

# USAID Tujenge Jamii Project

## Reproductive Health

PROJECT PROFILE



## Our Work

USAID Tujenge Jamii Project (UTJ) is a five-year (2021-2026) USAID funded project supporting HIV Prevention, Care and Treatment, Maternal Child Health, Reproductive Health, WASH and Nutrition services. Our activities are structured with a purpose to increase use of quality county-led, county-owned and county-managed health and social services. The project reproductive health objectives are to:

- 1 Increase access and demand for quality FP/RMNCAH, nutrition, and WASH services.
- 2 Strengthen capacity of county health systems, local partners, and communities to deliver quality health services.

Nakuru County faces several challenges in maternal, neonatal, child, adolescent health, and nutrition. There is poor utilization of antenatal health care services because of overburdening maternal roles, age and literacy levels; low/lack of male and community support on maternal and child health including lack of support for teenage mothers to seek health services in a timely manner.

## The Approach

Since April 2021, USAID Tujenge Jamii has:

- Strengthened delivery and uptake of FP/RMNCAH, Nutrition and WASH services at the health facility including referral from lower-level facilities and communities for increased healthcare-seeking and promoting behaviour.
- Utilized the Water, Sanitation and Hygiene (WASH) FIT tool to improve WASH services in health facilities for improved health outcomes to improve and sustain ODF coverage
- and supported the county in undertaking sanitation marketing trainings and demonstrations, to ensure water quality.
- Supported the updating of the existing Standard Operating

Procedures for Antenatal care, management of complications in pregnancy, monitoring labour, management of complications during labour & puerperium, postnatal care, and management of postnatal complications.

- Supported the scale-up of chlorhexidine use, reaching >95% of new-born babies, supported dissemination of findings of the new-born rapid assessment study report and every new-born action plan.
- Supported the county Bio-medical engineers to ensure functional cold chain equipment through routine maintenance.
- Disseminated the child health policy, basic Pediatric Protocol,

and Kenya Action Plan for Pneumonia and Diarrheal (KAAPD), distribute the ORT registers, outpatient, and In-patient pediatric registers, ensure that the drop-out rate of Penta 1 and 3 are at least less than 5 %, coverage for Fully Immunized children, and Measles-Rubella 1 (MR1) to be >80%.

- Enhanced quality of FP service delivery provision through commodity management (LMIS), use of data for decision-making guided by the FP dashboard results and improving infection prevention and control (IPC) practices.
- Enhance the Sexual Reproductive Health of adolescents and youth and contribute towards realization

of their full potential by strengthening the county stewardship and coordination of AYSRH activities through mainstreaming AYSRH policy (2015) in all the key program areas.

- Collaborated with other nutrition IPs to support monitoring of CNAP implementation progress, share lessons learnt, outcomes and impact of interventions.
- Monitor population estimates for children under 2 years and continue supporting nutrition interventions targeting this age group, train HCWs on MIYCN in sub-counties not implementing BFCI strategy to address MIYCN existing gaps and through the county assemblies and hospital committees.

Support implementation of interventions targeting Adolescents and youth including:

- **Binti Shujaa model:** A peer-based and mentorship intervention designed to target adolescent girls aged 15-19 years who are either pregnant or have babies aged 0-24 months.
- **Comprehensive Sexuality Education (CSE):** An age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, and non-judgmental information.
- **Youth-led outreaches and in-reaches:** It involves taking health services to community-based spaces, that are safe for

young people to access health services.

- **Adolescents-friendly CHVs:** Engage the youth and adolescents within households through CHVs, where community units exist.
- **Promotion of ASRH and rights,** SGBV prevention and harmful traditional practices (HTP) to accelerate and sustain advocacy activities at county and sub-county levels.

**DURATION**  
2021-2026

**ACTIVITY LOCATIONS**  
Nakuru County

**IMPLEMENTING PARTNERS**  
Deloitte and Touche LLP  
Goldstar Kenya  
County Department of Health

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