



Making Every Contact Count: 2nd C-It DU-It Learning Event | 1-2 October 2025

“When communities lead, every contact becomes a chance to save a life.”

In early October, Homa Bay became a living classroom where community health promoters, young people, policymakers, and researchers gathered to learn from one another.



The *2nd C-it Du-it Learning Event*, held under the theme ***Making Every Contact Count***, brought together more than 140 participants from Homa Bay, Migori, Kisumu, Nairobi, and international partners from Liverpool. At its heart present were Community Health Promoters (CHPs) and Work Improvement Teams (WITs), who are the individuals closest to pregnant women, adolescents, and families, and often serve as the first point of contact with the health system.

Over two days, participants celebrated progress, shared honest lessons, and explored what it truly takes to ensure that every woman receives the right care, at the right time, in the right way.



1 - Dr. Okomo, County Director of Health, Homa Bay

*"Maternal mortality has long been one of our greatest health challenges in Homa Bay. The C-it Du-it initiative has shown us that it is possible to turn this around in the shortest time possible — by 2030—through timely reporting and data-driven action, especially by strengthening the 8 ANC contacts, " remarks **Dr. Okomo, County Director of Health, Homa Bay***

A Festival of Learning Rooted in Community Experience

Stories are Data that connect People

Become Data and Data Drives Action

A Festival of Learning Rooted in Community Experience



2 - Vicki Doyle, Capacity Development International

“Ensuring that no one is left behind.”

“As we reach the final year of C-it DU-it, it’s time to be honest about what has worked, what hasn’t, and what can be scaled up — ensuring that no one is left behind.” **Vicki Doyle, Capacity Development International**, reminded us about the core objectives of C-it Du-it with her passionate talk about *“Making every contact count”*.

“We can see stories and data directly from the community all around us.”

We are surrounded by powerful stories and real data coming directly from the community. The hand drawn posters demonstrates how you can feel, smell and draw the data and means you understand your community.

“Communities know best what works for them. “

While national and county levels provide guidance and support, it is the people on the ground — you — who bring these ideas to life. So let’s continue to challenge policymakers to listen, learn, and respond.

“It is not enough to count the contacts”

We must make each contact count. Delivering quality service is not just a target — it’s a moral duty. If we stay committed, we can confidently reach the eight quality ANC contacts and beyond.

“9 WITs plus a Youth WIT.”

We now celebrate the growth of 9 WITs plus a Youth WIT, responding to our earlier call to engage more with young people. Their voices and actions are shaping the next phase of community health.

“Having a training does not mean anything until you implement what you learned in the training.”

The WITs continue to strengthen the bridge between communities and primary care. But training alone isn’t enough — true impact comes when we apply what we’ve learned. The WIT model reminds us that progress is a journey, with ongoing coaching, supportive supervision, regular meetings, and data reviews to keep learning and improving.



3 - Dr Gerald Ongayo, KEMRI | What does the data tell us?

What does the data tell us? Dr Gerald Ongayo, KEMRI, presented the progress and findings of C-t Du-It and summarised it in the following 3 key messages

1. *The data in DU-it sites shows us that women are coming earlier and for more ANC visits at the community and facility level*

2. *More pregnant women are receiving vital ANC tests and drugs at the facility level*
3. *On completion of the trial, it will tell us whether WITs have worked*

Stories are Data, Stories Connect People



In C-it DU-it, stories aren't just told, they are seen, felt, and used to drive change. During the latest learning event, WITs brought data to life through powerful storyboards and hand-drawn posters, showing how communities are turning insight into impact, and making every contact.

From improving Antenatal Contacts (ANC) to involving youth and strengthening community-health linkages, each WIT showed how seeing and doing go hand in hand.

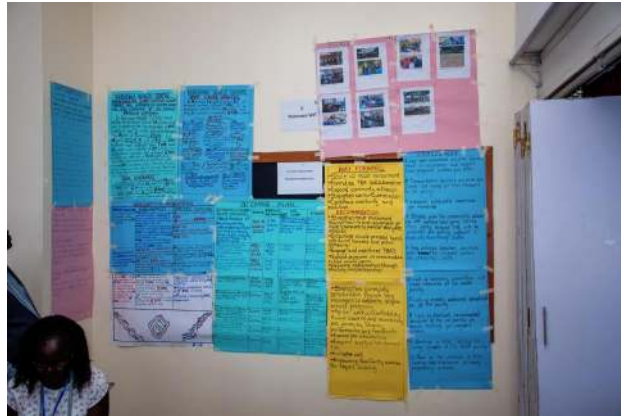
The lessons were clear:

- Communities know best what works
- WIT members are trusted to lead change
- Data gains meaning when shared and acted upon
- Collaboration speeds up results and learning

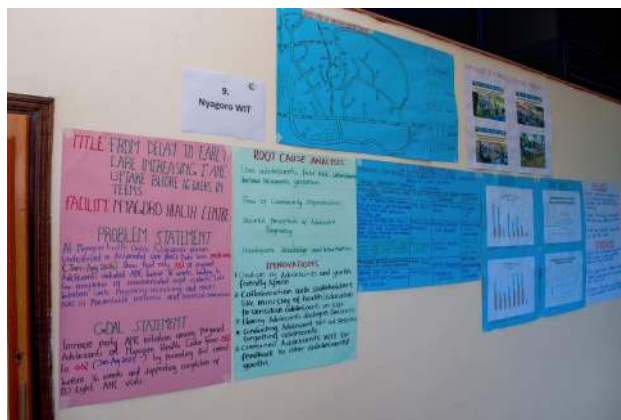
Work Improvement Teams (WIT's) poster presentation



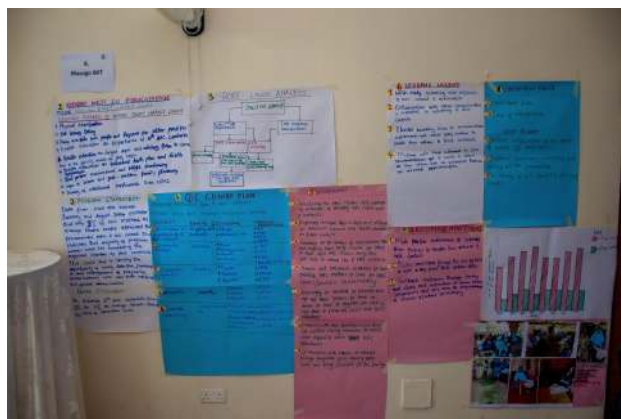
4 - Wagwe Poster



5 - Raruowa Poster



6 - Nyagoro Poster



7 - Masogo Poster



8 - Lambwe Poster



9 - Kimonge Poster



10 - Adolescent Poster



11 - Adiedo Poster

Through C-it DU-it, every story told and every contact made helps bridge the gap between community and care, turning insights into action and action into impact.

Youth Voices Challenge Silence Around Teenage Pregnancy



12 - Yvette Rugine, Youth Advocate

One of the most powerful moments of the event came from the **Youth Work Improvement Team**.

After screening a short film, written, filmed, and acted by young people themselves, youth advocate **Yvette Rugine** stood before the audience with a challenge.

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“A child raising a child is a cycle that can be broken but with support...”

Yvette who was herself a child of a teen mother, made a remarkable and powerful speech, to the 140 plus participants who listened carefully to her heartfelt presentation after screening the Youth WIT’s film.

The film shows a teenager who gets pregnant and has troubles telling her parents. The film was entirely made by the Youth WIT’s (filming and acting).

After the film presentation Yvette challenged the audience:

“Who here has teenage children? Do you talk to them about sex education? What about consent?” “If you are not teaching your children about this, then they go ask their peers, their siblings or social media.”

Unintended pregnancies

Behind every case of unintended pregnancy is a web of quiet struggles, untold stories, and tough realities that young people face every day.

Some girls are called “sanitary babies” a painful phrase born from transactional sex in exchange for sanitary pads. Others are trapped in silence by cultural taboos that make it nearly impossible to talk openly about sexuality.

Peer pressure, the pull of social media, and weak family support systems only deepen the challenge. Nights spent at vigils, youth camps, or parties sometimes blur the lines between fun, faith, and risk, and drug use makes things worse.

Tragically, sexual abuse often comes from those meant to protect, stepfathers, uncles, trusted figures. And in the background, mental health struggles quietly add to the vulnerability.

Yvette implored all of us to ensure we talk with our adolescent children and give the clear messaging around sex education.

Interestingly...

When you ask the young people themselves, a pattern emerges:

- Many did not use family planning.
- Some partners refuse to use contraception.
- Others believe they can’t get pregnant.
- Some simply can’t access contraceptives at all.
- And the larger the age gap between partners, the higher the risk of pregnancy.

The cost of a single choice

The consequences ripple far and wide:

- School drop out.
- Early marriages.
- Health risks — anaemia, stress, even maternal death.
- Stigma and social exclusion.
- Financial struggles and lost opportunities.
- And low mood — that feeling of “I messed up.”

“A child raising a child is a cycle that can be broken but with support...”- So the Adolescent WIT stand up for:

- A safe space for pregnant teenagers
- Encourage specific days – (e.g. on weekends; or outreach to schools)
- Accompany people there and support linkage
- Schools to allow Antenatal Contact (ANC) attendance
- Shorter turn around time for ANC
- Mentor the parents and support what they are going through – allow them to go back to school and to go while pregnant

Revisiting County Commitments: Accountability without





13 - Every Healthy Pregnancy is a Story of Hope and a Shared Responsibility

“Each healthy pregnancy and safe delivery is a story of hope for our community.”

The county reaffirmed its commitment to ensuring every pregnancy ends in a safe delivery, recognizing that this is not just a health outcome but it’s a community victory. Ultimately, the focus remains on high-quality antenatal care (ANC) and continuity of care for both mother and child.



14 - Accountability Through Action, Not Blame

“No naming, no shaming, no blaming: We want a solution.”

The team committed to transforming feedback into action. Using the Maternal and Perinatal Death Surveillance and Response (MPDSR) process as a tool for quality improvement, weekly multi-stakeholder meetings (including the governor) are now used to track and resolve issues.

An Action Tracker monitors follow-through — ensuring that from governor to gatekeeper, everyone is accountable for saving mothers’ lives.



15 - Advocacy, Emotion, and System Change Work Hand in Hand

“Let you not be the reason why a mother places a flower on her child’s grave.”

The power of advocacy driven by real stories has led to tangible improvements — from drug availability and supply chain fixes to respectful maternity care and collaboration with traditional birth attendants.

By connecting emotion with evidence, the county moved from talk to measurable progress:

- IFAS and ANC profiles now consistently available
- POCUS and motorbike networks scaled up
- Recruitment underway for understaffed facilities

Responsibility; Every Healthy Pregnancy and Safe Delivery is a Story of Hope for our Community.”

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Policy Meets Practice: Leaving No One Behind



“Policy changes can have unintended consequences, especially for vulnerable groups. Using local data helps reveal these impacts: Leaving no one behind”

A lively panel discussion unpacked how national health reforms, including the **Social Health Authority (SHA)**, are shaping access to care on the ground. Community voices sat alongside county and national leaders, grounding policy debates in lived experience.

The consensus? Reforms must be guided by **local data**, constant feedback, and a commitment to protect the most vulnerable especially adolescents and low-income women.

The sessions were moderated by **Dr. Lilian Otiso, Executive Director, LVCT Health**. The discussion bridged policy and practice, from the national perspective of Anne Thitu, Partner perspective of xxxxxx (Lwala), County perspective of Dr. Okomo and to community voices like Winnie Oluoch, Samson Adhu, and youth advocate Yvette Rugine. Together, they explored how reforms are working (or not) for those they’re meant to serve.



16 - Panel round 1: Community Level



17 - Panel round 2: National & County Level

Parting Shots | Maryse Kok, LSTM



1. Real reform takes time—and everyone has a role

Health system reforms are a journey of refinement, not quick fixes. Kenya's progress since 2013 shows strong leadership in community health structures—like community health committees (CHC), primary health care networks (PCN), multidisciplinary teams (MDT) and work

improvement teams (WIT)—but continued improvement depends on collaboration across all levels.

“What is nice today is that you are all part of that—and we are all together.”

2. Communities are central to achieving true universal health coverage (UHC)

Universal Health Coverage is not just about numbers—it’s about quality and equity. Communities are where prevention begins, and where local solutions emerge. Without them, a health system cannot stand.

“Without communities we don’t have a health system. And without communities we cannot reach UHC.”

3. Learning by doing strengthens the system

The C-it DU-it approach shows the power of real-world implementation research—integrating learning into practice, adapting to context, and feeding results back into the system. Innovations like peer support, new registers, and TBA linkages demonstrate that improvement happens through reflection, adaptation, and shared learning.

“We are not avoiding real-world challenges—we are embedding our research into the system.”

Day Two: Trust, Technology, and the Power of Every Interaction



18 - Professor Miriam Taegtmeier, LSTM

Opening Day Two, **Professor Miriam Taegtmeier, LSTM**, delivered a keynote that reframed “making every contact count” as an issue of trust.

Misinformation, she warned, thrives where trust is weak, and it disproportionately harms the poorest. Every interaction with the health system is therefore an opportunity: to build confidence, correct misinformation, and save lives.

1. Misinformation is a growing health threat — and it targets the poorest

“When people don’t trust the system, misinformation fills the silence.”

Misinformation, not just access, is a major reason people avoid vaccines and services; it thrives where trust is low and information vacuums exist. Tackling it requires long-term, community-led engagement across sectors, not one-off campaigns.

2. Every contact is an opportunity to build trust and save lives

“Each contact is an opportunity — if the person feels your care, you have a chance to change an outcome.”

“Making every contact count” means more than ticking boxes — it’s about quality, follow-up, and person-centred care. A missed test, drug or kind conversation is a missed chance to protect someone; compassionate, consistent care builds the trust needed for uptake.

3. Ethical, rigorous research must be embedded and actionable

“Research must not only be rigorous — it must be a voice for those it aims to help.”

Implementation research (like C-it DU-it) must be high quality, context-aware, and delivered so findings can be trusted and scaled. Researchers have an ethical duty to finish, publish, and use evidence to strengthen services for the poorest and most disadvantaged.

World Café: Where Shared Learning Turned Into Collective Action

The World Café session created an open space for participants to explore key questions, share experiences, and connect diverse perspectives around four themes linked to the C-it DU-it legacy messages. The discussions aimed to help WITs learn from each other, refine the C-it DU-it model, inform quality improvement (QI) coaching, and guide future scale-up. For each theme, participants reflected on what is working well, what is not, and offered practical suggestions for improvement.



19 - World Café Sessions



20 - World Cafe Sessions



21 - World Cafe Sessions



22 - World Cafe Sessions

Together We Can: When Collaboration Becomes the Engine of Change

Together we can work on workstations

“Together we can, because when communities and facilities learn from each other, every contact truly counts.”

The WIT approach is proving that local data, teamwork, and mutual accountability can drive meaningful change.

Participants called for continued coaching, mentorship, and government ownership to sustain progress.

In the “Together We Can” workstations, participants reflected on how the Work Improvement Team (WIT) approach has reshaped relationships between communities and health facilities. Many described WITs as the missing link — or, as one participant put it, *“the bolt that effectively links community and facility.”*

Through regular meetings, home visits, and data reviews, WITs have built trust and accountability without blame. Participants noted that WITs function as a “silent supervisor,” making gaps visible through shared data rather than top-down oversight. Community Health Promoters now confidently use tools like the Case Report Form (CRF) to track pregnant women, monitor ANC progress, and jointly solve problems with facility teams.

What made the difference, participants agreed, was continuous mentorship. Skills building, coaching, and peer learning have strengthened confidence and sustained momentum. To protect these gains, participants called for WITs to be institutionalised within county structures, supported through regular supervision, reliable data systems, and timely stipends.

“WITs are now like a bolt that effectively links community and facility.”

— *World Café participant*

Participants reflected on how the Work Improvement Team (WIT) approach has reshaped collaboration across the health system. WITs were repeatedly described as the bridge that connects community realities with facility responses — turning data into dialogue and dialogue into action.

Regular meetings, home visits, and shared data reviews have built trust and accountability without blame. WITs were described as a “silent supervisor,” making gaps visible through collective reflection rather than top-down enforcement.

Light bulb moments

- WITs have strengthened trust and communication between CHPs and facility teams
- Data use has shifted from reporting to joint problem-solving
- Continuous mentorship has built confidence and sustained momentum

Recommendations

- Institutionalise WITs within county structures
- Strengthen regular mentorship and supportive supervision
- Address resource gaps, including stipends, data tools, and inclusive training

Making Every Contact Count: From Checklists to Connections

Discussions on “Making Every Contact Count” shifted the focus from numbers to relationships. Participants agreed that quality ANC is not achieved by counting visits alone, but by ensuring that each interaction builds trust, compassion, and continuity of care.

“Achieving eight ANC contacts is possible,” one participant reflected, “but only if communities and facilities work together beyond referrals.”

CHPs and WITs were recognised as central to this process. Through household visits, follow-ups, and data review meetings, they help ensure that women do not fall through the cracks. Participants shared powerful examples of commitment, including health workers using their own SHA insurance to support adolescent mothers, which highlighted both dedication and persistent system gaps.

To truly make every contact count, participants emphasised the need for stronger SHA communication, simplified access for adolescents and low-income women, consistent commodity supply, adequate staffing, and stable digital systems that support rather than disrupt care.

“Achieving eight ANC contacts is possible — but only if communities and facilities work together beyond referrals.”

— *World Café participant*

Discussions on making every contact count moved beyond numbers to focus on relationships. Participants emphasised that quality ANC depends on trust, compassion, and continuity of care — not just completed visits.

CHPs and WITs were recognised as central to follow-up, ensuring that women move smoothly from home to facility and do not fall through the cracks. Participants shared examples of deep commitment, including health workers personally supporting adolescent mothers — powerful acts that also highlighted persistent system gaps.

 **Light bulb moments**

- Trust and respectful care are foundational to service uptake
- WITs and data reviews strengthen continuity of care
- Every interaction — from household visits to delivery — matters

Recommendations

- Strengthen SHA communication and simplify access for adolescents and low-income women
- Ensure consistent staffing and commodity supply
- Invest in supportive supervision and stable digital systems

Bridging the Gap: Shared Responsibility for Every Mother's Journey

The “Bridging the Gap” workstations focused on continuity between community and facility care. Participants agreed that bridging the gap is not simply about sharing forms or apps — it is about sharing responsibility for every mother's journey.

The CRF was widely recognised as a critical connector, linking CHPs and facility staff and enabling follow-up and feedback. However, participants noted that without integration into the maternal health booklet and digital systems like the EMR, continuity of information is lost. Language also emerged as a key enabler: allowing CHPs to document in languages they are most comfortable with has improved both accuracy and ownership.

While tools such as eCHIS and the linkage app were seen as highly promising, frequent downtime and limited training continue to undermine their potential. Monthly facility-level data reviews were highlighted as one practical way to keep teams aligned, learning together, and accountable.

Participants called for better integration of digital tools, continuous digital literacy training, functional feedback loops, and reliable supplies, including airtime and paper forms, to support seamless referrals.

“The app is good — but without linking to the EMR, we lose continuity of information.”

— *World Café participant*

Participants agreed that bridging the gap between community and facility care is not about tools alone, but about shared responsibility for every mother's journey.

The Case Report Form (CRF) was highlighted as a critical connector between CHPs and facilities, though participants stressed the need to integrate it into the maternal health booklet and digital systems. Language flexibility was also seen as key to improving accuracy and ownership.

Light bulb moments

- CRF works best when fully integrated into routine systems
- Using familiar languages improves data quality and ownership
- Monthly data reviews help teams learn and stay aligned

Recommendations

- Integrate eCHIS, EMR, and linkage tools for seamless data flow
- Provide continuous digital literacy training
- Strengthen feedback loops and ensure reliable supplies

Taming the Digital Beast

“It’s a walking baby — it really should be running by now.”

— *World Café participant*

Digitalisation sparked some of the most candid discussions. While tools such as eCHIS and KEMR have improved data accuracy and follow-up, their effectiveness depends on stable connectivity, functional devices, and ongoing support.

Participants emphasised the need to move from partner-driven systems to county-owned solutions, embedded in everyday health work. System downtime, ageing devices, and inconsistent data bundles were identified as barriers that undermine morale and data quality.

Light bulb moments

- Digital tools work best when they support — not slow — health workers
- Local ownership is essential for sustainability
- Confidence grows when systems are reliable

Recommendations

- Invest in stable networks, devices, and maintenance
- Integrate digital health into county budgets and plans

- Build continuous capacity through user feedback and local support

From Dialogue to Direction

The World Café reinforced a core lesson of C-it DU-it: **learning becomes impact when it is shared, honest, and action-oriented**. By bringing diverse voices together, the session strengthened collective ownership of solutions and reaffirmed the central role of WITs and CHPs in making every contact count.

AWARDS





23 - Most Active CHP – Florence Achieng Helida, Randung CHU

Across all WITs, judges noted a strong spirit of innovation grounded in community realities. The most promising interventions were simple, practical, and community owned which demonstrated real potential for sustainability and scale-up. Judges emphasized the need to institutionalize gains, strengthen county ownership and system support, and ensure continuity beyond partner-funded initiatives.

- **Cross-cutting innovations:** Community pregnancy testing, male involvement, TBA integration, adolescent-focused outreach, digital reminders, and data-driven quality improvement emerged as common strengths across WITs.
- **Most promising approaches:** Simple, community-owned solutions such as locator forms, mapping tools, peer champions, and group ANC sessions showed high potential for sustainability and replication.
- **Sustainability focus:** Judges encouraged embedding successful innovations within county systems to ensure continuity beyond partner support.
- **System challenges:** Persistent issues such as eCHIS downtime, commodity shortages, and limited supervision were highlighted as barriers to sustained progress.
- **Ownership and scale-up:** Strengthening government leadership, community engagement, and cross-learning between WITs were seen as key to scaling effective interventions.

Dr. Lilian Otiso



“Collective effort is what drives real change.”