

# Tekeleza

**Enabling mothers & children to thrive**

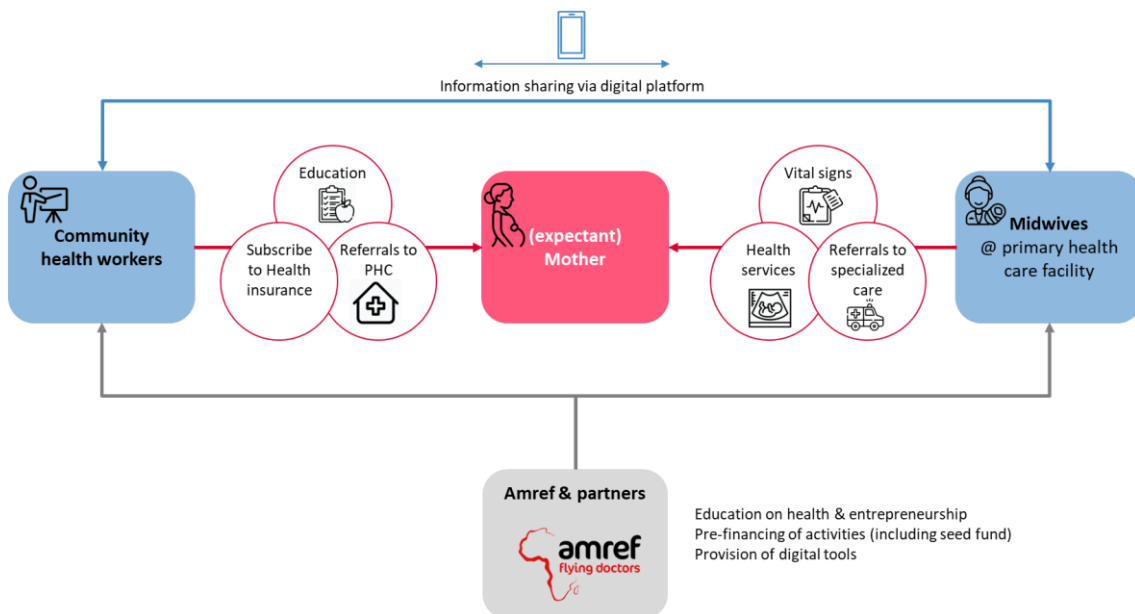
Concept note



# Innovative maternal and neonatal primary health care

Tekeleza wants to give mothers and their newborns a fair chance at a healthy life, by bringing essential health services closer to their homes, and improving their care seeking experience.

It does so by innovating on how mothers and health workers are educated on a healthy pregnancy journey, and improving on the quality of care at the primary health care (PHC) facility level through public-private collaborations:



Tekeleza drastically improves on existing practices in primary health care settings by:

- Informing mothers and empowering midwives by the innovative use and integration of trusted digital solutions.
- Making care more affordable and accessible by bringing value added services to primary health care settings, such as ultrasound screening using portable ultrasounds and subscribing more mothers to free pregnancy insurance.
- Improving access to medical equipment by innovative models such as Public Private collaborations.
- Empowering health workers to generate additional income, for example through a community health worker (CHW) seed fund.

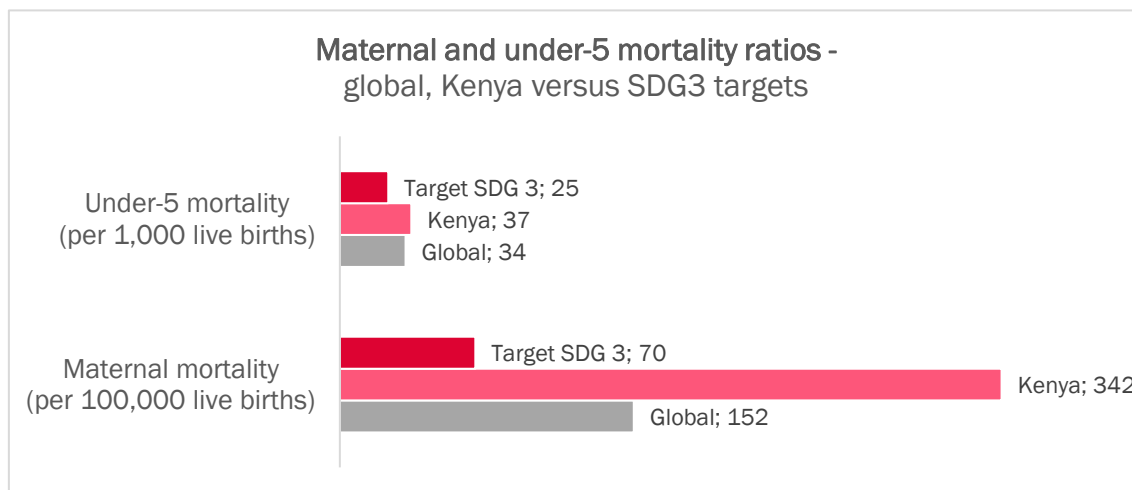
And aims to contribute to the following SDGs:



## Problem statement

The death of a woman in pregnancy and childbirth is globally considered an individual tragedy and a human rights violation. Recent research demonstrates there are disastrous consequences of infant and child mortality, loss of economic opportunities, and spiraling cycles of poverty in the families and communities where women die giving birth.

Despite decades of action of maternal and child health, mortality rates continue to be high, and the achievement of the SDG targets is under pressure.



Tragically, most maternal deaths are preventable by early detection through antenatal and postnatal care and appropriate management of complications whenever they arise.

In Kenya, less than 50% of pregnant women attend four antenatal care (ANC) visits. Only 16% of pregnant women access ultrasound screening services as recommended by WHO before 24 weeks gestation and only 58% access blood pressure monitoring during pregnancy.

Limited utilization of maternal, newborn, and child health care (MNCH) services is due to a lack of understanding amongst the (expectant) mothers of the role of ANC, cost of care in primary health care settings, cultural barriers, as well as the distance to health facilities, and lack of transportation. These gaps are pronounced across socioeconomic and geographic strata with women in poorer, rural communities experiencing significantly worse outcomes than those in wealthier, urban centers.

If the women seek care, quality of care is lacking due to the lack of adequate diagnostic services and timely referrals, lack of respectable care in facilities, and shortage of qualified health workers. Most public health facilities have no functional equipment to provide proper tests like ultrasounds. Availability of commodities can be a cause of lacking under-five vaccination for children.

Improving pregnancy outcomes, including the mothers' and children's health, impacts not only the lives of the women themselves, and their families, but also the communities they are part of.







## Impact

Tekeleza contributes to the following SDGs: 1, 2, 3, 4, 5, 8 and 17:

- Tekeleza improves linkages between the community and the primary care level, and targets women of reproductive age (15-49), mainly living on an income below 1,000 Ksh / month (100 euro), that have finished primary education. Keeping the mothers in good health also benefits their households. With Tekeleza they benefit from accessible qualitative care at the community level without falling further into the poverty cycle. It also improves access to newborn care, immunizations, and nutrition. [SDG 2, 3]
- The CHWs targeted by Tekeleza will increase their skill level through mobile based training. They will benefit economically as they will receive a referral fee for the ultrasounds. The CHWs will also receive digital tools for referrals and social health insurance (NHIF) registration, which will improve their efficiency in administrative tasks. Via the Mobile Obstetrics Monitoring (MoM) application, CHWs are in direct contact with the midwives for the monitoring of the (expectant) mothers. [SDG 1, 3]
- The entrepreneurship training of the CHVs will improve their income. [SDG 1, 4, 5, 8]
- The midwives will be trained to use and interpret ultrasounds. This will improve their skill set and future employability. They will benefit economically as they will receive a fee for service for conducting the ultrasounds. [SDG 1, 4, 5, 8]
- The PHC facilities will increase their footfall thanks to the demand for ultrasounds, which will allow them to service more mothers on all MNCH services. Health facility administrators will be trained on health insurance administration, improving their claims success rate and as a consequence facility revenues. By reinvesting the revenues into MNCH care, public primary care facilities can deliver higher quality MNCH services in underserved areas. [SDG 1, 8]



# Tekeleza innovates on health education and digitizes primary health care service delivery

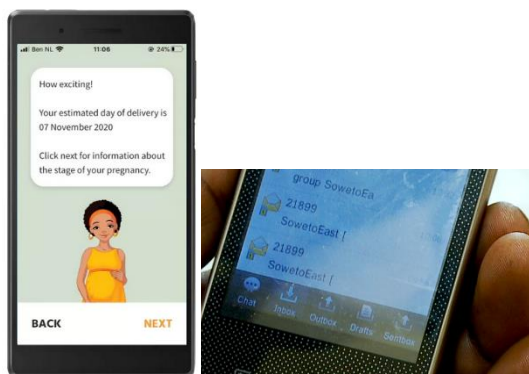
## Innovation on health education

Tekeleza will deploy three innovations to improve delivery of health information to expectant mothers:

**LUCY:** (basic) smartphone app developed by Health[e]Foundation that provides health information related to antenatal care visits, vaccinations, nutrition, and helps overall birth preparedness of women. It supports healthcare professionals and CHWs in their daily work as the app reinforces their messages and informs their clients in between antenatal and postnatal visits. After downloading available offline.

**Leap:** Amref's mobile learning platform for CHWs that is compatible with basic phones, so suitable for geographical areas with poor access to internet connectivity. In Tekeleza Leap will be used to enhance CHW's capacity to educate and mobilize pregnant women at the household level to seek skilled pregnancy care and skilled birth attendance. IVR and text based.

**Jibu:** Amref's learning platform that is compatible with smart phones and is often used for training facility-based health workers. Jibu currently has 60.000+ registered users. In Tekeleza, Jibu will be used to bridge knowledge gaps on Skilled Pregnancy and Birth Care among midwives and hospital administrators' knowledge of health insurance administration processes in the selected health facilities.



## Digitization service delivery

Tekeleza digitizes primary health care service delivery by providing health workers with proven digital innovations to deliver their work:

**M-Jali:** Mobile-Jamii Afya Link (M-Jali), is Amref's innovative solution for improving collection, analysis and dissemination of community data. It provides governments and health facilities with access to timely, accurate and complete health data. This information is critical to governments for effective and efficient allocations of health interventions and resources.

**Lumify:** point of care ultrasound solution from Philips, that can be used for pregnancy screening to determine pregnancy viability. In Tekeleza, midwives will be trained on screening at the primary care level, and are mentored by radiographers.

**Mom:** Mobile Obstetrics Monitoring (MOM) innovation by Philips for end-to-end continuous monitoring of pregnant women's vital health indicators at the facility and community level. In Tekeleza it will be used to link the CHWs in the community and midwives at the facility to monitor the progress of pregnant women while away from the facility to mitigate pregnancy risks.



## Scaling

Tekeleza builds on previous projects to train midwives on entrepreneurial skills and ultrasound screening. To date, over 3,388 women have been screened through this program. By expanding the program into community care by involving community health workers, improving on the financial model and contributing to the appropriate regulatory frameworks, Amref aims to position Tekeleza for scale within and beyond Kenya.

Tekeleza brings innovations, that have proven successful in similar contexts (LUCY, MoM) to new counties in Kenya. The innovations link the community and primary health facilities, and seeks to develop and test a financial model that allows for sustained funding of the innovations through increased revenues at the facility and community level. It improves on existing educational materials by adding principles of behavioral science (in collaboration with Bursara) and nutrition (in collaboration with DSM). It aligns educational information across mothers (LUCY), community health workers (Leap) and nurses/midwives (Jibu).

By adequate integration of the digital solutions, Tekeleza strengthens data-informed decision-making from the household level, through the facility all the way to the policy level.

Tekeleza is a Swahili phrase that means “to implement a decision”. Many digital technologies have been tested, yet few brought to scale. Tekeleza aims to integrate the different successful solutions and improve the financing modalities, so that the innovations can move beyond pilot scale.







**For a strong and  
healthy Africa**

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