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**Empowering Women, Engaging Men: Advancing Maternal and Child Health in Ndura
Location, Tana River County**

County:	Tana River		
Sector/s:	Health	Sub-sector/Theme:	Maternal, Newborn, and Child Health (MNCH)
Keywords: (for search in the online platform)	Community Health Unit, male engagement, mother-to-mother support groups, family planning, Antenatal Care, nutrition, Community Health Promoters, Traditional Birth Attendants, open defecation free, maternal health, child health, health facility linkage, DANIDA PHC Support Programme, Maarifa Centre		
Target Audience:	County health officials, facility managers, health financiers, development partners, policymakers, County Government		
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Context and Pre-Intervention Reality:

Pumwani Community Health Unit (CHU), linked to Pumwani Dispensary (Level 2 facility) in Lafuma Village, Ndura Location, serves 959 households, with a catchment population of 4,536 people. The CHU operates with 10 Community Health Promoters (CHPs) and 7 Community Health Committee (CHC) members.

Prior to structured community interventions, the area faced critical maternal and child health challenges including:

- Low uptake of ANC, FP, immunization, and CWC services, with women often attending ANC late.
- Inconsistent skilled deliveries, with many women delivering at home under unsafe conditions.
- High malnutrition rates among children.
- Poor hygiene and sanitation at household level.

A significant barrier to maternal and child health in the community was the “Mwenye” syndrome, a deeply rooted cultural belief in male ownership over women’s health decisions. Women were often not empowered to seek health services independently, particularly family planning (FP) and reproductive health services. Originating from the Swahili word for “owner,” this syndrome limited

women's autonomy, granting men control over their wives' health, mobility, and household decision-making. As a result:

- Women often had to access FP services in secret, taking advantage of market days or other opportunities to avoid scrutiny.
- Discovery of FP use by husbands sometimes led to conflict, with some women being forced to remove contraceptives.
- Overall health-seeking behaviour among women was restricted, contributing to low service uptake and perpetuating risks to maternal and child health.

Tana River County's modern contraceptive prevalence rate is 11%, significantly lower than the national average of 57% among married women (KDHS 2022).

Implementation of the Practice (Solution Path):



*Figure 1*CHPs in Ndura, Tana River County, lead sensitization sessions with men, women, and local leaders to promote shared decision-making, maternal and child health, and family planning

Step 1: Community sensitization and mobilization

The process began with targeted community sensitization led by the CHPs. They reached out to women, men, household heads, religious leaders, village elders, and traditional birth attendants (TBAs) to create awareness about the benefits of structured support groups. These sessions emphasized the importance of shared decision-making, safe deliveries, maternal and child nutrition, hygiene, and family planning.

CHPs facilitated discussions addressing the “Mwenye” syndrome, helping men understand the health risks of restricting women's access to services. By framing male involvement as a shared responsibility for family wellbeing, the sensitization sessions began to shift entrenched cultural norms.

Step 2: Formation of community support groups

Building on the sensitization, three types of support groups were established:

- **Mother-to-mother support groups:** Twenty groups of 15 women each were formed, organized by pregnancy or postpartum stage to facilitate mentorship, peer learning, and experience-sharing. Mixed sessions allowed newly expectant women to learn from postpartum mothers about ANC, nutrition, breastfeeding, and early childhood care.
- **Father-to-mother support groups:** Men were engaged to accompany their spouses to ANC and CWC visits, participate in discussions on family planning and nutrition, and support household-level interventions. This engagement helped normalize male participation and reduced stigma around reproductive health.
- **Father-to-father support groups:** These groups created a platform for men to discuss safe maternal practices, shared responsibilities, and nutrition for lactating mothers. Men became active partners in combating child malnutrition and supporting maternal health, challenging the “Mwenye” mindset that previously limited women’s autonomy.

Through these groups, women and men were able to openly share experiences, ask questions, and receive mentorship. Over time, this strengthened health-seeking behaviours and fostered a sense of joint responsibility for family health.



Figure 2 One of the groups of TBAs during a session on safe deliveries, maternal and child health, and family planning

Step 3: Traditional Birth Attendant (TBA) engagement

Recognizing that some women preferred home births, the CHU sensitized 52 TBAs on the risks of home deliveries and the importance of early identification and referral of expectant women. TBAs were trained to work

alongside CHPs, registering women early in pregnancy for support group participation and encouraging facility-based ANC and skilled deliveries. By integrating TBAs into the health system, the program ensured that women were guided safely through pregnancy and childbirth, while respecting existing cultural practices.

Step 4: Household nutrition and sanitation interventions

Addressing malnutrition required innovative approaches. Household-level kitchen gardens were established, growing year-round vegetables such as kale, spinach, and coriander, using climate-smart techniques like vertical bags, cone gardens, and EarthBoxes (World Food Programme, 2025). Mothers were trained in Maternal, Infant, and Young Child Nutrition (MIYCN) practices, enhancing dietary diversity and child nutrition outcomes.

Additionally, Community-Led Total Sanitation (CLTS) activities were conducted to promote hygienic practices, including safe latrine construction and elimination of open defecation. The community

eventually achieved Open Defecation Free (ODF) status, reflecting significant improvements in sanitation and hygiene behaviours.

Step 5: Community dialogue and action days

Through the support from DANIDA PHC Support Program, monthly action days and quarterly dialogue days provided structured platforms for community engagement. These events focused on maternal and child health education, nutrition, hygiene, safe deliveries, and family planning. They also served as mechanisms for collective problem-solving, feedback sharing, and experience exchange, strengthening the bond between the community and health facility.



Figure 3 Ndura community members take part in dialogue and action days to advance maternal and child health

During these events, men and women discussed sensitive topics such as contraception, ANC, and child nutrition in safe, inclusive environments. As a result, the negative influence of the “Mwenye” syndrome began to diminish, replaced by shared decision-making and active male participation.

Step 6: Monitoring and data review

Structured monthly review meetings were held between CHPs, CHC members, and facility staff. These meetings analyzed attendance at ANC, FP, CWC, and immunization sessions, as well as follow-up on referrals from TBAs and support groups. Data collected from dialogue and action days was integrated into service delivery plans, allowing the facility to respond quickly to emerging challenges. This continuous monitoring improved accountability, ensured timely interventions, and reinforced community trust in the health system.

Contribution and Impact of DANIDA PHC Support Programme:

Within Pumwani CHU’s community health model, the DANIDA Primary Health Care (PHC) Support Programme provided crucial operational funding that enabled the facility to implement planned activities effectively. Supported by the Government of Denmark, the Programme strengthens primary health care at both community (Level 1) and facility (Level 2) levels, improving access, quality, and equity of services, particularly maternal and child health, family planning, nutrition, and hygiene (DANIDA PHC Support Programme, n.d.).

During the reporting period (FY 22/23 23/24), Pumwani CHU received KES 612,094.00 under the DANIDA PHC Support Program, managed through health facility work plan plans under the Health Facility Management Committee. These funds bridged operational gaps, supporting community outreach, dialogue and action days, training, TBA engagement, and monitoring, which together

strengthened service delivery, increased male involvement, and enhanced maternal and child health outcomes.



Figure 4CHPs and CHCs in Ndura undergoing training supported by the DANIDA PHC Support Programme

DANIDA PHC support was primarily applied to areas that directly affected service continuity, quality, and community access, including:

- Conducted quarterly dialogue days and monthly action days, providing health education, mentorship, and problem-solving platforms.
- Provided transport, airtime, performance-based incentives,

uniforms, and identification materials to strengthen follow-up, coordination, and credibility in the community.

- Trained CHPs and CHC members on MNCH, family planning, nutrition, and hygiene promotion.
- Sensitized and linked Traditional Birth Attendants with formal health services for early pregnancy identification and safe deliveries.
- Supported ANC, FP, CWC, immunization, and nutrition interventions at community level.
- Strengthened reporting, tracking, and data review processes to inform facility and community planning.

Results of the Practice

- 1. Improved service uptake:** Expectant women began attending ANC early in the first trimester resulting to increasing 4th ANC completion rate, often accompanied by their spouses. Family planning uptake increased, with male partners actively involved in discussions and decision-making. Skilled deliveries at health facilities rose, reducing the risks associated with home births.
- 2. Nutrition and hygiene:** Household-level kitchen gardens and MIYCN education improved maternal and child nutrition. Hygiene practices at household level improved, contributing to the community achieving ODF status.
- 3. Social and cultural transformation:** Male involvement in maternal and child health increased significantly. The negative influence of the “Mwenye” syndrome declined, fostering shared decision-making. Trust and collaboration between the community and the health facility strengthened, promoting long-term engagement.

Data Snapshot as per Pumwani Community Health Unit Health Records (August–October 2025):

- Family Planning visits: 110
- ANC visits: 141
- Gender-Based Violence & injuries: 0 reported cases

Lessons Learned by Pumwani CHU



- The CHU realized that involving men required structured forums like father-to-mother and father-to-father groups, not just one-off sensitizations. Sustained engagement leads to improved decision-making and family health outcomes.
- Addressing cultural barriers showed that consistent dialogue, sensitization, and mentorship can gradually change entrenched beliefs, empowering women while gaining male support.
- Household-level interventions such as kitchen gardens and improved sanitation practices are effective when combined with ongoing education and practical support.
- Occasional delays in disbursement highlighted the importance of adaptive planning, prioritizing activities, and leveraging community volunteers to maintain continuity of services.
- Reliance on external funding revealed that empowering community groups to mobilize local resources and leadership is critical to sustain interventions beyond donor support.

Recommendations:

- Scale up support groups to reach more households. These groups proved critical in improving health knowledge, promoting male involvement, and reversing cultural barriers.
- Strengthen support from DANIDA PHC and County allocations to sustain and expand interventions. Expanding the funding base will ensure that similar interventions can continue reliably and reach additional communities.
- Address water supply challenges to enhance household kitchen gardens and improve maternal and child nutrition. While kitchen gardens increased access to fresh vegetables, water scarcity limited their full potential.



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Photo Gallery



Figure 5 Members of Lafuma Village, Pumwani Community Health Unit (CHU), and the Council of Governors during a documentation exercise to the village



Figure 6A nutrition guide at Pumwani CHU illustrating recommended meals for breastfeeding mothers



Figure 7An illustration of a traditional childbirth practice formerly used within the community



Figure 8 Award recognizing Pumwani CHU as the Best Performing Community Health Unit in Tana River County, October 2023.