Project Title:

BRAVINS MATERNITY AND RESCUE CENTRE

Project Location:

Kisii, Kenya

Applicant/Contact Person:

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Project Duration:

Twelve (12) Months

Project Cost/Amount Requested:

USD 5 million

Date:

November 2021

Bravins Maternity and Rescue Centre, Kisii

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Preamble

Kenya is a country located in the eastern region of Africa. Its territory covers 142,600 square kilometers and is bordered by Uganda and Ethiopia to the west and north, Somalia to the east, and Tanzania to the south. It is a low and middle income country with a gross national income (GNI) per capita of $1,110; a population of 8.7 million; and a poverty headcount rate of 31.3%.1 2. Bravins Maternity and Rescue Center is committed to the attainment of SDGs targets for neonatal and infant mortality. The country's current child mortality rates are 20 neonatal deaths per 1,000 live births and 37 infant mortality rates. Maternal mortality is also higher in Kenya. The attainment of the MCH-related SDG3 targets is constrained by systemic health sector issues such as inadequate funding for and delivery of quality health care services, insufficient human resources, and the population's limited awareness of the importance of MCH. Other impediments to MCH outcomes outside the health sector are poverty, geography, and lack of access to health prenatal care. Achieving better health for all is an important part of Kenya's Vision 2030. The strategy regards ADB's support for improving quality and coverage of health services and reducing the out-of-pocket expenses incurred by the poor as essential in addressing impoverishment.

The constitution of Kenya provides the basic right to life to all the individuals; right from the time of birth. Though the right to life is supreme and is of global focus and recognition, there have been and still exist high level unwanted pregnancies among teenage girls and even married women. We have many cases of young girls who are chased from their homes by parents when they get pregnant before marriage. This not only curtails their right to parental support and protection but also hinders their right to development and growth. At family level, there are many reported cases on unwanted pregnancies and whenever this happens, the blame is on the wife leading to family conflicts and sometimes separation.

Through the different campaigns for life by different pro-life organizations, most of the teenage girls and married women have developed a strong hold for the protection of life. However, this comes with a cost. Young women have been disowned by their relatives in their bid to keep unwanted pregnancies. Married women have also been divorced due to their insistence to keep unplanned pregnancies. We also have many suicide cases following family rejection due to unwanted pregnancies.

These young girls and women face enormous challenges in trying to seek refuge in safe and protective environments. Newborn babies have been found thrown in ditches, others are saved from pit latrines while others are sold to needy families; not as their mothers' choice, but due to pressure from immediate family, relatives and friends. Worse still, many pregnant girls and mothers, seek abortions at backstreet clinics that have no adequate capacity to conduct professional and hygienic pregnancy terminations leading to death of the seekers. Depression has also contributed to the high rise in these cases. A recent study in Kenyan population revealed that depression has reached an alarming state due to unwanted pregnancies and family rejection. There is a dire need for the lives of both the mother and the newborn to be safeguarded in a safe and conducive environment.

Kisii County is characterized with high population and diminishing economic opportunities due to high population density. The primary economic activity is agriculture which has been experiencing decreasing output due to small land mass and diminishing land fertility. Consequently, the situation has resulted in high poverty with a large rural population not able to afford basic needs such as care and support for unwanted pregnancies and where children are born, they experience malnutrition due to poor feeding with high child mortality rates. Cases of unwanted pregnancies among young girls and married couples are common.

Most of the cases are as a result of unprecedented circumstances such as poverty among pregnant teenage girls and lack of cooperation from the husbands and extended family members in case of married women.

Recent studies have demonstrated that cases of fatalities rising from attempted abortions (due to forced circumstances) and those of child lose through birth as a result of poor prenatal and postnatal care, have been increasing despite advancements in health technology and systems.

The proposed Bravins Maternity and Rescue Centre seeks to provide a solution through construction of a maternal home that will focus solely on nursing rescued girls and mothers, and their newborns. Bravins Maternity and Rescue Centre will offer maternity care to pregnant girls and women and accommodate those who will be rescued from the pains of their stand for life.

The Situation

An estimated 515,000 women die of pregnancy-related causes, a rate of over 1,400 maternal deaths each year. The overwhelming majority of these deaths and complications occur in developing countries like Africa. Effective antenatal care (ANC), appropriate emergency treatment of complications and competent referral level encompass the most effective answers to reduction of maternal deaths.

Every minute, at least one woman dies from complications related to pregnancy or child birth that means 529 000 women a year. In addition, for every woman who dies in childbirth, around 20 more suffer injury, infection or disease approximately 10 million women each year. Studies reveal that the cause of maternal mortality in developing countries is mostly due to poor accessibility to maternal health's service poor referral to appropriate antenatal and delivery care unit, and inadequacies of available care. These studies suggest that most of the maternal deaths were preventable with improved coverage of antenatal care, safe delivery and postpartum care. There are regional variations in antenatal care utilization rate basically due to differences in the availability of health care facilities, among the regions during 1985-1990, antenatal coverage rate for the whole Africa was 60% compared to 99% for developed countries.

The question of health in a third world country is critical. The struggle for daily bread among the Kenyan population, especially among the majority poor has resulted in fatalities arising from neglected maternity care for mothers. Pregnant mothers do not exercise healthy diets for themselves and for their fetus. This risks the loss of the lives of the mother and child as a result of resulting ill-health. The transmission of diseases from either mother to newborn or newborn to mother is at high risk if proper care of both mother and newborn is not prioritized. Young ladies who get pregnant unprepared receive the reality about their pregnancy as shock, and some of them seek cheap and unsafe methods of abortion. This is largely contributed by poor community sensitization about pregnancy and the sanctity of life, a midst the lack of ready rescue centers to take care of such ladies whose parents or guardians are engaged in the busy hustles of life, and thus do not create time for the expectant child.

Much progress has been made in coverage of births in health facilities. However, reductions in maternal and neonatal mortality remain slow. With increasing numbers of births in health facilities, attention has shifted to the quality of care, as poor quality of care contributes to morbidity and mortality. The period around childbirth is the most critical for saving the maximum number of maternal and newborn lives and preventing stillbirths.

To realize this vision, WHO has defined "quality of care" and has prepared a framework for improving the quality of care for mothers and newborns around the time of childbirth. The health system provides the structure for access to high-quality care in the two important, inter-linked dimensions of provision and experience of care. Within this framework, Bravins Maternity and Rescue Centre will work towards realization of its vision, which will be the basis for a systematic, evidence-based approach to providing guidance for improving the quality of maternal and newborn care. It will focus on six areas which are clinical guidelines, standards of care, effective interventions, measures of quality of care, relevant research and capacity-building.

Standards of care and measures of quality will be prioritized because it is the key to ensuring the quality of care. Standards explicitly define what is required in order to achieve high-quality care around the time of childbirth. In the first phase, a rigorous approach has been used to identify existing resources, conducted an extensive literature search and mapped the standards of care of various organizations in order to define and determine loopholes in maternity care.

Target Beneficiaries

The Bravins Maternity and Rescue Centre will target the vulnerable pregnant girls and women in the society who face challenges in trying to access maternity care for themselves and their newborns. The rescue centre will serve to provide a home for the rescued girls and women and their newborns.

Project Goal and Objectives

1. The goal of Bravins Maternity and Rescue providing maternal care to girls and mothers with unwanted pregnancies.
2. Providing health care support to pregnant girls/mothers and their new born babies.
3. Providing guidance and counseling services to rescued girls and mothers.
4. Providing community awareness on pregnancy, prenatal and postnatal care.
5. Providing literacy and business skills for self-employment.

The Centre envisions extending its support services to neighboring Nyamira County.

Project Activities

The main aim of Bravins Maternity and Rescue Centre is to curb the loss of lives of both mother and newborn during childbirth, by providing safe delivery to mothers who face poverty as a challenge to living a healthy pregnancy life, and transiting into a healthy feeding lifestyle. The Rescue wing will focus on helping such mothers and babies receive the best postnatal care. It will also house HIV/AIDS positive mothers who carry a pregnancy risk infecting the newborns with the virus, thus weakening their immunity from the point of birth. Among the aforesaid objectives, the Bravins Maternity and Rescue Centre will also work to raise community awareness on pregnancy, prenatal and postnatal care through workshops and seminars; and establish counselling services to the victims. The center will focus on activities such as;

1. Training workshops and seminars.
2. Staff selection and training.
3. Conferences, meetings, articles and publications.
4. Establishing shelter homes.

The Bravins Maternity and Rescue Centre will employ the following strategies in achieving its activities.

1. Capacity building and awareness creation.
2. Research and development.
3. Advocacy.
4. Support services.

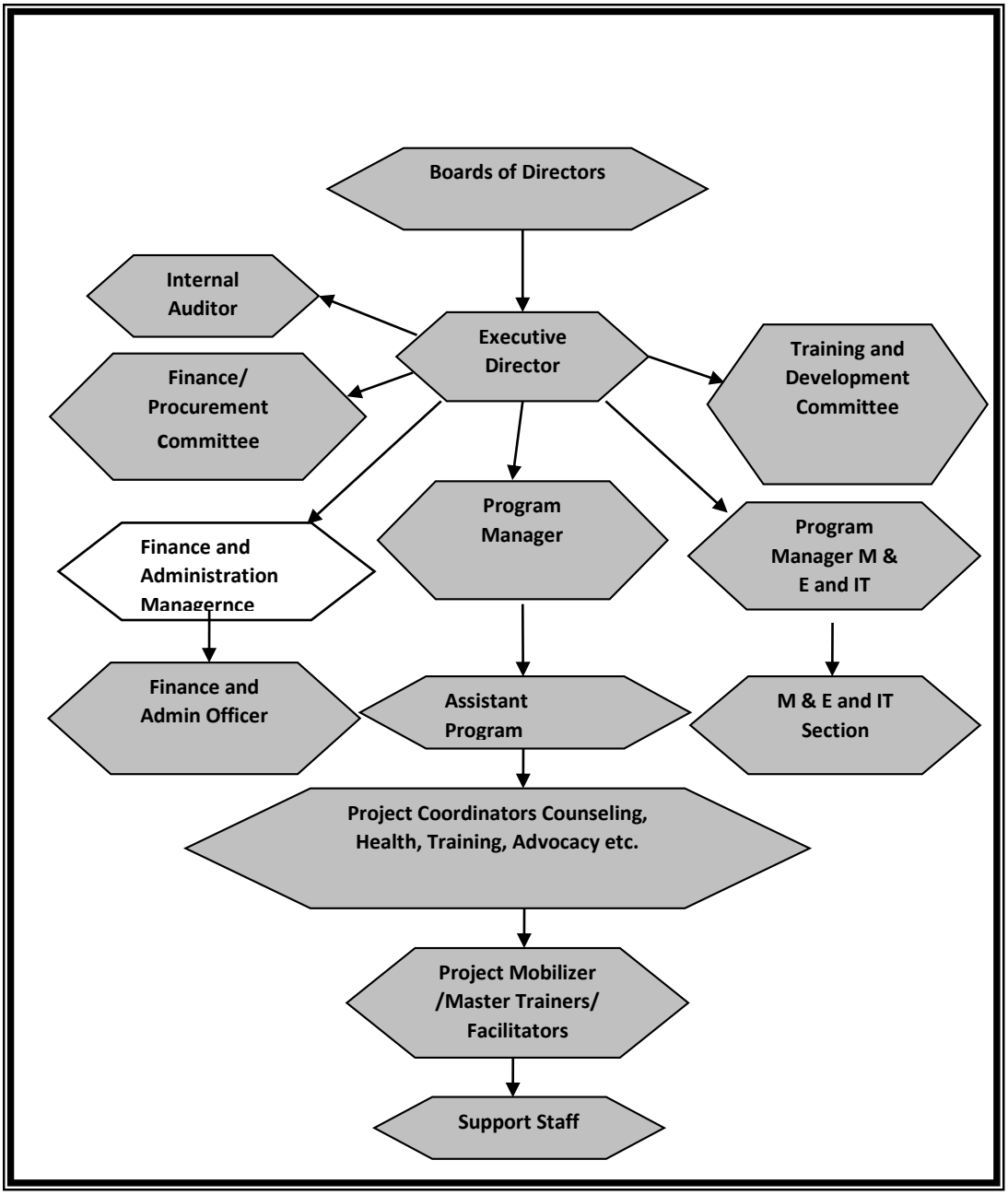
The centre will be open to any new activities and strategies that will support achievements of its goals. Close monitoring of the project is aimed to result in better maternity care and the sensitization of the community on mother-child care.

The specific project activities will include:

1. Establishment of community maternity Centre where pregnant girls and women can access affordable maternity facility.
2. Conducting awareness campaigns for reproductive health.
3. Developing and implementing immunization programs for venereal diseases and epidemics to newborn children.
4. Organizing public health awareness events in collaboration with relevant government agencies.
5. Providing shelter for the rescued victims of sexual abuse due to unwanted pregnancy.
6. Workshops and seminars on prenatal and postnatal care.
7. Training on basic literacy skills and income generation.
8. Simple and easy to read and understand publications on prenatal and postnatal care.

Organizational Profile

Bravins Maternity and Rescue Centre will operate under a lean management/leadership structure as described below. The Centre will headed by an Executive Director who will be guided by a Board of Directors with membership drawn from different stakeholders.



There will be different departments which will be headed by Heads of Departments. They include:

1. Emergency department.
2. Health information.
3. Wards
4. Maternity.
5. Pediatric.
6. Disability.
7. Rescue Center.
8. Finance department.
9. Security department.
10. Kitchen department.
11. Pharmacy department.

The proposed structure will ensure efficiency in operations and facilitate production of:

1. Monthly progress report.
2. Quarterly Progress report.
3. Quarterly Expenditure report.
4. Health camp report.
5. Group session report.
6. Counseling report.
7. Monthly HMIS (Health Management Information System)
8. Documentation of best practices
9. Documentation of case studies / success stories.
10. Patient records.

Project Outputs

The project envisages achieving the following outputs:

1. Needy girls and women accommodated at the Centre.
2. After the health seminars to pregnant girls and women, there will be increased knowledge on better ways of carrying pregnancy to term without uncalled for complications.
3. Rescued girls and women will be offered a safe home at the Centre.

Project Outcomes

The expected project outcomes include:

1. Health mothers and babies in the community.
2. Improved community perception and acceptance of unwanted pregnancies.
3. Improved community awareness on prenatal and postnatal care.
4. Mothers engaged in self-employment through engagement in income generating activities

Financial Budget

The expected budgetary requirements are as follows:

Expenditure type	Description	Amount (USD)
Supplies	Clinic buildings, Maternity wards, Latrine and Rescue home construction	
Equipment	Birthing bed, delivery table, sushi dentals, vacuum apparatus, (suction machine), OT light, shadow-less lamp, anaesthesia machine, computers	
Logistics & Transport	Transportation and warehousing of Med. Kits.	
Personnel	ARCS/Fed staff/delegates	
Consultants	Baseline study	
Workshops & Training	CCBHI/CBHFA/EH/ECV/PSS/Clinic trg.	
General Expenditure	Running cost of MHT, Clinics/M&E/printing/	
Indirect Costs	PSSR	
Pledge Specific Costs	Earmarking & reporting fees (if applicable)	
	TOTAL budget USD 5M	

Linet:

Major expenditure items should include:

1. Land acquisition
2. Construction – office, dormitory/wards, sheds etc
1. Building installations – electricity, water etc systems
2. Furniture – office, wards, dormitory etc
3. Machinery/equipment and their installation
4. Landscaping
5. Medicine/drugs estimated for one year
6. Salaries and wages
7. Purchase of Motor vehicles
8. Seminars and workshops
9. Baseline studies
10. Research and development

11. Reports and publications
12. ETC

Implementation Schedule

Activity	**Description**	**Period (Start & End)**
Construction of Centre Building		
Procurement of Furniture		
Procurement of equipment/machines		
Recruitment of project staff		
Admission of needy girls and women		

ETC

Monitoring and Evaluation

a) Project Performance Monitoring

A project M&E operational manual (PMEOP) and project M&E implementation plan (PMEPIP) will be developed by the TRTA consultants and finalized before the grant effectiveness. The project will establish and complete within the first year of project commencement a comprehensive project performance monitoring system (PPMS) acceptable to ADB. A baseline study will be undertaken during the first year of the project to establish baseline data for the targets and indicators. This will update the baseline data in the PAM. All data will be dis-aggregated by gender, age, rural/urban and social background where relevant.

The Project will ensure that all required data submitted from the institutions to the PAG is using standardized formats, procedures, and data collection instruments to enable easy integration of data into the project progress reports. A user manual for data collection and procedures will be developed to support the process. In addition, training workshops and on-the job training support will be conducted to build the capacity of those persons responsible for project monitoring.

The M&E officer within the PAG will take the lead in designing the PPMS, developing the manual and appropriate instruments and reporting structures as well as conducting staff training at all levels. This will be done in close collaboration with the project consultants, and participating institutions in order to ensure that existing structures and systems are utilized as much as possible. As a result of project monitoring activity, dis-aggregated baseline data for output and outcome indicators gathered during project processing will be updated and reported quarterly through the PAG quarterly progress reports and after each ADB review mission. These quarterly reports will provide information necessary to update ADB's project performance reporting system.

b) **Compliance Monitoring**

Implementation compliance monitoring will focus on monitoring compliance by implementors and service providers with respect to implementation guidelines, specifications, quantity and quality of goods and services delivered, work plans and budgets, and financial/accounting policies and procedures. This is the responsibility mainly of the PAG. Due to the importance and specific nature of environmental impact information, collection of this data is the responsibility of the Environment and Safeguards Specialist of the PAG and will be performed in compliance with ADB regulations. All project grant covenants will be monitored regularly by the PAG and annually during ADB project review missions.

c) **Safeguards Monitoring**

During construction, contractors will conduct monthly internal environmental management monitoring and cooperate with the design and supervision environmental consultants. Contractors will submit monthly site-specific EMP implementation reports to the PAG. The EMP implementation coordination and verification for the construction and operation periods will be carried out routinely by the PAG (semi-annual during construction period and annually during operations). Environmental Monitoring Reports (EMR) will be prepared and submitted to

ADB by the PAG within one month of the end of each period covered. The EMR will include a review of progress made on the implementation of the EMP, problems encountered, and remedial measures taken. Periodic project progress reports will include a section on environmental and social aspects of the project.

Project chart representation