



## **CLIENT FOLLOW-UP REPORT FOR RUBEN CENTRE**

### **ESSENCE OF TCBAT CLIENT FOLLOW-UP**

Toto Care Box Africa Trust (TCBAT) carries out routine household follow-ups to its clients within a period of 28 days from the date of delivery by an expectant mother. These follow-ups are conducted by pre-trained Community Health Volunteers (CHVs) who are usually residents of the targeted catchment areas and are therefore familiar with the community setting. The CHVs use household survey questionnaires to gather vital data on maternal and newborn health statuses of the clients as well as on the program impact at community level. Household follow-ups are done for a number of reasons; to monitor client progress after delivery and that of the newborn, to identify any danger signs for both the mother and her newborn and if any refer appropriately, to monitor whether the TCB essential items are being used correctly by the clients.

After the follow-ups are completed, the lead CHV hands the questionnaires to the TCB coordinator for purposes of analysis and computation of the data. After a critical analysis of the data, a report is written on the program impact which is then shared with the relevant and interested partners.

### **FOLLOW-UP FOR THE TCBAT- LOTTO PROGRAM**

The TCBAT team is keen in ensuring that all the mothers who have received Toto Care Boxes at Ruben Centre have been followed up at home by CHVs for reasons earlier discussed. We are glad that, of all the 70 women given boxes at Ruben Centre as a result of the TCBAT-LOTTO Partnership, 31 have been successfully followed-up at home. The remaining 39 women have been scheduled for the same and the exercise is underway. This will be reported in the comprehensive impact report that will be issued to the LOTTO Foundation by end of October.

Discussed below are the findings of the survey conducted during the already completed 31 household follow-ups in Mukuru Kwa Ruben settlements. It encompasses demographic characteristics, antenatal and postnatal care components (identification and management of danger signs) as well as program impact at individual, household and community level.

### **CLIENT DEMOGRAPHIC CHARACTERISTICS**

The TCBAT Household survey questionnaire is designed to collect data on a number of demographic components which are used to justify the high need for protection, empowerment and support among the residents of informal settlements such as Mukuru Kwa

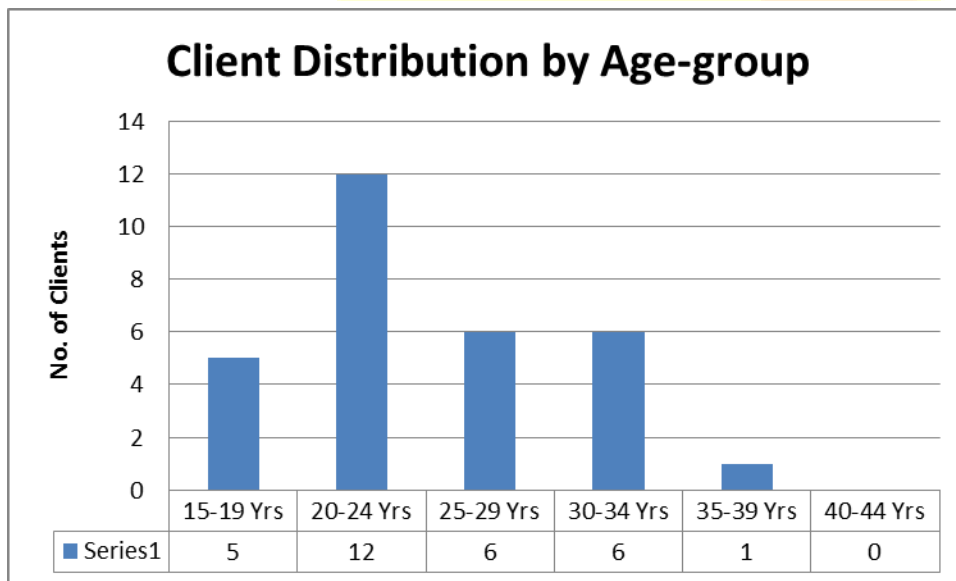
Ruben. The demographic aspects of interest to TCB include; geographical settlement and location, age, Marital status, Educational attainment, Occupation, Income level and Number of Children.

### ***Geographical location***

All the 31 clients who took part in this household follow-up survey are residents of Mukuru Kwa Ruben settlements covering Gateway, Binfeed, Mombasa, Kingstone, Lunga Lunga and Rurii areas. These areas experience many problems associated with poverty such as poor housing and living conditions, congestion, poor hygiene and sanitation, inadequate safe water supplies, health service access problems among other social problems. All these conditions make the residents of the area vulnerable and in need of protection and support. TCBAT endeavors to provide maternal and newborn health support to the women in this populated settlement through its collaboration with Ruben Center (an intervention medical facility) and interested organizations such as the LOTTO Foundation which support the program.

### ***Client age-group composition***

An analysis of the already collected data on client age reveals the following;



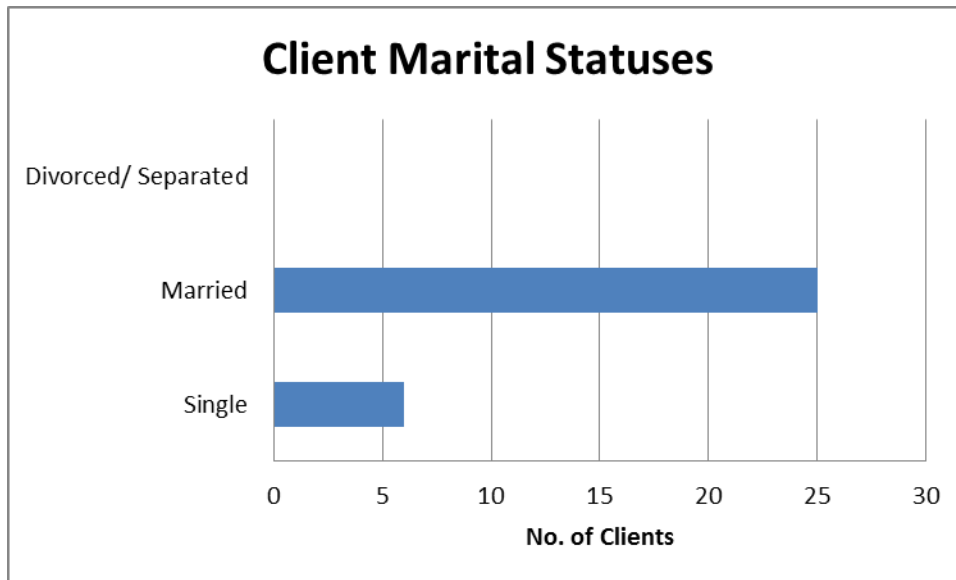
**Graph 1 showing client distribution by age**

- Majority of TCBAT Clients in Mukuru Kwa Ruben settlements are young women (20-24 years) most probably first time mothers and are therefore in need of Reproductive health information and guidance.

- ✚ 17% of the clients (5 out of 31) are teenagers and are thus made vulnerable considering the risks associated with pregnancy at such young ages.

### **Marital Status**

The statistics on the marital statuses of the clients reveals that 80.6% (25 out of 31 clients) are married, the remaining 19.4% are single as shown below;

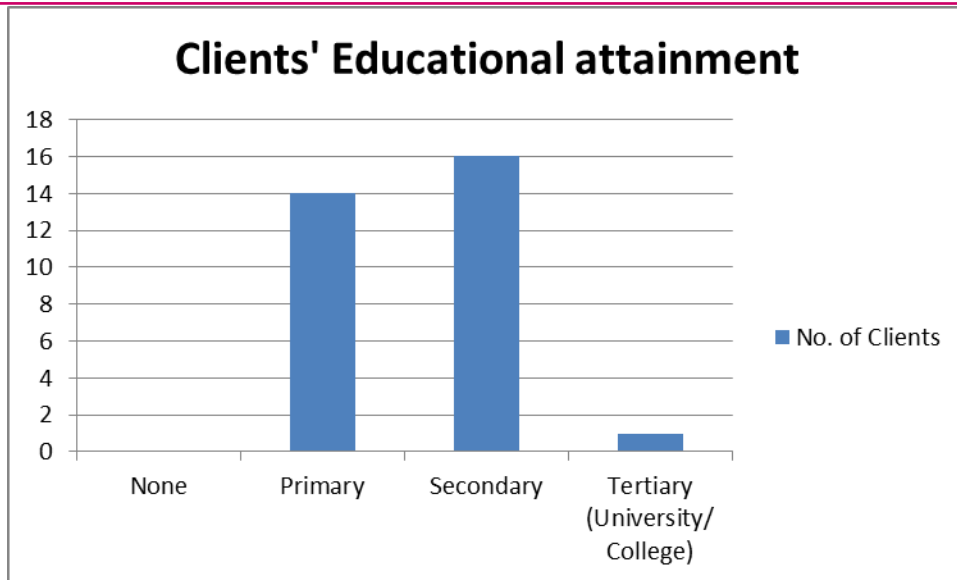


**Graph 2 Showing client marital statuses**

### **Educational attainment**

This is an important indicator for the TCBAT program because it is used to gauge the level of knowledge and awareness of the clients on important aspects of maternal and newborn care including ANC, PNC, Breastfeeding and Identification and management of danger signs. Maternal and newborn health training is routinely conducted by the TCB team to equip the women with the fundamentals of newborn care in the effort to reduce maternal and newborn deaths.

The data already captured reveals the following about the clients' educational attainment;

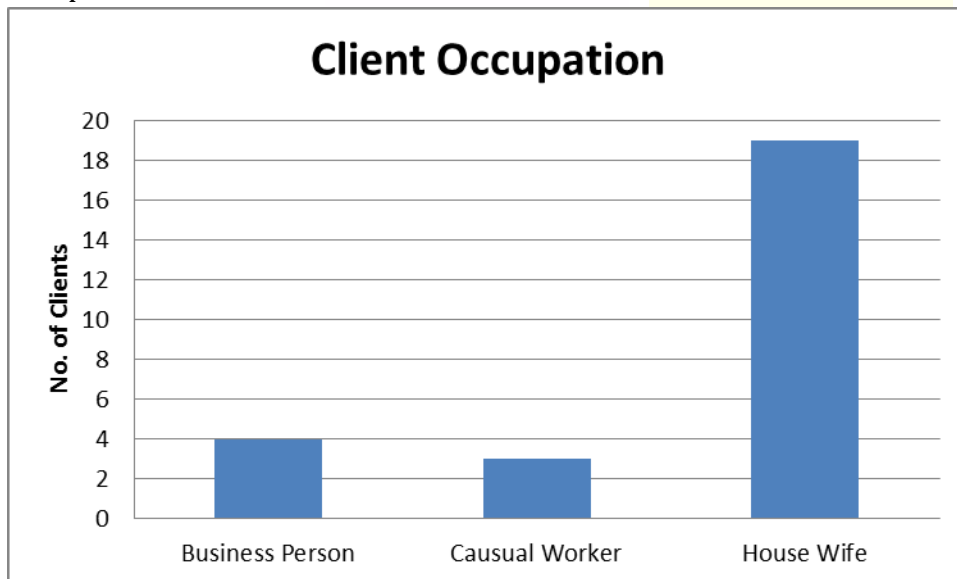


**Graph 3 Showing the Clients' educational attainment**

It is evident that majority of the clients have either primary (45%) or secondary (52%) education as their highest educational attainment. This implies that the clients are in need of educational empowerment especially with regards to maternal and newborn health. TCB endeavors to bridge this knowledge gap through maternal and newborn training and awareness creation.

### ***Client Occupation and Income level***

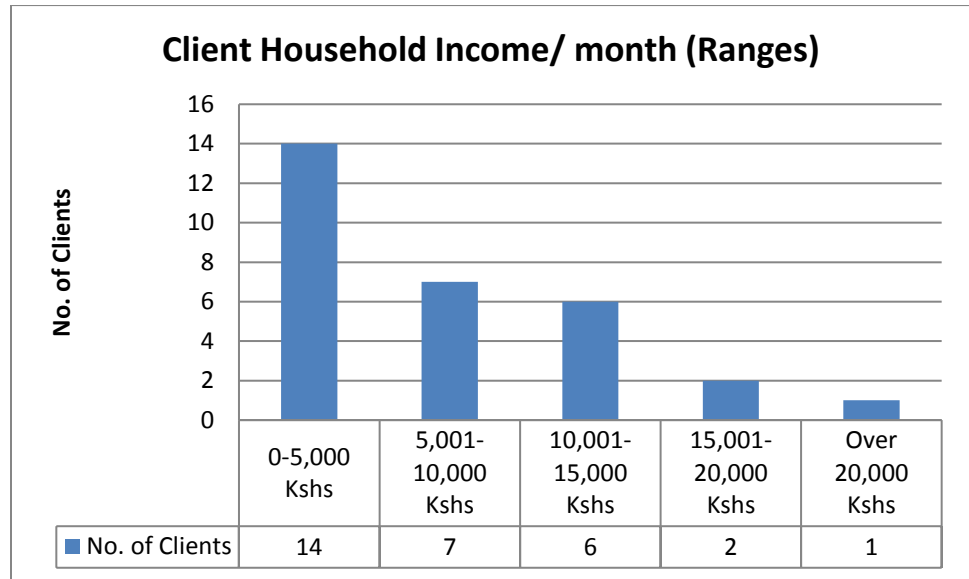
#### Occupation



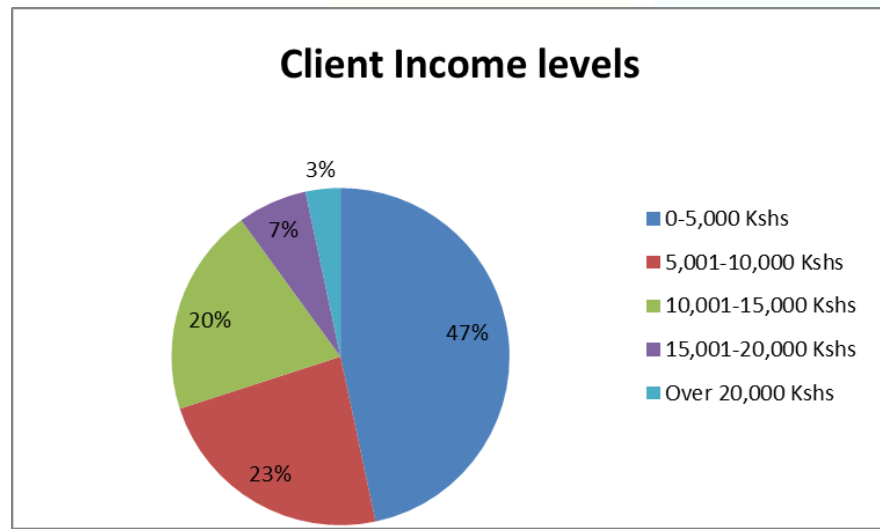
**Graph 4 Showing Client occupation data**

Most of the clients reported to be house wives (19 out of 31 clients) translating to 73%, the others confirmed to be involved in small-scale businesses (15%) and casual work (12%).

**Income Level**



**Graph 5 Showing Client Household incomes per month**

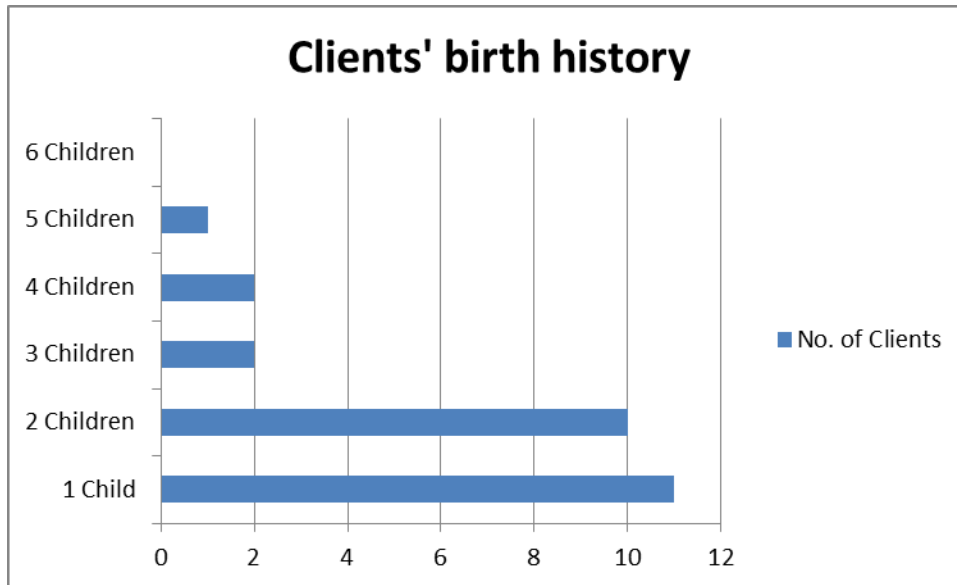


**Chart 1 Showing Client household incomes per month**

From the illustrations above (graph x and chart y), it can be deduced that majority of the clients live on a budget of not more than 5,000 Kshs (47% of the clients). This is a serious constraint to the individuals which limits their ability to access/ afford important healthcare services inclusive of maternal and newborn care. The income statistics from the clients therefore serves as a

justification of the high need among this vulnerable population ranging from; nutritional needs, health service needs, need for safe drinking water and other basic necessities.

### Number of Children



Graph 6 Showing Client birth histories

TCB is interested in knowing its clients' birth history (previous births), this statistics are used to gauge the clients' dependency ratio as well as their experience in the whole process of pregnancy and childbearing. From the analysis of the data, it is clear that majority of the clients have only 1 or 2 children (42% and 38% respectively). This suggests that most of the clients are young women most of whom have just probably had their first birth and are thus clueless on the entire process of childbirth, birth spacing, breastfeeding and management of danger signs. TCB is concerned about the welfare of such women and endeavors to empower them through client training and childbirth support.

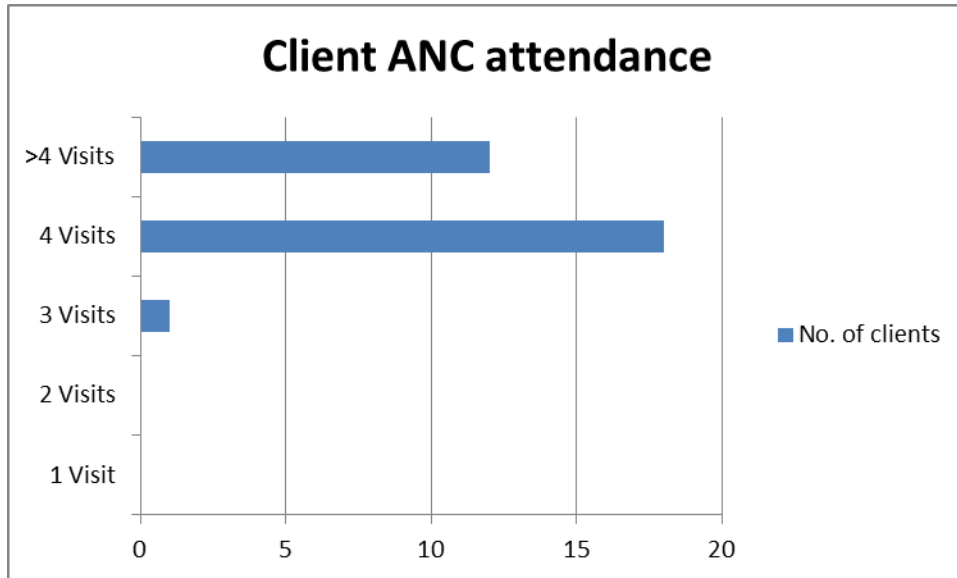
### ANTENATAL AND POSTNATAL CARE COMPONENTS

TCBAT uses a number of ANC and PNC components to measure maternal and newborn health progress for its clients. The indicators which are given keen interest in this regard are; the number of ANC visits completed by the clients, number of facility deliveries, identification and management of danger signs and breastfeeding.

#### Client ANC Attendance

The data for the 31 clients already followed up reveals 100% ANC attendance with 12 clients completing more than 4 ANC visits, 18 clients completing 4 ANC visits and 1 client completing 3

ANC visits. From these findings, it is worth concluding that TCB has been a successful strategy in promoting attendance of the WHO recommended 4 ANCs among the clients.



Graph 7 Showing Client ANC attendances

### ***Facility deliveries***

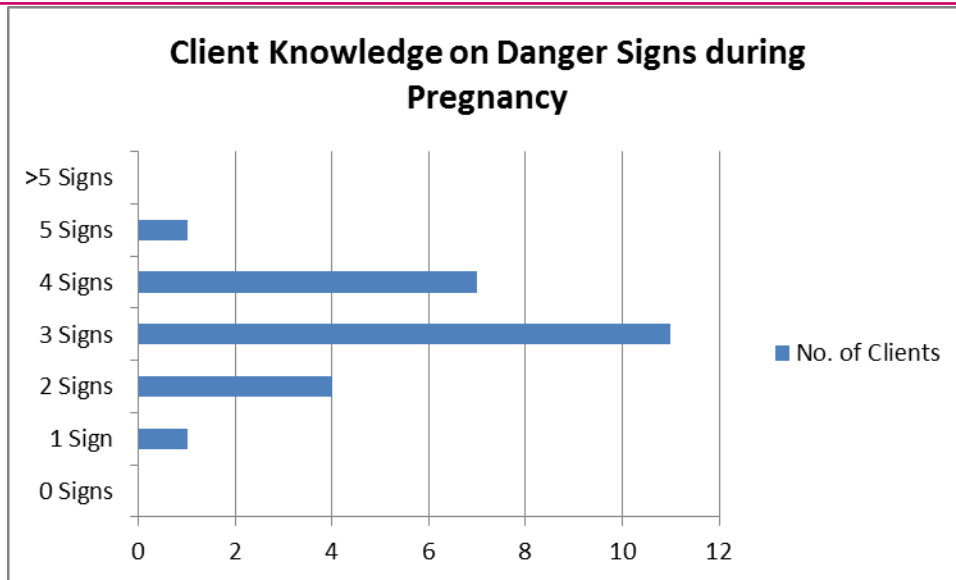
The data for the 31 clients indicates 100% facility delivery. All the 31 women delivered at Ruben Centre with the assistance of trained nurses. This is positive feedback because facility deliveries help reduce instances of child birth complications which could result in death. TCBAT is therefore meeting its objective of preventing maternal and newborn deaths amongst its clients.

### ***Client Knowledge on danger signs***

TCBAT trains women on the identification and management of danger signs. This is followed up to measure the impact of the training. For this particular survey, the following results were obtained;

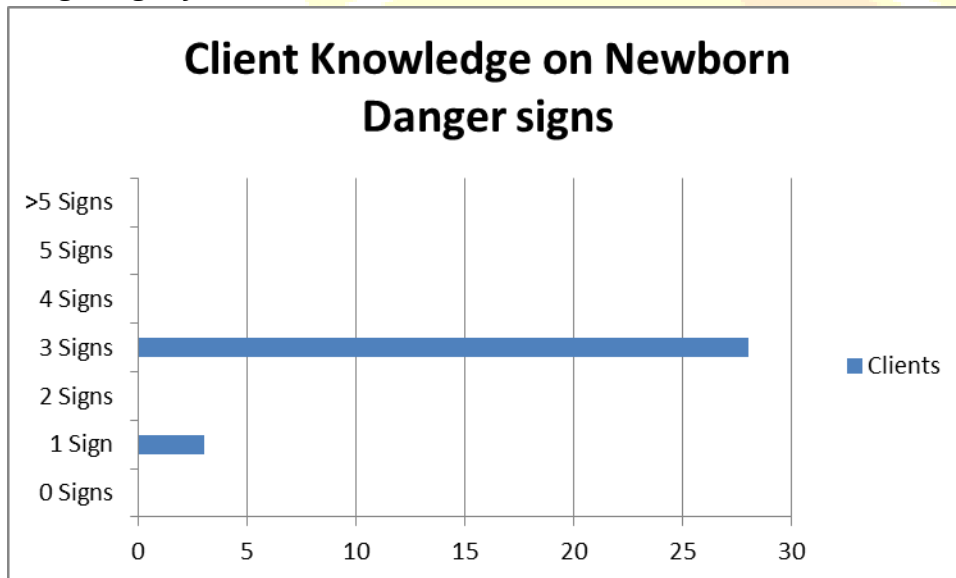
### ***Danger signs for a pregnant woman***

Of the 31 women who have been followed up; 46% were able to identify at least 3 correct danger signs for a pregnant woman, 29% identified at least 4 correct danger signs, 17% were able to identify at least 2 correct danger signs. TCB is glad to report that the maternal training was effective and it achieved its objective as far as identification of danger signs is concerned.



Graph 8 Showing Client Knowledge on Danger signs during pregnancy

#### *Danger signs for newborns*



Graph 9 Showing Client knowledge on Danger signs for newborns

As far as identification of newborn danger signs is concerned, 90% of the clients correctly identified 3 danger signs for newborns. The remaining 10% correctly identified 1 danger sign for newborns. The training was therefore effective and its objectives were met.



### FEEDBACK ON THE TCB ESSENTIAL NEWBORN PACKAGE

All the 31 clients followed up completely agreed that the TCB newborn package has enabled them provide better care to their newborns. This is in line with the TCB objective of ensuring a dignified/ better care for newborns and to prevent death in their first 28 days of life.

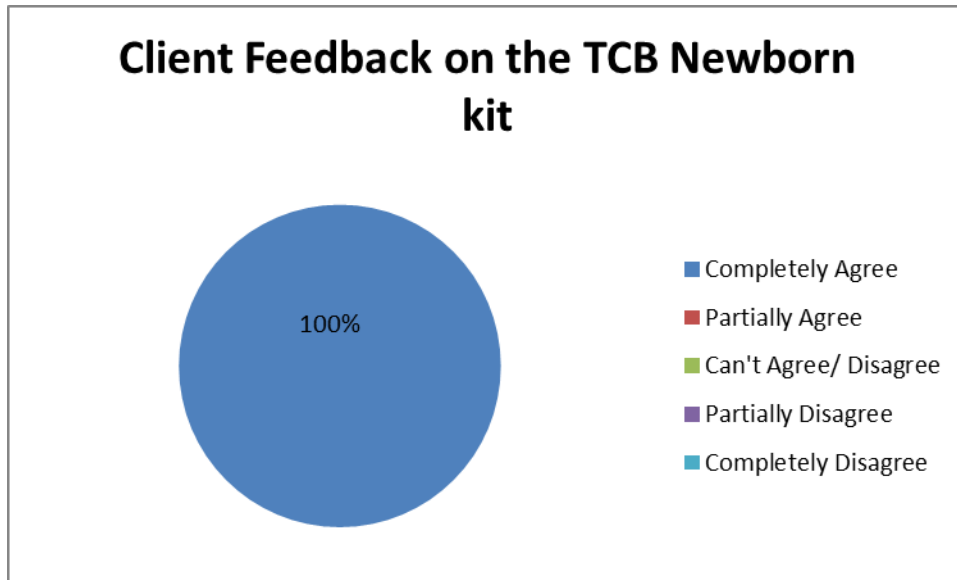


Chart 2 Showing Client feedback on the TCB Newborn kit

**TotoCareBox**  
Africa Trust