

MATERCARE INTERNATIONAL



PROJECT ISIOLO, KENYA

A DEMONSTRATION PROJECT TO PROVIDE COMPREHENSIVE ESSENTIAL OBSTETRICAL SERVICES FOR RURAL MOTHERS & TREATMENT OF OBSTETRIC FISTULAE



MCI founder, Dr. Robert Walley (left) and Bishop Locati (right) who was shot and killed on July 14, 2005.

BACKGROUND

In 2005, the then Bishop of the Vicariate of Isiolo, Kenya, Msgr Luigi Locati, in some desperation, found MaterCare on the internet and requested assistance in assessing the state of health of mothers in the Apostolic Vicariate and to advise as to what should be done. A needs assessment was carried out and a proposal suggested to develop essential rural obstetrical health care.

CHALLENGES AND MATERNAL HEALTH RISKS

- One of the highest maternal mortality rates in sub-Saharan Africa
- Drought and flooding in the region making access to health care impossible for rural residents
- Badly maintained government hospitals and facilities
- Lack of standard diagnostic laboratories
- Essential health services such as obstetrical/midwifery services are not available
- Hospitals and dispensaries lack adequate equipment, personnel, skills and space
- Only 20% of all health facilities in the county offer any maternity services
- 80% of health facilities lack access to skilled attendants at delivery
- Kenya holds the second highest newborn mortality rates at 1 : 22, second to Pakistan 1 : 23
- Some areas of Isiolo county have not seen a government health professional in five years

ISIOLO COUNTY



Located in the upper east region of Kenya, Isiolo County has a population of 188,000, mostly nomadic pastoralists, 60% of whom are below the poverty line. For the last 3–6 years depending on the sub- area there has been a severe drought resulting in the loss of cattle and goats and poor harvests. This has resulted in severe malnutrition. At present 80% of births take place in the villages attended at best by an untrained traditional birth attendants (TBAs) or relative. The average distance to an hospital is over 100 kms. The district is understaffed in all categories of health professionals, for instance, the doctor to patient ratio is 1: 29,000.

THE MATERCARE SOLUTION: PROJECT ISIOLO

- Developed a model of rural essential obstetrics which takes into account in the county not only the obstetric causes of death; but also the poor facilities and equipment; lack of trained staff; lack of equipment and transport; poor, communications and social circumstances of mothers
- An emergency obstetrical transport, a 4x4 fully equipped was ambulance was introduced in 2009 for the hospital and for rural clinics, two motorbike ambulances, to travel to villages all linked by cell-phones
- At the same time the first of 3 rural parish maternity clinics was built in a remote village of Merti, 225 kms with four beds, an operating room, delivery room, a small lab and dispensary and two *manyattas*, (maternity waiting homes). It provides uncomplicated maternity care staffed by midwives
- The project base is MCI's 28 bed maternity hospital, operational since June of 2013, able to provide essential obstetrical care for most life threatening complications. The hospital laboratory and kitchen are being expanded as well as administration. Two *manyattas*, will be built in the compound where mothers with potential complications may care for themselves or by a relative but have easy access to monitoring by midwives while waiting for the onset of labour.

Find out more at MaterCare.org