

F.A.R.E

“Facilities’ Advancement and Referral Enhancement”

Improving the quality and accessibility of essentials reproductive health services and referral mechanisms for maternal health emergencies in the North-eastern slums of Nairobi (Kenya) and in the Guraghe Region (Ethiopia)



Kicking off!

“F.A.R.E.!", which in Italian means “to do”, is already a declaration of intents. World Friends, Engera, Oxfam Italia with their African partners in Kenya and Ethiopia and the support of the Global Health Center of the Region of Tuscany, had decided to work together to contribute to improving maternal health in Kenya and Ethiopia. All partners have an extensive experience working in these countries where the health status of mothers and children is dramatic, through the adoption of interventions that strengthen the quality and accessibility of essential maternal and infant health services.

The challenge is to promote a culture of “the right to health” for young African mothers, by building on the actual countries’ needs; understanding the circumstances of those who live in the areas where we operate; collaborating with the institutions and local organisations; sharing our experiences and adapting them to suit the current context; establishing strong, solid and constructive partnerships. This close collaboration will go even further. It will ensure the elaboration and sharing of lessons learnt and good practices so that future initiatives will be able to capitalize on the results of this project.

(Daniela Cuomo, Director of Amici del Mondo-World Friends- Onlus)

Partners:

Amici del Mondo- World Friends Onlus

www.world-friends.it

Engera APC Onlus

www.engera.org

Oxfam Italia

www.oxfamitalia.org

ASL 7 Firenze

Ruaraka Ubai Neema Hospital (Kenya)

Reedemed Gospel Health Centre (Kenya)

Eparchia di Emdibir (Etiopia)

Pediatric Aid Treatment for Africa (Etiopia)

With the support of:



They context in which the project operates

KENYA:

It ranks **147°** out of 187 country **in the human development Index**

67,2% of the population lives with less than **\$2 a day**. There are significant differences in terms of wealth and access to basic services within the country. They can be easily seen in the contrast between urban and suburban areas of the capital.

In the slums of Nairobi health indicators are the lowest in the Nation. For example, the maternal mortality rate is **64%** higher than the national average. Despite the presence of healthcare facilities run by private actors, such as missionaries and non-governmental organizations, the services offered are limited and of poor quality.

ETHIOPIA:

It ranks **173°** out of 187 country **in the human development Index**

39% of the population lives with less than **\$1 a day** and **85%** lives in rural areas. The economy is based on agriculture, a sector that is negatively affected by climate change and land grabbing. Lack of food security severely affects the health status of the population. It is estimated that **47% of children under 5 are malnourished**.

The health of women in reproductive age (15-44 years old) is significantly at risks. Only **6%** of them receive qualified assistance at birth. **Maternal mortality is also extremely high** and is often due to causes that would be easily preventable if access to adequately equipped health and emergencies facilities was ensured.

Common issues:

1. **Inadequate medical equipment to provide quality reproductive and maternal health services**
2. **Lack of trained health personnel**
3. **Lack of and/or scarce application of Standard Operating Procedures**
4. **Weak referral system for obstetric and gynaecology emergencies**



Millennium Development Goal 5: To improve maternal health

- *Reducing by three quarters, between 1990 and 2015, the maternal mortality ratio*
- *Achieving, by 2015, universal access to reproductive health*

Project Activities

Four main activities are being implemented:

- A.1 Improvement of the health facilities' Infrastructures**
- A.2 Provision of training for the personnel of the health facilities**
- A.3 Analysis and review of the clinical protocols and Standard Operating Procedures (SOPs)**
- A.4 Research and enhancement of the existing referral mechanisms for obstetric-gynaecology emergencies**



Activities Implemented

- **Meeting and consultation with the partner clinics' managers to identify needs, gaps and priorities** with regards to three main areas:
 - a) **Infrastructures and medical equipment** (A.1)
 - b) **Professional Training for the medical staff** (A.2)
 - c) Revision of the **Clinical Protocols and SOPs** (A.3)
- Based on the results of the assessments and consultations, we have identified:
 - a) **Per each facility, a list of equipment to be purchased**
 - b) **The types of training needed, which include:**
 - a. **IMCI** (Integrated Management of Childhood Illnesses)
 - b. **ETAT** (Emergency Triage Treatment)
 - c. **NEC** (Newborn Essential Care)
- World Friends Onlus and ASL 7 have developed a tool to evaluate the referral system for obstetric and gynaecology emergencies. They have also initiated the procedures for the purchase of medical equipment for ambulances.
- * In Kenya, quality assessments of infrastructures and medical assistance were carried out through the **"Safe Care Programme"**, an international standardized quality control programme led by **PharmAccess** (www.pharmaccess.org).

In Ethiopia, quality assessments were carried out by **Engera APC Onlus**, a non-profit organization run by pediatricians of the **Meyer Hospital** of Florence, which has a longstanding experience in Ethiopia in promoting maternal and child health.

What our beneficiaries say: *The experience of Elizabeth*

"This initiative has really helped me. When I woke up and found that I was bleeding, I got scared so I decided to go to Tumaini Health Centre in Ngomongo (Korogocho) to have a checkup. That was when the nurse on duty decided to call Ruaraka Uhai Neema Hospital Ambulance to refer me to their hospital so I could have an ultra sound and check up on my unborn baby. In about 15 minutes, I was at Neema. The midwife of Neema Hospital examined me and realized that the bleeding was a sign that I was due for delivery. Thanks to the midwives at the maternity, I was able to deliver safely before I even had the ultra sound. I can't help but wonder what could have happened if I decided to wait at home or if there wasn't such an initiative whereby I do not pay."



Elizabeth Awuor, 29 years old, mother of four children. She lives in the slums Korogocho (Kenya), where she works as a tailor. Due to poverty, she couldn't afford to go to a health facility, so she delivered her first three children at home, assisted by an unskilled birth attendant. Thanks to this project, she delivered her last son safely at the Neema Hospital.