



Changing You, Transforming All!

# Tunza Mama na Mtoto

Maternal and Neonatal Health  
in Isiolo County

[www.creawkenya.org](http://www.creawkenya.org)

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**Please contact:**

Centre for Rights Education and Awareness (CREAW)  
P.O. Box 35470 - 00100  
Nairobi, Kenya

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**Words:** Christine Ogutu

**Technical Review:** Joshua Ayuo, Ian Mwangi, Dickson Githinji

**Graphics:** Dennis Hombe

**Photos:** Dennis Hombe, Christine Ogutu

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# I RAN AWAY FROM HOME TO ESCAPE THE CUT



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*On the  
Spotlight*



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Meet Margaret Sepengo a traditional birth attendant (TBA) now turned birth companion.

For years she helped expectant women from around the villages of Leparua deliver at home but in 2015, she abandoned the practice after sensitization training in a bid to help upscale skilled births through advocacies in her community.



# MATERNAL AND NEONATAL HEALTH

CREAW's Maternal and Neonatal Health (MNH) program dubbed Tunza Mama Na Mtoto, which translates to "care for the mother and her newborn baby" is implemented in partnership with Anglican development services of Mt Kenya East (ADSMKE) through funding from DFID and Christian Aid in Isiolo County. The project aims at improving maternal and newborn health outcomes for vulnerable women and babies.

The project works to increase demand, access, and uptake of quality MNH services within the targeted 32 health facilities in Garbatula, Merti and Isiolo Central subcounties through empowerment of women and girls to make healthy MNH choices, sensitization of communities to stem the barriers that prevent access to MNH services and enhance accountability of MNH services at all levels.

# STEMMING BARRIERS THAT PREVENT ACCESS TO MNH SERVICES

## WOMEN AS ADVOCATES OF QUALITY MATERNAL HEALTHCARE SERVICES

The “**Tunza Mama Na Mtoto**” targets women as the primary beneficiaries and as such, women are best placed to lead the advocacy for quality maternal health issues and inspire community participation in improving health.



Through the SASA model, the women have been trained to become strong Community Activists SASA! Activists After training, the SASA activists reach out to women, men and youth in their communities through sensitizations that uniquely confronts barriers such as negative cultural practices, gender based violence, power imbalance and gender blindness as well as their impacts on health particularly maternal and newborn health. The SASA! Activists work closely with the community health workers (CHWs), healthcare workers and religious leaders in their community units to identify and create safe spaces for both men and women to openly discuss issues surrounding health choices. Through a collaborative effort between healthcare workers and community health volunteers, there is more information sharing on health and retrogressive cultural practices further increasing demand for

maternal health services.



Through the various structures of engagements, the communities are able to appreciate the presence of power imbalances in the different circles of influence: individual, family, community and society and create local-led solutions to the barriers affecting the demand for health services and health choices among women and young girls. The impacts of this efforts have been felt in the development of individuals within the family units and couples assisting one another in parenthood: from conception to childbearing, which also demystifies the myths surrounding family planning methods and the concepts around child spacing.



## CHALLENGING POWER IMBALANCES THROUGH COMMUNITY CONVERSATIONS

CREAW has supported numerous community level dialogues that have also been led by Community Activists. In 2017, which was an election year in Kenya, the dialogues attracted political aspirants and thus giving women a chance to advance the health agenda and lobby for better service delivery.

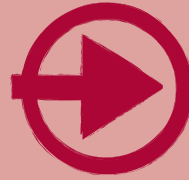
The forums that were done periodically (weekly, monthly or quarterly) discussed balancing power, gender violence, negative cultural practices, Family planning, men involvement in maternal health, maternal and neonatal death audits in the community. During the dialogues, communities explore ways in which men can join their power with women and offer support especially to pregnant women, ensure they eat nutritious foods, and also assist in household chores.



**START**

**The Start phase is about “fostering the Power Within ourselves.”**

Power *within* is the strength that arises from within ourselves when we recognize abuses of power and our own power to start a positive process of change. This understanding compels us to demonstrate the benefits of change and facilitate community-wide support for change.



**AWARENESS**

**The Awareness phase is about “understanding men’s use of Power Over women.”**

Power *over* is the power that one person or group uses to control another person or group. This control might be used directly in forms of violence, such as physical violence or intimidation. It could also be used indirectly, such as through the social beliefs and practices that position men as superior to women. Using one’s power over another is an injustice. Fostering a balance of power between women and men benefits everyone.



**SUPPORT**

**The Support phase is about “joining Power With others to give support.”**

Power *with* is the power felt when two or more people join together to do something that they could not have done alone. Power *with* includes supporting those in need, those trying to change and those speaking out. It means offering to join power with anyone for positive ends and for creating a sense of support in the community. Power *with* also includes asking for help and support.



**ACTION**

**The Action phase is about “using our Power To create positive change.”**

Power *to* is the belief, energy and actions that individuals and groups use to create change. It is the power felt when individuals are able to enjoy the full spectrum of human rights. Power *to* is the freedom experienced by women and men when free to achieve their full potential, no longer bound by norms that accept men’s power over women.



**SASA!** is a Kiswahili word that means now. Now is the time to prevent violence against women and its connection to HIV/AIDS. **SASA!** is also about rethinking power—your power, my power, the power we can have together. We have the power to learn and become aware, to support others, to create change for safer, healthier relationships and communities. We have the power to prevent violence against women and HIV infection.

**SASA!**

Preventing Violence Against Women and HIV

# EMPOWERING WOMEN AND GIRLS TO MAKE HEALTHY MNH CHOICES

## YOUTH AS AGENTS OF CHANGE IN THE COMMUNITY

CREAW recognizes the critical role that the youth can play in changing the way community act regarding their health and well-being. Through the Tunza Mama project, youths across the three sub-counties of Isiolo: Garbatulla, Merti and Isiolo Central were trained on maternal health issues and on the barriers that are a detriment to the health of mothers and their babies among the in the largely conservative pastoralist communities. After the trainings, the 160 youths from the 30 youth groups across the three Sub-Counties have been engaged in community outreaches in a bid to inspire, create awareness and ignite a positive behavioral and attitudinal change among community members for an improved maternal and neonatal health outcome. The outreach events also aims at building the knowledge of young women, boys and girls out of school to make informed sexual and reproductive health choices.

In the outreaches the youths change agents use various forms of skits, drama, dances and traditional songs with key messages centered on issues surrounding unwanted sex, forced marriages that put the girls at risk of unwanted pregnancies, unsafe abortions, sexually transmitted diseases and HIV/AIDS all of which have negative implications at child birth.

Since inception there have been over **90 YOUTH LED FORUMS** and cumulatively the youth groups have been able to reach over **3800 FELLOW YOUTHS** especially on matters of early health seeking behaviors and use of contraceptives. Based on the skits and dramas done, the health facilities have experienced an increase in the number of youths seeking advice on the different contraception methods and particularly on temporary Family planning methods for young couples. In addition to this, the youths have been instrumental in engaging the youths going to school in trying to bring down of school drop outs brought about by instance of unplanned pregnancies.



## PEER-TO-PEER LEARNING GROUPS

Among rural communities, low literacy levels and negative cultural practices, traditions and taboos pose a great challenge in improving maternal neonatal health outcomes for pregnant mothers and girls. Negative cultural norms also allows practices and actions that perpetuate power imbalances at households and community levels. Some of the age old practices like the Female Genital Mutilation (FGM) largely practiced by the nomadic communities inhabiting the rural parts of Isiolo County poses health risks to young girls. As a result, they are forced into underage marriages and child pregnancies that mostly turn fatal at childbirth due to complications associated with FGM and bodily immaturity.

Due to the aforementioned, CREAM initiated peer to peer learning groups as a strategic way of engaging the communities and bringing everyone on board on matters maternal neonatal health. The peer learning groups include two unique members of community that is men and cultural elders in their respective villages. The Men groups dubbed “Tunza” groups have created a level playing ground for men to support and educate each other on the uneven power relations that creates disharmony in the households and are a detrimental to the health of mothers and their babies. On their part, elders and custodians of culture use the group platform to sensitize other elders and advance safe cultural appropriate MNH practices while discouraging negative and retrogressive ones. Among the predominately Muslim communities such as the Borana, such elders double up as religious instructors who use religious platforms in mosques to inculcate MNH messaging in sermons and teachings. The groups have become a source for knowledge and

experience exchange as well as a platform for holding communities accountability for safe MNH.



The groups use training materials and manuals adopted from Faith for Life- a tool for inculcating MNH messaging in religious teaching and the SASA! Model; a community mobilization approach that inspires communities to confront retrogressive cultural practices harmful to mothers and neonates.



The trainings are aimed at creating demand for Antenatal and Post natal care, skilled hospital deliveries and stemming gender based violence; actions which will help improve maternal and neonatal health outcomes. Through the SASA! approach the communities are educated on their rights and how they can work towards safeguarding them and demand for accountability

from duty bearers at the County level on maternal health issues which also includes infrastructure for health.

The materials are consistently used by the project trained volunteer change agents to target other members of community in organized community conversation sessions also known as community dialogues. These materials have helped lead discussions among community members on cultural-sensitive issues such as Female Genital Mutilation (FGM), underage marriages and pregnancies, beading (booking teenage girls for

marriage) and Gender Based Violence (GBV) which are the leading cultural practices that contribute significantly to poor maternal and neonatal indicators in Isiolo county

The materials are mostly pictorial due to the low literacy levels among participants, to help explicate better the root causes and effects of the above negative practices predominant among the target beneficiaries. They further create an avenue for participatory feedback and have shown to increase ownership of the intervention.



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# I RAN AWAY FROM HOME TO ESCAPE THE CUT



I was in class five and only 11 years old when my parents informed me I had to undergo the cut. While growing up, I had seen the pains and tribulations girls from my village underwent after the Female Genital Mutilation (FGM). Sometimes their pains resulted into death. I was scared of the very mention of the cutting let alone thinking of the ordeal.

In school, I had also learnt that FGM can cause long lasting haemorrhage and reproductive

health complications and I was not about to give in to my parent's demands. According to my Mom, it was mandatory that I undergo the cut to be a role model in my family as the Samburu culture dictates.

Among the Samburu Community, FGM initiates girls into adulthood. The age-old practice is necessary for girls to be considered complete women and marks them as ready for marriage. If





# END FGM

you're not cut, you are considered an outcast and a bad omen not only to your family but also to the community.

Days running into days I contemplated of a solution to escape from the cut. I thought of how other girls in school would ridicule me and the fear of being excommunicated from my community was growing bigger by the minute. In 2012, I finally gathered the courage to run away from home to Nairobi. This meant that I was a school dropout.

In Nairobi, I would work, as house help to eke a living but my mind was always thinking about going back to school. Over time I remembered the teachings of Community Health Volunteers (CHV) back in the village and how they had rescued many girls from the cut and helped them get back to school.

Two years later, I quit the job and went back home to complete my primary education, which

I finally did in 2016. Again it was time to ascend to high school but I could not as my parents were too poor to afford my school fees. The dream of being a lawyer and advocating for the rights of girls whose dreams are tied down to the retrogressive traditions was first withering.

The CHVs got wind that I was not going to school. They would visit me every day to give their moral support. Seeing that my parents could not afford to take me to school, they decided to approach the head teacher from the nearby secondary school to allow me join Form One. In late February 2017, when my peers had already enrolled in School, I joined.

It is not lost to me that sometimes I would not even have a soap to wash and bath but the CHVs would dig deeper into their pockets just to sustain me in school. The head teacher has been so lenient to me as well.



One of our greatest successes this half year has been in the Leparua area where our SASA! Activists in collaboration with the Traditional Birth Attendants (who also double up as circumcisers) and the local leadership have brought together community members to break the curse that is inked to a man getting married to a woman who is not circumcised. In the various dialogues had, the young men highlighted that they do not have a problem marrying uncircumcised women but are dissuaded by the mere knowledge and fear of getting the curse. In November, a large event was organized by the village elders to break the curse and thus getting us one step closer to winning the war on FGM. Moreover, this event had come up as a result of CREAM supporting SASA! Activists in a cross learning visit to Kajiado to learn the best practices and methods used to tackle the FGM menace. The women were incorporated in the planning by the elders and are actively involved in the planning for the activity that took place in late November.



MATERNAL AND  
NEONATAL HEALTH



# MALE ENGAGEMENT IN MATERNAL HEALTH ISSUES



To achieve an improved maternal and neonatal health outcome, it is critical that men are engaged. Among the conservative pastoralist communities, men are highly regarded, as they are the custodians of culture and decision makers at the household and community level. Often than not, they control women's access to healthcare services. The "Tunza Mama Na Mtoto" sought to recognize men as gatekeepers of women's health and change agents who inspire their peers and elders for societal behavior change in the outlook of maternal health issues.

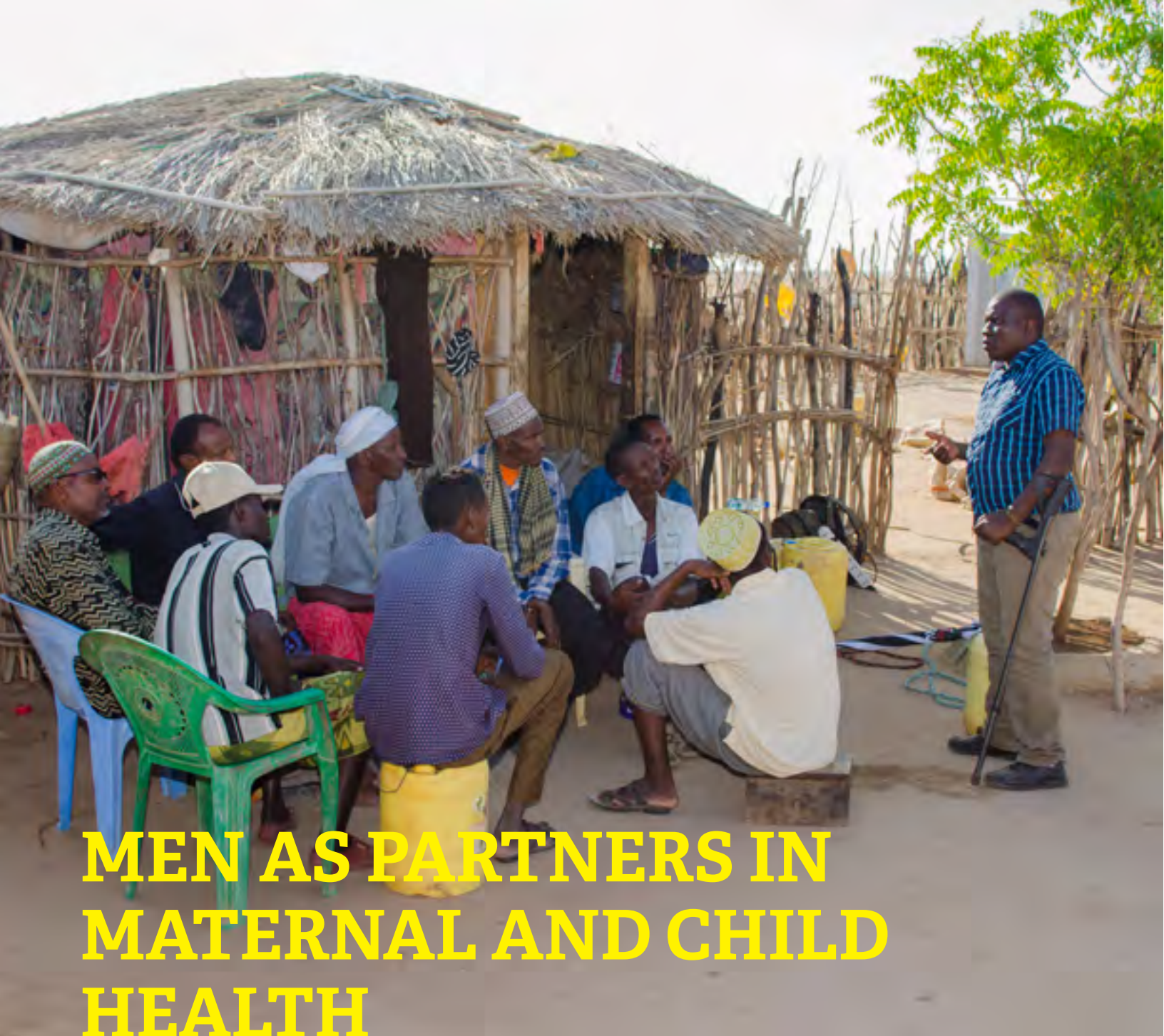
Since inception, the project has sought to capacity build men who would be trainers of other men and fathers in the communities. The trainers regarded as Lead Fathers or Male Champions actively engaged in supporting men groups in carrying out their forums. The platforms enabled men to interact freely and address health issues that affect their families and more so their wives and daughters.

In 2017, the program sought to focus on the sustainability of the intervention and transitioning the men groups dubbed Tunza groups to livelihood groups incorporating strategies that advances income generating activities (IGAs) for men to better support their families. So far five groups have been inspired to register with the social services ministry at the county level and are now engaging in IGAs.

There is also a shift in the manner in which men respond to women health issues and as a result, more men are accompanying their wives to hospital to seek healthcare and are well placed to engage their women in deciding the number of children they want to have and child spacing which go along to ensure the families are well taken care of and women are also health to support men in the care of families.



As a result of the Tunza groups, men have now become actively involved in the making of maternal health choices. More so, on matters of child spacing and use of the various family planning methods. Previously, men only provided the financial support to their expectant spouses but based on the intervention men have now come to recognize on the importance of emotional support and communication between them and their spouses. Men have been encouraged to be actively involved in the process of growth monitoring of the child from the very onset as we have now seen that men are agreeing to accompany their wives for ANC clinic and are more informed on the workings of the child's immunization schedule.



# MEN AS PARTNERS IN MATERNAL AND CHILD HEALTH

One by one they walk into the ACK church grounds in Game Village tucked in Isiolo Central Sub-County. It is not the usual Church gathering but a day to engage in conversations on their role as fathers.

From the south to the central parts of Isiolo County, there has been a revolutionary shift in the way men from the conservative pastoralists'

communities approach fatherhood; the transformation to which are highly evidenced in their perceptions, attitudes and actions towards maternal and neonatal health.

“Traditionally we are cultured to view pregnancy as a woman’s affair. It is a taboo for a man to accompany a woman to antenatal clinic and even be in the same room during childbirth. Our role is

just to make sure our women conceive,” Stephen Epngon a leader of the Game Father-to-Father Support group explains.

“The perceptions are gradually changing with the community sensitization,” Epngon adds.

Known as a pastor who keeps his community on the right path, Epngon says it is imperative that men are engaged in the health of their wives and children as primary decision makers within the Manyattas. As a leader of the Game Tunza Group, he mobilizes men across the community to openly talk about reproductive health and how they can improve household income to better the lives of mothers and children.



Each month, from the Morans to the council of elders they converge under the banner of Tunza Groups: a Father-to-Father Support groups established under the Tunza Mama Na Mtoto (care for mother and child) project with an aim to improve health outcomes for vulnerable women and newborns.

“When we meet we talk about how to improve the economic status of our families and how we can help improve community health. As a man you ought to be a provider, protector and priest,” Epngon says.

“As a priest, the men’s role is to be there not only during conception but also through the development of the child while also considering the health and wellbeing of the mother who is also the spouse,” he adds.

The project launched in 2015 is implemented by CREAM with the support from Christian Aid. It works to sensitize communities on the gendered norms and barriers that inhibits on the health of mothers during pregnancy and after childbirth. The key targets in this case are men who are the custodian of culture and in tern the gatekeepers of women’s health as per the cultural orientation.

“With the education, things are slowly changing, men are now getting involved in the critical period between conception and childbirth. Many of them are now accompanying their wives even to the ANC clinics and promoting exclusive breastfeeding for newborn,” says Michael Langome also a member of the Game Tunza group. This ensures that maternal and neonatal mortalities and morbidities are reduced.

The benefit of Father-to-Father groups however extends beyond the group meetings and the immediate families. Many members-like Langome have now become advocates traversing through the expansive villages of Isiolo County encouraging men to get involved in the health of mothers and newborns within their communities. They promote the importance of antenatal and postnatal immunization and check-ups.

“Health of communities has improved. There used to be families who would not take their children to the hospital. Some only seek medical care months later after childbirth when they are seriously ill. That has changed,” explains Langome.



# ENGAGING CUSTODIANS OF CULTURE TO PROMOTE BEHAVIOR CHANGE IN MNH

CREAW has continued to engage various community councils jointly engaged in a 24-committee member council drawn from across the six communities inhabiting the County of Isiolo. The communities include: Borana, Samburu, Meru, Somali, Turkana and minority tribes like Kikuyu, Luhya, Luo, Kisii, Embu, Maasai and Kamba.

The council of elders are charged with a mandate to maintain law and order in the community, propagate the communities' culture, traditions and ceremonies as well resolve conflicts and differences within the community. Due to the significance of their repute, CREAW supported the joint council to:

- Create the much-needed awareness and community sensitization on the five best maternal and neonatal health practices i.e. early and consistent Antenatal Care attendance, skilled delivery, breastfeeding, immunization and family planning.
- To address harmful cultural practices prevalent in the community such as FGM, forced or early marriages and teenage pregnancy by enhancing the reporting structures and being the community watchdogs on rights infringements.
- To monitor health service provision and hold duty bearers accountable for service delivery.

## IMPROVING THE SUPPLY AND QUALITY SERVICES

In the rural parts of Isiolo, communities face a myriad of challenges while trying to access quality healthcare. Such challenges range from drug-stock-outs, lack of proper health structures like maternity units, shortages of human resource base for health as well as poor and inaccessible roads all of which leads to unnecessary suffering for patients or in worst cases, death. These challenges affects both mothers and their babies; repercussions to which are also translated in the community health seeking behaviours. As a result, communities often display distrust for health providers and shy away from seeking services at health facilities hence promoting low utilization

with some displaying distrust for health services providers and low utilization rates of health services.

In response, CREAW focused on the establishment of Health Facility Committees (HFCs) with an aim to enhance community voices on health issues and increase responsiveness of duty bearers to community needs. The HFCs are capacity built to understand their mandates and build their knowledge on effective planning and management of facility funds for an improved service provisions. Each HFC serve the facilities for two years; this is on a non-renewable basis.

**As a result, two health facility committees i.e. Korbesa and Kambi ya Juu HFMCs have lobbied the county government to put up new facilities to help increase accessibility of health services. The proposed sites are in Saleti and Kanderi respectively. In Saleti (Merti Sub County); the facility has already been constructed and is now waiting for staff and equipping to be deployed. In Kanderi, the community has donated a parcel of land for the construction of the facility and is now awaiting government approval and commitment from the county government. CREAM will continue to strengthen the new committees coming in through on job trainings and follow-ups.**

## **ENHANCING ACCOUNTABILITY AND TRANSPARENCY ON HEALTH GOVERNANCE**

### **WOMEN CHAMPIONING AND INFLUENCING BUDGETS AND POLICIES**

Understanding the budget making process and cycle at the county level is key to ensuring that the women fully participate in influencing policies and endeavors that champions for health rights of reproductive age groups.

Over the years CREAM has focused on strengthening the capacity of women leaders, influential women leaders in the various women groups engaged in economic empowerment activities, opinion leaders, human rights activists, leaders of community based organizations as well as aspiring women leaders who have prioritized on health issues as part of their campaign agendas. Tunza Mama Na Mtoto initiative targeted 75

women from the three sub-counties in Isiolo. The women were trained to become champions of MNH budgeting and policy formulation.

In the run up to the 2017 elections, CREAM held a National Women Conference dubbed NiMama to galvanize support for women leaders across the counties. The conference highlighted the need for women to take up leadership positions in both political and non-political offices. In the aftermath, 10 of the women who attended aspired and competed in the August 8th election. Key to this was the need for women to appear in decision making forums and advance the agenda of women in all spheres and not only in health. Some of the

women experienced challenges castigated by the gendered power imbalances; some women were asked by elders to relinquish their political aspirations for their male counter parts.



**One of the women (Hon. Rehema Jaldesa) won the Isiolo Women representative seat. Being among the 75 women leaders trained, we are hopeful that the agenda of the women and girls in Isiolo will be propelled greatly. In addition to this, following a partnership with ADSMKE, CREAM was able send some of the women leaders for a training that was being carried out by HIVOS on matters of issues surrounding women in pastoralists' communities. The training helped the women to have an opportunity to share experiences and exchange ideas on strategies to use in addressing issues surrounding harmful cultural practices such as early marriages and FGM among pastoralist women. The women leaders' concepts attracted the interest of a potential donor with guaranteed possibility of funding. The funding awaits the development of a proposal which CREAM will help build the capacity of the women leaders to come up with for the current and also future opportunities.**

## **STRENGTHENING FACILITY COMMITTEES ON HEALTH GOVERNANCE**

The Health Facility Committees (HFCs) are critical component in the management of facilities for an improved service delivery in the larger Isiolo County. The HFCs are headed by a chairperson, Secretary who is the facility Nurse In-charge and a treasurer all of who are trained on facility planning, budgeting, management and policy operationalization. In the trainings, emphasis is placed on the understanding the budget cycle and the appropriate times when the facility managers can engage with the county budget and ensure their priority issues are included and resources allocated towards meeting their objectives.

Among funds given directly to the facilities include the Result Based Financing (by World Bank) and the Health Sector Services Fund (HSSF). All these sources of funds are based on performance of the facility against certain indicators; most of which cover maternal services. The facility committees are also expected to demand for allocation of resources for renovation and equipping of the facilities. 2017 being the third year of implementation, a year that also marked a change of guard for the HFCs, CREAM worked to support the new officials to achieve facility goals and objectives.



**Anti-Poaching Unit (APU) dispensary HFMC already has a proposal that is pitching to various donors for the construction of an inpatient wing valued at Kshs. 26 Million.**

## **MONITORING THE PERFORMANCE OF MNH SERVICES AT THE FACILITY LEVEL**

Community Accountability Committees made up of Community Health Committees established by CREAM in Isiolo County play a key role in lobbying and advocacies that are geared towards establishment of MNH services and infrastructural development that promotes uptake of skilled birth. Through the Tunza Mama Na Mtoto initiative, 13 Community Accountability Committees were established to across Isiolo. CREAM has been supporting them to have community dialogues and meetings. In the forums, the women pointed

out the recurring nurses strike as a key challenge in the delivery of services to mothers and their babies. In the wake of the strikes, most of the facilities were being run by Community Health Volunteers attached to the facilities, which were also operating with little or no drugs. Children who were on vaccines could not get the services and mothers too could not afford to deliver at private facilities. As a result of their efforts, four MNH service delivery sites were established in Garbatulla.



***Merti Maternity Clinic, Isiolo County***

# STIRRING COMMUNITY INVOLVEMENT IN HEALTH FACILITY MANAGEMENT



COMMUNITY HEALTH UNIT H...

COUNTY: 151060

DIVISION: CENTRAL

SUB-DIVISION: BURUNDI

Indicator
Number of villages
Number of households
Total population
Number of households not treated with water
Number of individuals not using water
Number of households without hand washing facilities e.g leaky tins in use
Number of households without functional latrines

TCT @ ANC PRO...

	Apr	May	Oct	Nov
Jan	22	22	22	22
Feb	25	13	18	0
Mar	12	3	0	0

INDICATORS	Jan	Feb	Mar
Number of pregnant women	4#	25	4
Pregnancies	10	2	0
Pregnant women	0	2	0
Pregnant women attending antenatal	0	0	0
Timely visit	0	0	0
Deliveries by	0	0	0
Midwives	0	0	0
Services	56	36	7
	0	0	0
	0	5	0

In the rural parts of Isiolo, communities face a myriad of challenges while trying to access quality healthcare. Such challenges range from drug-stock-outs, lack of proper health structures like maternity units, shortages of human resource base for health as well as poor and inaccessible roads all of which leads to unnecessary suffering for patients or in worst cases, death.

It is a scenario that also inhibits on the health of mothers and their babies yet communities lacks the means to challenge these failures, leading to distrust of health services providers and low utilization rates of health services.

In response, the Center for Rights, Education and Awareness with the support from UKAid through Christian Aid, has been implementing a maternal and neonatal program dubbed “Tunza Mama” in Isiolo County with a key focus on the establishment of Health Facility Committees (HFCs) with an aim to enhance community voices on health issues and increase responsiveness of duty bearers to community needs.

“We are the linkage between the community and the dispensary. Among us are the community health volunteers (CHVs) who also sensitizes the community to ensure that they are empowered to take responsibility for their wellbeing and participate actively in the management of the local health services,” Josephat Kimani, the chair of the Anti Poaching Unit (APU) Dispensary HFC says.

Since the inception of the project in 2015, the APU HFC has played a key role in overseeing the growth of the facility through effective planning and the management of funds that in the end has proven to be effective in improving service provision and addressing community needs on

maternal and neonatal health.

“On a monthly basis we meet to discuss issues around the services that are delivered and create solutions to the emerging problems,” Consolata Lomilio, the Treasurer of the committee says.

The committee constitutes members who are nominated by the community within the catchment area of the facility. Members include the CHVs, local administration and representatives of youth and women all of who work with the Nurse In-charge at the facility and other personnel to improve service delivery and the health seeking behaviours among the conservative pastoralist communities.

APU dispensary is among the government-affiliated facility in Isiolo that has received the Result-Based Financing (RBF) funds issued by National government through the County Department of Health to aide facilities in infrastructural development, purchase of equipment and supplies as well motivate staff through incentives.

“When we received the money from the RBF, we sat together and allocated 75% of the funds to the refurbishment and of the facility to create space for a Pharmacy. The remaining 25% percent was used to hire security officers and cleaners,” Lomilio says.

Through the “Tunza Mama” project, APU HFCs were trained on social budgeting and accountability; the knowledge to which they have carried forward in their daily routine of sensitizing communities and lobbying the state and county level government to prioritize on maternal and neonatal health.



# PEER INFLUENCE THROUGH MOTHER TO MOTHER SUPPORT GROUPS

The Mother to Mother (M2M) groups have proved to not only be an integral source of information for women but also an important advocacy tool. Based on their interaction with the health facility management committees, the women now feel more involved in the decision making process at their local facility and ensuring that there is quality service delivery. Through the community dialogues, the M2M groups have been



sensitized on the importance of them utilizing the services offered the facility as it directly affects the amount of revenue that the facility gets.

Moreover, due to the increased interaction between the committee and the M2M groups, some facilities have seen a gradual increase in the utilization of family planning services, as the mothers are now able to inquire about the various methods. The leaders of the groups compose mainly of reformed TBAs and community resource women who volunteer their time to sensitize and educate their peers and younger women under the supervision of the health facility nurse. Due to the active involvement of the M2M, the facilities have now become more accountable to community on the use of resources and shortcomings openly discussed to enable coming up of solutions for service delivery improvement.

At the Daaba Health Facility, the M2M groups in collaboration with the SASA! Activists have worked with the health facility committee to

ensure that the facility is able to host expectant mothers especially during the rainy season and in the instance where the mother is coming from an area that is quite a distance from the facility. This has been done through construction of a maternal shelter. In the discussions with the HFCs child marriages have been mirrored as an issue contributing to the low up take of 4 ANC visits as the young girls are not very conversant with matters of child birth and are thus unable to inform their elderly spouses on the importance of attending the clinics.



# TRAINING OF COMMUNITY GROUPS ON CITIZEN-LED ADVOCACIES ON HEALTH RIGHTS

The main agenda of the community advocacy groups is to increase the capacity of the key opinion leaders to sensitize the communities on matters of health specifically MNH rights and initiate citizen led advocacy at the community level. Some of the topics covered in the sensitization forums include governance, the budget making process, devolution, and advocacy and health rights. Joint plans between the agencies were agreed upon with participants being urged to use spaces within their reach to educate both men and women on the need to utilize maternal and newborn health services.

CREAW has focused on providing support for groups that have played a major role in advocating for the construction of the two facilities in Kambi Ya Juu and Sareti areas. It is expected that the trained groups will continue to support to the grassroots initiatives of community members to influence increase in resource allocation towards health. Given that most facilities have the service charters (given the support of DANIDA and Amref); the advocacy groups have been able to sensitize the community on the gaps in regular and participatory monitoring of quality, utilization and access of services by community. This has thus enabled the community to easily heed to the call for increased ANC visits, skilled deliveries and male involvement in matters MNH.







## RE-DEFINING TBAs ROLES

Meet Margaret Sepengo a traditional birth attendant (TBA) now turned birth companion.

For years she helped expectant women from around the villages of Leparua deliver at home but in 2015, she abandoned the practice after sensitization training in a bid to help upscale skilled births through advocacies in her community.

Though she can't remember the number of women she has helped give birth at home, their challenges and pains remain in her memory.

She notes that although some women would be lucky not to experience any complications after home delivery, some suffered from heavy haemorrhage and their children would also die in the process. The only remedy in such circumstances was for her to offer them cattle blood to drink but that would not work at times.

“Even though the practice of FGM has reduced in my community, many girls still experience child birth complications as a consequence. I remember one time I helped a teenager give birth but she



suffered a heavy heamorrhage that I was unable to stop. Her newborn also died in the process,” she recalls.

**But thanks to the Maternal and Neonatal Health project that is being implemented by CREAM with the support from Christian Aid, that targets TBAs like Sepengo in trainings that not only turn them into “mother companions” but also strong advocates of skilled birth in their communities.**

Through the project, Sepengo has learnt to use the community mobilization approach dubbed SASA! to advocate for safe motherhood and abolishment of harmful cultural norms and practices that are a health risk to the life of mothers and their babies. During community gatherings like the Chief Barazas, she encourages men to get involved in maternal health issues and provide support to their wives during antenatal and postnatal clinic visits.

“On monthly basis, I also attend the mother-to-mother support groups and encourage them to visit the Leparwa hospital for antenatal care at least four times before their due dates to ensure early detection and treatment of any health risk that may arise during their pregnancies,” she says.

Since her transformation from a TBA to a mothers’ companion, Sepengo has accompanied more than 30 women to the Leparua Health Center, all of who have safely delivered their babies with the help skilled personnel. As a birth companion, she

earns Sh500 as a token for each referral she makes.

“Nowadays mothers come for their ANC’s in time. I am thankful to the reformed TBAs who are now mapping out pregnant mothers in the villages and referring them to start their ANC’s early enough,” says Daniel Mwaura the Nurse Incharge at the Leparwa Health Centre.

He adds “If it happens that a mother is not able to traverse through the thicket to the hospital at night and delivers at home, the mother companions are able to take them to the hospital the next morning.”

Mwaura explains that since they started engaging the communities, there has been an increase in the number of women who come to the facility to give birth. In a month, the hospital helps deliver five women and the number sometimes go higher.



**“Averagely, we have 16 women who are able to come for their fourth ANC and 10 for their first ANC each month,” explains Mwaura.**

## EDUTAINMENT

# YOUTHS IMPROVING MATERNAL OUTCOMES THROUGH THEATRE



It is 10am and the sun is already scorching when we arrive at the Oldonyiro Dispensary. Located in Oldonyiro, a Sub-County that forms part of the Northern Frontier District of Isiolo. It is about 200kms and a four hours drive from Isiolo town.

To access the Dispensary which is the only health facility within the area that serves a population of 6623 spread across the 27 villages inhabited by Maasais, Samburus and Turkanas, one has to drive through the rocky and muddy marram roads which becomes impassable when it rains.

Within the precincts of the hospital sits a group of women in their 20s and 30s dressed in their traditional regalia; some of them are pregnant and some are holding children. Among them also sits the young and elderly men, who have accompanied their wives for their regular antenatal and postnatal care visits after which they sits for an education session.

In the frontal opposite sits a line of young men and women ready to converse with the community members in their native language. They are a team of Community health Volunteers (CHVs) who not only supports the Oldonyiro Community Unity but also act as social mobilizers for an increased health outcome pertaining to maternal and neonatal health within the localities supported by the Oldonyiro Dispensary.

As the group starts to settle, Julius Semure, a CHV who coordinates the team leads in the conversations. He welcomes the community to the meeting and thanks them for attending.

The meeting starts with a role-play between Peter Lombre, Margaret Lokeroi, Jackson Loroi, Rosa Juma and Antony Juma, both are CHVs. They act out a scene where “a father calls out the daughter and forces her to undergo Female Genital Cutting (FGC/M) in a bid to get married as culture dictates. She is adamant but is quickly whisked away and undergoes the cut. Unknown to the father, the girl was already heavily pregnant. After the cut she bleeds heavily and the mother dashes her to the hospital.

“ On delivery bed, she gruels in pain for hours and unable to give birth naturally, heavy blood oozes out of her body and she passes on. The doctor who had attended to her accompany the

wailing mother back home to break the news to the father who by now was chitchatting with a group of elders from the village ready to celebrate the initiation of her daughter into adulthood. On explanation, the conservative father thinks the daughter died because she was taken to the hospital.

“The doctor quickly explains that they were not able to save both daughter and child due to late reportage in the hospital. She bled to death! He also explains that the complications are as a result of the adverse genital cutting and stitching done to her.

At that point the melancholic faces of the audience clouds the air, a sign of regret for the age-old practice that has been carried from generation to generation. The tribulations to which many girls have had to go through, the lucky ones make it



through the ordeals and the unlucky sadly meet their death.

The play ends with “the elders beginning to reason that the cutting is not good for their girls and as a result they have to stop it.”

After the role-play, Semure invites the community into a serious conversation that relates to the practice of FGC and how it severely affects the life of young girls and women as well as their newborn babies. The conversations tackles the negative norms and practices carried forward by the community and encourages them to create local-led solutions to tame FGC. The open conversations also enable community to build positive perceptions and attitudes that aide in accelerating efforts towards stopping the cut.

For three years, the youthful CHVs have played a critical role in engaging and educating men and women from Oldonyiro. They use drama to enlighten communities to discard the harmful practices that are detrimental to the health of communities. CHVs act as a link between the families and health facilities. They make referrals on need basis and journey with mothers through their pregnancies and ensures uptake of skilled births.

The CHVs forms part of 132 community activists who are using the community mobilization approach dubbed SASA! to steer conversations on the harmful cultural practices promoted by imbalanced power relations between men and women that inhibits on the health of mothers within family units.

“We encourage men to support women on reproductive health issues and be assertive to the critical stages of motherhood like accompanying their women to health facilities for their antenatal care.” Semure says, adding, “the conversations encourages the use of modern family planning methods and child spacing.”





**30**  
Youth Groups Trained

3,336  
1,464



**132**  
SASA! Activists Trained

Reached

14,945  
19,225

## Religious & Cultural Leaders



**20**  
Reached

People Reached

5,492  
5,308

## Health Facility Management Committees



**37**  
Supported

**3**  
Sub-Counties

## Women Leaders

**75**  
Reached

**4**  
Sub-Counties

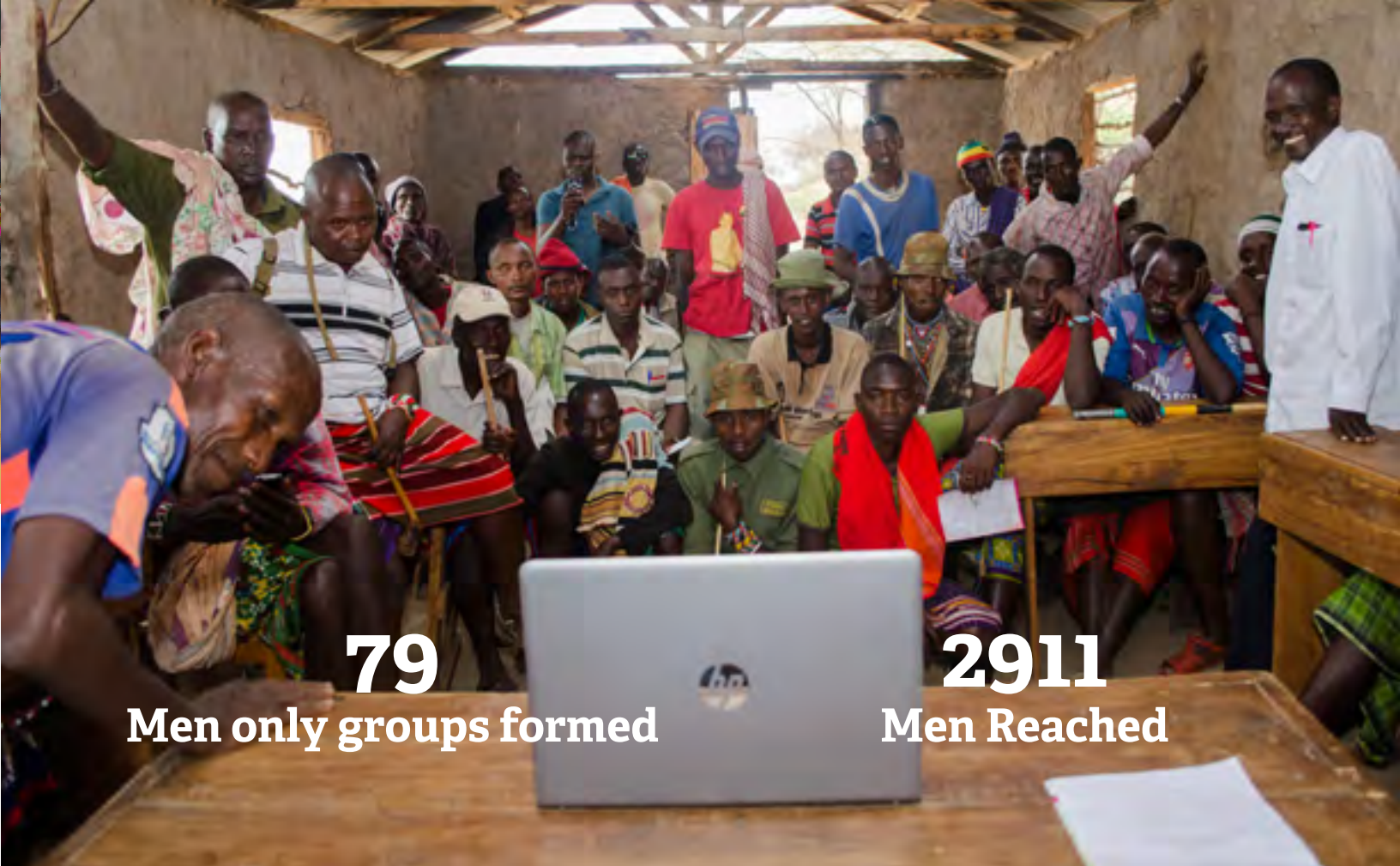
## Community Accountability Committees

**13**  
Trained

## Members of Community Advocacy Groups

**50**  
Trained





**79**

**Men only groups formed**

**2911**

**Men Reached**



**180**

**Custodians of  
Culture  
sensitized**

**1200**

**Custodians of  
Culture/Elders  
Reached**



# To Champion, expand and actualise women rights

## **Main Office (Nairobi)**

Elgeyo Marakwet Close off Elgeyo Marakwet Road  
Hse No. 1 (on the Left), Kilimani.  
P.O. Box 35470 – 00100  
Nairobi, Kenya.  
Mobile. 254 720 357664 | Office Tel. 254 020 2378271  
Email: info@creaw.org  
Website: www.creawkenya.org

## **Kibera Satellite Office**

Kibera Drive, next to KBS Driving School  
Kibera, Nairobi  
Mobile: +254 0719 437 286

## **Kilifi County Offices**

Off Malindi Road Mnarani, Kilifi – (Moving the GoalPosts  
Offices)  
Mobile: +254 798 98 55 42

## **Meru County Office**

MAKUTANO – ST. PETER'S Anglican Church Compound  
Opp. Kinoru Stadium  
Mobile: +254 798 98 56 07

## **Isiolo County Offices**

ADS offices along LMD road opposite rural training  
institute Isiolo town.

## **Narok County Offices**

Anglican Church, along Prison Rd, Narok County

## **Social Media**



@creawkenya