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Rukhsar Jetha
Western University

Rachel Pell
Aga Khan Foundation Canada

Fawad Akbari
Aga Khan Foundation Canada

Amardeep Thind
Western University

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CASE 6

AQCESS: Access to Quality Care through Extending and Strengthening Health Systems

Rukhsar Jetha, BHSc, MPH (MPH Class of 2018)
Rachel Pell, BA, MSc (Program Manager, Health, Aga Khan Foundation Canada)
Fawad Akbari, MD, MPH (Senior Program Manager, Health, Aga Khan Foundation Canada)
Amardeep Thind, MD, PhD (Professor, Western University)

> *"Ninety-nine percent [of preventable maternal deaths] occur in developing countries where many women are not attended by a trained midwife, nurse, or doctor during childbirth. [M]any additional deaths can be prevented through basic, affordable, and practical interventions during childbirth and the first days after birth. The presence of a skilled birth attendant and community health workers is particularly critical in decreasing newborn mortality."*
>
> — Aga Khan Development Network (2014)

BACKGROUND

Aga Khan Foundation Canada (AKFC) is an international development organization, a registered charity, and an agency of the Aga Khan Development Network (AKDN). Rachel Pell, Program Manager, Health at AKFC spends 40% of her time travelling internationally and is responsible for grant management on multi-country, multi-partner health projects, including managing in-country partner and donor relationships. Rachel also contributes to the overall development of the health portfolio, including proposal development. To support project delivery and compliance, Rachel works closely with in-country partners through remote communication. She also works with AKFC's monitoring and evaluation specialists, gender specialists, the finance team, and the public affairs team on a daily basis.

As Rachel was reviewing and consolidating various work plans for the Access to Quality Care through Extending and Strengthening Health Systems (AQCESS) project in Mali, Mozambique, Kenya, and Pakistan, she received an email from a private donor. He stated that he had visited Kenya recently and had seen AQCESS in action in Kilifi County. The donor wanted to meet to discuss further opportunities for expanding AQCESS, based on need, to other regions in East Africa where AKDN was already present. Subsequently, they scheduled an initial meeting at the AKFC office in Ottawa.

AGA KHAN DEVELOPMENT NETWORK

The AKDN is a family of organizations and institutions investing in social, cultural, and economic development, striving to improve the living conditions of impoverished people across the world regardless of faith, origin, or gender (AKDN, n.d.). The AKDN is a global leader in the mission to end poverty. It is a network of agencies that partner to mobilize resources and implement initiatives in more than 30 countries, principally in Africa and Asia, managing more than 1,000 programs and institutions in total (AKDN, 2018). The AKDN's annual budget for nonprofit development activities is approximately US$950 million (AKDN, 2018). Employing approximately 80,000 people who mainly reside in developing countries, the AKDN is committed

to fostering self-reliance and achieving long-term, sustainable results in the communities where it works (AKDN, 2018). The ultimate goal of the AKDN is to improve the quality of life by promoting a higher standard of living for vulnerable populations in Asia and Africa. The AKDN uses a comprehensive approach that addresses the social, economic, and cultural dimensions of development. It relies on partnerships between its own agencies and with governments, the private sector, and civil society actors to amplify and sustain results over the long term. A systems strengthening approach is used by AKDN to focus on improving quality and access. There is emphasis on enhancing facilities, education, and training for health professionals and local community members. Additionally, there is great focus on gender equality, social inclusion, environmental sustainability, and economic development. (AKDN, n.d.).

AGA KHAN FOUNDATION CANADA

AKFC, an international development organization and a Canadian charity, is an agency of the AKDN that is committed to breaking the cycle of poverty. In partnership with Global Affairs Canada, other Canadian institutions, and other AKDN agencies, AKFC aims to reduce poverty in 15 countries in Asia and Africa. This is achieved through supporting vulnerable and disadvantaged populations in developing countries by mobilizing Canadian financial, technical and intellectual resources and applying evidence-based research to its work (AKFC, 2017). With the underlying mandate of providing lasting and sustainable change to communities, AKFC believes that ending global poverty requires action on multiple social determinants of health. Communities are at the center of every phase of program development, engaging in all aspects of the process from design and implementation to evaluation (AKFC, 2017).

ACCESS TO QUALITY CARE THROUGH EXTENDING AND STRENGTHENING HEALTH SYSTEMS (AQCESS)

AQCESS is a four-year, $30.5 million project that works in partnership with underserved populations in Kenya, Pakistan, Mali, and Mozambique to improve maternal, newborn, and child health (MNCH). It is funded through a partnership between Global Affairs Canada and AKFC.

Based on detailed needs assessments conducted in these four countries, AQCESS implements health promotion and behaviour change activities to improve healthy MNCH practices, including advancing gender equality and strengthening community structures. The project focuses on increasing the demand and utilization of MNCH services by awareness of men and women in communities who may benefit from MNCH practices. This is done by delivering and expanding updated health promotion programs and health-seeking behaviours in communities. Through implementation of community-based strategies to address multi-sectoral barriers, scaling up of community-based provision of MNCH services, and empowerment of community health government structures, the project will support healthy, gender-equitable and environmentally sustainable MNCH practices.

AQCESS helps reduce maternal and child mortality in targeted regions by focusing on three key result areas: improved delivery of essential MNCH health services, improved utilization of essential MNCH services by region, and improved dissemination and use of MNCH information and evidence (Exhibit 1). The project targets regions and populations where MNCH indicators such as maternal mortality, under-five mortality, and stunting rates are particularly high, and where women and children still lack access to essential, quality health services.

The regions targeted by the project lack adequate numbers of skilled health providers – including both medical professionals and community health workers – and communities have limited knowledge on how to protect the health of mothers and children. They also have inadequate health system management and high levels of gender inequality, which create

additional barriers to quality care. In an effort to improve MNCH outcomes, AQCESS addresses these barriers, in particular by emphasizing gender-responsive service delivery environments, enabling women's participation and leadership in household and community decision-making. The AQCESS initiative also strives to educate and engage males as partners in women's and children's health, and to address issues such as gender-based violence, early marriage, and the reproductive health needs of adolescents (AKFC, 2016a).

In Kenya, AQCESS is expected to improve health outcomes for approximately 135,600 women, girls, and boys under the age of five (AKFC, 2016a). Through infrastructure improvement, equipment maintenance, and human resources capacity building, AQCESS will enhance the quality of care offered to women and children in its target communities. To increase the demand for health services and ensure they are used appropriately, community actors will mobilize regions to adopt healthy practices such as family planning.

KENYA

With a maternal mortality rate of 361/100,000 live births and an under-five mortality rate of 73/1000 live births, Kenya did not meet the 2015 Millennium Development Goals for maternal and child health (United Nations Population Fund [UNFPA], 2016). The Millennium Development Goals state that the maternal mortality rate should not exceed 120/100,000 live births and that under-five mortality rates should not exceed 33/1000 live births (UNFPA, 2016).

The health profiles in Kenya vary among its 47 counties and includes vast disparities between rural and urban populations. The Kenyan counties of Kilifi and Kisii (included in the AQCESS project area) fare better in some health indicators compared with other counties. However, significant gaps remain. The top fifteen out of 44 counties in Kenya account for 98.7% of total maternal deaths in Kenya. Kilifi is ranked 6th of those 15 counties (UNFPA, 2016). Almost half the women in Kilifi give birth without the support of a skilled health professional (Kenya National Bureau of Statistics, 2014). Kisii County has identified a need to prioritize and invest in prenatal care, essential obstetric and newborn care, immunization, breastfeeding programs, and appropriate management of common childhood illnesses, with additional support given to improve physical access to health facilities as well as the skills of health care providers (Kisii County Government, 2017). There are numerous sociocultural barriers that affect access to MNCH care that must be addressed in these regions in order to improve the health status and quality of life of its residents. In 2016, the percentage of women in Kenya who had used modern contraceptives was rather low. In Kilifi, 75.1% of women were not using any method of modern contraception (Aga Khan Foundation Canada, 2016b). In Kisii, almost half of the women (42.2%) had used some form of modern contraception.

THE MEETING

At the initial meeting with Rachel, the donor expressed interest in supporting a project in East Africa because this is where his family came from. During his travels in Kenya, the donor had observed various deficiencies in MNCH care in the country's rural areas. The donor had also travelled to Tanzania and Uganda and wondered whether these countries also experience similar MNCH challenges and could benefit from a similar program. Rachel noted that AKDN currently supports multi-sectoral development programming in both countries. While each country context is unique, they both face their own challenges. It was agreed Rachel would consult further with partners in Tanzania and Uganda to assess the need for an initiative like AQCESS in their countries. Following an internal assessment, a meeting would be held with the donor to make the case to implement the AQCESS model in either Tanzania or Uganda or both, if both countries would benefit.

Through project governance structures, AKFC works closely with various stakeholders including donors, implementing partners, and local governments. These collaborations guide project development and strategies to ensure initiatives contribute to local, national, and global health sector priorities and to promote accountability and effectiveness in the use of donor funds. Given that there is a limited amount of funds, Rachel would need to consult with her team at AKFC as well as other AKDN agencies in Tanzania and Uganda to determine the health needs of the regions. Implementing the AQCESS model in a new country would require an in-depth understanding of local needs and priorities related to MNCH.

NEXT STEPS

Rachel needs to determine whether Uganda and Tanzania are in need of an AQCESS project and then present these findings to the donor. To do so, Rachel has to research and identify the available statistics and prepare a needs assessment to determine whether certain regions in the target countries need the program, and then determine which regions have the highest need. She does not yet know how much funding the donor will provide and if a large project scope is feasible. Nonetheless, Rachel plans to prepare data and formulate conclusions on the Tanzanian and Ugandan regions with the highest need for an AQCESS project. Because the project scope and funding is undetermined, Rachel decides to prepare a more restricted community health needs assessment plan (Exhibit 2), focusing only on steps one to four and not on the full nine-step evaluation. Limiting the focus to just the first four steps would allow her to collect the specific data and information she needs to properly analyze, identify, and determine the care requirements in these countries.

CONCLUSION

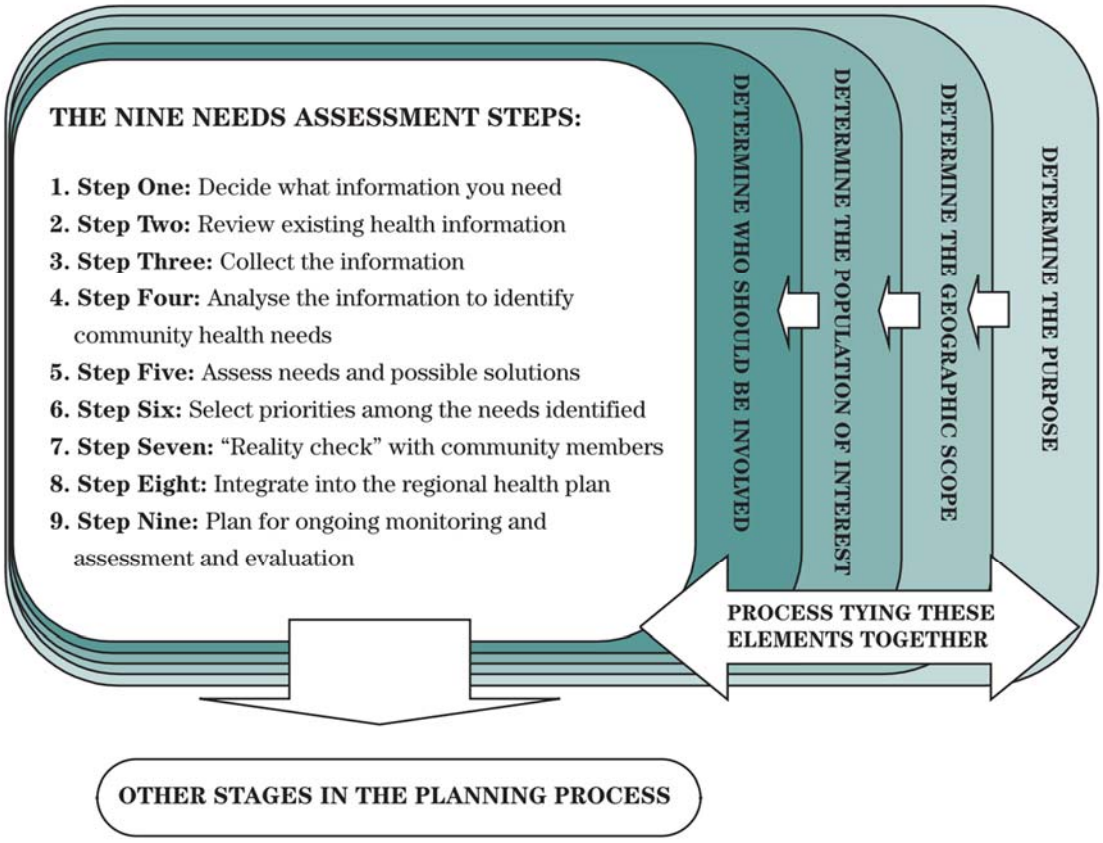
As soon as a formal needs assessment has been completed, as well as extensive local and field consultation with multiple stakeholders, Rachel hopes to start planning and implementing the project in Tanzania and/or Uganda, based on community need and available funding. Special care must be taken to ensure the country or regions that are most in need receive help from a project such as AQCESS.

EXHIBIT 1
Access to Quality Care through Extending and Strengthening Health Systems (AQCESS): 2016–2020

ULTIMATE OUTCOME ↑	Contribute to the reduction of maternal and child mortality in targeted regions.					
INTERMEDIATE OUTCOMES ↑	Improved delivery of essential health services to mothers, pregnant women, newborns and children under five.		Improved utilization of essential health services by mothers, pregnant women, newborns and children under five.		Improved dissemination and use of MNCH information and evidence, with key stakeholders in target regions and the Canadian public.	
IMMEDIATE OUTCOMES ↑	Increased availability of equitable, evidence-based, gender-responsive MNCH care.	Improved gender-responsive clinical and management skills of new and existing health workers.	Improved awareness among M/F community members of beneficial MNCH practices.	Improved community capacity to support healthy, gender equitable MNCH practices and outcomes.	Improved knowledge management and mobilization for health service delivery.	Increased knowledge of MNCH issues, including gender equity, among Canadians.

Source: Aga Khan Foundation Canada, 2016.

EXHIBIT 2
Core Steps and Activities in a Health Needs Assessment



Source: Ardal et al., 2006. © Queen's Printer for Ontario, 2006.

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INSTRUCTOR GUIDANCE

AQCESS: Access to Quality Care through Extending and Strengthening Health Systems

Rukhsar Jetha, BHSc, MPH (MPH Class of 2018)
Rachel Pell, BA, MSc (Program Manager, Health, Aga Khan Foundation Canada)
Fawad Akbari, MD, MPH (Senior Program Manager, Health, Aga Khan Foundation Canada)
Amardeep Thind, MD, PhD (Professor, Western University)

BACKGROUND

Access to Quality Care through Extending and Strengthening Health Systems (AQCESS) is an Aga Khan Development Network (AKDN) initiative that works in partnership with underserved populations in Kenya, Pakistan, Mali, and Mozambique to improve maternal, newborn, and child health. The project targets regions and populations where MNCH indicators such as maternal mortality, under-five mortality, and stunting rates are particularly high. In these regions, women and children still lack access to essential, quality health services. AQCESS projects help reduce maternal and child mortality in targeted regions by focusing on improving delivery of essential MNCH health services, improving utilization of essential MNCH services by region, and improving dissemination of MNCH information and evidence.

Rachel Pell, a Program Manager at Aga Khan Foundation Canada, is approached by a private donor who has seen the positive outcomes of the AQCESS intervention in Kilifi, Kenya. He wants to donate to the Aga Khan Foundation Canada to expand the project to other East African countries, specifically to Tanzania and Uganda, in which AKDN is already present. Rachel realizes that not all communities in these countries have a need for AQCESS. Consequently, she has to prepare a needs assessment to help determine which areas, if any, need such a program. Her goal is to research and identify statistics on the health status in Tanzania and Uganda to determine their health care requirements and present these results to the donor.

Rachel decides to prepare a community health needs assessment plan, focusing only on steps one to four and not on the full nine-step evaluation. By focusing on these specific steps, Rachel can collect the relevant information she needs to analyze and make conclusions about the regional health care requirements. Along with determining whether Tanzania and Uganda need a project such as AQCESS, Rachel must use the available data to determine which specific regions have the highest need.

OBJECTIVES

1. Select appropriate data collection methods appropriate for a specific public health context.
2. Interpret the results of data analysis for public health practice.
3. Apply systems thinking tools to demonstrate need in a given public health context.
4. Assess various determinants and factors to determine which regions are more in need.

DISCUSSION QUESTIONS

1. What types of statistics are needed to make an informed decision and where can they be found?
2. What information is already available?
3. What information is still needed?
4. What determinants or factors should be researched in order to determine which regions in Tanzania and Uganda are in need?
5. Which areas are similar, in terms of health and MNCH statistics and demographics, to the ones AQCESS is currently serving?

KEYWORDS

Maternal, newborn, and child health; health systems strengthening; international development; primary care; sexual and reproductive health and rights