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Afya Uzazi Program

Quarterly

March 2020

Newsletter

Highlighting activities of USAID's Afya Uzazi Nakuru-Baringo Program

More mothers receive essential services in 'Fuata Mama' campaign

A campaign by Afya Uzazi and counties aims to ensure over 30,000 pregnant women and mothers get quality maternal and child health services in close to 200 facilities in Baringo and Nakuru by the end of the year.

The "Fuata Mama" campaign started in January and is implemented jointly with departments of health in the two counties. It aims to ensure women attend antenatal care clinic at least four times, give birth in hospital and seek postnatal care services such as vaccination and medical checks for them and their children.

The campaign covers all the project sub-counties: Kuresoi North and Kuresoi in Nakuru as well as Baringo North, Baringo South, Baringo Central and Mogotio in Baringo County.

"Fuata Mama is about reaching the mothers and walking with them on the journey of a healthy pregnancy, safe delivery under the care of skilled birth attendants and raising healthy children," outgoing Afya Uzazi Chief of Party Dr. Boniface Maket said of the accelerated campaign.

"We are working to create an enabling environment in which communities and health workers are empowered to support pregnant women and mothers to protect their health and that of their children," said Dr. Maket.



Mothers visit the child welfare clinic at Ikumbi Health Centre in Kuresoi North, Nakuru County.

The campaign builds on successful efforts over the past three years by Afya Uzazi and the counties to increase access to quality health services, especially for pregnant women, mothers and young children," said Dr. Maket.

"This accelerated campaign will help to position the county and communities to sustain access to quality healthcare in the long-run. The goal is to have health-seeking behavior, especially among pregnant women, become a social norm under an enabling community and family environment. This is the only

way, maternal, newborn and child health gains will be sustained."

Joint teams of project and county staff are on the ground, working with community health volunteers and local leaders including the national government administration and elders to make the campaign a success.

In this issue we bring you stories of some of the women who have benefited from this initiative that has seen a significant increase in access to services.

For more information contact: hlnyangala@afyauzazi.org

Interventions to improve maternal and newborn services

- Improving the quality and access to antenatal care, safe delivery and postnatal care
- Improving the quality and access to antenatal care, safe delivery and postnatal care for pregnant women and newborns
- Building the capacity of health facilities to provide emergency obstetric and newborn care
- Promoting respectful maternity care and supportive environments for pregnant women.
- Improving data collection, analysis and use for decision-making.
- Promoting maternal, infant and young child nutrition.
- Coordination with HIV programs to integrate prevention of mother-to-child transmission services into antenatal care.
- Postpartum family planning information and services
- Male involvement in maternal, newborn and child health.
- Engaging local community-based organizations and local leaders in creating demand for services

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Community mobilization increases demand for services and adoption of healthy practices

About 2.8 million pregnant women and newborns die every year, mostly of preventable causes, according to the World Health Organization. This means a mother or child dies every 11 seconds.

A vast majority of these deaths could have been prevented if women received the right information and medical services during pregnancy and childbirth.

At Afya Uzazi, we work together with county governments, local partners and communities to prevent maternal and child deaths by ensuring all women have access to the health services they need throughout pregnancy, during and after childbirth.

Here are some of the stories of mothers who have benefitted from the partnership between Afya Uzazi and Baringo County to improve access to services.



Mercy with two of her three children at Barwessa in Baringo Sub-County.

“I tell pregnant women to follow the advice they are given and plan well for delivery.”

Plan well for delivery, advises mother who once gave birth on the roadside as she struggled to reach the hospital

The expression ‘once bitten, twice shy’ aptly describes the conditions surrounding the birth of the last two of Mercy Bole’s three children.

Mercy gave birth to her second-born child on the roadside after an elderly woman who had promised to escort her to the hospital delayed coming to assist her. Her husband was away. She decided to go to the hospital on her own.

“The baby came when I was on the way to the hospital and some women helped me to give birth,” says the cheerful 31-year-old mother. “After that, I went home.”

Because of the unhygienic conditions under which the baby was delivered, her umbilical cord got infected. “It took a long time to heal but I thank God it did because it was a difficult time for me,” says Mercy, a small-scale farmer in Barwessa, Baringo County.

Her last born was delivered safely in the hospital, thanks to the help Mercy got from a community-based health volunteer trained by USAID’s Afya Uzazi

program and Baringo County staff.

Mercy was six months when the volunteer, Monica, visited her home during an exercise to find women who had missed out on antenatal care and refer them to the local health facility for services.

Like many women in her village, Mercy was waiting for the 7th or 8th month to go to the clinic. Yet it is recommended that women visit antenatal clinic promptly when they realize they are pregnant. Although it was late in the pregnancy, Monica taught Mercy how to remain healthy and prepare for childbirth.

“She gave me a leaflet that showed what pregnant women should do and what to avoid,” says Mercy, referring to a scorecard with messages for pregnant women and their partners.

USAID’s Afya Uzazi program developed the scorecard and other information materials as part of a social and behavior change intervention to promote healthy behaviors by pregnant women, mothers of young children and their male partners.

Supportive husband

“My husband read the messages and realized I should not be carrying heavy loads. He would fetch water for me or hire someone for the task,” says Mercy, smiling.

Mercy had a healthy pregnancy. When the time came, she gave birth to a healthy baby boy at a government-run health center.

“I tell pregnant women to always to follow the advice they are given and plan well for delivery,” says Mercy.

Mercy is one of over 40 women that Monica found at home and referred for antenatal care and other services. Monica belongs to a network of trained volunteers educate the community how to care well for pregnant women, new mothers and their babies.

The volunteers work hand in hand with traditional birth attendants who have been trained to become birth companions and now escort pregnant women to deliver in the hospital instead of conducting home births.

Visiting the clinic saved my life, says mother



Dinah and baby Emmanuel

Dinah is a mother of three, twin girls and a boy. She lives in a rented house at Kabartonjo, a trading center in Baringo County.

Dinah was happy when she got pregnant with her third child. But she wanted to keep the pregnancy low profile.

She did not attend antenatal clinic promptly as recommended. Like many women in the area, she planned to wait until late in the pregnancy to go to the hospital.

Often, on her way to work, Dinah would meet and exchange greetings with Leah Kopilo, an elderly woman who sells clothes at an open-air market near her home.

“I suspected she was pregnant but it was not easy to tell because she wore big sweaters, says Leah. “One day I asked her.”

Dinah was at first now willing talk about her pregnancy, but opened up when Leah explained her mission.

Leah, 62, is one of the community-based volunteers who have been trained by USAID’s Afya Uzazi program and the local county to reach out to pregnant women with health messages and encourage them to seek antenatal care.

The elderly volunteer escorted Dinah on her first visit to the antenatal care clinic. Visiting the clinic early was the best decision for Dinah. The visit probably saved her life.

Weeks before her due date, Dinah went to the clinic for the 4th routine visit. “It was at 10 am and I had planned to go back to her work,” says Dinah.

During a routine examination, health providers found that Dinah had high blood pressure and admitted her for observation. Hours later, they decided that with the condition, known as severe hypertension, it would be risky for her to continue carrying the pregnancy. They induced her to safely give birth.

Just before dawn the following day, Dinah gave birth to a baby boy. She named him Emmanuel.

“It is important to go to the clinic because doctors can know if there is a problem... I am lucky I went to the hospital. It saved my life,” says Dinah, looking lovingly at the little boy.

The elderly volunteer and Dinah are now close friends.

“When I was admitted, I called her and she came to see me,” says Dinah. “She escorted me home with the baby when I was discharged.”

Leah regularly visits to check on Dinah and her children.

Volunteer guides young couple to happy parenthood

Phyllis Jelegat was at a loss on what to do when she realized she was pregnant. The young women had just moved in with the father of her child, Stephen Chepchieng, then a final year forestry student at university.

Her parents were unhappy with her decision and did not want anything to do with her boyfriend.

The young couple approached Mary Kipyegon, an elderly shopkeeper at the market, where they had leased a one-bedroom house, for help. They had seen many people consult her and believed she could advise them.

Mary is a community-based health volunteer trained with support from USAID’s Afya Uzazi to promote the health of mothers and young children.

“I was afraid, but she listened to us and advised us to go to the clinic,” says Phyllis, who was then five months pregnant.

Mary accompanied the couple to the clinic and later reconciled them with the parents. With her support, Phyllis attended antenatal clinic four times.

“One day I experienced labour pains at 8pm and called Leah. She escorted us to hospital. Phyllis gave birth to a baby boy that night.

Back home, Leah taught the couple how to care for the baby. She continues to visit them regularly to advise and encourage them.

Mary has counselled over 60 pregnant women. Like Phyllis, almost all of them attended the four antenatal clinic visits and delivered in the hospital. Mary says it is seeing her clients well and happy that motivates her.

“It was their first child and they needed a lot of support and I am glad they are happy together,” she says of Stephen and Phyllis.



Stephen Chepchieng and Phyllis Jelegat with baby Hanking and Mary Kipyegon (right), a community volunteer who encouraged them to seek antenatal care. Mary escorted the couple to hospital when the time came for Phyllis to deliver.

Mary runs a small shop where young people visit her for advice. Once or twice a week she closes the shop to visit households to offer health education.

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MATERNAL HEALTH

Improving quality of care during childbirth

Over the past three years, USAID's Afya Uzazi has been working with Baringo and Nakuru counties to improve the quality and experience of the care that mothers and newborns receive around the time of childbirth.

As part of a quality improvement (QI) initiative, Afya Uzazi has trained health care workers to identify bottlenecks and opportunities to improve the quality care offered in health facilities.

The trained personnel have formed work improvement teams (WITs) in 38 health facilities. The teams analyze processes of care, identify gaps, test remedial changes for one year and then measure the results.

A good example is in Marigat Sub-County in Baringo County. In 2018, Afya Uzazi and the county health management team conducted a rapid quality of care assessment of facilities in the county and found weaknesses in documentation of maternity care.

Progress during labour

Only 40 % of the maternity files had an accurately completed partograph, a graphic record of vital observations to assess progress during labour and nursing notes that aid in quick intervention in emergencies.

Six facilities that receive the most clients were selected for a work improvement project. Health workers from the facility were trained to apply the Kenya Quality model for health (KQMH). Back in their facilities, they assessed the situation and made change plans to improve documentation.

A joint team of county and project staff helped them through supportive supervision, mentorship and use of data for decision making. One year later, all the facilities have shown great improvement. Almost all (90%) the vital records were accurate. Other indicators of quality care also improved.

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A father teaches his daughter how to wash hands properly using a tippy tap in Kuresoi, Nakuru County.

Working with communities to position handwashing for disease prevention

Washing hands with soap is a simple yet effective way to prevent diseases. It is recommended that family members wash hands with soap and running water at critical times including after visiting the toilet, after changing diapers, before food preparation and before eating.

But not everyone washes their hands due to various barriers. For instance, families may not have access to enough water or soap, the practices is not reinforced as a norm, especially among younger children.

USAID's Afya Uzazi Program promotes handwashing as part of a package of water, health and sanitation (WASH) interventions to protect the health of households.

Working with the community health strategy teams at the counties, Afya Uzazi has trained community volunteers, local elders and other trusted champions to promote handwashing alongside other healthy behaviours that include treatment of drinking water, use latrines and keeping their compounds clean.

One of the most successful approaches to encouraging handwashing is community led total sanitation (CLTS) which uses powerful motivators to encourage people to build latrines and handwashing stations, including the easy-to-make tippy tap.

Another strategy is the population, health and environment (PHE) intervention that empowers communities to integrate health promotion in environmental conservation activities.

"Children ever used to wash hands not after visiting the toilet, but after making a tippy tap they always do and even encourage visitors to," says Mary Sang, a mother of three in Kuresoi sub-county, Nakuru County.

Mary's case is replicated in thousands of homes across Baringo and Nakuru counties where the two approaches have been used.

At health facilities in the two counties, Afya Uzazi and county teams have helped to position handwashing as a key infection prevention and control measure.

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About Afya Uzazi:

Afya Uzazi, meaning healthy parenthood in Kiswahili, is a five-year project funded by the United States Agency for International Development (USAID) under award No. AID-615-A-16-0011. Afya Uzazi aims to increase access to quality family planning/reproductive health, maternal, neonatal, child, and adolescent health (FP/RMNCAH) in focus sub-counties of Baringo North, East Pokot, Marigat, and Mogotio in Baringo County and Kuresoi North and Kuresoi South in Nakuru County. Afya Uzazi is implemented by FHI 360 in collaboration with the national Government of Kenya and County Governments. *This publication does not necessarily reflect the views of USAID or the US Government.*

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