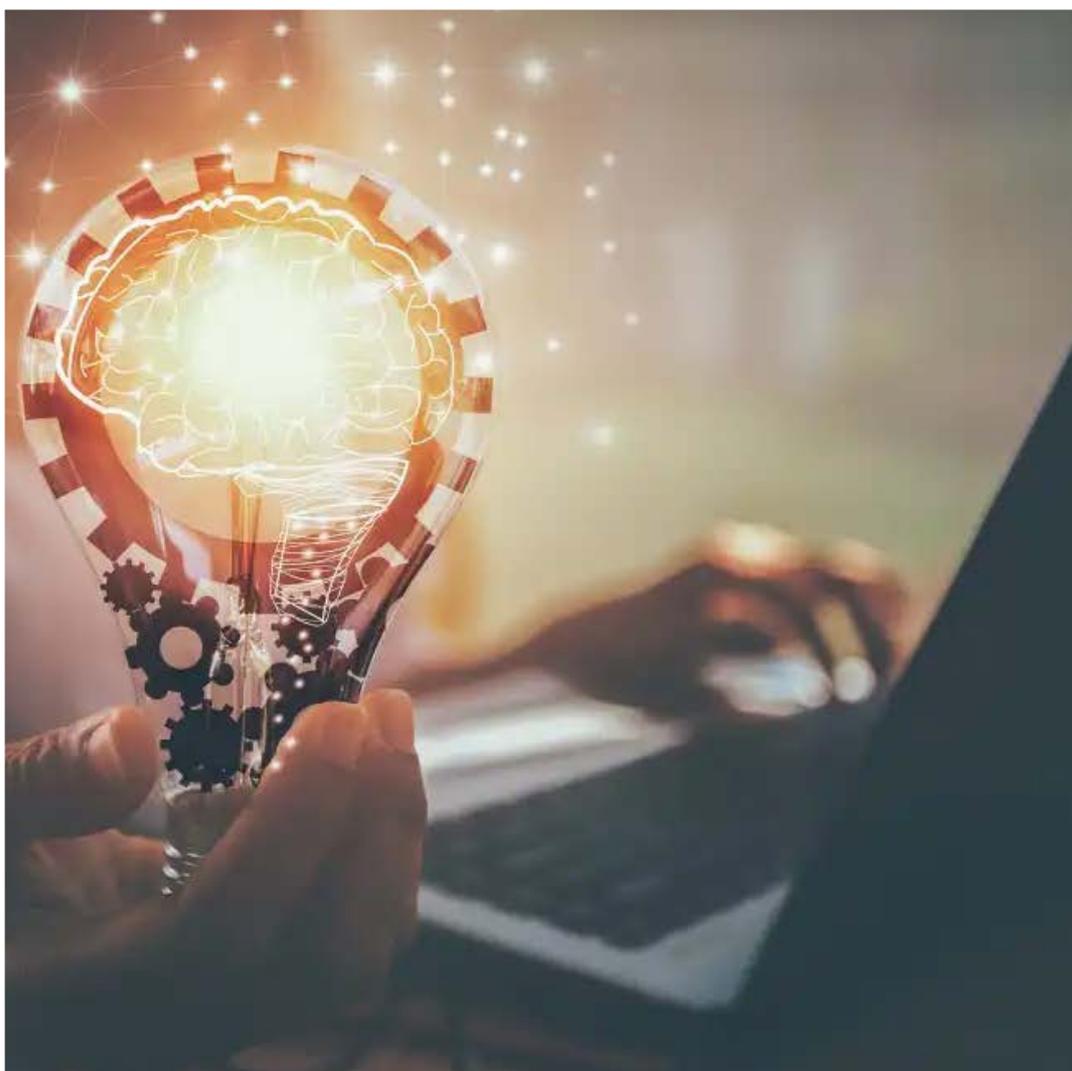


# MIGORI COUNTY

## HEALTHCARE INNOVATIONS





Nairobi, August 2022

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MIGORI COUNTY INNOVATIONS REPORT [Innovations in Healthcare: Migori County]

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## FOREWORD

Counties across Kenya are working towards universal healthcare. Increasingly, they are recognizing the value of combining strengths and capacities of both the public and non-public sectors, yet information on the latter is often scanty or missing altogether. At the same time, there is a tendency towards reduced development assistance for health, which means that Kenya (like most other low- and middle-income countries) will need to identify alternative sources of resources (human, financial, technological, and physical). All these factors underscore the importance of encouraging public private sector engagement, collaboration, and partnership.

Effective engagement requires good information on what is happening outside of the formal government systems. It is for these reasons that the Open Phences Hub is undertaking to map tech and non-tech innovations taking place within the counties in Kenya.

Limited resources amidst boundless need create a huge demand for innovation. But these are unlikely to have meaningful impact, if policy leadership fail to appreciate their existence, role and impact, and therefore, consider them as resources during planning and budgeting.

This 'Migori County innovations' report presents a summary of county information (general and healthcare information), selected healthcare indicators and county innovations (description and distribution). It has been prepared for a diverse audience. Anyone working/having interest in healthcare space and related sectors including health management teams, health facility managers, practitioners, health service users, persons working in health financing institutions, innovators, communities and community-based organizations. It was also developed to help healthcare managers appreciate the diversity of ideas and resources available within and outside of their jurisdictions. Finally, it was developed for health providers and investors to understand innovations, who they are targeted at, how they work, and what their (perceived and measured) impacts) for adoption and/or scaling.

The Open Phences team developed this document in recognition (a) the gap in the healthcare system on the low awareness of health system users on existing innovations and their potential impact, excessive fragmentation and duplication of innovations that serves similar functions but don't speak/connect with each other resulting in small scale innovators and ideas which have low probability of scaling (b) county management teams do not have a one resource where they can access information about the available health infrastructure, mortality and morbidity indicators and health service utilization indicators (that is updated on a regular basis).

The document was developed by Paul Waswa, Dan Makuba and Francis Wafula, with input from the broader Open Phences team that includes Noelle Orata, Elizabeth Gitau, Muriithi Njogu, Brenda Bunyasi, Annette Murunga, Cornelius Kiptoo, Irene Khayoni, Eric Tama, Peter Nguhiu and Lyndon Marani. Funding was provided by the Open Phences Hub.

Paul Waswa  
Project Lead Analyst

## **INTRODUCTION**

### **Definition of Terms**

**Dominant economic activity** - This is the economic activity that contributes the highest gross value added to the county GCP

**Gini coefficient** - The Gini coefficient is a statistical measure of economic inequality in a population. The coefficient measures the dispersion of income or distribution of wealth among the members of a population.

**Age dependency ratio**- This is the proportion of the population (age 0-14 and 65+ years) that is dependent on the working population (age 15-64 years).

**Old-Age Dependency Ratio**- This is the population aged 65 years and above relative to the total number of persons aged 15-64 years.

**Child Dependency Ratio** - This is the number of children aged below 15 years relative to the total number of persons aged 15-64 years.

**Total fertility Rates** - The average number of children a woman would have throughout her childbearing years (15-49).

**Child Immunization (Fully Immunized)** - This is the proportion of fully immunized children from 0 to 59 months.

**Human Development Index** - The human development index (HDI) is a summary measure of assessing progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.

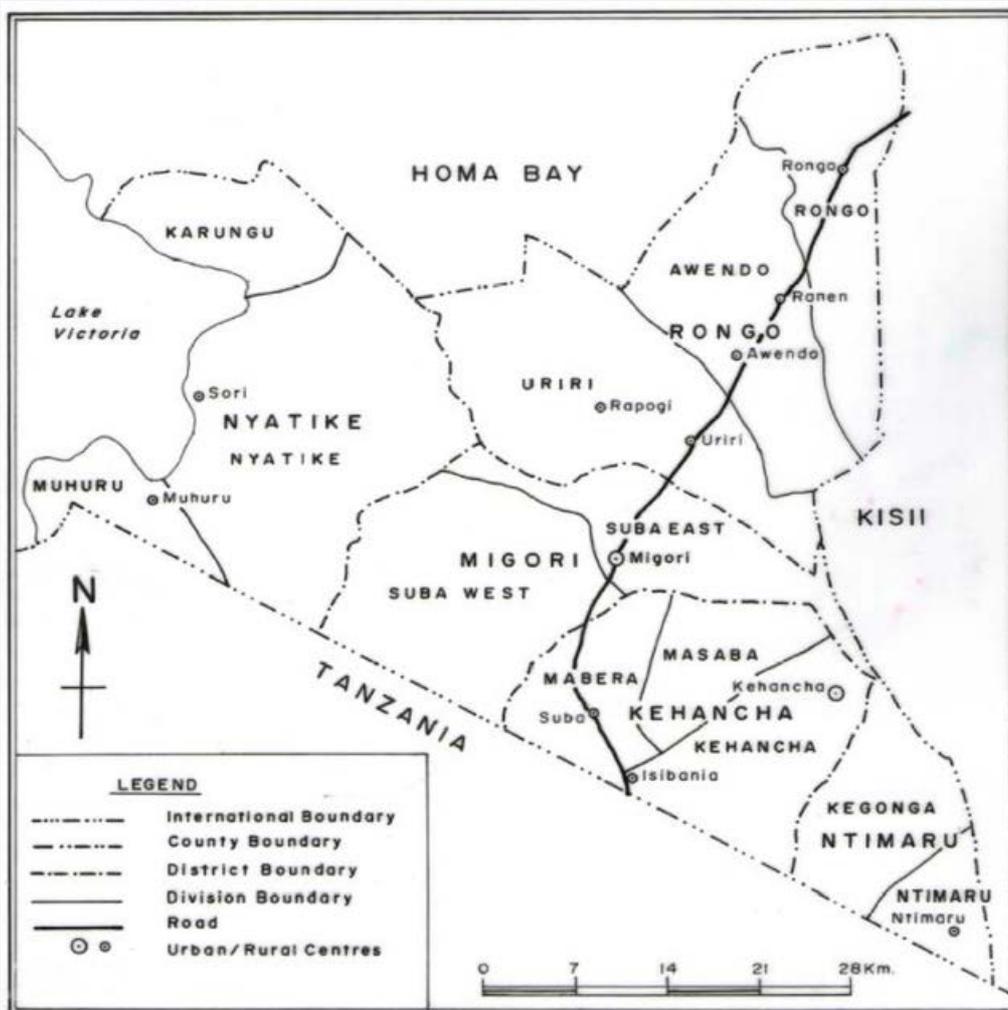
**Gender development Index** - The Gender Development Index measures gender gaps in human development achievements by accounting for disparities between women and men in three basic dimensions of human development - health, knowledge and living standards. It is important to understand the real gender gap in human development achievements as it is informative to design policy tools to close the gap.

**Rural Access Index** - Measures the proportion of the rural population that can access an all-weather road within two kilometres.

# County Information

## Overview

It is situated in the South-Western part of Kenya. It borders Homa Bay County to the North, Kisii and Narok Counties to the East and the Republic of Tanzania to the South. It also borders Lake Victoria to the West. It is located between latitude 1o 24' South and 1o 40'South and longitude 34o 50'East and covers an area of 2,596.5 km<sup>2</sup> including approximately 478 km<sup>2</sup> of water surface. The county has 10 sub-counties, 32 divisions, 117 locations and 261 sub- locations



# Demographic Features

Migori is a multi-ethnic county with the dominant tribes being the Luo, Kuria, suba, luhya, kisii and somalis'. The county has a total population of 1,116,436 persons. The number of male being 536,187 persons and the number of female population is 580,214 persons.

The population density of the county stands at 427 persons per square kilometre.

The human development index of Migori county is at 0.45 and this inequality is informed by its politics, economics and social organization and manifests itself in the lack of access to services, resources, power, voice and agency.

## OTHER FEATURES

FEATURE	ESTIMATE
Gini coefficient	31.9
Age dependency ratio	101.8
Old age dependency ratio	7.9
Child dependency ratio	93.8
Human development index	0.45
Rural Access Index - %	85
Population owning mobile phones (%)	37.5
Population accessing internet (%)	9.7

# Health Information

The Migori County Health system is organized in accordance with the Kenya Essential package of health (KEPH) level structure from the household level to primary health care level to hospital level offering referral and specialized services. The county has 33 level 4 facilities, 60 level 3 facilities and 228 level 2 facilities.

## Health Outcomes

<b>INDICATOR</b>	<b>OUTCOME</b>	<b>YEAR</b>
Child immunization(%)	99.7	2019
people living with HIV	83,603	2019
Delivery at health facility(%)	90.7	2019
Total fertility rate	3.9	2019
Infant mortality rate	67.2	2019
Under-5 mortality rate	107	2019
Maternal mortality rate	412/100,000	2019
Households accessing safe drinking water (%)	46.1	2019
Health insurance coverage(%)	13.7	2015/2016

# Tech-Innovations

Lwala Community Alliance



## Lwala Mobile App

Lwala Community Alliance in Kenya fights high rates of maternal mortality and HIV. Using a community-led health model and a custom CommCare-based mobile application, Community Health Workers (CHWs) register each pregnant woman or child under five years old into the formal healthcare system. The application then walks the CHW through the proper workflows for vaccinations, family planning, disease diagnosis and treatment, or a number of other requested services.

Lwala Community Alliance's mobile application supports Community Health Workers across a population of 60,000 in an effort to support maternal and child health in the region.



Registering every household into their healthcare system, the application walks the Community Health Worker through the proper workflows – for vaccination, family planning, or otherwise – and integrates directly with Salesforce to upload all data instantly. In turn, these data could be analyzed to pinpoint geographies with the lowest vaccination rates and begin the process again in those areas.

The app also helps program administrators to track the performance of their Community Health Workers and initiatives against specific indicators – for instance, the effectiveness of immunizations over time. The data are analyzed to improve the outcomes of the program but are also easily shared with the Ministry of Health to support policy change conversations.

# Triggerise

## The Need

Our health ecosystem is diverse, and there was need to have a platform through which each player within the health ecosystem can be identified with what they do.

## The Innovation

They connect across supply and demand, building an ecosystem of partners, local services and communities to deliver joined-up health services on the ground. The platforms connect the members' needs to existing local providers, by building ecosystems of local health services, community organizations and micro-entrepreneurs using tools such as reminders, follow-ups, subsidies and instant rewards to motivate members. Currently connection is primarily adolescent girls and young mothers to a variety of sexual and reproductive health services and Antenatal care from local providers.



## V-Pack to eradicate FGM

ChildsLife is collaborating with Last Mile4D to empower impact leaders and field officers, who live and work in one of Kenya's most remote areas (Kuria Sub-county) that lack dependable sources of electricity to provide access to knowledge and information. Using a solar powered mobile device called 'V-Pack' to reach school girls and communities at risk of female genital mutilation (FGM). V-pack is a backpack equipped with solar cells that power a high-definition camera & tablet loaded with software running ICT, secure online portal (channel) for peer-to-peer dissemination of educational materials. V- Pack provides information and monitors girls at risk of FGM for 12 months, giving data to make informed decisions on their sexual and reproductive health.

# Non-Tech Innovations

## Lwala Community Alliance

### Traditional midwives

Lwala is a community-led innovator in an all-out effort to cut maternal and child mortality in Kenya. Lwala engages community committees, schools, community health workers, and health facilities to provide holistic care.

Core to the model is the transformation of traditional midwives to professionalized community health workers. These new professionals act as frontline workers in the formal health system, providing accompaniment, prevention education, disease screening, home-based treatment and referrals

## Economic Development and Community Health



Lwala community alliance and Village Enterprise have a partnership to tackle the most intractable challenges faced by people living in poverty. They are pioneering community-led health model with Village Enterprise's expertise in community-based economic development.

Community leaders recognized that health and education interventions alone aren't enough to break the cycle of poverty, but that economic opportunities that generate incomes and savings are also needed

Village Enterprise uses a community-driven process to target the ultra-poor, then provides them with a capital seed grant, business and financial literacy training, and mentoring to start small, sustainable businesses and savings groups. Examples of businesses include livestock, farming, small retail stores, simple restaurants and tailoring and distribution of school uniforms.



# RICO

RICO targets communities which due to reasons being limitations in road network coverage, limited healthcare facilities and low education opportunities and thus low literacy levels, have poor primary healthcare approaches. Most of these areas including Migori have had a history of an outbreak and this menace still goes on to date.



Apart from this, RICO screens for non-communicable diseases in areas with high prevalence of the same including diabetes, hypertension and cancer while making referrals of major clinical findings to partner healthcare facilities.

## Beyond Zero mobile clinics

Mobile clinics play a critical role in delivery of a wide range of low-cost health care services especially in hard-to-reach areas. Mobile clinics respond to unmet health needs of vulnerable populations and link these populations to the wider health system, therefore strengthening the capacity of existing health systems.

Beyond Zero identified mobile clinics as an innovative approach to reach marginalized communities with maternal and child health services and donated at least one mobile clinic to all the 47 counties in Kenya. The mobile clinics routinely provide a myriad of free services and health education messages.

