

BACKGROUND

Globally, an estimated 289,000 women died during pregnancy and childbirth in 2013. The Kenya Demographic and Health Survey (KDHS) 2013/14 reported a decrease in Maternal Mortality Ratio (MMR) from 520/100,000 in 2008/2009 to 362/100,000 in 2014. Health indicators for Kakamega County are poorer with MMR being 880 505/100,000, Under Five Mortality Rate 64/1000 and Neonatal Mortality Rate 19/1000.

Amref implemented a project whose overall goal was to have pregnant women at risk and in need of emergency obstetric care identified, referred and managed at an appropriate health facility to reduce morbidity and mortality. TBAs were oriented to support referrals and accompany mothers for health facility deliveries.

The aim of this study is to determine if change of TBA roles to Birth Companions (BC) contributes to an increase in skilled delivery.

PROJECT APPROACHES AND INNOVATIONS

Approaches

- Community Health System Strengthening
- Continuous Quality Improvement
- Social and Behavior Change communication
- Implementation Research and Advocacy

Innovations

- Reorientation of roles of TBAs to Birth Companions
- Performance Based Incentive Scheme
- CSO engagement in addressing social cultural issues that affect MNH
- Father to father support groups in MNH

Results

- Project tool kit in place, includes an SBCC plan, TBA reorientation guideline and a Performance Based Incentive Scheme
- 345 TBAs reoriented on their new roles as Birth Companions
- 11,427 mothers escorted to deliver at health facility

METHOD

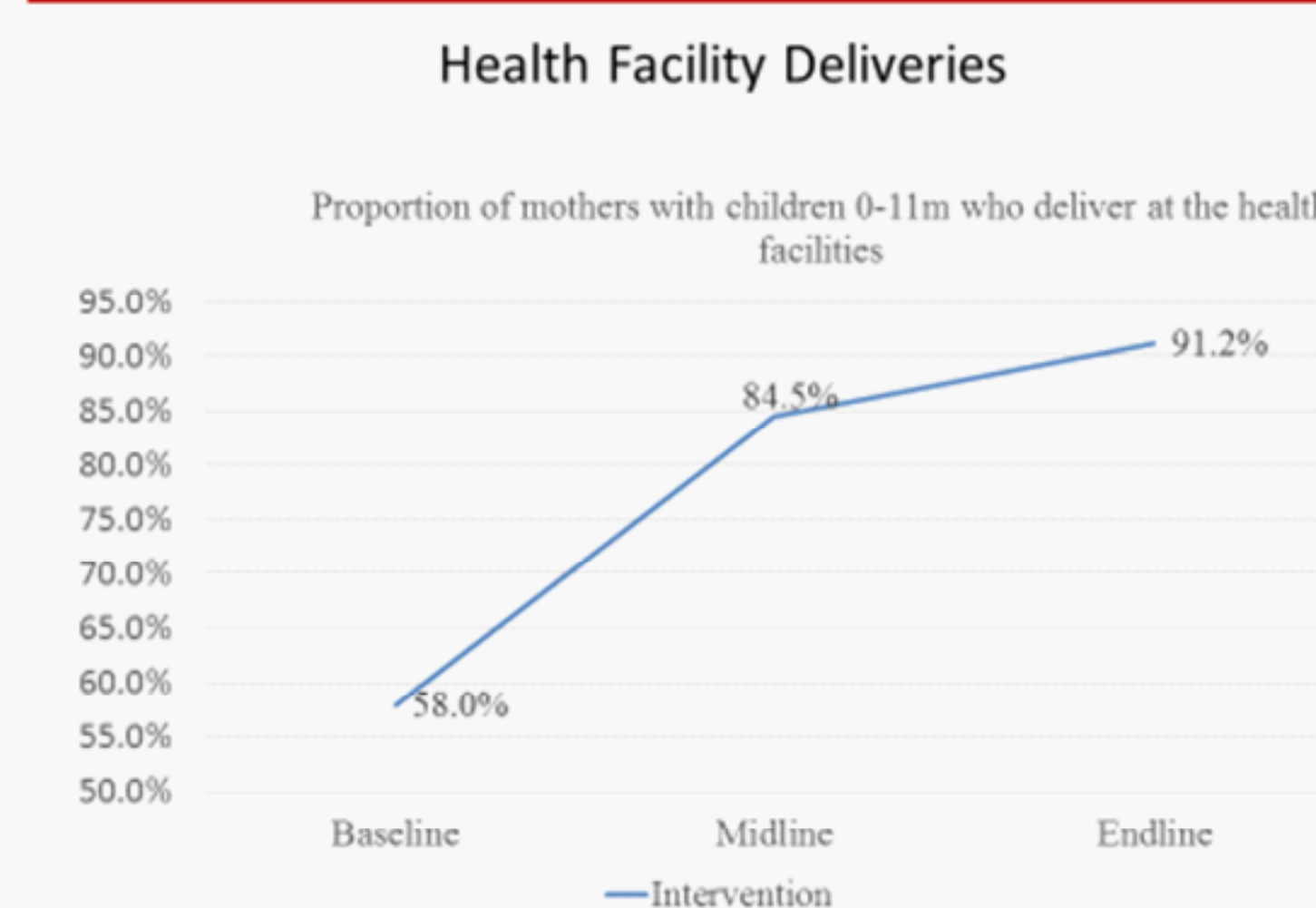
A prospective cohort study was undertaken to follow converted 345 TBAs from January 2013- December 2015. Mapping of all TBAs in project implementation area (Kakamega Central, Mumias East, Mumias West and Matungu Sub Counties) was done. The TBAs were taken through an orientation to change their roles from delivering women at home to accompanying them to health facility for skilled delivery.

Quantitative data of the number of deliveries accompanied per birth companion was collected quarterly, recorded and analyzed using Excel. Deliveries at link facilities were monitored to document progress.

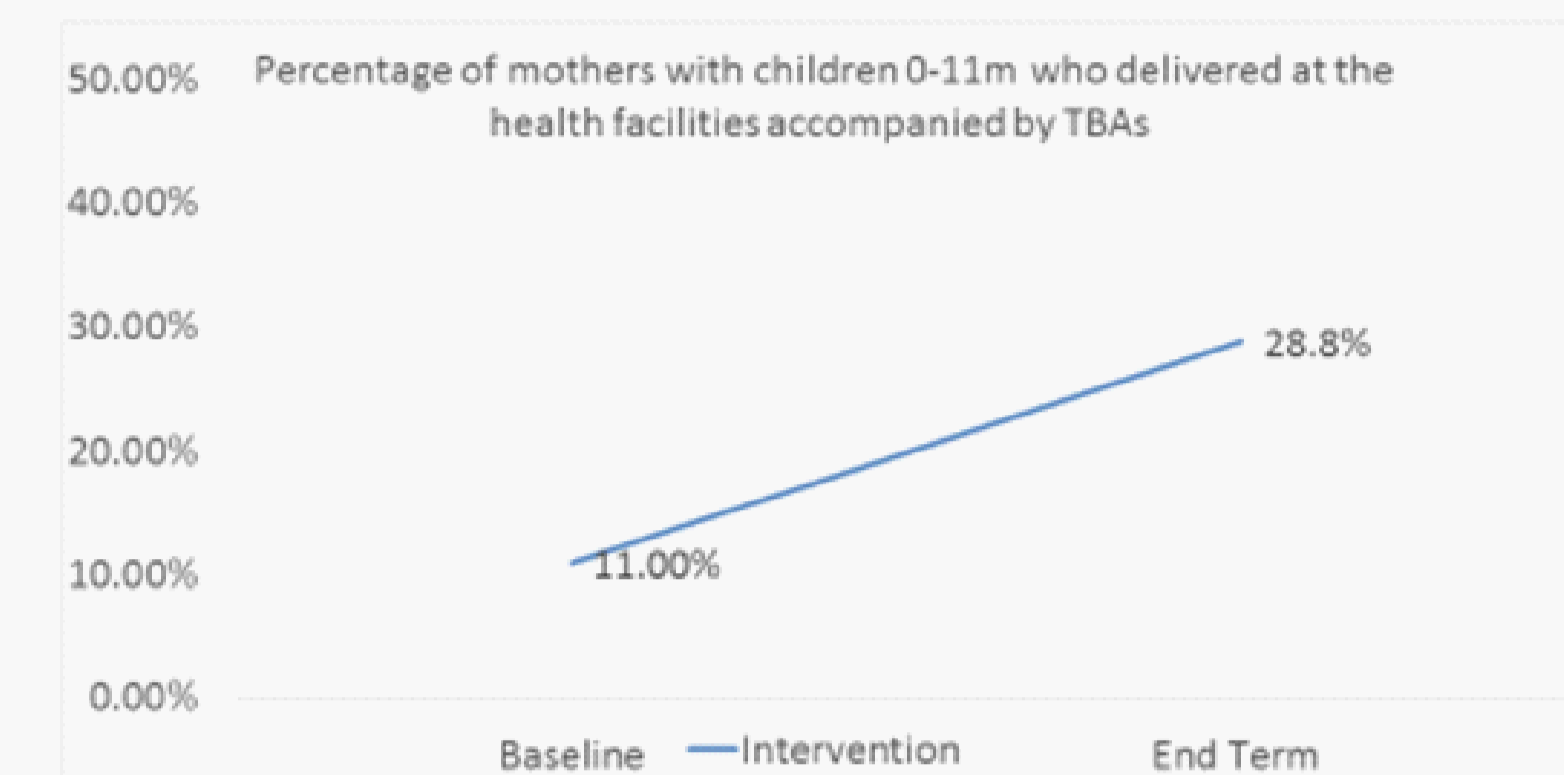
Reasons for Delivery at Home

- Poor knowledge of the importance of skilled delivery
- Long distances to the health facilities
- Negative provider attitude
- Long waiting time before receiving care

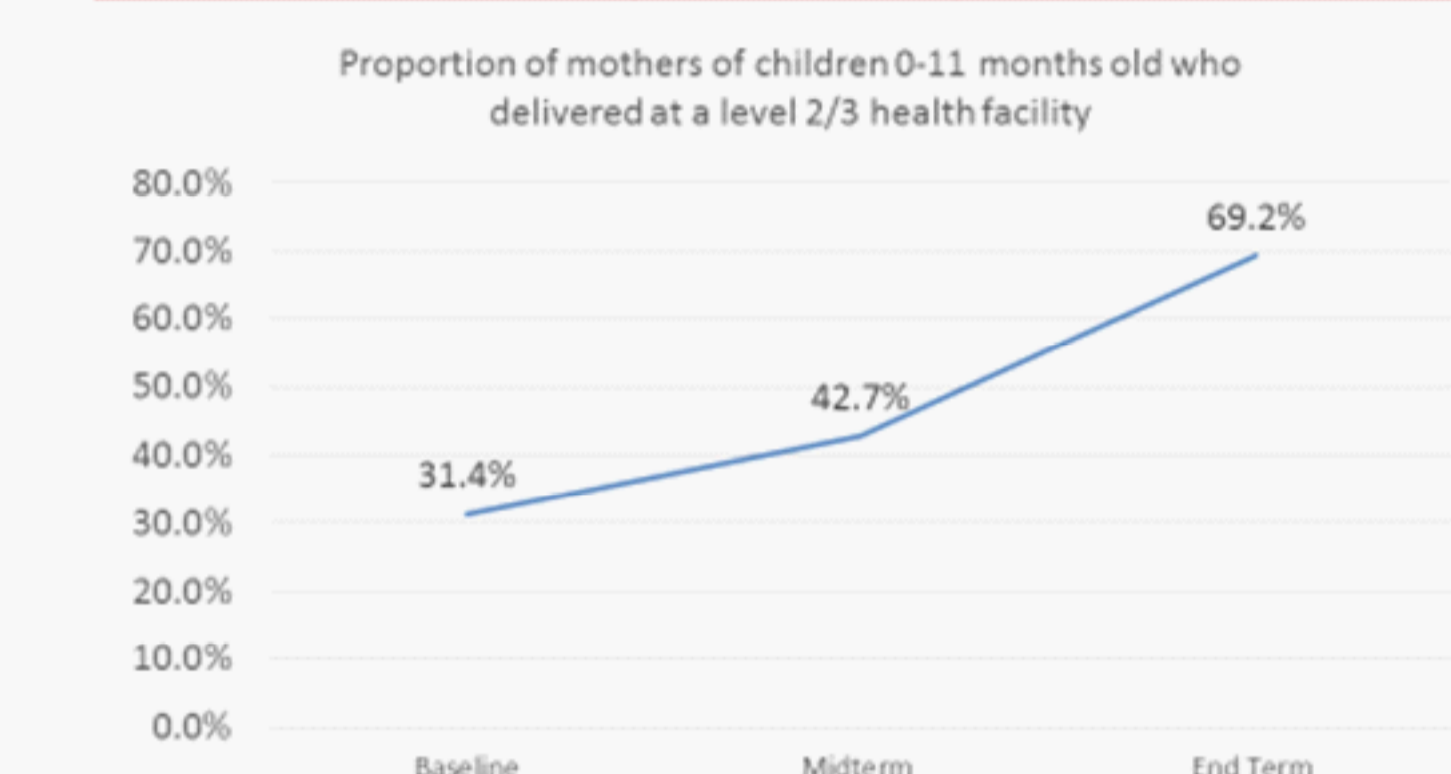
Project Achievements



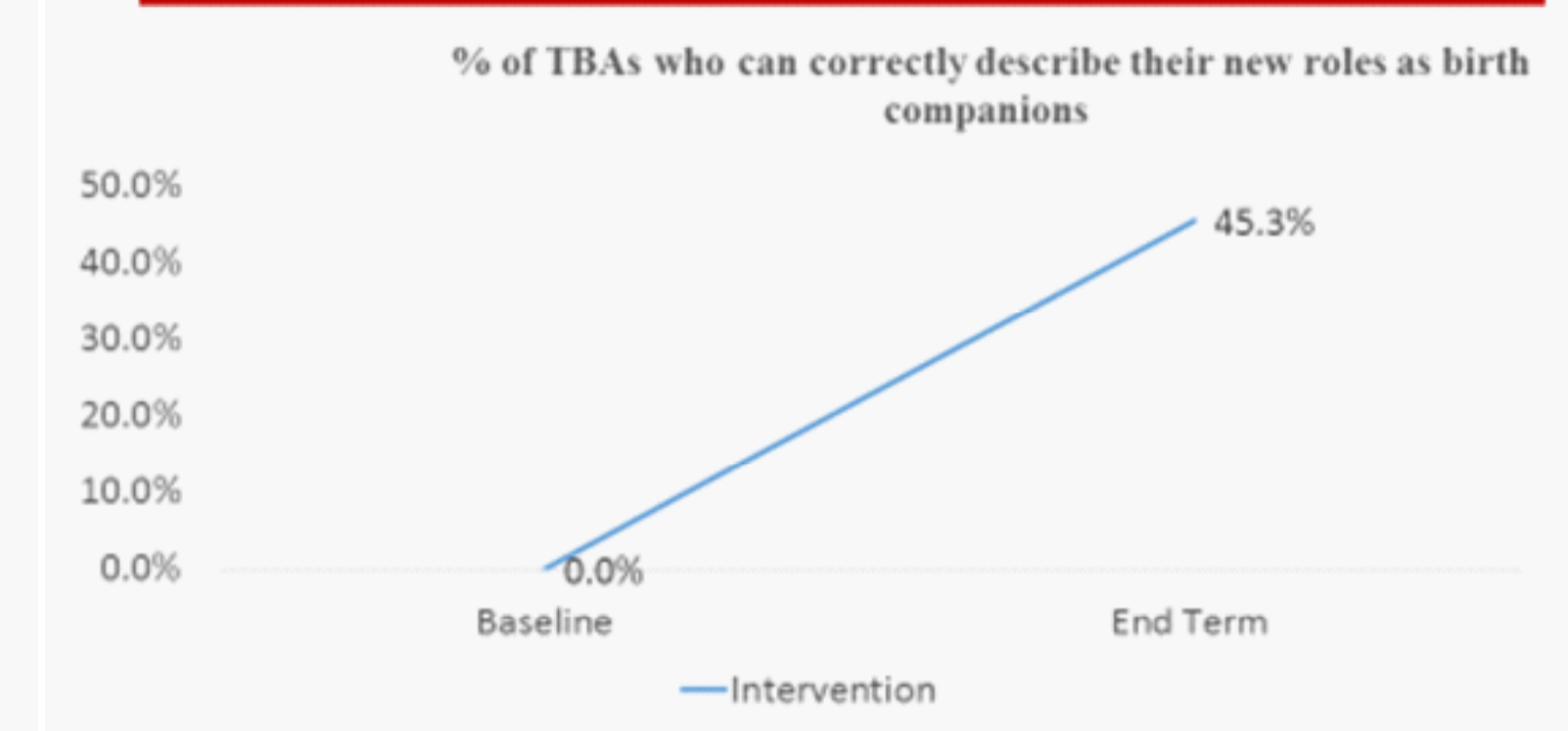
Deliveries from all facilities accompanied by TBAs



Deliveries in level 2/3 accompanied by TBAs



TBAs who correctly describe their new role



- Lack of complications.

CONCLUSION

- There was increase in health facility deliveries some recording double the normal number.
- Birth companions have the capacity to be champions and contribute to increase in uptake of maternal health services.

Birth companions demonstrating hand washing



Quote from a birth companion

Agnes says she is more at peace because she no longer has to worry that a woman or baby would die under her care. She is happy with her new role of escorting women to the health facility and the fact that she gets some transport refund. The health workers have accepted her and treat her better than before. Agnes is saving part of the incentive she gets in order to buy a dairy cow from which she can sell milk to earn a living. She vows not to return to her practice as a traditional Birth Attendant " Hii pesa munanipea kwa kazi ninayofanya, nataka nikifisha elfu kumi, ninunue ngome ya maziwa niweze kuuza. Siwezi kamwe rudi kwa kazi ya zamani ya ukunga" (This money that am receiving as an incentive for work that am doing I want to save up to ten thousand I buy a cow so that I will sell milk am not going back to the work I used to do ever again)

Birth Companions are always with mothers on their pregnancy journey, so it is just as well that they are there for them during delivery.

ACKNOWLEDGEMENT

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