The Urban Maternal, Newborn, and Child Health (MNCH) project, Kuboresha Afya Mitaani, will integrate typically siloed actors in the quality of care space in Nairobi such as women and families, communities, facilities and their providers, health regulators and actors in sanitation and air pollution into a ‘Quality Ecosystem’ in the informal settlements in Mathare and Kawangware. The project will be implemented over three years with funding from USAID.

Our target population are pregnant and postpartum women and children up to one year of age in the informal settlements, and the associated households and communities they live in. We estimate that our project will affect ~ 60,000 mothers and children. We will work with both the public and private facilities that provide MNCH health services in the target areas, collaborating with Nairobi Metropolitan Services (NMS). We are focusing on the care-seeking period that poses the highest risk for morbidity and mortality for mothers and infants. Global data shows that 88% of maternal deaths occur in the period between pregnancy and 42 days postpartum. Additionally, the majority of under-5 deaths in Kenya occur in the first year of life, making it a critical time period for health implementation strategies and promotion of vaccine coverage.

The Quality Ecosystem will include an iterative learning agenda along with activities including community engagement, empowerment of individuals through SMS PROMPTS, improved quality of care in the facilities that deliver care through health provider mentorship and quality improvement (QI), and a local policy environment that incentivizes and regulates quality of care in the health system (through cooperation with NMS and the Joint Health Inspection teams). This will culminate in multi-stakeholder forums to address challenges, and increase demand for better quality care. We will also look at some specific environmental challenges, including access to sanitation and exposure to air pollution, and create avenues for advocacy and potential solutions.

**KAM Quick Facts**

**Location:** Kenya - Mathare and Kawangware, Nairobi Metropolitan Area

**Duration:** 2019-2022

**Goal:** Use implementation research to better understand and improve MNCH outcomes for almost 60,000 of Nairobi's most vulnerable women and children living in the informal settlements of Kawangware and Mathare.

**Objectives:**

1. A multi-stakeholder, participatory environment is created where learnings from interventions and implementation research findings and can be embedded into an effective learning cycle
2. Mothers, households and communities are empowered to demand higher quality care at the right time and place
3. Health facility and frontline providers have increased capacity to deliver high-quality, life-saving care
4. Health management has the tools to increase the number of facilities providing high-quality MNCH services
5. Persistent environmental challenges and the barriers to deployment of solutions are understood within the context of target informal settlements

**Partners:**

- Jacaranda Health
- The Population Council
- Nairobi Metropolitan Services
- Sanergy
- Berkeley Air Monitoring Group

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ACTORS, ASSUMPTIONS & IMPLEMENTATION RESEARCH QUESTIONS

Women & Families
Assumptions: Women & families need to be informed and involved to be able to demand better quality care
Implementation research questions include:
- ** Appropriateness:** Is information provided by SMS (PROMPTS) relevant for mothers in informal settlements? Do mothers understand and absorb the messages, are they comfortable receiving messages during and after pregnancy, are there particular myths and misconceptions that mothers want addressed?
- ** Adoption:** Will mothers use PROMPTS? What is the uptake of and engagement with PROMPTS by pregnant women and new mothers in informal settlements?

Community & Health System Stakeholders
Assumptions: Communities and health system stakeholders need feedback mechanisms and a multi-sectoral platform to address barriers and identify solutions for systemic challenges
Implementation research questions include:
- ** Feasibility:** Is it possible to bring all various public and private stakeholders together to address issues?
- ** Adoption:** Will the groups take ownership/leadership of the process?
- ** Sustainability:** Are the forums likely to continue beyond the project timeframe?

Facilities & Providers
Assumptions: Facilities and providers need to be equipped to handle maternal and newborn emergencies and resolve facility-level bottlenecks
Implementation research questions include:
- ** Feasibility & appropriateness of mentorship in the context of informal settlements and private facilities.
- ** Feasibility of capacitating QI teams within public and private facilities (using the KQMH model)
- ** Sustainability of supporting QI training/meetings by recording county cost-share and ownership

Health Regulators
Assumptions: Health regulators need real-time, accurate data on quality of care & a way to incentivize accreditation
Implementation research questions include:
- ** Acceptability** (by both health system and community stakeholders) of summarized dashboards as a tool for reviewing quality indicators.
- ** Adoption** of the tools by Joint Health Inspection (JHI) teams and private facilities as the ‘gold standard reference’ for quality assessments.
- ** Feasibility** and acceptability of engaging licensed private providers in a meeting that connects them to regulators.

To combat challenges of quality, we need to involve all levels – women, their partners & community, the facilities where women/children seek care, and Nairobi Metropolitan Services

**Figure 1. The Quality Ecosystem**

**IMPLEMENTATION RESEARCH**

This project is built upon the idea that we should be learning as we go. We will apply an implementation research (IR) strategy to measure, review and adjust the project implementation strategies, as well as to foster multi-stakeholder and multidisciplinary partnerships. The project team together with the community, health system, and stakeholder forums will use findings from the periodic data collection and dissemination activities to identify opportunities and challenges that could affect project implementation. The project teams will use IR to improve on the available opportunities as well as test various approaches to address emerging implementation challenges with a view to ensuring that the proposed project strategies contribute towards achieving project outcomes.
As part of this process, the Population Council and Jacaranda Health teams will be leading several research activities to monitor, evaluate, and learn during the project, including:

- Household health survey
- Facility mapping exercise
- Community scorecards
- Focus groups and in-depth interviews
- Adapting SMS content and dashboards
- Monthly quick quality surveys with women
- Provider skills/knowledge assessments
- Facility assessments

**ACTIVITIES**

Due to the COVID-19 outbreak, Jacaranda Health and The Population Council pivoted to phone interviews and surveys for baseline in the second half of 2020, which led to the adaptation of content for SMS, and baseline data on household health, provider knowledge, and facility supplies. The baseline process continues with sanitation mapping and the air quality assessment. In the first half of 2021, we plan to launch other activities involving stakeholders, such as the multi-stakeholder forum, community scorecard, and human-centered design activities meant to promote community engagement and messaging. We will also promote infection prevention and sanitation practices, including handwashing.

**KEY OBJECTIVES**

1. **Initiate implementation research process and create a multi-stakeholder, participatory environment where results can be embedded into an effective learning cycle:** The KAM project is using implementation research (IR) to test assumptions, and inform strategy iteration. This includes completing formative studies that provide a deeper understanding of the individual, community, facility and environmental challenges, as well as creating relevant project forums to engage with IR outputs using Human-Centered Design approaches.

2. **Mothers, households and communities are empowered to demand higher quality care at the right time and place:** The KAM project is adapting existing digital tools for the informal settlement context. Utilizing two-way text messaging, the project will send health messages, screen for danger signs, and conduct client experience surveys. Key metrics will be shared stakeholders in a monthly dashboard. The project will also use Community Scorecards to increase linkages between facilities and communities.

3. **Health facilities and frontline providers have increased capacity to deliver high-quality, life-saving care:** The project will train providers in Emergency Obstetric and Newborn Care (EmONC) and Quality Improvement (QI) in the project sites, and empower nurses as "in-facility mentors" to lead their peers through simulations and lectures on these topics. The providers will be able to track facility progress through delivery observations and knowledge checks.

4. **Health management has the tools to increase the number of facilities providing high-quality MNCH services:** The project will support health system stakeholders to have better, real time indicators for quality of care, and simple cost-effective ways to track patient experience and satisfaction. The project will also work with health management officials to chart pathways for improvement, particularly for private and informal providers.

5. **Persistent environmental challenges and the barriers to deployment of solutions are understood within the context of target informal settlements:** The KAM project is partnering with environmental experts to assess the state of air quality and sanitation within the project areas. As a result, the project team will develop pathways and solutions to pilot, to improve the most important environmental factors affecting mothers and young children in informal settlements.