



COMMUNITY  
ACTION  
FOR PREGNANT  
WOMEN

# KENYA

Improving the demand and health services for pregnant women and newborns in underserved communities

## PROJECT OVERVIEW

### MAKING A DIFFERENCE

It is possible to improve uptake of health services for pregnant women and newborns using a community-based approach and also improve the quality of care provided at the facility level to ultimately improve the community-to-facility linkages.

**Less than half of pregnant women in Kenya have the World Health Organization recommended 4 antenatal care visits to receive vaccines, medical care and other essential health and nutrition monitoring.**

Notably, only 20% receive any care during the first trimester of pregnancy.

Pregnancy and childbirth can be a difficult time for women and newborns in Kakamega Country, Kenya, which has high maternal mortality rates and some of the lowest rates of delivery with skilled birth attendants and at a facility.

The quality of antenatal services varies widely, and over half of deliveries still occur outside of health facilities, without a skilled attendant<sup>1</sup>.

The Micronutrient Initiative (MI) is focused on improving nutrition for the world's most vulnerable, including helping more pregnant women and their newborns receive access to essential health care services.

From 2011 to 2015, in collaboration with national governments and partners, MI worked with communities in Kakamega to increase access to antenatal care (ANC), birth care and postnatal care (PNC).

### PROJECT APPROACH

- Understand the situation of pregnant women & newborns through formative research & a landscape analysis.
- Tailor project to the requests of Ministry of Health & needs of the communities.
- Train & transition Traditional Birth Attendants (TBAs) to Birth Companions to accompany pregnant women to health facilities.
- Train health facility providers in the government's new basic Emergency Neonatal & Obstetric Care curriculum & the PRONTO simulation & teamwork strategy.
- Engage community health workers to promote facility-based ANC, birth & PNC services through home visits, community dialogue days & peer support groups.
- Improve stock management of essential maternal & newborn health & nutrition commodities.
- Evaluate the integrated package of care with qualitative & quantitative research at beginning & end of project.

**“I am at peace because I do not have to worry of a woman or baby dying during delivery period under my care. I can now sleep peacefully knowing that in hospital, both the mother and child are safe.”**

**Agnes Makina,**  
Birth Companion

## REGION

Kakamega County, Western Province, Kenya

## PARTNERS

Kenyan Ministry of Health  
Amref Health Africa, Kenya  
University of Washington, PRONTO, USA  
University of Nairobi, Kenya

## KEY COMMUNITY-LEVEL INTERVENTIONS

- Promotion of ANC, iron-folic acid consumption, birth assistance & PNC.
- Provide iron-folic acid supplements and nutrition counselling.
- Birth planning, detection of danger signs & referral.
- Delivery at health facility by trained community member.
- Promotion of immediate & exclusive breastfeeding for first 6 months.
- Optimally-timed cord clamping.

## ACHIEVEMENTS

- **73,766** pregnant women & newborns reached.
- **4,000** community & facility health personnel trained.
- **230** service providers received simulation & team-work training and Emergency Neonatal & Obstetric Care curriculum.
- **39** new community health units established & **26** strengthened: all linked formally to health care system.
- More than **19,000** people participated in “dialogue days” to improve health in their community.
- **23** father-to-father groups (273 members) & **69** mother-to-mother groups (1,023 members) for health/nutrition discussions.
- **345** TBAs to Birth Companions, who are registered & received incentives for referring **11,000** women to health facilities.

## SUSTAINABILITY

- The government has adopted project model to convert TBAs into Birth Companions.
- The Kakamega County Government is continuing the community personnel incentives.

## FINDINGS

### ANTENATAL CARE

Many pregnancy complications can be prevented, detected, assessed & treated during ANC visits with skilled health workers. The World Health Organization recommends a minimum of 4 ANC visits, where iron-folic acid supplements is provided, starting as early as possible to ensure women get the required care.

- Antenatal care in first trimester:  
**17% baseline → 26% endline**
- Four antenatal care visits:  
**39% baseline → 63% endline**
- Consumption any iron-folic acid supplements:  
**67% baseline → 91% endline**
- Consumption  $\geq 90$  iron-folic acid supplements:  
**22% baseline → 90% endline**

### BIRTH CARE

Delivering with a skilled birth attendant at a facility ensures access to life-saving skills & medicines for women & newborns. It also increases the likelihood of receiving essential nutrition actions, such as optimal cord clamping. If a woman has postpartum hemorrhaging, she has immediate access to skills & medicines that could save her life.

- Delivery with a skilled birth attendant:  
**53% baseline → 91% endline**

### POSTNATAL CARE

A newborn who is put to breast within the first hour after delivery receives colostrum, which is rich in protective factors.

- Timely initiation of breastfeeding:  
**77% baseline → 93% endline**