

The Boma Maternal Health Delivery Model

Maternal Newborn and Child Health Project, Magadi, Kenya

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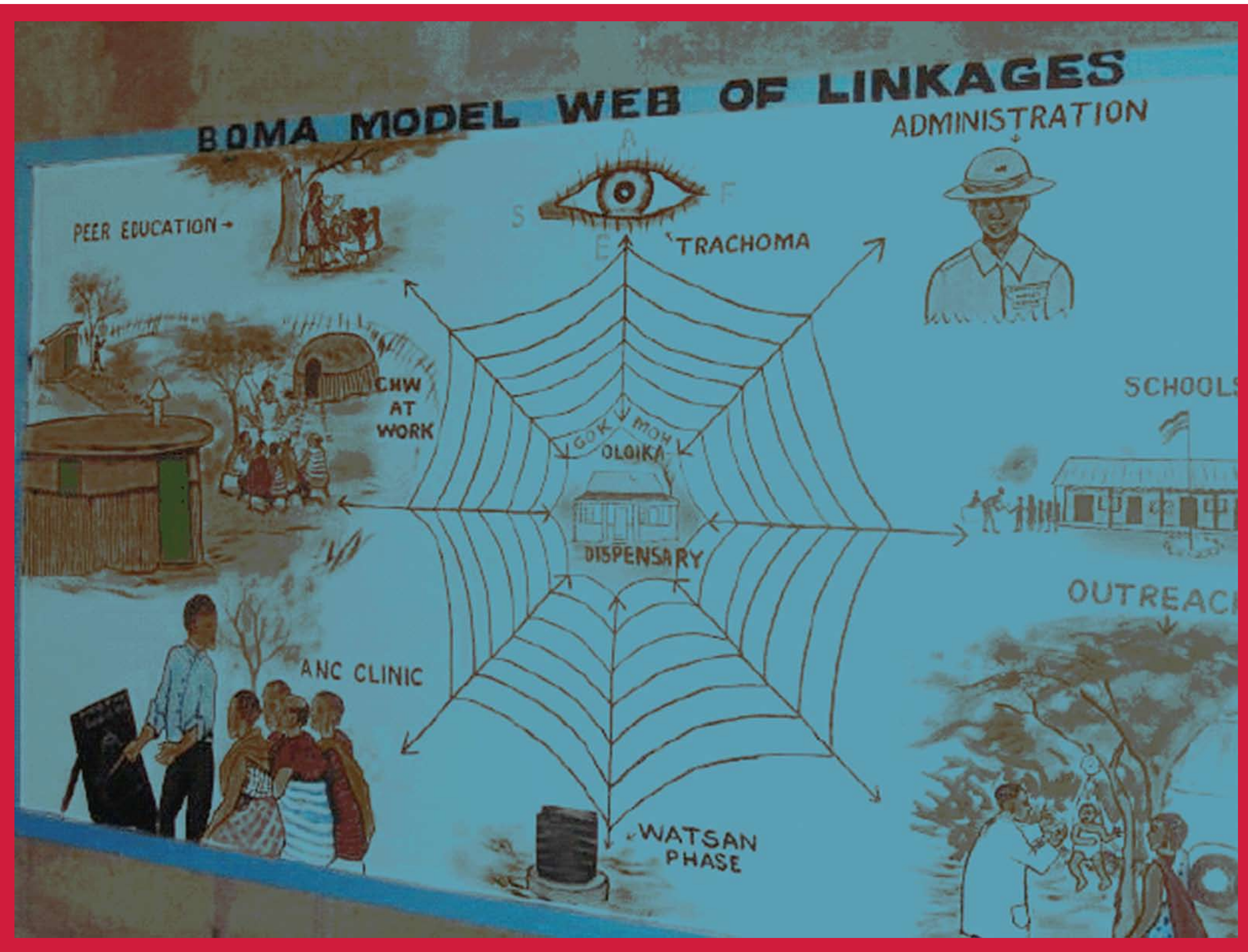
Introduction:

Magadi Division is an arid area classified under the hard-to-reach regions of Kenya. It is home to the nomadic Maasai community who are predominantly pastoralists and strongly conservative in culture. Cultural practices such as early marriages, female genital mutilation and dieting by women during pregnancy impact negatively on health. High reliance on unskilled traditional birth attendants is directly linked to high maternal and child mortality. Illiteracy levels are high – at 70 per cent – and the area is poorly served by infrastructure. The health system is weak (inadequate facilities and equipment, few health workers, low medical supplies and poor referral systems).

The Boma Model

The BOMA Model was designed in line with the National Health Sector Strategic Health Plan II that enhances delivery essential packages for health through the community strategy. This approach emphasises bringing health closer to the people through their participation at entry level, the development, testing, promotion and adoption of appropriate models of improving health in Kenya. The BOMA model specifically targets

The Web of the BOMA Model



The following achievements have been made to date:

At Baseline	To date
Lack of Level 1 linkages to other levels of health care delivery	Establishment of community units (community health workers, community health extension workers, community health management committees and strengthened facility health management committees)
Child hood immunisation coverage – 56.8%	Childhood immunisation at 65%
Four Antenatal clinic visits – 4.1%	Have increased to 77.6%
Delivery by skilled personnel–14.1%	Delivery by skilled personnel up to 21%
PMTCT service utilisation at 28.2%	PMTCT service uptake up to 65.2%
Family planning services utilisation at 40%	Family planning services uptake increased to 59.4 %
Utilization of insecticide-treated nets by pregnant women at 68.9%	Utilisation of insecticide treated mosquito nets by pregnant women at 80.4%
Pregnant women protected from malaria at 61.6%	Pregnant women protected from malaria at 71.3%

Lessons Learned

- Strengthened and empowered community structures create an increase in demand for quality health care services.

Challenges

- Conservative cultural traditions and practices
- Poor transport and communication networks
- Mobilising hard-to-reach populations
- Lack of male involvement in issues of maternal health
- Weak health systems

Recommendations

- Strengthen advocacy to government and other stakeholders to increase support towards provision of quality maternal health services
- Community resource structures, such as the Constituency Development Fund and the Local Authority Transfer Fund, should be further tapped into to support delivery of maternal health care services

