



Maternal Access and Infant Survival for Health Advancement

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Final Report – Executive Summary



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Executive Summary

MAISHA, which stands for the Maternal Access and Infant Survival for Health Advancement project, is also the Swahili word for “life”. MAISHA was a maternal, newborn, and children’s health project funded by the Government of Canada and implemented in Migori County and Nyeri County, Kenya, by College of the Rockies in partnership with Kenya’s Dedan Kimathi University of Technology between 2012 and 2017.

MAISHA aimed to contribute to reducing maternal and infant mortality rates in Migori and Nyeri Counties by reinforcing the health care system at the community level and by increasing the number of births attended to by a skilled professional. If community health workers have the skills and simple equipment they that they need to provide women the services they require during pregnancy and childbirth, if community health messaging promotes the actual use of these services, and if women respond accordingly, lives will be saved.

MAISHA’s approach was in contrast to development projects that focus on the overall system or on the construction of facilities, infrastructure improvements or the acquisition of high-tech, expensive and possibly not relevant equipment. Rather than focusing on things, MAISHA focused on enhancing human capacity, building knowledge, and changing behaviours.

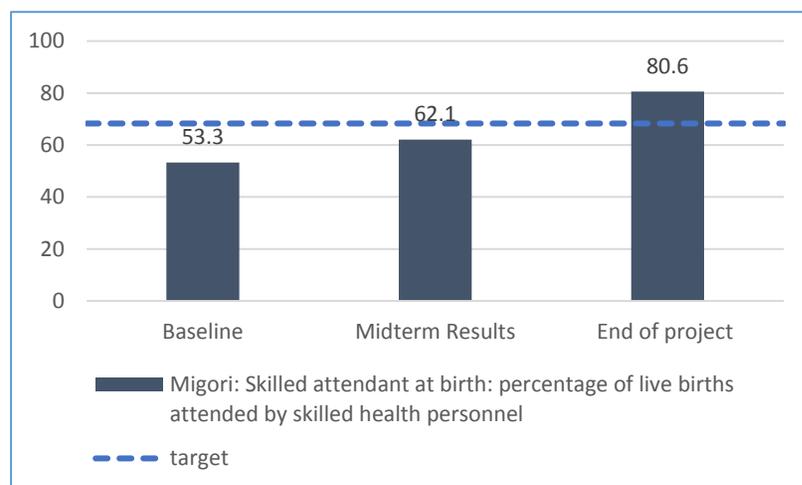
- MAISHA trained the staff attached to community health facilities to ensure that they have emergency obstetrics care skills so that they have the ability and confidence to intervene as necessary when complications arise.
- MAISHA provided the enabling environment for staff attached to community health facilities to exercise their skills by providing the simple, low-cost and context relevant equipment and supplies that they need, such as low-tech bag-and-mask resuscitators.
- MAISHA trained community health volunteers, including traditional birth attendants, on the importance of skilled birth attendance and ante- and post-natal care, and provided them with the skills to transmit these messages to community members.
- Using community health volunteers and *reformed* traditional birth attendants, MAISHA promoted behavioural change such that women, who might (not normally) have done so, will make use of enhanced community health services.

Everything undertaken by MAISHA in pursuit of improving women’s and children’s health outcomes in Kenya involves enhancing knowledge, building skills and changing behaviours. In large part, this underscores the importance of such a project being implemented by post-secondary institutions in Kenya and Canada as this is what such institutions do well.

The project culminated in November 2017 at a stakeholders’ symposium in Nairobi at which time it was noted that the project exceeded its performance targets related to increased quality of gender-sensitive health care available to maternal, newborn, and infant clients. Perhaps most significantly, though, the stakeholders’ symposium highlighted that the project exceeded its targets with respect to the indicator that best tells the story of the project’s performance: births attended to by skilled health personnel. At

the end of the project, over 80 percent of live births in areas of Migori County supported by MAISHA, and over 98 percent in Nyeri County, were attended to by skilled health personnel.

Skilled attendant at birth: Migori County



It was largely considered at the outset of the project that the most significant result that would impact the project's ultimate intended outcome was the use of skilled attendants at birth (in facilities). Therefore, the 27 percentage point increase in the live births attended to by skilled personnel in Migori County is an important validation of the MAISHA approach. While Nyeri, at project end, scored significantly higher regarding skill attendant at birth than Migori County, it is important to note that the room to grow was limited in Nyeri given that baseline data reported that over 93 percent of births were already attended to by skilled birth personnel at the outset of the project.

The project was successful, and the MAISHA approach validated, in large part due to three important innovations:

- Emergency obstetrics training was made more efficient and relevant. The project adapted a standard five-day emergency obstetrics care training by focusing it (turning EmOC into FEmOC) on what is truly relevant in the community health context and reducing the amount of time required for the training.
- Traditional birth attendants were not ignored by treated as agents of change. The project accepted that traditional birth attendants are a fact and that the best approach to take is appeal to their underlying motivation with a view to reorienting their efforts towards activities consistent with ensuring the health and wellbeing of women prior to and during birth.
- Non-financial incentives ensured sustainable community contributions. The project ensured a high retention rate and effectiveness of community volunteers to build knowledge by enhancing their status in their communities and providing them with training (e.g., income generating activity training) that has been greatly valued by them.

Incorporating lessons learned from the project, the MAISHA model is poised to be scaled-up, particularly in areas of Kenya that are at a similar level of development as Migori County where both the needs and the potential for gains are the greatest.

- Great gains have been made with respect to traditional birth attendants and these need to be sustained. Financial incentives provided through projects are not sustainable. However, MAISHA demonstrated that traditional birth attendants are both effective, gain status, and hence remain engaged in an effective manner, through training and capacity building. A scaled-up effort could provide traditional birth attendants with the knowledge and skills to become *community birth companions*, through the systematic development and implementation of a multi-level, formalized competency-based education and training program, and with the highest level of training / certification to be provided would result in a small number of trained trainers.
- The MAISHA project's innovations to emergency obstetrics care training benefited only four community facilities in Migori County. Many more could benefit from such an approach by expanding a focused delivering of emergency obstetrics care training elsewhere in Migori and in other rural districts in other counties.
- An applied research component should be built into a scaled-up project from the outset. For instance, a scaled-up project, in addition to expanding with Migori County, could incorporate, for the sake of comparison, another county in Kenya that is at a similar (low) level of development as Migori, but have other contrasting characteristics (e.g., different predominant ethnic group, religion, predominant political affiliation, etc.)
- The gender strategy employed by MAISHA could become even more comprehensive by given due regard to the sexual and reproductive health and rights of adolescent girls. Moreover, the role of men in contributing to positive health outcomes for women and children could be a more prominent feature of a scaled-up effort.
- MAISHA piloted an innovative form of business planning training for community health volunteers as a non-financial incentive to engage and to remain engaged after the project ended. This could be expanded and deepened.

Project implementation was not without its challenges. Project personnel had to adapt to the devolution of powers to new county governments. After implementation began, the Government of Kenya introduced free maternal healthcare. And, throughout the final year of implementation in 2017, the project schedule was affected by events related to Kenya's 2017 elections.

The project succeeded in the face of such challenges, perhaps in large part by transitioning almost exclusively to Kenyan-to-Kenyan-led interventions, with College of Rockies playing more of a support role. This support role included Canadian student and community member involvement in the project, which proved to have added value to the project. Finally, by working closely together for over five years at an institutional and personal level, the relationship between College of the Rockies and Dedan Kimathi University of Technology was deepened with this relationship serving as a manifestation of solidarity between Canada and Kenya.