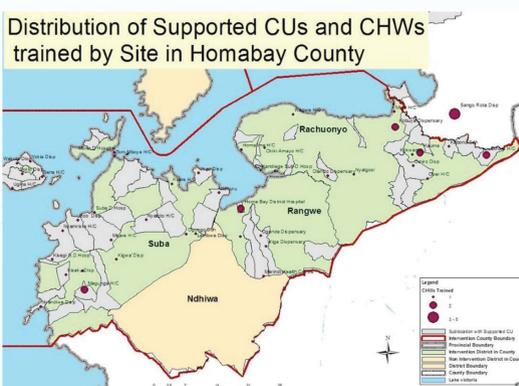
Data quality audit of information collected by CHWs

Results: Selected areas

Implementation areas



- 6 sub-counties in Bungoma county selected to roll out the community based MIP activities



- 5 sub-counties in Homa Bay county selected to roll out the community based MIP activities

Training

- 27 TOTs trained on community MIP (cMIP) activities and orientation skills (4 national, 6 provincial, 12 district, 5 MCHIP) and orientation skills
- 340 CHEWs trained on cMIP interventions and orientation skills
- 1,476 CHWs trained on cMIP activities and use of data collection tools (MOH 513, 514)
- Community data collection tools
 - Selected CUs provided with data collection tools (513, 514, 515)

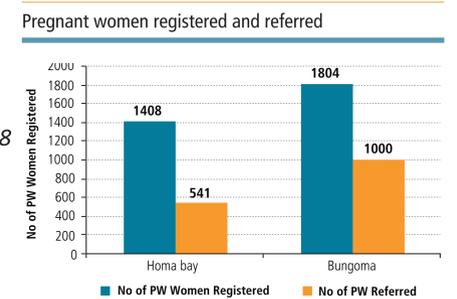


Training of CHWs by CHEW on use of MOH 513

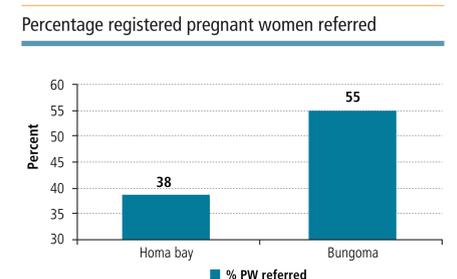
Follow up

Supportive supervision

- Data quality audits on MIP data collected by CHWs
 - Homa bay – information in 538 out of 560 (96%) CHW registers (MOH 513) audited
 - Bungoma – information in 469 out of 498 (94%) CHW registers audited



- Household particulars updated using MOH 513
- 3,212 pregnant women registered
- 1,541 (47%) of the registered pregnant women referred for ANC services



- Were either late in starting ANC attendance or IPTp after 1st trimester
- Defaulters of scheduled ANC visits
- 81% of the registered pregnant had accessed at least one IPTp dose

Conclusion

- Empowerment of CHWs in identification of pregnant women not attending ANC as scheduled and referring 47% of them has shown the potential of CHWs in identifying community members who should be accessing available health services like IPTp
- Scaling up of this community-based approach could ensure
 - Dissemination of health messages on importance, availability and utilization of available health services
 - Early ANC attendance and access to the available maternal health services including IPTp that would contribute to improved pregnancy outcomes
- Although 81% of the pregnant women had received at least one IPTp dose regular ANC attendance to access the required IPTp doses necessary to reduce the risks of malaria in pregnancy is still a challenge in Kenya as demonstrated by the low survey report of IPTp2 at 25%