

Engaging the community to improve maternal and newborn health

It's 10am and the sun is already beating down when we arrive at Namang'ofulo Community Unit. Located in Sirisia, a sub-county of Bungoma County, it's about 25km and an hour's drive from the main town of Bungoma.

The last 5km of the journey is driven along a single bike track. Cars rarely get this far. The local transport is a "boda-boda", the local name for a public motorbike.

A group of 30 women sit under the shade of a tree in two lines. All of them are pregnant and some have small children with them. They talk amongst themselves and wait patiently.

Opposite, a line of men and women sit at a right angle from them, following the shade from the adjacent tree. They are all wearing the same T-shirt; the back shows a slogan "Kujifungulia Hospitalini huokoa maisha" meaning "Delivering at a health facility saves lives". The front says 'Community Health Volunteer' with the logos of UK Aid, from the Department for International Development and the MANI Project, a programme managed by Options to improve maternal and newborn health.

As the group starts to settle, Stephen, a community health volunteer (CHV) who co-ordinates the team, gets up and addresses the women. He welcomes them to the meeting, and thanks them for attending.

along, clearly relating to the scenarios being acted out before them.

After the role-play, the talk gets more serious. Stephen sits down in front of the women with the counselling cards that had been used as part of the demonstration moments earlier. He goes through it page-by-page, explaining to the expectant mothers how best they can look after their babies whilst they are pregnant. He talks to them about nutrition and the importance of eating protein, despite the widely accepted myth that pregnant women should not eat food such as chicken and eggs.



He explains why it is important to go to the clinic at least four times whilst pregnant to receive regular check-ups. And even more so to deliver their babies in health facility to ensure they receive the right treatment and care.

After the meeting, a couple of mothers share their stories. Lucy is eight months pregnant with her second child;

"I have only been to these meetings twice, but they are teaching me things I have never heard before.

One thing I have learnt is to have a proper diet during pregnancy. This is making me feel better. During my first pregnancy, I fainted a lot because I didn't have the right nutrition.

I tried to go to hospital to deliver my first baby, but I went into labour at night time and there was a delay in getting a motorbike, which is the only way to get to the hospital. The roads are very bad here so I didn't reach the hospital and I gave birth on the side of the road. I had a traditional birth attendant with me who helped me deliver. I felt safe because there were seven of us



The meeting starts with a role-play between Peter and Beatrice, both CHVs. They act out a scene where the 'mother-to-be' tries to persuade her husband to take her to the clinic to get a check-up for their baby. In the scene, Mildred – their CHV – uses counselling cards to explain the importance of going to antenatal clinics at least four times before the baby is born. Although the play is educational, it's funny too. The audience laugh

including my husband and in laws. When the baby was delivered, we went home and I went to the hospital the next day to get a check-up.

Now I understand the importance of preparing for the birth and saving money so I can get transport and pay for food and clothes for the baby. Right now, I have a bike in my own home so that I am ready to go to the hospital."

As the meeting comes to an end, the CHVs talk to the mothers one on one about their pregnancies. Many of them have strong relationships as the CHVs visit them regularly in their homes to check everything is going well. Each CHV has around 100 households to visit on a monthly basis to identify and refer pregnant women for antenatal clinics and facility delivery.



As Stephen explains, the CHVs play a vital role in the community in order to engage and educate the women and their husbands. They also act as a link between families and the health clinics, particularly when they need to be referred to the hospital:

"I became a CHV because I wanted to help people with their health, but I couldn't become a doctor because my parents couldn't afford to send me to medical school."

Through the MANI project Stephen, along with 520 other CHVs, has been trained on community based maternal and newborn care. The counselling cards are used as part of his job to guide the community education sessions.

Between October 2015 and January 2016 6,000 people attended dialogues at 50 MANI supported community units

"Now I have enough knowledge to educate the communities and if I get a question I am unable to answer I can call the community health extension worker to help out.

"I like being a CHV. It makes me feel good and I am known in the community. Service providers at the health clinics recognise me and offer to help me and the communities I work with.

"Women come to the meetings in large numbers. They appreciate our help and the linkage between us and the facility. If they need any medical care, we refer to the clinic for services.

"Our role is to educate them. It is so important because previously many women died from the lack of knowledge. They didn't use the facility to deliver their babies. Now that we have CHVs, it is improving. There are fewer maternal and neonatal deaths."

MANI is working throughout Bungoma county in western Kenya to educate communities and increase use of health services. We are strengthening Community Units, through which we increase women's awareness of their rights to access health services, such as free maternity care and the National Hospital Insurance Fund. We educate and promote knowledge of danger signs in pregnancy and labour, and encourage women and their families to seek both routine and emergency maternal and newborn health care.

Since July 2015 the project has trained 100 Community Health Extension Workers (CHEW) who in turn trained 520 Community Health Volunteers on community based maternal and newborn care (CBMNH). The CBMNH module equips the CHVs with knowledge and skills to create demand and use of maternal and newborn health services. We have also trained CHEWs and CHVs on Social Analysis and Action, a method that opens up dialogue and supports communities in exploring the social and cultural barriers that prevent women accessing and using maternal and newborn health services.

These community health volunteers are reaching thousands of people across six sub-counties in Bungoma. Between October 2015 and January 2016 6,000 people attended dialogues at 50 community units.

The MANI project is also reaching out to communities by training participatory education theatre groups in maternal and newborn health, and re-orienting traditional birth attendants to become referral agents and companions for facility births. In 2016 we will introduce community scorecards to promote social accountability for improved maternal and newborn health.

520 CHVs and 100 CHEWs have been trained by MANI on community based maternal and newborn care



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