

# Keeping mothers and babies safe

Changing the role of traditional birth attendants in Narok County, Kenya



Everlyn Koech is a traditional birth attendant whose role has changed to a mother companion and a promoter of skilled delivery. She supports women like Sharon Langat (left) during pregnancy, and accompanies them to the health centre to give birth.

**Everlyn Koech is overjoyed and relieved. One of her clients, Sharon Langat, has just given birth to a healthy baby at Kurangurik Health Centre in Narok. This is the first time Sharon has given birth in a hospital, having had her first baby at home without any skilled help.**

As a mother companion, Everlyn supported Sharon throughout her pregnancy, encouraging her to attend antenatal clinics and finally accompanying her to the health facility where skilled help is available. Sharon's husband says that having a mother companion has transformed their village – in the past many mothers went through pregnancy and birth without any medical care. The smiles on Everlyn's and Sharon's faces show the elation of a joyful ending. But, sadly, many pregnancies do not end this way.

Despite the government commissioning interventions, such as free maternity services in all

public facilities and its 'Beyond Zero Campaign,'<sup>1</sup> the risk of dying in pregnancy in Kenya is still high: 362 women in every 100,000 will die in delivery or shortly afterwards, and 22 newborn babies in every 1,000 will not survive their first day.<sup>2</sup>

Lack of proper antenatal care throughout pregnancy is among the factors resulting in these tragic losses. Though 96% of women attend at least one antenatal appointment during their pregnancy, only 58% attend the recommended four antenatal appointments.<sup>3</sup> Just over 62% of deliveries are attended by a skilled health worker, while the rest occur at home or elsewhere<sup>4</sup> with unskilled assistants or traditional birth attendants (TBAs).<sup>5</sup>

The situation is even more dire in Narok County, where long distances to health facilities, cultural norms and deep-rooted patriarchal systems that place men as key decision makers mean only 38.6%

of women have skilled medical help during labour and delivery.<sup>6</sup> Most continue to use TBAs when they give birth, despite the government outlawing home deliveries by TBAs.

## Interventions and approaches

Christian Aid, with funding from the European Union, partnered with the Ministry of Health in Narok, Narok Integrated Development Programme (NIDP), Transmara Rural Development Programme (TRDP) and Community Health Partners (CHP) to implement the 'Strengthening Rural Health Systems for Improved Maternal and Child Health in Narok County' project. It began in January 2013 and will run until December 2016, with the aim of improving maternal and child health in Narok.

Christian Aid uses the TBA reorientation approach, which integrates TBAs within the health system by linking them with a health facility and discourages them from conducting home deliveries. TBAs are identified, enrolled and trained as mother companions, shifting their roles from delivering babies to acting as advisers to pregnant women, and advocates for skilled deliveries in the community.

Communities and health providers are consulted before and during implementation, which follows a step-by-step process of:

- engagement with the Ministry of Health (MoH) and health workers to obtain buy-in and influence their attitudes towards TBA reorientation
- development of a TBA reorientation curriculum with MoH staff and partners
- identification, enrolment and a three-day training programme for TBAs
- clear division of roles and responsibilities, to ensure each case is carefully managed.

The training uses approaches that can be easily understood and followed by the TBAs, and includes case studies, video recordings and pictures of labour and birth, including complications and how these can be handled by skilled attendants at a health facility. The mother companions are then linked to community units and local health facilities, and work closely with community health workers to recruit, follow-up, refer or accompany pregnant women for antenatal appointments, delivery at health facilities and postnatal care services.

In recognition of the fact that most mother companions earned an income in their former roles as TBAs, the project has introduced a KES 500 (£3.60/\$5) cash incentive/reimbursement paid to them for every pregnant woman they accompany to a health facility for delivery.

The project also works with men to make them aware of the risks of home delivery, the benefits of hospital deliveries and the new roles of mother companions to win their support.



**Mother companions wait to hear news of their clients at Aitong Dispensary in Narok. Having been retrained from their previous role as TBAs, mother companions have been instrumental in shifting the norms and attitudes in the community in favour of skilled delivery at health facilities.**

## **Intervention results**

**Since the project started in January 2013, 612 TBAs from across 30 community units in Narok County have been retrained to take up new roles as mother companions. The project has resulted in a positive shift in support for skilled delivery and has improved health outcomes for pregnant women.**

### **1. An increase in women opting for skilled deliveries**

Data from the 30 targeted health facilities showed a 67% increase in health facility deliveries between 2013 and 2015 (from 6,187 in 2013 to 10,326 in 2015). The number of births attended by a skilled health provider in Narok County increased from 9,370 in 2013 to 14,486 in 2015 (an overall increase in the proportion of births attended by a skilled health provider from 20.1% in 2013 to 34.8% in 2015), as shown in the county health information system.

### **2. A shift in social norms surrounding skilled delivery**

The project has used a power approach that acknowledges the position of TBAs in the community. Through this approach, the reorientation of TBAs focused on enabling them to use their influence to change social norms and attitudes towards skilled delivery, without losing their social status. Similarly, feedback from the community health workers showed that, despite the initial slow acceptance of the TBA reorientation model within the health system and community, there has been increased buy-in, even among men, who were, for a long time, in favour of deliveries with TBAs.

**'We were hesitant about reorienting the role of TBAs to mother companions at the beginning and there was a lot of resistance; now we are surprised at the rate at which the mother companions have embraced our training and model. As long as we sustain the motivation, the mother companions will continue to make referrals.'**

**Esterine Nene, Reproductive Health Coordinator, Narok**

Mother companions have gained more recognition and respect than non-reoriented TBAs, and have been generating demand for reorientation from other TBAs. Their repositioning as mother companions means they continue to play a key role in supporting women through pregnancy, thus maintaining the important social elements of their previous roles.

**'I have helped to deliver many children in the past 20 years as a TBA. Many newborns have died in my hands. I have personally felt the pain of the women after losing a child, a feeling so weighty, which no woman should go through. I used to think such occurrences were accidental, but I now know some could be avoided.'**

**Koogo Nashouruu, TBAs Siyapei Community Unit, Narok**

### **3. An increased awareness of health risks and the benefits of hospital deliveries**

Mother companions have become more aware of health risks during pregnancy and are influential in passing this information to women and men in the community, because their advice and decisions around pregnancy and delivery have always been highly valued and accepted. There has been a change in attitudes among women and the wider community regarding skilled deliveries, resulting in an increased demand for skilled delivery services.

**'The greatest thing that I have seen recently has been an increase in the number of deliveries in the facility, which I think could be due to a change in attitude by the community towards skilled delivery now they are aware of the health risks. I am encouraged to see the TBAs have changed their perceptions [now they are mother companions] and are referring women.'**

**John Leposo, Facility Nurse, Ongata Nado Health Centre**

## Conclusion

In the community, TBAs have long been considered experts in matters relating to pregnancy and delivery. Their advice is highly regarded by women, and often preferred to the opinions of a trained health worker. The project to reorientate TBAs sought to identify and harness positive cultural practices and the invisible power TBAs have in influencing the decisions and behaviours of women and men around pregnancy.

Additionally, the project helps integrate mother companions into the health system, thus diminishing antagonism and negative attitudes between health workers and TBAs. It strengthens community involvement in maternal and child healthcare through the networks used by mother companions to refer or accompany women from the community to health facilities.

The project demonstrates great potential for improving maternal and newborn health and preventing unnecessary deaths, and could be replicated in other communities where home deliveries with TBAs are common.

In Kenya, the model has been scaled-up to other Christian Aid projects and is bringing good results. For example, through the Comic Relief-funded Sexual Reproductive Health (SRH) project, implemented with partners<sup>7</sup> targeting an additional 30 community units in Narok, 830 TBAs have been enrolled and trained as mother companions.

### Critical success elements include:

- involving the community and elders (custodians of culture) in selecting TBAs, providing an added layer of community support
- explaining in depth to the TBAs how they will be engaged, and clarifying their new role; this is essential for fostering their willingness to participate
- providing an incentive for mother companions upon referral of pregnant women for skilled delivery, to ensure they remain motivated in their new roles and can earn an income
- involving Ministry of Health officials at all stages of implementation to recognise the invisible power wielded by TBAs,

who are key players in the health system and cannot be ignored

- sensitising the community (especially men) to the new roles of mother companions and the risks of pregnancy and birth.

## Recommendations

- Shift policy away from criminalising provision of home deliveries towards facilitating TBAs to accompany and refer pregnant women to facilities in the spirit of citizen participation.
- Public financing of mother companion incentives through funding instruments such as the Health Sector Services Fund and use of a portion of the reimbursements health facilities receive for each delivery.
- Ensure interventions go hand in hand with strengthening the supply of quality, accessible and affordable services to encourage women to seek maternal health services.
- Analyse the approach's cost-effectiveness and the impact on the health system in places where health resources are limited.

## Acknowledgments

Christian Aid acknowledges the support from the European Union through 'Strengthening Rural Health Systems for Improved Maternal and Child Health', and Comic Relief, through 'Addressing Gender Inequalities to Improve Sexual and Reproductive Health Outcomes', from which TBA re-orientation benefits are derived in Narok County.

We thank the County Government of Narok for the support and guidance in implementing these projects.

We also appreciate our partners Community Health Partners (CHP), Transmara Rural Development Project (TRDP), Centre for Rights Education and Awareness (CREAW), Coalition for Violence against Women (COVAW)

and Narok Integrated Development Project (NIDP), which have contributed successfully to the project.

Contributors: Micah Kiplagat, John Kitui, Stephen Ngugi, Rachel Ndirangu, Maureen Olyaro, Susan Wangai, Jane Machira, Samuel Nyutu, Charles Opiyo and Daisy Onkoba.

### Contact information

Christian Aid, Kenya Programme  
PO Box 13864, Nairobi, Kenya.

Telephone: +254 20 4443580  
Email: kenya-info@christian-aid.org

For more information about Christian Aid, please visit [christianaid.org.uk](http://christianaid.org.uk)

## Endnotes

- 1 In January 2014, the Beyond Zero Foundation was formed to partner with the government in reducing maternal and child mortality. <http://www.beyondzero.or.ke>
- 2 Kenya Demographic Health Survey 2014, <https://dhsprogram.com/pubs/pdf/FR308/FR308.pdf>
- 3 Ibid.
- 4 See note 3.
- 5 Understanding the Power Dynamics that Promote and Impede Women's Access to Maternal Health Services in Narok County, Kenya; MSc Project, London School of Tropical Medicine, September 2013.
- 6 Factors Influencing Place of Delivery for Women in Kenya: an analysis of the Kenya demographic and health survey 2008/2009, John Kitui, Sarah Lewis, and Gail Davey, BMC Pregnancy Childbirth, 2013.
- 7 ACK Narok Integrated Development Program (NIDP), ACK Transmara Rural Development Programme (TRDP), Community Health Partners (CHP), Coalition on Violence against Women (COVAW), and Centre for Rights Education and Awareness (CREAW).



European Union

This project has been implemented with the financial assistance of the European Union. The views expressed herein should not be taken, in any way, to reflect the official opinion of the EU.

