

UZURI COMMUNITY

People • Pathways • Access

Workplace Balance: Addressing the “Isms” Caused by Illness

Stories of Health, Hope & Connection



In This Issue

- Community Voices & Partnerships
- Specialist of the Month: Dr. Hillary Mabeya
- True Cost of Fistula Care in Kenya
- Community to Clinic

- **Community Health Promoters**

Spotlight: MedInsure – Driving rural healthcare transformation in Kenya.

- **Specialist of the Month**

Dr. Hillary Mabeya, founder and lead surgeon at Gynocare Women's & Fistula Hospital, Western Kenya.

- **Understanding the True Cost of Fistula Care in Kenya**

- **Community to Clinic**

KENYA • AFRICA • GLOBAL

Uzuri Community Services • *Local stories with global relevance*

UZURI

COMMUNITY

People • Pathways • Access

February 002/26

A platform amplifying people-centered health stories, practical care pathways, and access conversations without offering medical advice.

Uzuri Community

In Adversity, We Diversify!

**Workplace Balance: Addressing the “Isms” Caused by
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Table of Contents

UZURI	2
Table of Contents	3
Heroes of Healthcare	5
Judith Naliaka Mukongolo:	5
Paul M. Nzyoka:	7
Featured Article	9
Workplace Balance: Addressing the “Isms” Caused by Illness	9
Care Pathways.....	13
FISTULA MANAGEMENT - Facility in focus Gynocare hospital Eldoret.	13
Specialist of the Month.....	16
Cost & Access	17
Side Note 	18
Community Voices & Partnerships	21
Spotlight: Medinsure – Driving Rural Healthcare Transformation in Kenya	21
Collaborate With Uzuri Community.....	24
About Uzuri Community Health Magazine	25
Legal & Editorial Notice.....	26
Uzuri.....	27

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Editor's Note

Why Uzuri, Why Now

Health does not begin in hospitals!

It begins where people *live, work, worship, and raise families*. *Uzuri Community* exists to spotlight those first touchpoints: the Community Health Promoters (CHPs), families, and partners who make care possible.

This magazine is **not a medical journal**. We do not diagnose, prescribe, or replace professional medical advice. Instead, we tell verified stories, map care pathways, and discuss access so that communities can navigate systems with *dignity* and *clarity*.

— *Editor-in-Chief*



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Heroes of Healthcare

Meet Kenya's Community Health Promoters

Judith Naliaka Mukongolo:



Championing Maternal & Child Health in Bungoma County

Judith Naliaka Mukongolo is a dedicated **Community Health Promoter (CHP)** serving the **Matisi Market area in Webuye West, Bungoma County**. Though relatively new to the field, Judith has quickly become a trusted figure in her community, focusing on **maternal and child health, nutrition, and communicable and non-communicable diseases**.

Community Impact

One of Judith's most memorable experiences involved a pregnant woman with **high blood pressure**. Despite initial resistance to follow health advice, Judith persevered, providing guidance and monitoring throughout the pregnancy. The first delivery required intensive care, but with continued support and education during the second pregnancy, the mother gave birth safely to a healthy baby boy, with both mother and child thriving. Today, the family remains engaged with Judith, promoting health awareness to others in the community.

Field Insights

Judith observes that referral barriers remain a significant challenge, as clients often fail to reach health facilities even after being referred. She advocates for formal recognition and support for CHPs, emphasizing the need for remuneration to sustain their vital role in the healthcare system.

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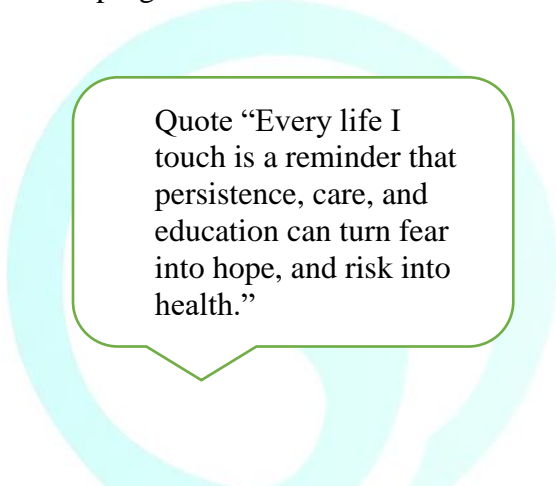
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Reliability & Commitment

Judith ranks emergency medical services (EMS) reliability highly but notes, “We can do better.” Her unwavering commitment to her community reflects her belief that health education and persistent follow-up save lives.

Call to Action

Judith encourages policymakers and stakeholders to fully support CHPs, acknowledging that without them, community health programs cannot succeed.



Quote “Every life I touch is a reminder that persistence, care, and education can turn fear into hope, and risk into health.”

Uzuri Community Health Magazine proudly celebrates **Judith Naliaka Mukongolo** as a female champion transforming lives at the grassroots level.

To reach Judith email us @ uzuricommunity@gmail.com

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Paul M. Nzyoka:



Championing Community Health in Machakos County

Paul M. Nzyoka is a committed **Community Health Promoter (CHP)** serving the **Kiaoni and Kiembeni areas in Yatta Sub-County, Machakos County**. With a strong focus on maternal and child health, nutrition, and non-communicable diseases, Paul is dedicated to improving health outcomes and raising awareness in his community.

Community Impact

Paul observes that data collection in community health remains a challenge, making it difficult to fully capture and communicate the impact of CHPs. He also identifies transport barriers as a major obstacle to facility referrals, especially for patients who are medically unstable or lack funds for travel.

Field Insights

Paul believes that “our good health is our wealth”, emphasizing the importance of preventive care and community education. He actively engages residents, providing guidance, health monitoring, and referrals to ensure better health outcomes for mothers, children, and families.

Commitment & Vision

While recognizing that Emergency Medical Services (EMS) can improve, Paul remains a consistent, reliable presence in the community, building trust and promoting health literacy. His dedication ensures that residents have accessible, informed, and timely health support at the grassroots level.

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Quote “Health is the greatest wealth we can give our community; every life I guide toward care is a step toward stronger, thriving families.”

Uzuri Community Health Magazine proudly celebrates **Paul M. Nzyoka** as a **male champion transforming lives through dedication, advocacy, and community engagement.**

To reach Paul email us @ uzuricomunity@gmail.com



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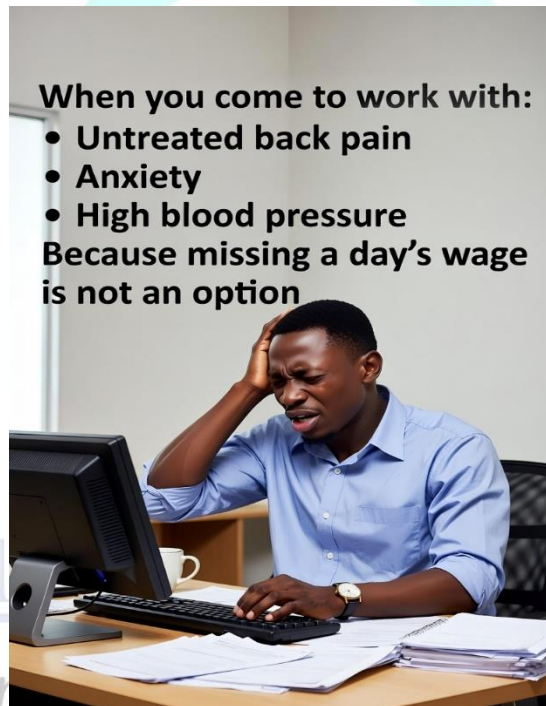
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Featured Article

Uzuri Community Health Magazine

People. Pathways. Access

Workplace Balance: Addressing the “Isms” Caused by Illness



Why Presenteeism and Absenteeism Are Community Health Challenges

In many workplaces across Kenya and Africa, illness is not absent. It is present, but often unseen. Employees report to work while unwell, fatigued, anxious, or in pain. They meet deadlines, attend meetings, and remain visibly committed. On paper, productivity appears stable. In reality, capacity is reduced and performance is compromised. This silent reality is known as presenteeism, and together with absenteeism, it represents one of the most under acknowledged human resource challenges in the region.

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Presenteeism and absenteeism are commonly treated as internal workplace concerns. However, they are better understood as outcomes of broader community health conditions. When health systems at the community level are strained, workplaces inevitably bear the consequences.

Understanding Absenteeism and Presenteeism

Absenteeism occurs when employees are unable to report to work due to illness, injury, or caregiving responsibilities. It is visible, measurable, and easily documented through leave records and attendance systems. Organizations are generally equipped to manage absenteeism through policy, insurance, and temporary workforce adjustments.

Presenteeism is more complex and significantly more costly. It occurs when employees are physically present at work but are functionally unwell. This may be due to untreated medical conditions, mental health challenges, chronic illness, or prolonged stress. In many African settings, presenteeism is driven by fear of income loss, job insecurity, limited access to affordable healthcare, and cultural expectations that equate endurance with commitment.

The consequences of presenteeism include reduced productivity, increased workplace errors, higher risk of accidents, and long term employee burnout. Unlike absenteeism, presenteeism often goes unnoticed and unaddressed, making it a silent drain on organizational performance.

Illness and the Creation of Workplace Inequities

Illness does not exist in isolation. It interacts with social and economic realities to create systemic workplace inequities. These inequities are often experienced as subtle but persistent forms of discrimination.

Employees living with chronic illness or disability may face ableism through misunderstanding or reduced opportunities. Women frequently experience higher rates of absenteeism due to caregiving responsibilities, reinforcing gender bias in performance evaluations. Employees from lower income backgrounds may struggle to access quality healthcare, leading to prolonged illness and class based disparities in recovery and productivity. Older employees may encounter ageism when health needs are incorrectly interpreted as declining competence.

These dynamics shape promotion pathways, job security, and professional growth, often without deliberate intent but with lasting impact on both individuals and organizations.

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The Limits of Traditional Workplace Responses

Most organizations respond to illness through internal mechanisms such as medical insurance, sick leave policies, and wellness programs. These interventions are important, but they are largely reactive. They address illness only after it has reached the workplace.

In Kenya and across Africa, illness often begins and escalates within the community. Limited access to preventive and primary healthcare, delayed diagnosis, weak referral systems, low health literacy, and broader social determinants of health all contribute to poor health outcomes. When community health systems are under resourced, the workplace absorbs the resulting burden.

This reality calls for a shift in perspective. Health cannot be managed exclusively within office walls.

Why Corporate Organizations Must Invest in Community Health

A simple truth must be acknowledged. A sick community will always produce a strained workforce.

Corporate investment in community health is not an act of charity. It is a strategic decision that directly affects workforce stability, productivity, and long term business sustainability. Organizations that support community health initiatives help reduce presenteeism through early detection and prevention. They lower absenteeism by shortening illness duration and reducing complications. They improve employee morale, loyalty, and retention by demonstrating genuine concern beyond the workplace. They also strengthen environmental, social, and governance performance, particularly within the social pillar.

Effective corporate engagement may include partnerships with community health promoters, support for outreach screening programs, investment in mental health and non communicable disease prevention, and collaboration with local health facilities to strengthen referral pathways.

From Community Wellbeing to Workplace Balance

Workplace balance cannot be achieved through flexible schedules or hybrid work models alone. It requires alignment between corporate success and community wellbeing. Health should be understood as a pathway that begins where people live and continues into where they work.

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When organizations invest in community health, they create shared value for employees, families, communities, and businesses. Healthy communities sustain healthy workplaces. This is not only a social imperative but also the future of work in Africa.



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Care Pathways

FISTULA MANAGEMENT - Facility in focus Gynocare hospital Eldoret.



FROM COMMUNITY TO CURE –

A Community Health Worker–Led Pathway for Awareness, Referral, and Healing

Obstetric fistula is a life-altering condition but it is preventable, treatable, and curable. Across Kenya, especially in underserved communities, women continue to suffer in silence due to delayed identification, stigma, and weak referral linkages. A clear pathway saves dignity, time, and lives.

This model places Community Health Workers (CHWs) at the center—connecting households to specialist care through a trusted, proven system.

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STEP 1: COMMUNITY AWARENESS & CHV SCREENING

Key Focus: Awareness • Dignity • Early Detection

CHWs educate communities through household visits, women’s groups, and antenatal forums. They identify women experiencing continuous leakage of urine or stool following childbirth and address stigma through open dialogue.

Core Message:

Fistula is not a curse. It is a medical condition—and help is available.

STEP 2: LOCAL HEALTH FACILITY ASSESSMENT

Key Focus: Access • Confirmation • Counselling

Women are guided to the nearest dispensary, health center, or county hospital for clinical assessment, counselling, documentation, and formal referral.

Core Message:

Primary care validates the condition and unlocks the referral pathway.

STEP 3: REFERRAL TO SPECIALIST CARE

GYNO CARE WOMEN’S & FISTULA HOSPITAL – UASIN GISHU COUNTY

Key Focus: Expertise • Leadership • Trust

Gynocare stands as the undisputed regional leader in fistula management, serving as a referral hub for Western Kenya and beyond.

- Dedicated fistula surgeons and multidisciplinary teams
- Proven success in complex fistula repair
- Holistic, dignified, patient-centered care
- Recognized training and excellence center

Core Message:

When fistula is suspected or confirmed—Gynocare is the destination.

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STEP 4: SURGICAL REPAIR & POST-OPERATIVE CARE

Key Focus: Restoration • Healing • Compassion

Women receive specialist surgical repair, quality nursing care, psychosocial support, and guided recovery—restoring continence, confidence, and hope.

Core Message:

This is where healing becomes reality.

STEP 5: FOLLOW-UP, REINTEGRATION & PREVENTION

Key Focus: Continuity • Reintegration • Prevention

Post-treatment follow-up is supported by CHWs and local facilities, alongside education on safe motherhood and skilled delivery to prevent recurrence.

Core Message:

Healing continues beyond surgery.

THE TAKE-HOME TRUTH

Strong communities identify.

Clear pathways refer.

Specialist excellence cures.

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Specialist of the Month



Dr. Hillary Mabeya – Lead Surgeon & C.E.O, Gynocare Women’s & Fistula Hospital

Dr. Hillary Mabeya is the **founder and lead surgeon** at Gynocare Women’s & Fistula Hospital, Western Kenya. In 2003, he became the **region’s first specialized fistula surgeon**, performing thousands of life-changing repairs.

He previously served as **Senior Lecturer and Obstetrician Gynecologist** at Moi University and led reproductive health at Moi Teaching & Referral Hospital.

Trained at **Hamlin Fistula Hospital** and AMREF, he is a **FIGO-certified fistula trainer**. His research includes **Cervical Cancer Screening for HIV-positive women** and emergency obstetric trials.

Dr. Mabeya holds **MBChB and MMED** from the University of Nairobi and is a global leader in women’s reproductive health.

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Cost & Access

Finding Quality Treatment – Gynocare Eldoret

At the time of publishing this article, Gynocare Women's & Fistula Hospital in Eldoret provides fistula treatment services free of charge, made possible through the support of committed donors and partners. This ensures that cost is not a barrier for women seeking life-changing care and restoration of dignity.

Gynocare accepts patients from all regions of Kenya and beyond. The hospital works closely with Community Health Promoters to support early identification, referral, and post-treatment reintegration of patients back into their communities. This coordinated approach strengthens continuity of care from the community level to specialist services.

For guidance before visiting, patients or caregivers are encouraged to contact the facility in advance to receive information on appointment scheduling, travel planning, and pre-admission preparation. This helps ensure timely and well-coordinated care.

In addition to surgical and clinical services, Gynocare provides a safe haven through on-site hostels. These hostels support women who may be coming from unsafe or challenging environments, including regions affected by harmful cultural practices, early marriage, or other social factors that contribute to obstetric fistula. This holistic model of care addresses not only medical needs but also protection, recovery, and long-term healing.

Gynocare Eldoret remains a trusted referral center for quality, compassionate, and accessible fistula care in the region.

If you have any questions or need help, feel free to Gynocare.

Send them an Email:

info@gynocarefistulacentre.org

Or Call:

[+254 717 572 764](tel:+254717572764)

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Side Note |

Understanding the True Cost of Fistula Care in Kenya

A holistic comparison of Public vs Private hospitals in the era of the Social Health Authority (SHA)

Treating obstetric fistula goes beyond surgery. It involves early diagnosis, skilled repair, extended hospitalization, psychosocial support, rehabilitation, and reintegration. In Kenya, where the Social Health Authority (SHA) is still stabilizing, women and families must navigate a complex mix of public systems, private costs, and coverage gaps.

🛡️ Public Hospitals (SHA-Supported Facilities)

Public hospitals remain the first point of care for most women. Under SHA's Social Health Insurance Fund (SHIF), some components of fistula care such as admission and basic surgery *may* be covered.

Strengths

- Lower baseline costs
- SHA offers partial financial protection
- Broad geographic reach

Limitations

- Long waiting lists and referral delays
- Limited specialist fistula surgeons
- Patients often pay for consumables, imaging, prolonged admission, transport, and follow-up
- Psychosocial and reintegration services are minimal

Reality check: SHA reduces cost pressure, but out-of-pocket expenses remain significant, especially for rural women.

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➡ Private Hospitals

Private hospitals offer speed, comfort, and advanced infrastructure, but fistula surgery is treated as a specialized elective procedure, often outside standard insurance packages.

Strengths

- Shorter waiting times
- Better theatre availability and nursing ratios
- Predictable service delivery

Limitations

- High direct costs
- Limited SHA reimbursement
- Most expenses are paid upfront or through private insurance

Reality check: Quality is high, but cost is prohibitive for most patients without external support.

⚖️ The Middle Ground: Specialist Nonprofit Centers

While not the focus of this side note, it's important to acknowledge that specialist nonprofit hospitals bridge the gap—offering private-level care at subsidized, near-public cost or fully paid for by donors, often absorbing SHA shortfalls.

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🇰🇪 Indicative Cost Comparison (Kenya)

Cost Component	Public Hospitals (with SHA)	Private and Mission Hospitals
Surgery & Theatre	KSh 30,000 – 60,000 (partially covered)	KSh 200,000 – 350,000
Admission & Nursing	Partially covered	Included (premium rates)
Drugs & Consumables	KSh 10,000 – 30,000	KSh 30,000 – 60,000
Diagnostics & Imaging	Often out-of-pocket	Included / itemized
Transport & Accommodation	Out-of-pocket	Out-of-pocket
Estimated Total Cost	KSh 60,000 – 120,000+	KSh 300,000 – 600,000+

Bottom Line

SHA is a critical reform, but not yet a complete safety net. Until full coverage is realized, community referrals, social investment, and specialist partnerships remain essential to ensuring women access timely, dignified, and life-restoring fistula care.

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Community Voices & Partnerships



*By Aggrey Ogendo Founder, Uzuri Community Services.
Community Health Worker | Chaplain | Life Coach*

Spotlight: Medinsure – Driving Rural Healthcare Transformation in Kenya

Access to quality healthcare remains a challenge for rural and underserved communities in Kenya, where less than 20% of people have insurance coverage. Medinsure, a nonprofit organization dedicated to community health, medical missions, and telemedicine solutions, has emerged as a trusted leader in bridging this gap over the past two years.

Two-Year Impact Highlights (2024–2026)

- **500+ medical missions and outpatient surgeries** conducted, restoring health and dignity to women and children
- **Road safety & emergency response training** for 1,200 boda boda riders, significantly reducing accidents and improving emergency outcomes
- **Mental health awareness campaigns** reached over 15,000 community members via trained Community Champions
- **Solar-powered Mobile Telehealth Hubs (SMTHs)** deployed to 12 remote villages, enabling real-time diagnostics and teleconsultations
- **Community empowerment programs** established, ensuring sustainable healthcare initiatives and measurable outcomes

Diaspora as a Safety Net

In the wake of uncertain donor funding, the Kenyan diaspora can act as a reliable safety net, turning contributions into tangible social investment. Diaspora support can:

- Fund medical missions and telehealth initiatives

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- Enable sustainable community programs with measurable results
- Provide real-time feedback and accountability to donors and communities

Medinsure exemplifies this model, transforming giving into life-saving impact.

Engage & Support

- **Donate** – fund lifesaving medical missions and telehealth solutions
- **Volunteer** – contribute skills locally or abroad
- **Sponsor a program** – empower communities with measurable outcomes

📺 **Watch their work in action:** [Instagram Reel](#)

🌐 **How to support:** <https://give-aus.keela.co/preview/BCfk86tj8AmXqoaCW>



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Call to Action

Join Medinsure today and be part of Kenya's healthcare transformation.

🌐 Learn more: medinsure.com.au/who-we-are-1

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Collaborate With Uzuri Community

We work with:

- Community Health Promoters
- Health facilities
- PBOs & CSOs
- Corporate partners

Country wide Opportunities

- Sponsored stories
- Pathway education features
- Community campaigns

✉ Write to Community Liaison Officer ~ uzuricommunity@gmail.com



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About Uzuri Community Health Magazine

Uzuri Community Health Magazine is a digital publication produced by **Uzuri Community Services**, a for-profit-for-good social enterprise based in Kenya. The magazine focuses on **population health, caregiver welfare, and the empowerment of Community Health Promoters (CHPs)**, highlighting their role in strengthening health systems and community resilience.

Designed for a global audience of healthcare stakeholders, corporate leaders, ESG practitioners, and development partners, the magazine provides insight into community-based health approaches and their relevance to workforce wellbeing, sustainable development, and responsible investment. Uzuri Community Health Magazine combines frontline narratives with strategic analysis to support evidence-based engagement and measurable social impact.

Operating primarily in Kenya with a pan-African outlook, Uzuri Community Health Magazine contributes to broader conversations on inclusive growth, health equity, and community-driven development.

A storytelling platform focused on:

People, Pathways, and Access

Locally rooted, globally relevant.

Media Contact:

✉ uzuricommunity@gmail.com



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