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Ponya Mtoto: Expanding treatment for sick young infants in Kenya



The Ponya Mtoto project seeks to contribute to the reduction of deaths among sick young infants (SYIs) in Kenya from possible serious bacterial infections (PSBI) through implementation of the revised integrated management of newborn and childhood illness guidelines and adaptation of the 2015 World Health Organization (WHO) guidelines. The project directly responds to Kenya’s high neonatal mortality rate which is at 22 per 1,000 live births with sepsis contributing up to 20% of those deaths. The situation is aggravated by poor care-seeking, low caregiver awareness of PSBI presentation and management, inadequate staff, dysfunctional referral pathways and negative cultural beliefs and practices. These challenges contribute to frontline staff lacking confidence, knowledge and skills in PSBI management.

Ponya Mtoto is adapting World Health Organization guidelines for managing possible serious bacterial infection in young infants in Kenyan facilities when referral is not feasible.

Early diagnosis and timely treatment of bacterial infections can save the lives of thousands of young infants. Yet many babies present with non-specific signs and their infections are often not detected or diagnosed. When the signs of infections are detected, inaccessible hospitalization leaves babies at risk of dying. A majority of families do not accept referral for hospitalization of SYIs. For instance, 89% of care givers with SYIs declined referral in the Kenyan site of the AFRINEST study (2011 to 2013).

Ponya Mtoto Quick Facts

Location:

Bungoma, Turkana, Kilifi and Mombasa counties, Kenya

Duration:

2017 - 2020

Goal:

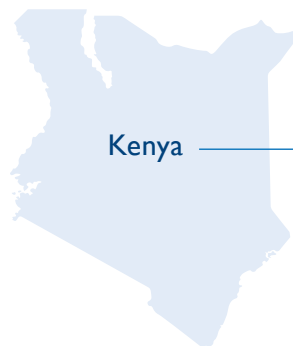
To contribute to reductions in young infant deaths from PSBI, through revision of national IMNCI guidelines

Partners:

- ▶ Population Council
- ▶ Kenya Paediatric Research Consortium
- ▶ Mount Kenya University

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Kenya

89%

of care givers with SYIs

DECLINED REFERRAL

in the Kenyan site of the AFRINEST study (2011 to 2013).

Kenya has recently incorporated the 2015 WHO PSBI guidelines into the national IMCI guidelines. In order to reduce the number of young infants dying from bacterial infections in Kenya, Ponya Mtoto researchers are conducting implementation research to identify service delivery and programmatic barriers that prevent SYIs with PSBI from accessing care and develop solutions in partnership with local teams. The local teams include the Newborn, Child and Adolescent Health Unit within the Ministry of Health, county, sub-county and facility level health management teams as well as community health unit teams comprised of a management committee, community health extension workers and community health volunteers in selected sites.

The purpose of the Ponya Mtoto project is to demonstrate that PSBI management is feasible, acceptable, and sustainable with its institutionalization as part of stronger postnatal and young infant care in Kenya.

The project is being implemented in four Kenyan counties – Bungoma, Turkana, Kilifi and Mombasa, which have higher newborn mortality rates than the national mean. The four counties demonstrate a representative mix of rural settings and urban slums, poverty and a nomadic pastoralist lifestyle that affect access to health care. Ponya Mtoto is being coordinated by a consortium of partners led by



the Population Council. Other partners include the Kenya Paediatric Research Consortium and Mount Kenya University. The counties, sub-counties and health facilities' management teams are responsible for implementing project activities. Implementation entails integrating PSBI/IMCI activities within county, sub-county and facility work plans in the context of existing IMCI service delivery platforms using a health systems approach. The project results framework consists of four areas.

RESULTS FRAMEWORK

Result 1:

New PSBI guidelines included in updated IMCI training and management protocols

Result 2:

New PSBI guidelines implementation demonstrated as feasible, acceptable, and sustainable in representative settings (including those where referrals are difficult)

Result 3

Increased utilization of quality PSBI and immediate post-natal care within 48 hours

Result 4:

National policy support for stronger platforms for newborn, postnatal, and young infant care, including PSBI management and other maternal and newborn priorities



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