CICF Learning Series

Lea Mimba (Take Care of Your Pregnancy) Pregnancy Clubs:

A Group Based Model for Antenatal Care in Kakamega County, Kenya

April 2019

Background

Pregnancy and childbirth can be a stressful, isolating, and often dangerous time for women and their newborns. Kakamega County in western Kenya has high levels of maternal deaths and lower than average coverage of essential maternal and newborn health services, including antenatal care (ANC). Only 45% of women receive at least four antenatal visits, and slightly less than half (47%) deliver with a skilled birth attendant compared to the national average of 61%.[1]

Good quality ANC should support healthy behavior, link women and communities with the health system, and lead to improved health through the life cycle. Although many women come once for ANC, fewer come back for revisits throughout their pregnancy. Women, and in particular adolescents, face a range of barriers when accessing care during pregnancy, including negative attitudes of clinic staff, long waiting times, and costs for services and transportation.[2] In addition, the traditional one-on-one ANC model does not meet women's needs for counseling and support and for social connections with other women.

Project Overview

In 2017, Management Sciences for Health (MSH), in partnership with the Kakamega County health management team (CHMT) and the Kenya Progressive Nurses Association (KPNA), implemented an innovative service delivery model for ANC that is more responsive to women's needs for social support without overburdening health care providers. Lea Mimba, which means "take care of your pregnancy" in Swahili, brought women at similar stages of pregnancy together with a health provider. They shared experiences, learnt essential health information and self-care practices, supported each other socially and emotionally, and developed a sense of community. Women met over the course of their pregnancy (seven visits) with the same women and health provider.

MSH tested the effect and acceptability of this new model for ANC, with funding from the County Innovation Challenge Fund by UKAID. Lea Mimba aimed to improve maternal and newborn health in Kakamega County by:

- Increasing women's and adolescents' use of ANC services
- Improving the quality of care and ensuring respectful care
- Supporting healthy behaviors during pregnancy

Through human-centered design, in collaboration with Finland-based M4ID, MSH engaged women and health providers to co-create and adapt the model to be responsive to their needs.

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Community engagement and advocacy activities included:

- **Community cohort meetings** where pregnant women discussed and implemented income-generating activities
- **Community health volunteers** (CHVs) encouraging and referring women to visit the health facility for their ANC visits
- **Advocacy** with the CHMT to support financial and human resources investment to scale and expand the model to other facilities in Kakamega county
- **Community events** with key influencers—chiefs, religious leaders, teachers, and others—to share information about the Lea Mimba clubs and to stress the role of ANC in supporting the health of the woman and newborn baby

Results

A mixed-methods approach assessed the effect and acceptability of this contextualized group ANC model. Data showed that the intervention increased retention in ANC by all women, though these findings must be treated cautiously and more research is needed to understand this effect. Satisfaction with ANC services almost doubled in all respondents, and this effect was even greater among young women. Similarly, women at endline were almost twice as likely to have made two birth preparations as compared to women at baseline. We found no evidence in changes in knowledge (knowing at least three ways to improve or maintain health) and no significant increases in women's empowerment.

Based on interviews and focus group discussions, women and stakeholders (county health officials, health providers, CHVs, and facility managers) involved in the Lea Mimba clubs positively viewed this new approach for ANC. They valued the group model because it:

- Ensured that services reflect the needs of the people they serve (people-centered)
- Provided social support by improving the interactions between health providers and women
- Provided more and improved counseling and information—women were empowered to ask questions and speak freely with each other and with their health provider.

Women reported that they felt a much stronger bond with their health providers and were less fearful and more trusting. Health providers reported learning valuable information about the community they serve. First-time mothers found the practical information and tips (how to clean the baby's navel, how to breastfeed, etc.) important in helping them take care of their pregnancy and newborn baby. Even those in their second or third pregnancy talked about learning new things that they had not known previously. Both health providers and women noted the friendships that they formed with each other. They communicated outside of the group setting (through WhatsApp and phone calls) and stayed in touch after their delivery to exchange gifts and share their "Lea Mimba babies." Almost all women interviewed would recommend Lea Mimba to their friends, sisters, or other family members. Finally, health providers and district health officials perceived that Lea Mimba led to improved ANC retention.

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During the implementation period, **1,652 women** were enrolled into cohorts across the 6 project facilities, with an average cohort size of **10.2 women.**

Challenges

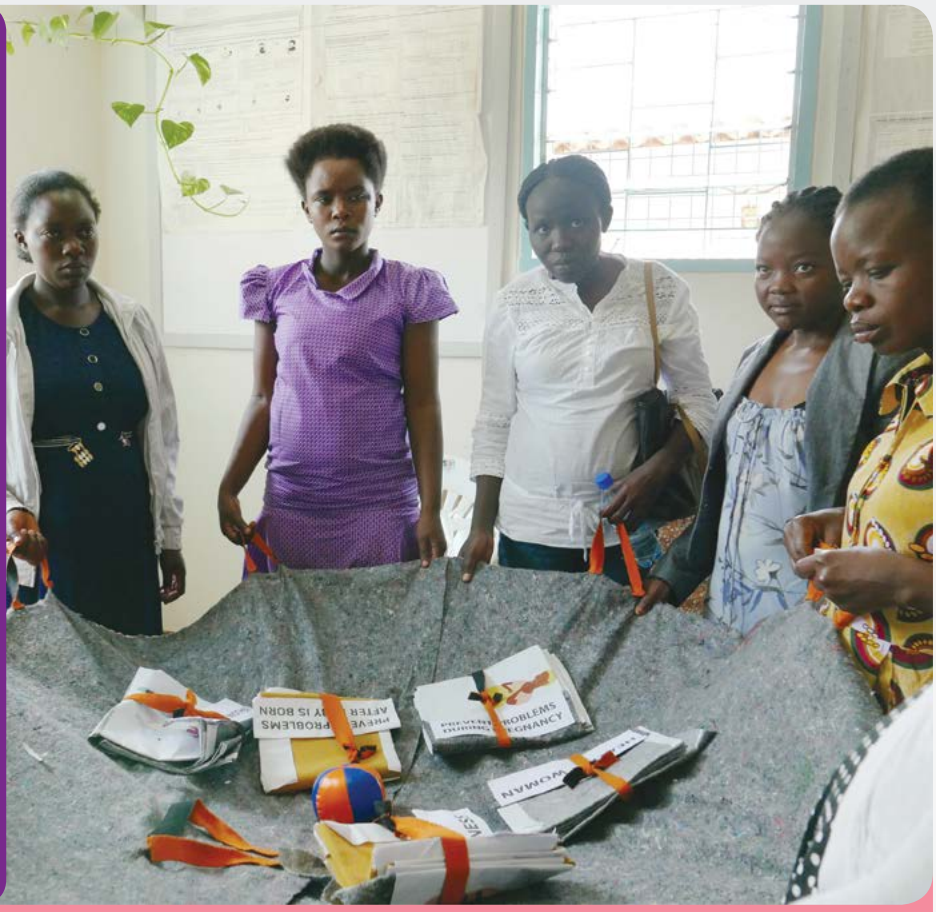
Health providers, facility managers, and county health officials identified staff shortages as the main challenge to effective implementation. These shortages caused increased waiting times, as some women would come earlier than their scheduled appointment and would have to wait for others to arrive or until the health provider had completed attending to other tasks. Some facilities implemented local solutions to address this challenge, for example, by utilizing CHVs to facilitate the introductory sections of the sessions and bringing in off-duty health providers to facilitate group visits.

Conclusion and Next Steps

The pregnancy club approach holds promise for better meeting the social support and informational needs of women and adolescents and for improving the quality and coverage of ANC. Group ANC reflects an important change in how ANC services are delivered and organized and how health providers and women interact with each other. Further improvements and modifications to the model are needed to ensure that challenges are addressed and that the model can be sustained and scaled across the county.

Women participate in co-design of the Lea Mimba Pregnancy Club. Credit: M4ID

Through facilitated discussions, the health provider used picture cards to **encourage discussion** and **share information** about maintaining a healthy pregnancy.



> I never imagined I could take care of my pregnancy, I never saw myself taking care of a child and using family planning, I thought it was a lot of work. But after the Lea Mimba lessons, I can do all these things.
>
> **Adolescent**

> There is also benefit on the side of the health care provider. We also learn a lot from these groups in terms of how they perceive the services that I am providing...they get used to you and to the facility and they are free...If there is a concern, they can tell you. So it is also a way of getting feedback from them.
>
> **Health provider**

Footnotes

1 Kakamega County Multiple Indicator Cluster Survey 2013/14, Final Report. Kenya National Bureau of Statistics, Population Studies and Research Institute and United Nations Children's Fund; 2016.

2 Mason L, Dellicour S, Ter Kuile F, et al. Barriers and facilitators to antenatal and delivery care in western Kenya: a qualitative study. BMC Pregnancy Childbirth. 2015;15. doi:10.1186/s12884-015-0453-z

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