



## STAKEHOLDER EFFORTS IN ENHANCING REFERRAL IN KAKAMEGA AMID COVID-19 PANDEMIC

**Kakamega County, Kenya-** Multisectoral coordination is a deliberate collaboration among various stakeholder groups and sectors to jointly achieve a policy outcome. Public health problems are complex, and in many cases, a single health issue may be influenced by interrelated social, environmental and economic factors that can best be addressed with a holistic, multisectoral approach. By engaging multiple sectors partners can leverage knowledge, expertise, reach, and resources, benefiting from their combined and varied strengths as they work towards the shared goal of producing better health outcomes. However, in many low and middle income countries like Kenya, the focus of the health sector in most counties remains almost exclusively on health care services and the potential of multisectoral collaboration remains untapped.

Roselyda Awino Okello, stands at her work station adorning her beautiful dust brown uniform in Indangalasia location in Matungu Sub County. She is an epitome of authority with her chief's stick in hand and her navy blue beret. Like herself, her office speaks for itself, with a small Kenyan flag standing on her work desk, filled with files of all colors and thickness. A row of citizens waits at the visitor's bay, silently hoping for their turn to get the chance to speak to her. We notice that she listens more than she speaks but when she speaks, it is the kind of paced certainty that folks listen to.

COVID 19 as a global pandemic has slowed down service delivery where most facilities known to expectant mothers have been changed to isolation centres for people who test positive for the virus, and thus brought confusion as pregnant women do not know where to seek maternal health services. The night curfews introduced in Kenya as a measure to reduce COVID 19 transmission, has restricted pregnant women's movement, forcing them to seek services from traditional birth attendants or give birth with the help of relatives. Consequently, some of the women have died due to excessive bleeding



*Roselyda Awino, the chief of Indangalasia, addressing Community health volunteers in Indangalasia Location in Matungu Sub County, Kakamega County*

after birth and others have chosen not to seek maternal health care services at all.

Indangalasia location was one of the many areas in Kakamega county where mothers preferred unskilled birth delivery. “In this location, many mothers were giving

birth at home and others were going to traditional birth attendants because they lacked the knowledge on the risks associated with unskilled deliveries,” narrates Roselyda. In the wake of COVID 19, the location was hit harder due to the measures and restriction put forth by the government and more mothers started giving birth at home with the assistance of traditional birth assistants. “This had always been the situation but when COVID 19 came and the government put curfew restrictions, the situation worsened,” she continues. The location saw itself losing so many mothers due to birth complications that could not be managed at home or with the traditional birth attendant.

Afya Halisi, a USAID funded project through local implementing partners, has been supporting a number of quarterly community action /dialogue days, stakeholder's meetings, *barazas*- a public meeting, and targeted events where the project's thematic health areas matters are discussed, in order to increase the referrals and linkages for service provision and delivery in Kakamega County. It is in one of these meetings that Roselyda got the solution to the problem facing mothers in her location. “On March 17<sup>th</sup> 2020, I was called for a stakeholder's meeting in Matungu Sub County Hospital where we talked at length about the persevering maternal deaths in the sub county,” she recalls. “With other stakeholders including chiefs, I came up with action points for my location. Strengthening the community based referral system for expectant women in Indangalasia location, was on the top of my list,” she continues.





the funds to pay for transport to the facility. “Transportation to the facility is USD 4, to and from the facilities and not many clients can afford this amount,” comments Josephat Mulongo, who is one of the riders. Most of the riders do the services out of goodwill. For now, she is left with 10 active riders who help her save mothers’ lives in the community. When asked about her future plans for the location, she laughs and says, “My only hope is to get a donor who can finish our maternity in Indangalasia dispensary so that mothers can access delivery services closely and easily, that would make me happy,” she finishes.