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Ponya Mtoto
Expanding treatment
for infant sepsis in Kenya



Management of Sick Young Infants with PSBI where Referral is not Feasible in Kenya:

Experiences, Challenges and Early Lessons Learned

September 2018



Mount Kenya University



Background

- Bacterial infections a leading cause of newborn deaths
- Kenya has high NNM rate (22 per 1000 live births) with sepsis contributing up to 20% of deaths
- Poor care seeking, low caregiver awareness, dysfunctional referral pathways and negative cultural beliefs worsen situation
- Reducing this burden requires timely case identification & initiation of suitable antibiotic treatment
- Evidence from WHO clinical trials in Africa and Asia showed that simplified antibiotic regimens for sick young infants provided at primary health care level when referral is not feasible are effective and can save lives

Project goal, sites and partnership

Goal: To contribute to reductions in young infant deaths from PSBI, through revision of national IMCI guidelines and management protocols for newborn care

Sites: Bungoma, Turkana, Mombasa and Kilifi counties

Partnership: Population Council, Kenya Paediatric Research Consortium (KEPRECON) and Mount Kenya University.

Project implementation teams are:

- ✓ County and sub-County Health Management Teams (C sub-CHMT)
- ✓ Health facility management teams
- ✓ Implementing partners working in the area of MNH/Newborn care

Focus: Use of Implementation Science to improve health systems (informed by early adopters)

Project name: *Ponya Mtoto*

Progress in Policy Adoption

- Kenyan delegation attended the Addis Ababa PSBI dissemination meeting in January 2018.
- Kenya revised IMNCI guidelines to incorporate PSBI in February-March 2018.
- MOH finalized development of neonatal register (April-July 2018) and it is now being piloted
- Each County now has focal person for NCAH activities.
- MOH launched Newborn Care Handbook for PHC Workers that incorporates PSBI in April 2018.

Current Focus

- Continuous advocacy activities at national and county levels as well as with professional bodies
- Counties are integrating the management of PSBI activities in their work plans based on results of formative assessment
- Working with the counties to strengthen CHV follow-up activities for managing SYIs
- Working with the MOH and partners to revise or adopt tools in order to strengthen follow-up activities for the SYIs on day 4 and day 8.
- Exploring various modalities for CPD/trainings

Early Lessons Learned

- Policy level dialogue were useful in initiating changes/revisions for IMCI guidelines, neonatal registers
- Champions at national, county/sub-county and health facilities levels key in ensuring the implementation of project activities
- In a decentralized context, maternal health seems to receive prominence over newborn care
- Government leadership (at all levels) critical for successful implementation of IMNCCI/PSBI activities

Challenges

- Shortage of staff especially in lower HFs making triaging, assessment, classification and Tx a challenge
- inadequate information on how to conduct follow-up of SYIs on Day 4 and during post-treatment (on Day 8)
- Barriers such as negative cultural practices contribute to delays in care seeking for SYIs with PSBI
- Weak linkage between HFs/providers & CHV activities contribute to poor follow up of SYIs with PSBI
- Some HFs do not have community health units (CUs) - hence no active CHVs to assist in following up SYIs with PSBI at community level.
- Lack of data tools for follow-up of SYIs with PSBI.
- Current registers do not comprehensively capture PSBI cases