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THE **NAWIRI PROJECT** | Maternal and **Stories and Best Practices** Child Nutrition



WITH FUNDING FROM
 **AUSTRIAN
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COOPERATION**



 **FAMILY HEALTH
OPTIONS KENYA**
Imunizasho, Ona Chama



 **care**®



We put women and girls in the center because we know that we cannot overcome poverty until all people have equal rights and opportunities.

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ABOUT NAWIRI PROJECT

The Siaya Maternal and Child Nutrition Nawiri Project is a 36-month intervention on maternal and child nutrition. The project targets to reach 94,435 children under 5 years; 127,065 women of reproductive age; 42,000 adolescent girls and 20,000 men in the Siaya County. The project is executed in partnership among three consortium members; CARE (the coordinator), Family Health Options Kenya (FHOK) and the Kisumu Medical and Education Trust (KMET) in Siaya County with funding support from the European Union, the Austrian Development Cooperation (ADC) and CARE. The overall objective of the project is to contribute to improving maternal, infant and young child nutrition (MIYCN), including nutrition of women of reproductive age in Siaya County. In order to increase the nutritional status of children under the age of five and of women of reproductive age, the project aims to alleviate the most severe obstacles of poor MIYCN in Siaya County.

FACTSHEET

Project reach by year 2



70,775

children under 5 years
safe from malnutrition



101,046

pregnant and lactating
mothers benefit from
high impact nutrition
intervention package



18,458

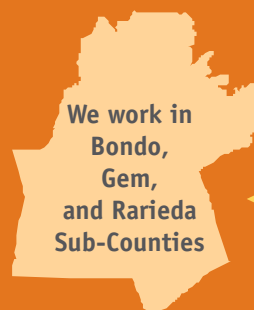
adolescent girls have
improved health
seeking behaviors &
nutrition outcomes
for their age



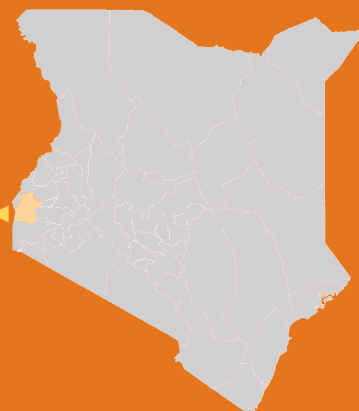
28,783

males involved in the
health of their women
and children

SIAYA COUNTY



KENYAN COUNTIES



Partnering with
21
health facilities

Working with
1,335
healthcare providers



€ **1,066,666**
Funding



HUMAN INTEREST STORIES



MEN CAN'T DIE BECAUSE THEY COOK!

*The story of Tom Mboya, a
male champion.*

"It was awkward when my husband started helping me with household chores even though I was impressed at first! So many questions crossed my mind because this was very unusual"

Tom is married to Roseline Atieno and have two sons aged 15 and 12. They are expecting a third born child. His wife is a fish monger along Lake Victoria shore, she wakes up early to prepare breakfast, clean the house and prepare children for school before leaving for her business.

"It was awkward when my husband started helping me with household chores even though I was impressed at first! So many questions crossed my mind because this was very unusual," Roseline said. "Some of my friends wonder how I make it early to the market nowadays, they were all amazed and admired my marriage after narrating the story of my husband," she added.

In the past Tom never supported his wife with household chores, in fact he believed that men who cooked and fetched firewood were enslaved by their wives. "When I joined the Nawiri project I first learnt the importance of taking

care of my expectant wife and baby and how to support from the Social Analysis and Actions (SAA) approach," Tom said. He was selected to be a male champion and trained on how to support his wife with domestic chores. "I now feel free to work in the house, when I wake up in the morning I sweep the house, prepare tea for them after milking the cow and prepare children for school," Tom narrated.

Tom cleans the chicken pen, his children don't have to stay hungry waiting for their mother in the evening from the lake. "It was hard to start doing these tasks and I was afraid of being labeled a coward African man, overpowered by my wife," he said.

"Tom would wake up, clean the house, cook breakfast, prepare children for school and also do lunch them during lunch break. Our children were happy and comfortable with their father's



support. I did all the house chores alone before and still operated my small business. I felt the love my husband showed me, there was teamwork in taking care of our young family,” she said.

Since we started working in his village, Tom believes that domestic violence cases have reduced. “Our children are healthy and admirable and most women save the little money they have worked for. Most of the men plan with their partners and there is love and care in families,” he added.

Tom is a member of Archer Youth group and there are many similar male champion groups formed in this area. They perform drama skits in markets places along Lake Victoria beaches to educate men and women about supporting each other in doing household chores. “This is not a big deal anymore, the only challenge is that

majority of men still feel ashamed, this is what we get to deal with. I assure these men that they can’t die from cooking meals,” Tom chuckled.

He thanked the Nawiri project partners for what they did for his village. “I still don’t believe that I have changed this much. The lives of men and women in this village and the entire Siaya County will change,” he added.

The adopted male engagement strategy have been mainstreamed and integrated in nutrition interventions. This has provided an enabling environment for men and women as partners to jointly receive nutritional education, screening, assessments, demonstrations and therefore provide an opportunity for men to provide support for maternal, infant and young child nutrition (MIYCN), including contributing to provision of food (especially where men are sole breadwinners). Engaging male in breastfeeding promotion and education and educating their counterparts with knowledge and skills for optimal nutrition practices including breastfeeding has positively influenced exclusive breastfeeding rates.



GIFTED TO SMILE!

Baby Gift survives abandonment and severe malnutrition

“Our Luo culture doesn’t allow a recently widowed woman to have body contact with her baby or grandchild for care because the child might die”

Baby Gift was abandoned by his teen mum in a bush around Nango village in Siaya County while just 2 months old. He was wrapped in old tattered baby shawl with a small note to help in tracing just in case he didn’t die. The note description guided his rescuer, a *bodaboda* rider (motorcycle taxi operator) to Mary’s home. Mary is a widow who lost her husband after short illness. She is a mother of six and the sole provider and now accommodating her new grandson, baby Gift. Mary learnt that Gift’s mother, Mercy, is an orphaned niece she raised but ran away from home.

Mercy moved in with her aunt Mary at a very tender age after losing her mother. She dropped out of school at standard seven then got pregnant and gave birth to baby Gift at the age of 17. Prior to her pregnancy Mercy abandoned school

and fled to one of the beaches where adolescent girls like her were living off fish mongers.

Saving Gift from severe malnutrition

Gift was rescued while severely emaciated with his skin tagging, eyes pale and very thin. Mary quickly contacted Jane a Community Health Volunteer (CHV) working with Nawiri attached to her area. Earlier on Mary had attended trainings on mothers and children nutrition facilitated by Jane. “I was really worried about the child. He looked really thin and we were scared he could die,” Mary said.

Mary had another problem, she couldn’t afford treating the baby. Mary is a fish monger at the nearby Ndeda Island, She goes to collect fish there and can take days before returning home. It’s a seasonal business with no guarantee of



cash flow throughout the year. Her late husband was a mason who rarely worked due to illness.

Gift was immediately referred to a nearby ongoing clinical outreach where he was assessed and diagnosed with severe acute malnutrition with other health complications. Gift was supposed to be admitted at the nearby Uyawi health center for management but Mary was adamant because she's the family breadwinner and her children had to go to school. She opted to bring Gift to the hospital daily for treatment, this would allow her fend for her family.

The hospital has no resident nutritionist so the Community Health Assistant (CHA) reached out to the Bondo sub-county nutritionist over Gift's situation. The nutritionist works through Nawiri's mentors program which allows

nutritionists to rove and provide support to hospitals in need.

Gift began therapeutic management and Mary agreed to follow the treatment guidelines and even involved her children to offer care and support. All clinical management required by the baby was offered by the health facility staff.

Taking care of Gift became a family affair, it took 4 months to get Gift out of danger and one full year to have him back to regular family meals.

Another cultural setback

When Gift's grandfather passed on, taking care of Gift became a challenge for Mary because of cultural beliefs she is bound to. "Our Luo culture doesn't allow a recently widowed woman to have body contact with her baby or

grandchild for care because the child might die. Since my husband's death, my children are the ones who feed him, bathe, give medication and take Gift for clinical appointments. I only supervise," Mary explained. This meant that Mary's daughters had to learn caring for Gift since their mother was now culture bound.

Despite all these challenges, Mary is a happy grandmother. "If not for Jane, I would not have known about the nutrition outreach that saved my grandchild's life. I have regularly taken Gift to all the outreaches since then. I learnt about the right type of foods to give him at all stages, how to prepare, and the right feeding timetable for Gift and even how to maintain his hygiene," she said.



Reducing severe malnutrition in Siaya County

With continuous nutrition education Gift will complete his first one thousand days successfully. Babies like Gift in Siaya County are vulnerable to malnutrition due to inadequate and improper feeding practices. According to Kenya Demographic and Health Survey (KDHS) 2014, 25% of children under 5 years are stunted, 8% are underweight and 2% wasted (moderate to severe malnutrition). These statistics are all above the national average for all the indicators.

Nawiri project has put efforts in improving the nutrition of mothers and their children under 5 years and women of reproductive age. During the mid-term review, it was already demonstrable that capacity building of state and non-

state actors, community mobilization and sensitization were improving these indicators for women and children. To sustain the gains, the project is focusing on advocacy for political commitment to increase investment in nutrition and also documentation for evidence building to help structure future investments in nutrition.

Maureen, the area CHAs believe 's that this intervention by Nawiri project to support nutrition outreaches and also to provide roving nutritionists (mentors) has really improved nutritional care in Uyawi area. The continuous medical education (CMEs) they get from the facility is an opportunity to understand nutrition better. During the clinical outreaches, they are able to support CHVs in screening and even interpreting the results before referring to a nutritionist. "The fact that a nutritionist comes to

the facility a few days weekly has helped win the confidence of mothers to bring their children for management. In the outreaches parents are taught on food preparation and hygiene through demonstration sessions using locally available foods. The regular review meetings supported by Nawiri also help in discussions that better the community interventions from time to time," she said.

Maureen believes that Uyawi area still has a lot of cultural and traditional beliefs leading to myths and misconceptions. Nawiri project reach out to the community through social analysis and action dialogue sessions was important. The sessions also target chief's *barazas* (public meeting), women groups and even church gatherings. There is hope that with time change will happen.



FOOD 'TABOOS' AND MYTHS WON'T HOLD US BACK!

Food 'taboos' and patriarchy that affected Joyce' nutrition choices and decision-making.

"He allowed me to start serving our daughter eggs and all other parts of the chicken meal. These parts are important source of protein"

28 year old Joyce Adam lives in Chianda village in Siaya County. She is married and has three children a son and two daughters. Her husband Adam is a self-taught mason who scouts for construction jobs in a nearby shopping center. The couple are standard eight graduates; they don't advance their education because of poverty.

Before Nawiri project, Adam was a typical traditional Luo man who couldn't support his wife with house chores. Joyce would carry water for a long distance for the family, do all house work alone yet her husband was idle. Her experience changed after the couple attended trainings on male involvement, nutrition and maternal health organized by Nawiri project close to their home. "I attended several mother to mother support group sessions at Owindi shopping Centre. I don't know that I could and

earn money instead of just baby sitting at home," Joyce said. "Interestingly I learnt that my husband could help me with house chores especially when I'm expectant. I used to fetch water from the lake while pregnant. I also learnt about the importance of birth spacing in improving wellbeing of my children. My last born is 3 years old, her brother is 8 years and their growth is different because I did exclusive breastfeeding with my last born," she said.

Joyce learnt of Nawiri project during a community dialogue forum in 2017 in her village. She was invited together with her husband by a health volunteer who is also a close family friend. The community education session covered topics on myths and misconceptions that hinders maternal, infant and young child nutrition. "I thank Nawiri for the trainings, before the project my husband never allowed me to prepare



eggs for my children until they are 5 years because it would delay speech and language development. This was a belief in our community,” she said.

Joyce recalled how they used to argue with her husband during meals especially when she cooked chicken. According to tradition, all the meaty parts like drumsticks and gizzards were preserved for him while Joyce and her children feed on chicken legs, wings offal and neck. She now knows that maternal dietary habits, food taboos, and cultural beliefs can affect nutrition during and after pregnancy.

The organized dialogues are key in educating communities and engaging them on deep rooted sociocultural practices and gender norms. These methods facilitate community consciousness to challenge such myths and misconceptions facilitating social

change to open up space for access and utilization of health services.

Joyce is happy because her husband showed positive change on these issues. “He allowed me to start serving our daughter eggs and all other parts of the chicken meal. These parts are important source of protein,” she said.

Joyce praised the program on male involvement during maternal care. The role they play during and after pregnancy is important for instance they are encouraged to accompany their wives to pre and anti-natal clinics.

Adam is now able to remind her wife on clinic dates for their last born child. “Adam helped me prepare cookies and cooked tea when I was expectant. He doesn’t care what his peers think of him like before,” she said.

“We also learnt about kitchen gardening and I realized that my family lacked vital vitamins, we decided to plant a variety of fruits in the compound. We also have mango seedlings that we tend to plant in the next rain season,” she said.

Joyce loves the Nawiri program and the Community Health Volunteer always reminds her wherever community meetings in the village are convened. Joyce’ dream is to expand her small scale business in Chianda which she initiated after joining the mother to mother support group. She runs a food *kibanda* (stall) near a school fence where she earns averagely KES 2,000 in a lucky day. She plans to diversify her kitchen garden with variety of food crops. She is also planning to be a mentor mother to other women.



WHEN THE COMMUNITY HOLDS THEIR DISPENSARY ACCOUNTABLE

Nyenye Misori dispensary extended working hours after the community score card

“I was shocked because there were questions over mysterious requests to purchase drugs! The community is aware that basic drugs at the dispensary level are meant to be free”

Nyenye Misori dispensary is one of the 21 health facilities in Siaya County linked to the Nawiri project. The facility is situated in Bondo sub-county serving 3 beaches; Nyenye, Nyenye Misori and Uhanya along Lake Victoria. The facility is a level 2 dispensary (provide outpatient services for simple ailments) as per the community health services strategy in Kenya.

People visit the dispensary for antenatal and postnatal care, child welfare clinics, treatment of ailments such as malaria, diarrhea, HIV testing, nutritional assessment, counseling and support services. The dispensary doesn't paint the picture of a busy health facility until you meet Caroline Juma, the nursing officer in charge of the facility.

Caroline has worked in the dispensary for the last one year. She was posted to the facility as the nurse in charge.

Her office is well-lit though a small room space unlike our expectation for an officer in-charge. On the table are registers for data collection and a weighing scale on one end. There's a couch in the corner with a height board next to it and a sharps container in the adjacent corner. This gives the impression of a health care service delivery room. “Don't worry about the many things around here, this doubles as the MCH (Maternal and Child Health) office,” she says as we sit down.

Introducing community score card

Nawiri project has been working with the dispensary for two years and Caroline has had quite an experience since we introduced the community score card (CSC) tool for accountability. At the beginning when a Community Health Assistant (CHA) attached to her facility explained the CSC process, Caroline was concerned that it could



fault her administration hence making her staff worried. The CHA encouraged her to be part of the process to see its outcome. "The CHA first introduced CSC to my team in February 2017 and they were receptive after which I agreed to embrace the process," She recalled.

The Community Score Card, originally developed by CARE Malawi in 2002, is a citizen-driven accountability measure for the assessment, planning, monitoring and evaluation of service delivery. The CSC can be used to gather feedback from service users and improve communication between communities and service providers.

During the first session a host of issues were presented to the team mostly on services the community expected from the dispensary. "I agreed to the issues first presented and felt that we were already satisfying our clients. We thereafter rated ourselves highly but

during the interphase meeting the community and health staff had scored the issues differently. "As the officer in-charge I was shocked because there were questions over mysterious requests to purchase drugs! The community is aware that basic drugs at the dispensary level are meant to be free," Caroline was concerned.

Caroline was not sure who amongst her staffs were not explaining why drugs had to be bought. However, she relaxed when the community animator who was representing the views of the community had an opportunity to explain their scores. "That's when I realized it was all a communication breakdown but I appreciated the CSC process importance to the facility. It was actually an eye opener for my team. Sometimes we think we are doing the best we can but then the process makes you realize that you can do more especially when the customer is always observing and rating

the services," Caroline chuckled.

The biggest learning point from the score card for the dispensary staff was to improve on time management and attitude. Caroline acknowledged that when these two things are right there will be no conflict with the customers. "I also learnt why the community preferred to come for services in the afternoon because they are fish mongers. They have to be in the beach very early in the morning to buy enough fish for sale later in the day," she said.

Caroline used to get irritated by clients who came late for services but the score card helped her understand the community better. "I had no choice but to ask my staff to adjust to meet the community needs. Currently even mothers with underweight children who defaulted nutrition clinics now know that I can trace them in their houses because they allowed me to track them



during the CSC sessions. Nowadays the dispensary closes at 7pm to give the community an opportunity to be served,” she explained.

The change after CSC

6 months later after the CSC process begun, there has been improved communication between the community and the dispensary, increased access to services, better understanding of government medical supply chain management systems and general service delivery. This process improved the client and service provider relations and also reduced conflicts due to improved accountability. “We will make sure that the county embraces the CSC process, it’s a good approach for accountability and the practice should continue even after Nawiri project comes to an end,” she recommended.

Nawiri project employed the CSC approach in an attempt to improve the governance on health care affairs from the household to the county government level. All the 21 health facilities were targeted and so far two cycles conducted reaching 420 community members. The issues raised by the communities were similar across the divides ranging from health care staff attitude, the dispensing process of drugs, poor infrastructure, and lean health care staff. The CSC process is now a forum for service providers to directly engage with their communities and be accountable to them on each and every service they offered.



NEGLECTED CHILDREN BENEFIT FROM FOOD DEMONSTRATION SESSIONS

Caren is a resilient grandmother who learnt the importance of nutritious foods

“Before I couldn’t afford to give my family a balanced diet but now my farm is just closer here, I also sell surplus produce to enable me buy other types of food to balance my family diet”

58 year old Caren Ochar comes from Ramoya village, she is a mother of seven and a grandmother of 6 children out of which she supports 3 that were neglected after her eldest son became alcoholic. Her husband died in 1998 and after a year she got married again as per Luo traditions. Unfortunately the second husband died shortly after leaving her pregnant with her last child. “I’m sad because my 3 sons dropped out of school and are irresponsible despite educating them. It really hurts because I’m a single parent with no source of income or anyone to depend on,” Caren narrates while shading tears.

She has no reliable income but it’s her responsibility to provide for her family and to make sure that her grandchildren feed well, dress and go to school. Caren learnt about the Nawiri project through a Community Health Volunteer (CHV), she had interest because of the children under her care. “I had never joined a group before but when I joined the mother to mother support group my life changed,” she said. Caren has joined several group but she likes one in particular, a widows group because they encourage her and share a lot of issues. “It’s this group that helped restore my hope and strength as a woman,” she added.

Since Caren started attending the food demonstration sessions and the community dialogues at Madiany sub-county hospital she has since diversified nutrition options for her family. She is also able to sell excess surplus during rainy season as part of her income and



savings. “I have learnt the right food crops to plant, how to cook them. I learnt that planting locally available crops is sustainable, proper farming techniques and learning from other farmers on what has worked that can be replicated,” she said.

Caren was able to plant sweet potatoes that are doing so well if the season is right. In her village she is the only farmer who has diversified into different food crops because she learnt from the food demonstrations. “Before I couldn’t afford to give my family a balanced diet but now my farm is just closer here, I also sell surplus produce to enable me buy other types of food to balance my family diet,” she said. Her family now enjoys a balanced diet with different local vegetables, she can now afford fish, omena (dagaas), sweet potato and fruits.

From the sessions, she learnt that it’s important to have a kitchen garden. Before she didn’t have however she had a big land, she demonstrated how she prepares kales, “I wash the leaves, then cut, and fry for 5 minutes, the vegetables shouldn’t change its green color,” she says. ‘I make sure my grandchildren take breakfast, lunch and supper, and all the meals must be balanced and at times I get them fruits because I know the fruits and vegetables prevents them from getting sick.’ She added.

Her life has changed since she started joining the support groups. She built a new house from her group savings and she is now planning to expand her small grocery business. “I’m proud because I built this house myself. The previous hut’s roof collapsed a month after my second husband died and I was expecting my last born daughter. I was

very weak so I lived in it for months until I joined these groups that have really empowered me,” Caren narrated.

‘Nawiri has helped me a great deal, I and my grandchildren can’t drink untreated water, I actually have water guard in my house unlike before I didn’t know it’s important to treat drinking water.’ she happily said. ‘Through Nawiri, I have also learnt that I should be taking my youngest grandchild who is 11 months old to clinic every month, and will be taking him again next month.’ She added during the interview.

Her immediate goal is to educate her younger daughters who are 11 and 15 years still in primary school. Since she started saving she bought some cows which she depends on a part from produce from the kitchen garden. She intends to sell one cow to pay secondary school fees for her daughters.

BEST PRACTICES



PARTICIPATORY EDUCATIONAL THEATRE AS A TOOL TO CHANGING NEGATIVE SOCIAL NORMS

The Siaya Maternal & Child Nutrition, Nawiri project during its inception in 2016 assessed the capacity of community based organizations (CBOs) to support in implementation of project activities in Siaya County. One of the key strategies used for implementation was CARE's Social Analysis and Action (SAA) model that aims at changing negative social norms. Changing social and cultural norms that have existed in a community for centuries is one of the biggest challenges in our societies. Even with the advent of the millennial generation some of these norms have persisted. In Siaya County most of the norms have a negative impact on the mothers and young children especially on nutrition. This patriarchal social system makes the male more superior

and therefore privileged affecting nutrition practices as observed among women and children.

Participatory Educational Theatre (PET)

Participatory Educational Theatre (PET) is an approach that engages the community through theatre to educate them on social issues affecting them. The approach has been used over the years for behavior change and the community finds the approach entertaining and educative characterized with humor in passing messages. Before engagement the PET groups go through a sensitization meeting on topics of interest ensuring all relevant information is passed on to them. After the sensitization,

they develop short skits with relevant messages but with a twist of humor. The skits are usually done in the local language for wide reach unless they are performing in a cosmopolitan area with diverse communities.

Nawiri project is partnering with ULUSI and Rachar Youth groups who are registered as organized Community Based Organizations (CBOs) with strengths in behavior change communication skills for advocacy using Participatory Educational Theatre. The two groups had been in existence for a while having worked with other partners in the region in behavior change communication handling diverse community issues. The PET groups also received extensive training



on issues of PET from skit development to performance and how to engage with the community.

After capacity mapping, the groups were taken through sensitization on maternal infant and young child nutrition with an aim of targeting the community with change information. The project has involved the groups in outreaches, food demonstration sessions, community dialogue sessions, events launches and mobilizations. During these events, the group is expected to develop skits based on themes provided to them in advance. The skit is shared with the project officers for vetting and critic before it is finally presented to the community. Community engagement happens concurrently with the skit presentations to check for understanding.

During the last 2 years of project implementation, PET has proved to be an asset in behavior change

communication of all the approaches in SAA. The approach has attracted diverse people for entertainment as they are educated. It has been a useful tool in mobilizing for community participation in activities and events. During the mid-term evaluation of the project, a lot of the changes seen at the household level attributed to SAA were information passed during a PET session. Women welcomed the approach since it was not targeted at individuals and therefore men had hard time attending dialogue sessions at the health facilities would still receive the message without feeling intimidated.

Overall, the project has seen tremendous increase in number of men willingly participating in project activities and can attribute this to PET activities. The project is recommending the use of PET as a good practice with less costly and more innovative way of changing negative social norms.

Participatory Educational Theatre is as a good practice, less costly and more innovative way of changing negative social norms.



The case of Ulusi PET group

Ulushi youth group is located in Usenge town, Siaya County. Ulusi was founded in 1999 by six volunteer youths to address issues affecting the rural community ranging from poverty, nutrition, child abuse, gender based violence, HIV/AIDS, reproductive health and rights and illiteracy. Being an indigenous Community Based Organization (CBO), the main view was to participate in discovery, transmission and preservation of morals and stimulate the productive life and community social, health and cultural development.

Ulushi works with different non-governmental organizations, some local and others international. This way, they have benefited from a lot of training on mode of delivery to change their community positively. Part of this

group, which has since grown, was trained on participatory educational theatre (PET). After the training, the group started using this approach mainly in their interaction with the community. This made them very popular in the community and beyond. During Nawiri mapping exercise at the project inception, Ulusi's name was on top of the list.

Their chairman Alex Mito who doubles up as a community health assistant helped us to identify 3 of the members who were trained on the SAA model for changing negative social norms. Since the training, Ulusi has reached most beneficiaries in the project.

"We reach many people because they find our skits very entertaining but

educative too," says Alex. One of the strengths of the CBO is the ability to develop skits that are relevant to the community's current affairs. It is therefore easy to incorporate solutions to problems within the skit and many people have been changed through this. One interesting feature in their skits is the involvement of the audience in developing solutions based on their observations. This allows the community to agree to disagree and eventually agree to a solution with the guidance of the facilitator drawn from among the actors and actresses. This promotes ownership of resolutions and slowly changes perception. Ulusi group have perfected their art and can only advocate for more social changes because their community loves to learn and get entertained in the process.



THE MOTHER TO MOTHER SUPPORT GROUPS OUTREACH STRATEGY

Mother-to-mother support groups

Mother-to-mother support groups is a group of women, of reproductive age, who come together to learn about and discuss issues of maternal infant and young child nutrition. These women also support each other as they care for children between 0 to 5 years.

Members come together in a safe space to exchange ideas, share experiences, provide and receive useful information, and at the same time offer and receive support in breastfeeding, child rearing and women's health. Mother-to-mother support group meetings happen within the areas they live in and are required not to incur any costs of travel.

The role of Community Health Volunteers and Assistants in linkages.

The groups have up to 20 participants who decide on appropriate meeting timings, place and duration. These groups are made up of pregnant, lactating women and other interested women of reproductive age. Sessions are facilitated by a Community Health Volunteer (CHV) with capacity on maternal infant and young child nutrition (MIYCN) supported by a nutritionist and Community Health Assistant (CHA). The CHA and CHV live in the area to ensure that they do not have to cover any travel costs.

Capacity building process starts by trainers / facility in-charge being

trained on MIYCN. They in turn build capacities of CHVs who conduct the sessions with the community. CHAs are sensitized to offer supervisory role. So far CHVs have mobilized 110 groups where 90 active groups have a membership of over 2,500. 21 CHAs cover 21 health facilities and 180 CHVs are engaged from 90 community units covered in Gem, Bondo and Rarieda sub-counties in Siaya County.

A group takes 6 months cycle after which knowledge audit is done to check if mothers are practicing MIYCN. This qualifies a mother for graduation to become a mentor mother. The project has conducted 4 graduations for 250 mothers. Graduate mothers are retained in the group as new members are recruited.



The importance of breastfeeding and complementary feeding

The case of Mary Awino, a beneficiary of Malezi Bora Mother to Mother Support group.

The mother to mother support strategy benefits diverse groups and has enabled Nawiri to reach a larger number of mothers and interested community members in order to offer them information and support on MIYCN. This has helped peer mothers to successfully advocate for exclusive breastfeeding leading to timely introduction of complementary foods. Mothers share experiences which helps them to overcome these barriers. This supportive environment also helps mothers to embrace and continue best infant feeding practices. This practice has empowered women of reproductive age and men to claim their rights and seek, access and utilize quality MIYCN services.

23 year old Mary Awino lives in a small village of Owimbi in Siaya County with her husband and 3 children. Like many young girls around here Mary dropped out of school at 16 years due to poverty and decided to get married. Her husband suffers epileptic disorder and at some point she thought of abandoning him due to the condition. They had to move from Kisumu city to their rural home closer to their grandfather due to financial constraints. Part of their income is spent on medicine for her husband. Both are unemployed and survived on odd jobs. The man is an untrained mason who scouts for jobs in the nearest shopping centre and they also have a small farm where they plant maize only during the right season.

Mary joined Malezi Bora women group, a mother to mother support group that started after Nawiri project implementation. She is able to save through the group savings and loans formation and started an income generating activity. "Our group started vegetable farming (majorly kales and spinach). I never imagined I could start a business and save my own money," she said.

She was linked to the Masala clinic for maternal services by a community health volunteer CHV when her son was 5 days old. "I enjoyed and learnt a lot from the nutritional trainings especially the importance of exclusive breastfeeding for 6 months and keeping



hygiene standards,” she said. “The most interesting part was the community score card sessions, I was impressed that one is treated anonymous while giving suggestions on clinic services, she added.

In the subsequent trainings Mary invited her husband to male involvement sessions and since then he has changed and supports her with house chores including cooking and cleaning the house. “Before I used to walk for an hour to fetch water even when I was pregnant. I didn’t know that he was supposed to help me, I thought it was my burden as a woman,” she said. She now attends regular pre and anti-natal clinics in Masala dispensary 5 kilometers away for her last born. “Before the intervention my husband never accompanied me but now he escorts me to hospital with his bicycle,” she said.

She has learnt the importance of birth spacing and balanced diet during all the meals. “I weaned my first born son after three months, this must have affected his immune system because he was often ill compared to my last born. I now buy fruits and add more foods rich in protein to give my family a balanced diet,” she said. Mary introduced her last born to complementary feeding including; potatoes, banana, maize meal, porridge, *omena* (dagaas) and boiled drinking water. She’s very grateful to The Nawiri Project for having taken her through the mother-to-mother classes for child and maternal nutrition health and that she received certificate after graduating. “I learnt how to breastfeed, bathe my baby and introduce him to complementary feeding and more so how to communicate with the spouse,” Mary said.

Judith is the community health volunteer who linked Mary to Nawiri

project and she is very proud of her. “Very few expectant women and young mothers are as bold as May. She accepted to attend the mother to mother support group sessions 5 days after giving birth to her last born. She was not embarrassed to take her second born son to clinic or attend the group sessions even though she didn’t space the 2 last births,” Judith said. “I won’t repeat this mistake again and after the training I decided to use contraceptives to plan my family and my husband is cool with it even he previously was against this,” Mary said. The couple’s biggest dream is to buy land and to build their own house.

“I used to walk for an hour to fetch water even when I was pregnant. I didn’t know that he was supposed to help me, I thought it was my burden as a woman”



STRATEGIC PARTNERSHIPS TO INCREASE OUTREACHES

World over, partnerships have been documented to bring out the best results in project implementation. Many donors encourage partnerships among organizations to help realize project goals in various settings. In Kenya, many organizations prefer to get into consortia that will pull together their resources towards achieving set goals.

There are instances where international NGOs have partnered with local NGOs to implement different types of projects. Local NGOs have also joined hands to execute projects within the country as well. There have also been instances of NGOs partnering with the government to implement various projects. Community based organizations (CBOs) on their own have also partnered among themselves, with local or international NGOs.

Siaya County has a robust support base of local, national and international NGOs. For instance, the nutrition program has close to 20 NGOs partnering to ensure augmentation of efforts. This can be done under a single banner to avoid target beneficiary fatigue and also efficient use of resources.

Siaya maternal and child nutrition *Nawiri* project is a consortium consisting of 3 partners' i.e. CARE International in Kenya an international NGO and 2 local NGOs Family Health Options Kenya (FHOK) and Kisumu Medical Education Trust (KMET). The three partners pulled together to tap into their varied strengths required to successfully implement the project. The project was designed to achieve four main result areas which are advocacy, capacity building, community mobilization and

sensitization and evidence building. Based on each partners past successes and documented strengths, CARE is handling capacity building, KMET is focusing on advocacy and FHOK does community mobilization and sensitization. All the 3 partners to combine efforts in evidence building through their various implementation approaches.

As the project was implemented there were notable partnerships. Different NGOs with a similar objectives were able to team up together in order to realize such objectives. During the development of Siaya County nutrition action plan, the collaboration between Nawiri and *Stawisha* (Amref Health Africa and Matibabu) ensured the document was delivered within the stipulated time ahead of other Counties in the



Kenya. The 2 consortia put together their resources to build the capacity in human resources, organize fundraising brainstorming sessions, develop the drafts, edit, print and launch the action plan. This ensured enough time spent on the process with efficient use of resources.

Development of advocacy briefs for use in advocacy for political commitment was an area of interest for many nutrition partners in the County. Under the leadership of KMET, Nawiri project spearheaded this process with participation from Stawisha, and government departments to come up with briefs that have since been used to advocate for allocation of more resources to nutrition within the county. Other briefs are still undergoing development.

The first ever scientific conference on health for Siaya County was a brain

child of Nawiri project as a forum for showcasing work done through evidence building. In order to ensure the success of the days, the county research leadership mobilized other partners within the county to join in to provide support; technical and financial which otherwise not have been possible with Nawiri alone. All the partners agreed to pull together resources to meet the expenses necessary for the event.

Besides non-governmental partners, the Siaya County government has been the greatest partner. Through partnership, they have provided a conducive forum for implementation of activities. Health facility and community staff have been available to support all the result areas within Nawiri project. There have been instances of technical support especially on government policies during drafting of key county documents. The county also provided staff to be trained as facilitators of key areas of the project's

interest which they have used to capacity build other staff.

The project also partnered with key community based organizations to help support in delivering key messages to community members. The CBOs used their existing platforms within the community to sell the projects agenda and also to attempt to bring change. From the mid-term evaluation carried out, it was evident that these partnerships were bearing fruit. There was an increase in all targeted areas of implementation which can all be attributed to the good partnerships within the consortia, with other non-governmental NGOs and with the county government.

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