IRANDA HEALTH FACILITY FORMATIVE RESEARCH CONDUCTED BETWEEN 23RD TO 25TH JANUARY 2019

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SUBMITTED TO:

EXECUTIVE SUMMARY

KIKOP is a partnership between Curamericas Global and Kisii County Ministry of Health with a main goal of reducing maternal and neonatal mortality as well as child stunting. Having successfully rolled out its operations in Matongo catchment in the first year which was a pilot phase, the next catchment was Iranda. It is quite a bigger catchment with a total of 33 villages compared to Matongo with 22 villages.

Formative research process started with development of questionnaires that contained precise questions aimed at addressing the objectives of the research. This was followed by training of KIKOP staff who were going to be the interviewers, revision of the questionnaires and making of final cleaner copies. The interviews were conducted between 23th and 25th January 2019.

Several aspects were included in the formative research questions such as role of different stakeholders in relation to MNCH, challenges pertaining to MNCH, factors contributing to home deliveries, respective maternal care status and needs as well as stunting in under-2 years children.

All the stakeholders interviewed were found to be having roles in the area of MNCH in different aspects. Clan elders help in enforcing health laws, TBAs help in early identification of pregnant women and referral or assisting in delivery process (both at home and at the health facility), CHVs conduct home visits and offer health education and referral in case of complications and other diseases. Health facility staff including the CHEW offer immunization services and health education at the facility and at community outreaches including family planning services.

Some of the suggestions mentioned that could improve facility health deliveries and seeking of obstetric emergency care include equipping the facility, capacity building of healthcare providers, involving CHVs and TBAs in identification and referral of mothers to health facility as well as conducting health education.

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
CBO	Community Based Organization
CHEW	Community Health Extension Worker
CHV	Community Health Volunteer
EDD	Expected Delivery Date
FBO	Faith Based Organization
FGD	Focussed Group Discussion
KIKOP	Kisii Konya Oroiboro Project
MCH	Maternal Child Health
MNCH	Maternal, Neonatal and Child Health
NGO	Nongovernmental Organization
PSC	Patient Support Centre
TB	Tuberculosis
TBA	Traditional Birth Attendants

BACKGROUND AND INTRODUCTION

Home delivery, delay in care-seeking for obstetric emergencies and stunting remains prevalent in Kitutu Chache Sub-County, Kisii County, Kenya. Camericas Global, a U. S based NGO in partinership with Kisii county Ministry of Health initiated a project known as KIKOP to curb the same. The name "KIKOP" was arrived at by local stakeholders which literally means Kisii Konya Oroiboro Project. Its goal is to reduce maternal and neonatal mortalities and child stunting in under five years children.

In relation to the above goals the, KIKOP aims to achieve the following objectives; increased skilled deliveries, improved attention to obstetric complications, improved postpartum care, respectiful and culturally appropriate care as well as reduced child stunting

Objectives of Formative Research

The objectives of conducting this formative research was;

- To understand the roles of different stakeholders in the area of MNCH in Kisii County, Kenya.
- To understand why home deliveries and failure or delay in seeking or getting emergency obstetric care is still rampant in Kisii County, Kenya.
- To establish why stunting remains prevalent in Kisii County, Kenya.
- To know the needs of the three targeted health facilities in Ksii County, Kenya.

Research Questions

1. What roles do different stakeholders play in relation to maternal, neonatal and child health in Iranda catchment (clan elders, CHVs, TBAs, CHEWs and Iranda health facility staff)?
2. What are the various challenges faced in Iranda catchment concerning maternal, neonatal and child health?
3. What are the factors that contribute to home deliveries and failure or delay in seeking or getting emergency obstetric care?
4. How can respective maternal care be improved in Iranda health facility?
5. How can child malnutrition, especially stunting in under-2 children be improved in Iranda catchment?

RESEARCH METHODS

The research basically used qualitative study design by use of open ended questionnaires. Focused group discussions (FGD) and one on one interviews were conducted and questionnaires filled by the interviewers.

Sample selection of research participants was based on local administration and generally known actors in the health sector. Sample size was well chosen to equally represent all villages in Matongo catchment.

A total of 33 clan elders, 33 CHVs, 5 MOH staff, 2 CHEWs and 10 mothers (5 who delivered at home and 5 who delivered at the health facility) were interviewed.

Interviewers

- KIKOP community support supervisor
- KIKOP project assistants
- KIKOP field officers
- KIKOP nurses

Interviewees

Various groups were interviewed who included;

- Iranda health facility staff
- Community health and extension worker (CHEW)
- Clan elders, traditional birth attendants (TBAs)
- Community health volunteers
- Mothers who delivered at the facility
- Mothers who delivered at home.

FINDINGS

ROLES OF DIFFERENT STAKEHOLDERS

Clan Elders

- Organizing community assemblies, a forum where the community is educated on health matters.

- Ensuring school going children actually attend school thus reducing school drop outs and teenage pregnancy.

- Curbing alcohol brewing practice and problems and generally helping in eradication of drug abuse. Through this, parents become responsible, feed their children and thus reducing malnutrition cases in the community.

- registration of key populations such as elderly, children, orphans, disabled, and new members and availing the same to the chief` s office.

- Setting and revising community boundaries. This ensures that every household is reached during major activities such as mapping and census.

- help in implementing community projects such as constructing latrines, hand-washing facilities, bridges, springs and water pumps.

- solving conflicts in households and within the community hence ensuring that there's peace and security. Family conflicts have been associated with high miscarriage and stillbirth cases.

- Implementation of laws and ensuring that they are effective. They discourage unsafe abortions and ensure that the ailing get medical attention (right to equitable health-Article 43 (1) (a) of the Kenyan constitution)

Community Health Volunteers (CHVs)

- Health education- Educate pregnant mothers on maternal health, importance of delivering in a facility and also encourage them to have ANC visits. They also conduct health education on proper nutrition thus preventing malnutrition cases in the community.
- Referrals- they refer pregnant, puerperal mothers and neonates to the health facility in case of complications
- Keep records of households in the village and avail the same to the ministry of health (on a monthly basis) and other interested stakeholders (NGOs, CBOs, FBOs).

- Serve as a link between the facility and the village by conducting follow ups on ANC, MCH, TB and PSC defaulters.
- Conduct household visits on issues concerning health such as testing for malaria and carry out nutritional assessment on children under 5 years.
- Ensure sanitation within the community by encouraging each household to have access to a functioning latrine and hand-washing facility.

Traditional Birth attendants (TBAs)

- Identifying pregnant women and inquiring about their expected delivery date (EDD) so that they can regularly visit them and inquire about their wellbeing.
- Visiting the pregnant women and advising them to buy necessary items such as thread, razor and clothes in case of unexpected or too quick labor.
- Accompanying women in labor to the health facility and offering any support required including during referral.
- Conduct deliveries in case of emergency (in case the baby comes out before reaching the facility)

Community Health Extension Workers (CHEWs)

- Health education in the community and in the health facility
- Attending community assemblies and giving health talks
- Defaulter tracing of ante natal care, MCH and patient support center clients
- Capacity building of community health volunteers
- Community outreach- mass immunizations, deworming and net distribution

MNCH CHALLENGES IN IRANDA CATCHMENT

- High poverty level in most cases resulting from high levels of unemployment. This leads to high crime rates such as prostitution resulting to unplanned pregnancies and sexually transmitted infections.
- Conflicts within households in the community leading to fights and separation. Some mothers run away leaving their young babies who need to be breastfed. This leads to malnutrition in the affected kids.
- Lack of necessary equipment at the health facility such as ultrasound hence too many referrals in case of suspected complications.
- Some of the CHVs are illiterate making it hard for them to make clear reports on the health status of their villages. Some even find it hard to conduct formal referrals in case of complications.

- Low family planning intake thus too close child spacing and early weaning which leads to malnutrition in under two years children.

CHALLENGES FACED BY VARIOUS COMMUNITY PLAYERS IN THE AREA OF MNCH

- Lack of recognition of CHVs and TBAs by other people in their villages and even at the facility when bringing clients because they lack identification documents.
- Lack of necessary items such as torch and gumboots which are necessary during night and rainy season respectively.
- CHV demotivation due to lack of remuneration
- Negative response from certain community members e.g. abusive utterances.
- Ignorance and disrespect from some individuals.

FACTORS CONTRIBUTING TO HOME DELIVERIES AND FAILURE OR DELAY IN SEEKING/ GETTING EMERGENCY OBSTETRIC CARE

- **Inactive community units-** the current CHVs have not received sufficient training in terms of identification and referral of obstetric complications. Also, due to lack of motivation, most of them are no longer active.
- **Ignorance**- some women are unaware of the importance of health facility delivery. Others are even unable to recognize obstetric emergencies or they believe that they are normal occurrences. Failure to know expected delivery date (EDD) especially by teenagers is also a common phenomenon hence unexpected labor in most cases.
  "I hadn't disclosed to anyone about my pregnancy. Being a teenager I was shy and couldn't attend ANC checks. My labour started at around 11pm while I visited the latrine. I immediately told my parents who then contacted the TBA since the water had broken. The TBA assisted me to deliver, wrapped the baby to keep warm and later took me to Iranda Health Centre for post-partum care". Naomi (17 years)
- **Stigma**- Several women fear being tested for HIV. Those who already has it fear disclosing their status to even health care providers because they doubt their confidentiality.
- **Poverty**- lack of money to buy baby clothes and other requirements (e.g. cotton wool and basin) makes mothers shy off from delivering in the health facility.
- **Previous birth experiences**- if a mother had a successful home delivery, she could not understand the dangers of the same in her subsequent pregnancies. The same applies to use of traditional herbs in case of obstetric emergency.
  "My labor started at midnight. I was with my three kids. I hadn't visited the facility for ANC checks. My husband wasn't around. I didn't have a cellphone to contact the TBA or anybody around for help, so I gave birth alone (including cutting the cord and

drying the baby) through knowledge gained from my grandmother (was a TBA) and my previous three birth experiences". Phylis (29 years)

- **Fear** of being reprimanded by health care providers for those who never attend antenatal checks or in case the MCH booklet gets misplaced or lost. Some fear being mishandled and getting hurt by nurses during the delivery process e.g. bodily harm. Most mothers do not want to stay at hospital for long periods, therefore they tend to delay at home during labor some ending up delivering at home
- **Cultural traditions** and **social influence** e.g. instances where there is a TBA within the family and all mothers have been assisted by her.
  "*I hadn't visited the facility for ANC checks because my mother-in-law is a TBA, and had advised me not to visit the facility due to her experience in deliveries. The labor started at midnight where I had to contact my mother-in-law who responded promptly and assisted me to deliver, cut the cord, dried the baby and gave me water for bathing", Eunice (30 years)*
- **Lack of male involvement** who are in most cases the key bread winners and key decision makers
- **Lack of a birth plan** due to high poverty levels and some traditional beliefs, i.e. do not count chicks before they hatch.
- **Distance** to the facility and **bad roads**- for instance Iranda catchment has a total of 33 villages some of which are very far from the health facility. Considering the high poverty levels in the catchment, some people may not be able to incur transportation costs. In fact some villages are on the other side of a river with a badly made bridge hence difficulty in accessing the health facility especially at night and during rainy season.

TRADITIONAL CHILD BIRTH CUSTOMS

1. Amasangi- an adulterous man or his mistress should not visit a mother who has delivered or who is sick in any way because she will bleed to death. A mother may refuse to be attended by certain health care providers if they suspect them to be committing adulterous acts with their partners.
2. Twins- they should be taken to maternal grandparents for blessings while still young. A goat is usually slaughtered and people celebrate before they are taken back home.
3. Sky blessings- when a mother takes her newborn out for the first time, she looks directly at the morning sun in the sky and asks for blessings for her baby
4. Ebibiriri- some people are believed to be having evil eyes and they can make others sick especially children by just looking at them. The sickness is in terms of strong stomach pains and is cured my massaging on the affected area using special jelly and a coin.

5. Ebinenge (Breech birth)- a mother who delivered in breech presentation and her child should not harvest any person` s agricultural produce unless they undergo a traditional cleansing (slaughtering a goat and then passing through every household in the neighborhood announcing that you have been cleansed while she plucks the agricultural produce).
6. Teething- children whose upper teeth appear first before the lower one and their mothers are also not allowed to touch other people` s produce unless they undergo traditional cleansing.
7. Big navel- children who develop big navels are believed to cause bad luck in most situations.
8. Cord healing- most people believe that applying lizard droppings to a newborn`s cord aids in fast healing.

SUGGESTIONS TO INCREASE HEALTH FACILITY DELIVERIES AND SEEKING OF OBSTETRIC EMERGENCY SERVICES

1. **Incentives for TBAs-** they can be given small incentives for every mother they bring to the health facility to deliver
2. **Incentives for mothers-** such as basin, sanitary pads and baby diapers.
3. **Involve CHVs-** by training them on early identification of pregnant mothers and any obstetric complication.
4. **Frequent community outreach-** this will be a platform for equal health access (even those who never visit health facilities will be reached and will be able to receive services such as health education, immunization, family planning and HIV testing and counselling. In this platform, pregnant mothers can be identified early and be advised to start ANC visits early as well as being encouraged to deliver at health facility.
5. **Advertising** health facility services through local media such as radio channel and magazines.

CARE DESIRED AT THE HEALTH FACILITY

- Dignity and courtesy during labor and delivery
- Confidentiality- facility staff should not disclose their clients information to any other person.
- Privacy- the delivery ward needs to be well covered or closed whenever a mother in giving birth to ensure privacy. The postnatal ward should also have curtains to provide privacy for mothers and their newborns.
- Culturally appropriate care- family to be allowed to conduct their traditional customs and celebrations.

FACILITY NEEDS

- More staff- the facility is understaffed with only one nurse at the maternity section.
- Capacity building- facility staff need more training on basic skills such as newborn care specifically nursery care.
- Incubator- there is only one incubator which is not enough considering the high number of clients seeking care at the facility
- Delivery packs
- Fetal Doppler
- Resuscitation equipment
- ultrasound

STRATEGIES TO CURB CHILD STUNTING

Liaise with facility nutritionist in order to:

- Conduct health education on healthy nutrition
- Identify those who are already stunted
- Offer nutritional supplements to those who are prone to stunting
- Ensure deworming to all under 5 years children