

# Maternal health in Isiolo County: stories of change from Kenya



**This collection of case studies presents an insight into how Christian Aid's UK Aid Match programme is improving the lives of girls, pregnant women and mothers in rural Kenya.**

## Empowering girls and encouraging education



Regina Nadan encourages fellow students about the importance of education

**Across Isiolo County, hospitals, health centres and dispensaries struggle to meet the needs of mothers and babies, due to a lack of adequate, specialised workers and a shortage of medical equipment.**

Meanwhile, deeply embedded cultural practices pose a big obstacle to women accessing maternal and neonatal health services, and disempower women's ability to make the right health choices. Girls as young as 13 are usually exposed to practices such as early marriage, sexual and gender-based violence, FGM and beading (a tradition in which girls are 'booked' or engaged to older men for sexual purposes).

Christian Aid and its partner Centre for Rights Education and Awareness (CREAW), with funding from the UK Aid Match (UKAM) project in Isiolo, has trained a special group of visible, vocal women to advocate for a shift away from cultural practices that endanger women's maternal health.

Known as SASA activists, these women are bringing much-needed change to their communities in Merti, Isiolo central, Garbatula and Leparua. ('Sasa' means 'now' in Swahili and refers to a community-based approach of sensitising and mobilising young women to ensure they are protected and educated.)

The SASA activists travel to communities to advocate for better rights for women, and teach community members about the dangers women and girls face when harmful

cultural practices are followed. They also visit schools, water points and other areas where young girls are regularly found: their aim is to create an open space for girls to discuss the issues that affect them.

### Inspiring change

Merti is a predominantly Muslim community (87%) that continues to practice FGM on girls as young as five years old. It commonly takes place in community spaces that tend to be unclean and unsafe, increasing the risk of transmission of infections such as HIV. Most often than not, once the young girls are cut they drop out of school and are married off at an early age.

According to a local SASA activist, early marriage is the main issue affecting girls in their area, with girls marrying men three or four times their age. Girls who marry young usually stop attending school – some don't enrol in the first place. They struggle to cope with the long-term demands of marriage and most end up being divorced by their husbands who feel they cannot measure up.

This, in turn, leads to stigmatisation: a girl who has been divorced is not welcomed in her parents' home, since the parents cannot afford to pay back the dowry they received for her marriage. The girl ends up living with other relatives and is often unable to return to school.

The SASA women in Merti spend time teaching young girls about the importance of staying in education. The

‘Isiolo County, and its surrounding desert areas, are among the most dangerous places in Kenya to deliver a child.’

activists – who wear distinctive bright yellow uniforms – meet once per month to discuss the key challenges affecting their communities. They have now mobilised 16 women’s groups across their sub county, who they engage regularly and aim to collaborate with, to raise issues at county level.

### Speaking out

Regina Nadan, 16, was married off at the age of 10 and had her first child two years later. However, following the intervention of the SASA activists at Kambi ya Juu in Isiolo central, she expressed her wish to go back to school.

The SASA activists approached the head teacher of the local primary school and Regina was accepted back into school. Due to her experience, Regina has also been able to train as a SASA activist. She is proud of the work she is doing in the community. ‘The whole area relies on us to advocate for the education and protection of girls,’ she says.

Regina believes it is vital that the SASA women seek solutions to ensure girls have the chance to return to

school once they give birth. ‘Now with the SASA group, I feel I can do anything,’ she says. ‘It is important that we provide strong female leadership; leadership I wish I had had at an early age. Women help to provide order.’

One of the key issues that the project has identified is the need to find a crèche or a child minder to look after children while the girls are at school. Pastor Amos Mugambi says: ‘This will ensure that the girls can focus on their studies and will also mean that they are not forced into child labour, working on the farms of their parents.’

Local head-teacher Benson Theroria leads a school where most of the young mothers have been re-admitted: he believes one vital ingredient is a mentoring programme at schools across Isiolo County, such as the one he set up. This has provided young girls with role models with whom to speak openly – a crucial element since most girls are unable to discuss issues such as FGM with their mothers, sisters or other community members.



A SASA activist giving a talk at Akili primary school

# How innovative 'mother shelters' are boosting safe births



A mother shelter built by community health volunteers at Ariemet dispensary

**In Isiolo town, pregnant women face huge obstacles when it comes to getting medical care. Many expectant mothers live miles away from the nearest health centre, and some have to endure a 24km journey by foot in order to access skilled delivery services.**

Christian Aid and its local partner, Anglican Development Services of Mt. Kenya East (ADSMKE), have been working to improve this situation, with funding from the UK Aid Match programme (UKAM).

ADSMKE has trained community health volunteers and mother companions, and has established mother-to-mother groups within Rapsu community unit, a health facility that serves 1,800 people located nearly 200km from Isiolo town.

The efforts of these trained groups have helped to increase the demand for maternal neonatal health services, particularly antenatal care, skilled deliveries, postnatal care and immunisation coverage for children under one.

As a result of the increased demand for skilled deliveries, Rapsu dispensary transformed one of its rooms to serve as a delivery room, which included a delivery bed provided by the county department for health at Isiolo. However, the facility was not able to offer prenatal and postnatal rooms for mothers to use before or after delivery.

## **Bridging the gap**

Community health volunteers and mother companions were finding it difficult to encourage expectant mothers to go to the dispensary for skilled deliveries. This was because the dispensary had no space where women could rest before giving birth (if their labour was delayed) or after they had delivered their baby. Consequently, despite the efforts to promote skilled deliveries, some women still preferred to give birth at home.

The community health volunteers, mother companions and health facility staff devised an innovative plan of action to overcome this challenge. They decided to build a traditional manyatta, or hut: this provides women with a shelter in which to rest during labour and after giving birth, before they travel back home.

Within just three months, this innovation led to a sustained increase in the number of women who received a safe skilled delivery, rising from 60% to 67%. These are women who would have otherwise given birth at home.

## **Transformation**

One such woman is Jane Rica, 24. She was referred by one of the mother companions who visited her village and explained the importance of delivering a baby at a health facility. During their conversation, Jane was encouraged to attend the monthly meetings of a mother-

‘Within three months, this innovation led to sustained increase in the number of women who received safe skilled delivery.’

to-mother support group: this group brings together pregnant, breastfeeding and women of reproductive age, and is hosted by community health workers a few kilometres from the hospital.

Jane decided to attend the first meeting, where she learnt about the importance of attending ante-natal clinics, child immunisation, pregnancy danger signs and how to take early action to avoid neonatal and maternal fatalities.

‘I was so happy to be educated on how to stay safe as a pregnant woman and how to deliver a healthier child,’ she says. ‘I thank the community health volunteers who constructed this manyatta, because it would have been difficult for me to get here once I went into labour.’

Another woman supported by the initiative is Susan Nanyore, who was relieved that her second child was born healthy, after she gave birth at the Ariemet dispensary in Isiolo. Susan lost her first child due to heavy bleeding while giving birth at home with the help of a traditional birth attendant.

‘I live 15 kilometres away from a health facility,’ she explains. ‘Here we don’t have any means of transport and we live with wild animals, which is a threat to our lives since we have to walk long distances to get access to the health facility. I therefore opted to give birth at home – a move which I regret to this day,’ Susan adds.

Ann Ololei, a trained mother companion, says she is very happy to serve the community by helping to reduce the number of deaths in the village. Ann has assisted six women to give birth at the facility: they all spent time in the mother shelter.

‘I am ready to link pregnant women, who are in dire need, to access this health facility with nurses on duty at any time: even at midnight. I thank Christian Aid for providing an ambulance, which has had a hugely positive impact on our community.’

With this new intervention, maternal mortality rates in Isiolo County are expected to fall, as a result of an increase in the number of skilled deliveries at health facilities as well as the positive behavioural change among women.



Jane Rica, left, with a mother companion inside a mother shelter, at Ariemet dispensary

# From home to hospital: the mother referral system

**Isiolo County ranks number five out of 15 Kenyan counties with the highest maternal mortality burden. For every 100,000 live births, 790 mothers lose their lives (UNFPA, 2014).**

One main driver behind the persistently high maternal mortality rates has been the continued use of unskilled traditional birth attendants (TBAs) as a result of entrenched cultural practices spanning many generations. The long distances pregnant mothers need to travel to reach the nearest health facility has exacerbated the use of traditional birth attendants.

The county government is working in collaboration with key development partners – including Christian Aid – to reverse this trend.

The Christian Aid project has identified and targeted 249 traditional birth attendants who previously helped women give birth at home. Through training, the women have been supported to change their roles – rather than helping pregnant mothers give birth at home, they instead accompany them to give birth at a health facility, under the assistance of a skilled health worker.

After completing this reorientation process and leaving behind the former way of working, the traditional birth attendants become ‘mother companions’.

## ‘We are helping to save lives’

‘Women were dying. I felt I had to do something to help – that’s why I became a traditional birth attendant,’ says 43-year-old Paulina, who is now a mother companion. ‘It is difficult work, though.’

‘It is so important we do this work,’ explains her sister Rebecca. ‘In the past, women didn’t come for antenatal care, but now we are working closely with the community health workers in our villages. Together, we are helping to save lives.’

Paulina and Rebecca have both been helping to deliver babies in their communities for over 20 years. With support from Christian Aid, their work has now changed. Both women are now ‘attached’ to several households: they work alongside trained health workers to refer pregnant women to health centres to ensure that both the mother and her baby receive medical attention.

## The challenge of accessibility

When it comes to delivering safe babies, one significant challenge for women is accessibility. Communities in the Leparua areas of Isiolo County have received an ambulance to ensure that emergencies are dealt with in a timely manner.

Afro, 52, is the only male mother companion in Ariemet Community Unit. He recalls a 16-year-old girl who lost her baby because she hadn’t been referred to the health facility early enough. ‘We need to commit to keeping women and babies alive. We have learnt from our own experiences,’ he explains.

In Merti, where there are 200 births a month, mother companions get a stipend for bringing women to hospital. The health facility receives \$25 for each successful birth, as part of a policy on free maternity services in state hospitals.

In Kinna, 100km from Merti, skilled deliveries have increased from 12 to 21 per month. TBA president Hawo Adan says: ‘Even when the project (UKAM) funding ends, we will continue working. Now we see the benefits of referring mothers to medical facilities: the situation now is so much better for women.’

The project has also brought many benefits to Leparua. Julia, a nurse at the Leparua facility, says: ‘Now we are able to reduce bleedings that may cause complications and [can] make sure that babies get immunisations.’

There is still a great deal to be done, however. ‘We need more capacity and training to help the TBAs to recognise when problems occur,’ adds Julia. ‘Our dream is to reach out to every woman in the village, so that they all come to seek medical care at the earliest opportunity.’



Former TBAs who are now mother companions, during a meeting at Leparua Dispensary

# How community self-finance groups are reaping rewards for maternal health



Members of a mother-to-mother support group and other members of the community

**Over the years, social and cultural norms in Isiolo County have created community structures that undermine women. While men have traditionally been accorded the role as custodians of all household resources, women have been perceived as weak and denied an opportunity to make decisions or be independent.**

Christian Aid, through its local partner Anglican Development Services of Mt. Kenya East (ADSMKE), has been challenging these gender and power imbalances by setting up self-finance groups for women. This work is already paying dividends when it comes to improving access to maternal health services.

Mother-to-mother support groups have been a key entry point for addressing gender and power issues. Among other things, these groups aim to empower women economically and build their financial independence by enabling them to pool community resources and increase their savings.

The groups first started when mother companions and community health workers (trained by the UKAM programme) began to encourage pregnant women to attend weekly meetings on maternal and child health.

These meetings teach expectant mothers about the risks of giving birth at home, the importance of skilled delivery, the danger signs of pregnancy, the importance of nutrition, how to manage child illness and immunisation, family planning and the benefits of

completing antenatal care visits.

During the training sessions, women have been able to address the challenges they were facing that prevent them from attending clinics. The major obstacle cited was a lack of money to pay for travel costs or start a small business.

Spotting a need, Christian Aid's partner ADSMKE set up mother-to-mother support groups that could empower the women to save money through community self-financing.

## **Building financial independence**

The self-finance groups typically consist of 19 members, each contributing KES60 (£0.5) every week. At the weekly meetings, women learn about money management and methods of accessing micro-credit, such as table banking.

All the money contributed is pooled at the end of each month, and it is used to provide loans to three individuals. This loan is later repaid with interest within a stipulated time agreed by the members.

Through the initiative and training, women in Merti and Kinna villages have become more financially independent. Many have been able to pursue small trade and enterprise opportunities, or to use the extra income to meet their families' household needs.

'Previously local women did not have such a group, but now they have invested in [a] small business of selling tomatoes and vegetables, which in turn has improved their livelihood by generating income and providing for their families,' says Abraham Mwangi, UK AID Project Coordinator.

Safia Gonaya, a member of village saving and loans association group, adds: 'One of the women said when she got the loan, she bought tomatoes and sold them to the market; in return, when she gets profit she buys household items and even pays school fees for her children, whereby initially she was not able to afford them.'

Husbands have been receptive and supportive of their wives' participation in the self-financing groups. This has shifted power relations in families, with women able to control how they use the loans they receive: their husbands have not sought to dictate this. In the case of one woman who couldn't afford her weekly contribution, her husband was willing to cover the cost.

The scheme has also enabled women to learn more about the importance of safe, skilled deliveries of babies, and to access the cash they need to travel to health centres. According to the Officer of Health Record and Information in Isiolo, Mr Akech, the number of skilled deliveries has increased since January to July this year, from 42% to 92%.



A local health centre in Isiolo County

## Challenges and opportunities

The mother-to-mother model promotes a peer support system that empowers and enables the women to stay focused on their business, expand their capital base and, in turn, motivate more women to join to group.

However, the project has shown there is a need for training and capacity building. As the savings and income-generating activities of the women increases, they will start to handle large sums of money. This requires them to have mechanisms in place that

will give them the capacity to managing this level of financial growth.

The next step may be to link the self-financing groups with appropriate microfinance sectors and with grassroots movements such as women's organisations, who can provide support with learning, training, fund management and the follow-up of loans.

## Shifting power and improving gender relations

### Our partners have:

- Trained 300 community health workers to deliver health support to mother-to-mother groups.
- Reoriented traditional birth attendants into mother companions who are motivating pregnant mothers to deliver safe, healthier babies in health facilities. (This has led to a fall in HIV infections formerly caused by TBAs not using medical gloves.)
- Encouraged religious leaders in churches and mosques to promote health-seeking behaviour among their congregations.

### As a result:

- The mother-to-mother support group has empowered women to be independent and resilient in their day-to-day activities.
- Women have been mobilised to form savings groups.
- Women have found opportunities to use what little income they have to access loans that can enable them to start up a business.
- Attitudes towards maternal and neonatal health have changed.

### Why this matters:

- Enhancing resilience and improving livelihoods: women are now able to cope and find solutions to their problems.
- Building independence: the initiative brought a shift in power, since women now have control of their own money.
- Promoting access to health: thanks to the group, women have an opportunity to adopt positive health-seeking behaviour in their communities.
- Economic empowerment: women are able to provide for their families in a sustainable way.

