



Ministry of Health



KENYA



Twitter chat report on achieving zero maternal deaths amidst the Covid-19 pandemic



Background

The WHO declared the outbreak of coronavirus disease (COVID19) a pandemic spreading to over 200 countries and territories in the world. In Kenya, the first case was reported on 13 th March 2020 and like many countries across the globe, the government put in measures and interventions to curtail the spread of the virus and mitigating the socio-economic effects of COVID19 response. Some of the measures such as the nationwide dusk to dawn curfew has negatively impacted access to essential health services particularly emergency obstetric and newborn care.

Because of limited or no movement and fear of police, women cannot access emergency transport to health facilities hence in some counties have reported high maternal and perinatal morbidities and deaths. Furthermore, the fear of contracting coronavirus has kept some women away from seeking antenatal and postnatal care. So far there is reduced utilization of the maternal and child health services across the country, compared to the same period last year.

Objectives

- Deliberate on the Impact of COVID-19 on access to maternal and newborn health services
- Assess how to ensure continued utilization of quality services in all the counties.

Panelists



Dr. Patrick Amoth
Ag. Director General
Ministry of Health

Panelist



Dr. Elizabeth Wala
Vice Chair
Kenya Health Federation

Panelist



Dr. Olajide Ademola
UNFPA
Representative

Moderator



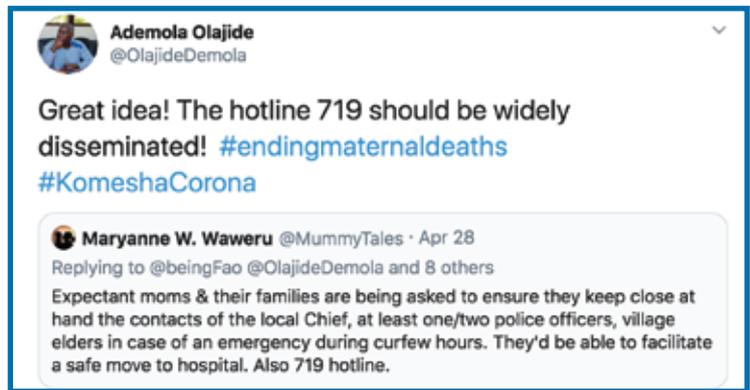
Ms. Angela Nguku
Country Director,
White Ribbon Alliance

Panelist



Mr. Alfred Obengo
President,
Kenya National Nurses
Association – NNAK

Panelist



Key Issues Raised

National Policy, Priorities and Coordination

- In some counties, county leaders/health managers are deprioritizing and shifting resources away from maternal health services considering them to be non-essential during the Covid-19 pandemic
- The national data collection system on the covid-19 response is inadequate.
- The MOH has a central coordination mechanism and is soon to launch a digital patient centered platform for better access to emergency services.

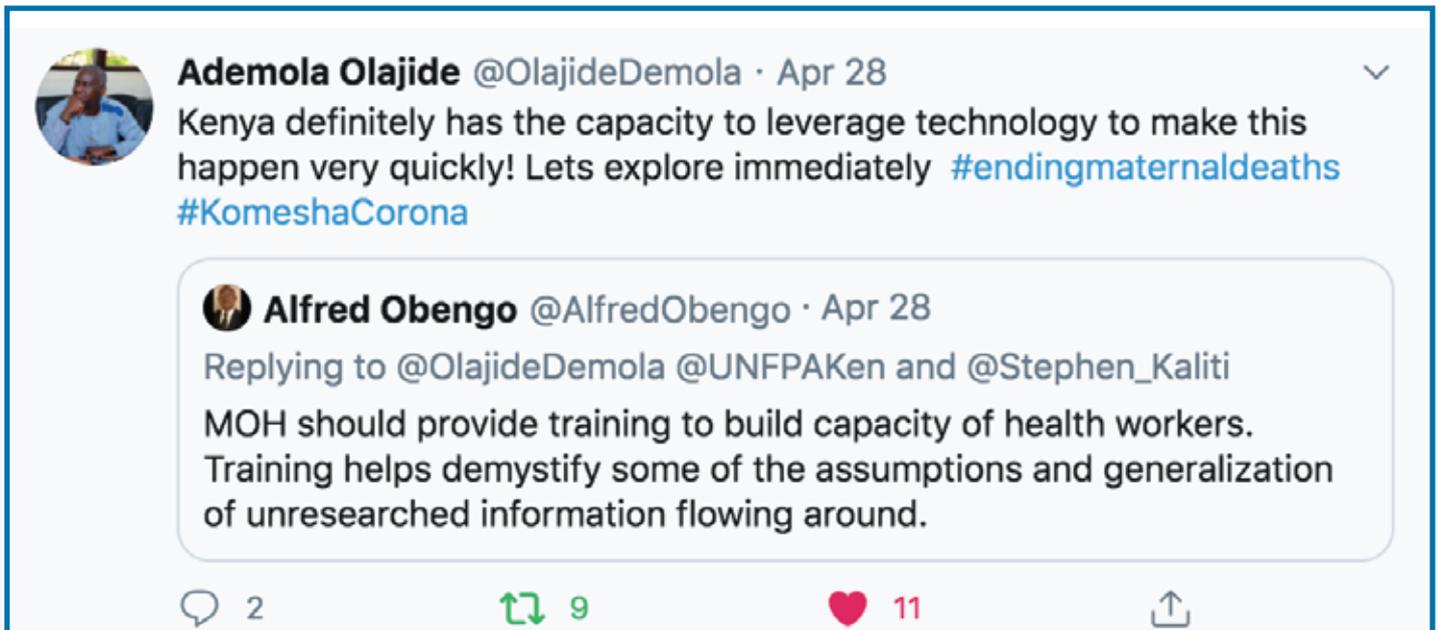
Partnerships and innovation

- The CSOs can support the MOH by pooling resources to address gaps in the Covid-19 response e.g. through crowdsourcing or digital fundraising
- A partnership between AMREF and Bolt is initiated to ensure that women in labor during curfew hours can reach health facilities.
- CSOs are mandated to strengthen community-led response building trust between government and citizens and provide evidence-based information to the communities e.g. through digital platforms or apps to combat misinformation.
- Through coordination with county government, the Boda Boda drivers can play an important role in assisting women in labor during curfew hours

Community impact and behavior change

- Women fear seeking ANC and maternity services at the health facilities due to risk of covid-19 transmission and a lack of face mask.
- There is a risk that women increasingly will seek maternity services from TBAs due to the perceived risks of Covid-19 when going to the health centers.
- Women are increasingly giving birth in quarantine institutions , at home, and on the roadside.

- With the partial lockdown, sexual activity is prone to be on the peak which directly translates to an increased rate of pregnancies especially teenage pregnancy.
- Reduced income in the household is affecting the women's attendance to maternal and antenatal services.



Service Delivery and Access to Antenatal and Maternity Services

- The curfew has restricted access to maternity services and women risk facing harassment of police officers when traveling to health facilities.
- Health providers are compromising maternity services and rejecting women due to lack of essential drugs and blood products and to reduce overcrowding in hospitals.
- The closure of schools and other congregational activities have limited blood donation exercise hence causing ashortage of blood leading to an increased risk of women dying due to hemorrhage while giving birth.
- The referral services are being hindered as the health facilities try to limit the number of patients
- Health care workers are not adequately trained and provided with PPE across the various health facilities.
- Many midwives are skilled to offer personalized care to pregnant women in the Covid-19 pandemic

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Recommendations

National Policy, Priority and Coordination

- MoH should ensure that essential maternal health issues are prioritized and well-resourced even during the Corona pandemic
- The Covid-19 response should be multi-sectoral and coordinated and engage communities including women-led platforms.
- Women with Disabilities should be included in the Covid-19 response
- The govt. should make it possible for pregnant women to access medical assistance even during

curfew or lockdown e.g. by developing or support in strengthening the referral system e.g. ambulance services.

- RMNCAH guidelines should be revised to include protection of Covid-19 transmission and these should be packaged in a language understandable in the communities and health facilities to ensure adherence and efficiency in implementation
- Technical issues with the 719 line need to be solved.

Service Delivery and Health Care Worker capacity and protection

- MoH must protect all health workers by providing them with the basic PPEs (Mask, Gloves, Sanitizer, Apron etc), ensure a safe working environment and provide them with a risk allowance.
- The Community Health Services must be strengthened to collect as much data as possible that can be used to trace medical deliveries vs home deliveries.
- All healthcare workers including those NOT on the frontline should be provided with some letter or identification to be allowed passage during curfew hours to avoid harassment.
- Health care workers should be sensitized on prevention of Covid-19 to reduce the risk of transmission, relieve their fear and reduce the risk of misinformation.

- Blood donation campaigns should be intensified all over the country to prevent obstetric hemorrhage.

- Remove stigma on health facilities that have been designated to isolate and treat Covid-19 patients.
- #### Community response

- Establish a command center at county level to coordinate issues related to maternal health
- The civil society, professional associations, private sector and development partners can contribute with ensuring safety of HCWs, sensitize HCWs and CHVs on Covid-19 management, and sensitize the public with evidence-based information to debunk myths and misconceptions and share best practices.
- Use social media to sensitize the communities relying on statistics from MOH
- Provide women with contacts to the local health facilities in case of a need for emergency maternity services.

Partnerships, technology and innovation

- Digital health technologies and telemedicine are solutions to offer personalized care for reproductive and maternity services.
- Leverage on local resources and available technology to produce PPE and other needed equipment.
- Digitize all Covid-19 related guidelines and circulate to HCWs.
- Boda drivers should be sensitized especially on the issue of reproductive and maternal health needs in order to pass on this information in their communities.