



# COMMUNITY NUTRITION

*in our own words*



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**Community Nutrition – in our own words**

*Kilifi, Kwale & Kitui compiled stories*

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# Foreword

Nutrition is an issue of concern for each and every family. Communities are facing numerous challenges in ensuring adequate nutrition for their children.

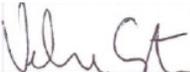
It is said that there are two sides to every story. Through the Nutrition Advocacy project funded by UNICEF under the Maternal and Child Nutrition program, CISP aimed at strengthening the communication among government, civil society and communities around nutrition. CISP worked with these stakeholders to carry out nutrition advocacy in the counties of Kilifi, Kwale and Kitui. This provided a two-side view, on one side it enhanced coordination and evidence based decision making on nutrition, on the other hand it gave voice to communities' ideas and experiences.

We heard from the communities living in Kilifi what nutrition means for them and their actions around it. In Kwale, we were told about the experience of new health workers responding to nutrition problems in remote areas. In Kitui, we celebrated the creation of sub-county advocacy committees for nutrition.

Through this action, CISP empowered members to tell their stories and raise their voices on issues of concern. A selection of these stories is presented in this publication. This was achieved through the identification and capacity building of "Social Editors", i.e. community members who volunteered to collect stories from their community. The Social Editors' concept came to the fore, integrating communications, journalism and advocacy skills into a toolkit for communicating change FOR communities and BY communities.

The stories you will read in this publication are results of the exercise. Community members living in the three counties have used the writing skills to share struggles, opportunities, and changes around nutrition. We invite you to walk with them through every story, as each community member expresses their experience working towards ending malnutrition, or experiencing the devastating effects of malnutrition. Nevertheless, they rise through it all to share their resilience and hope that makes the push for better nutrition for all more important, urgent and achievable.

We hope you see nutrition differently, through their eyes.



Valeria Costa

Kenya Programme Coordinator  
CISP

# Community Nutrition

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# in our own words

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**Kilifi**  
STORIES



MAA-SWABIRIIN

AHATUINB/SA

# Mother's Milk is the Best !

*Josephine Muheto*

Community health volunteers have supported the nutrition health of mothers and children in Kilifi County since the introduction of community strategy initiative in 2010. Bura Community Health Unit which was established in 2010 by DANIDA consists of 8 villages, Magarini Sub County, in Kilifi county. The unit is approximately 40 kilometres from Malindi county hospital. The main ethnic group in this area is the Mijikenda, who mostly engage in subsistence farming of vegetables, maize, and cassava crops. Some also rear cattle and chicken.

One of the 8 villages in the unit is Makumba, where Gombani Charo lives as a single mother with her children. As a single-parent, she faces several challenges including being the sole provider for the household and the decisionmaker in the home. The responsibilities sometimes mean she will overlook her own priorities for those of the family. This became more real for her when she had to visit the medical clinic during her pregnancy, to receive what is termed Ante-Natal Care. This is routine medical check-up that ensures the mother carries her pregnancy until birth in the healthiest way possible.

This need, however, conflicted with economic pressure at home, and she had to choose to skip the clinic and instead burn charcoal to earn some income for the family as the provider. As a result, she missed key ante-natal care in the early stages of her pregnancy, and her baby was ill on numerous occasions in the early years of childhood.

When Gombani was expecting her next child, she was lucky that her village happened to be part of an initiative of the Kilifi County Health department that engages Community Health Volunteers (CHVs) under the Community Health Strategy. In the initiative, households in a common location are lumped together to form a unit, and each unit is assigned a Community Health Volunteer. The CHV carries out health-related activities including home visits to the households, checks on number of latrines available, handwashing facilities and practice, nutrition assessments, and takes the weight and other vital measurements of children in the households.

Gombani's Unit was under Eunice Mzungu, a health worker who had joined the Community Health Volunteers. Eunice visited Gombani on a routine visit, and when she discovered that Gombani was pregnant, advised her to visit the health clinic to receive proper care and information during pregnancy. It took several visits and some persuasion from Eunice for Gombani to accept to visit the health facility, but she eventually agreed to attend the antenatal services.

At the clinic, services offered to expectant mothers include blood pressure checks, they are also given insecticide-treated mosquito nets, tablets to boost their blood levels, malaria prevention information, deworming tablets, and anti-tetanus vaccination to prevent the baby from a potential tetanus infection after birth.

During the checks, Gombani was surprised to discover that her blood level was low. She was even more concerned to learn that low blood levels could cause complications during pregnancy, and lead to premature birth, or a child may be born with very low weight.



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**Top Left:** A typical homestead in Makumba Village Unit, Kilifi County.

**Top Right:** Karimboni Dispensary, the closest health facility to Bura Community Unit, Magarini Sub County, Kilifi County branded with Nutrition messages dubbed "Shika Tano" Kilifi County.

**Bottom:** A smiling baby Linet during CISP's visit to her home in Bura, Kilifi County.

Gombani was given tablets to increase her blood level, and Eunice regularly checked on her to support the process. Gombani followed the advice given to her at the clinic, and after a successful pregnancy, baby Linet was born.

Through attending medical clinics and the CHV household visits by Eunice, Gombani maintained exclusive breastfeeding for baby Linet, something she had never done before with all her previous children. This being her first time practising exclusive breastfeeding, she was concerned when her baby cried more than usual and naturally assumed that baby Linet was not getting enough food from the breastmilk alone. This is a common perception in rural communities, a situation that prompts mothers to stop exclusive breastfeeding and introduce other meals into the baby's diet.

However, when she raised this issue with Eunice during a CHV visit, Eunice tried to convince her that exclusive breastfeeding was the best way to go, and even suggested that she visits the health facility for even more information should she need it. Gombani received all the assurance that her choice to exclusively breastfeed Linet was the best decision for her baby.

Though the interaction of Eunice and Gombani, baby Linet benefited from exclusive breastfeeding for the first 6 months of her childhood. Similarly, through the facility visits, baby Linet got all the needed immunisations.

Baby Linet is a healthy 11 months old child Her proud mother confirms that Linet is healthier at 11 months than all her previous siblings were at that age. She is also not ill as often as they were. Gombani attributes these to very useful information and support she got through the CHV initiative and Eunice's encouragement and support during the household visits.

The community health strategy being implemented at the grassroots level by the county department of health, is linking families such as Gombani's with her baby Linet to information and services offered by Eunice, and other Community Health Volunteers like her, who visit these households with timely life-saving information. Gombani Charo is grateful for Baby Linet's smile, and for the work being done by community volunteers that are the frontline for health in communities of Kilifi County.



Child Protection Centre  
Protecting Children  
is our Priority

unicef

SWEDEN

# Ray of Hope for Culture in Health

*Rebecca Chilovu*



© CISP 2018

*A typical Homestead found in Swere Village, Kilifi County.*

Many mothers of Kilifi County carry out exclusive breastfeeding which is a recommended practice of giving new borns only breast milk during their first six months of life. However, this is not done by all mothers. Much as health benefits have continued to lower this practice. This custom has continued to influence mothers over the years leading to increase in child deaths.

Mama Shadrack had never carried out exclusive breastfeeding. This is despite her already having 5 children, with Shadrack being the sixth child. Mama Shadrack lives in the farthest corner of Kilifi South subcounty, her home being Swere village in Chasimba ward. Swere experiences quite cool breezes rattling the palm trees that are scattered across the landscape. Swere village, like other parts of Chonyi, carries a range of myths, especially ones that have a direct effect on health. Some of these myths that are strongly supported in some instances by traditional healers who wield a lot of influence on the people of Swere.

Whereas some myths provide hope and bind the village together in unity and a common heritage, other myths have had a negative effect on mothers, and by extension, children like Shadrack, who fully depend on their mothers for decisions concerning their health.

A traditional healer, who was in contact with mama Shadrack, had previously convinced her that she was having bouts of demon possession. She was told that if she breastfed her children, it was possible that the demons could be passed on to them, and that could result in their death. Sadly, this is not specific to mama Shadrack, as other mothers in the county have registered different reasons preventing them from breastfeeding their children exclusively for at least six months after birth. Some of the reasons commonly mentioned are myths and beliefs, lack of enough milk from the mother, working mothers leaving their children at home so they can work.

Baby Shadrack was brought to the hospital due to the door-to-door visits by the community health volunteers who had advised that routine checks for children were important for the child's health to be monitored. During this Mother-Child Health Clinic visit, the attending doctor noticed that Shadrack was dehydrated, and that his weight was lower than the average weight for his age.

It was recommended that mama Shadrack and her baby be admitted, just a few days after her delivery. Shadrack was admitted, and her mother was counselled on the importance of breastfeeding for both the mother and the child. She recalls some of these benefits, including better bonding between her and her child, safety and affordability as breastmilk is free. Breastmilk also has all the nutrients an infant will need during the first six months of his/her life.

Shadrack's mother benefitted from such information shared by the counsellors at the clinic, as well as from Mother to Mother Peer Support



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**Top :** Parents meeting at the Child Protection Center, Malindi, Kilifi County  
**Bottom:** A child with her grandmother at a Health centre, Kilifi county

Groups, where mothers who have exclusively breastfed their children support other mothers to understand its importance and adopt the practice. This was the first time mama Shadrack was hearing about the mother to mother support groups and having such an in-depth yet simplified information on breastfeeding. It helped that most were from around Swere and the surrounding villages.

The support group was vital in helping mama Shadrack to understand something she had not done across 5 pregnancies, believing the myth about passing on demons to her child, should she breastfeed. Mama Shadrack was about to do it for the first time for Shadrack. She was initially reluctant, even after the meetings with the support groups, and called her husband to discuss the issue, a sign of just how deep belief systems influence decisions in communities around Kilifi.

The husband was also counselled by the medical staff, and received information on health and exclusive breastfeeding for infants, especially during the first 6 months of life. After separate discussions between them, Shadrack's father and mother agreed to try breastfeeding him. Mama Shadrack was relocated to allow her to do this.

Initially, the breast milk was low, and the health facility had to support Shadrack through supplementary feeding, under the careful watch of the health officers. After 5 days, Shadrack's weight started to increase. His mother was also benefitting from the mother to mother support groups and she reported an increase in her breastmilk, which reduced the supplementary feeding the facility was offering Shadrack.

Shadrack has since been discharged as a healthy baby, and his mother laughs, a little shy, as she explains that she is yet to see any demons as she had been made to believe, even after breastfeeding her baby for the first time. Myths and beliefs are mainly strong when there is no information and experience to counter them. Nutrition conversations at the community level, through community health volunteers and extension workers, and through community support systems like the mother-to-mother support groups are slowly countering these myths. Baby Shadrack's progress tells us that myths and beliefs hindering nutrition can be refuted and overcome.



# Traditional Healers: Nutrition's New Champion?

*Rebecca Chilovu*



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*The road leading into Swere village, Kilifi South, Kilifi County.*

Jane Mwachiti comes from Swere village, Kilifi south sub-county, Kilifi County. She is a single mother, as her husband, who was a boda boda rider (motorbike rider who ferries passengers from one place to another at a fee), left her when she got pregnant. This is a story of a single mother whose struggle with 'chirwa' and malnutrition almost cost her child's life.

Jane did not know what to do because this was her first pregnancy, so she turned to her mother, who was living with her at the time, for information on what to do about the pregnancy. Trusting her mother's advice and support, she continued to live at home normally, and did not turn up for any ante-natal check-ups for the first 8 months of the pregnancy.

Due to this late access to medical check-up, Jane was not able to get all the requisite services and information that normally would have been made available to her over at least four visits to the health facility. Nonetheless, Jane gave birth at home to a baby boy who she named Fidel.

Raising Fidel proved to be a challenge soon after he was born as Jane was unemployed, and a single mother, and she found it difficult to provide for herself, her elderly mother, and her baby Fidel. It was when Fidel turned three months that his health started to visibly suffer. Fidel was very ill one day. He was taken to the nearest health facility, was diagnosed with pneumonia, a disease of the lungs, and was admitted at local health facility.

During the admission, the doctors noticed that Fidel had low weight for his age, a situation known as being underweight, in nutrition terms. When a nurse asked Jane about it, she was categorical in her response. "Sister, this is Chirwa, nothing else", she said. "I believe my husband has something to do with this." The common perception in the area is that Chirwa is a condition brought about when a wife or a husband has sexual relations with a different partner other than the wife or husband during pregnancy.

The signs and symptoms associated with Chirwa are, interestingly, like those of malnutrition, including weight loss, stunted growth, and sometimes even wrinkled skin on a child. To treat Chirwa, the belief is that one has to seek the treatment from a traditional healer, so it was unsurprising that her mother asked Jane to visit a traditional healer.

Jane went to a healer called Tana, who gave her some herbs to dissolve in her bathing water. Tana the traditional healer also gave her some other herbs to mix with the baby's porridge, and he advised that she stops breastfeeding until the herbs are finished. As Jane was desperate to see her baby get well, she followed the instructions given to her, and Fidel stopped breastfeeding, taking porridge with herbs instead. She did this with utmost belief that her child would feel better and be healed of Chirwa.

Little did she know that Fidel would soon be back to the health facility, this time the diagnosis being severe acute malnutrition. His body basically lacked the nutrients required to carry out the needed functions.



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**Child thefts blamed on witch doctors helping politicians win**  
Jul 05, 2017, 12:00 am | By BRIAN OTENO @brianoteno4

The Half Africa office at Gangaoni Mombasa Photo: Elhana Jacob  
The Half Africa office at Gangaoni Mombasa Photo: Elhana Jacob

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**KLRC Blog**  
JUSTIFICATION FOR REVIEW OF WITCHCRAFT ACT, CAP 67  
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The Kenya Law Reform Commission is obligated by section 5 (6) (b) of the sixth schedule to the Constitution to cooperate, work together and ordinate with the Commission for the implementation of the Constitution and the Attorney-General in preparing and tabling in parliament legislation required in implementing the Constitution. This is in addition to other values and principles enshrined in the Constitution that the Law Reform Commission must ensure are adhered to in the preparation of critical legislation required to implement the Constitution.

**Top :** A sign for a traditional healer, a Mganga, advertising abilities to heal Tuberculosis, Impotence, Love problems, and ability to see visions, hanged on a road-side pole near Watamu, Kilifi County.

**Bottom:** A snapshot of news headlines related to witchcraft in the country, Kilifi County.

He was also dehydrated, meaning he did not have enough water in his body, and he was immediately admitted. His situation was so bad he had to be given therapeutic milk, specifically developed to help patients suffering from severe malnutrition to recover. This milk is usually called F-100 and supports rapid weight gain to counter malnutrition. As Fidel was being treated, her mother was receiving nutritional counselling on exclusive breastfeeding, as well as the dangers of introducing solid foods to infants who are less than 6 months old.

After 28 days, Fidel had gained weight and his general health had also improved. Jane and her baby were discharged, but advised to bring Fidel to the maternal health clinic for check-up regularly over the next few weeks. During the follow-up visits, the nurses noticed that Fidel's health was still not improving. When Jane was asked about it, she claimed that Chirwa could not be treated in the hospital unless the father came out and owned up to his wrong doing. She refused to have her child admitted, so the health service providers negotiated to pay her visits at her home and supply Fidel with managed feeds to reduce his malnutrition.

Despite the odds, this access to Fidel at home helped improve his nutrition, and by the 5th visit by the maternal health clinic team, he had gained an extra kilogram. Jane was encouraged to continue with the 2-week cycle for the health clinic. Jane's belief in the health clinic continued to grow as her baby improved. At his final visit, Fidel had doubled in weight from what he had when he was being admitted.

Though Jane still admits believing in the traditional healers, she agrees that the maternal health clinic saved her son Fidel. She is not alone, but a reflection of the struggles many of the mothers face when trying to provide quality life for their children. Traditional healers are a critical part of the social fabric in Kilifi, as in many other communities. It may be useful to consider their involvement in the community health process; just as traditional birth attendants are supporting the push to have mothers prioritize giving birth in health facilities. A traditional healer who is a nutrition advocate may play a significant role in supporting community nutrition, and eventually decrease the number of malnourished children in the county.

Imagine the effect of having healer Tana talking to Jane about Chirwa, and advising her that the best course of action was to continue breastfeeding Fidel, and convincing her that Chirwa had nothing to do with Fidel. He is already influential, and can only be more influential with the correct nutrition information.



# CHILDREN RIGHTS

- Right to education
- Right to food
- Right to shelter
- Right to medical care

The logo features the word "Kitui" in a large, bold, white sans-serif font. Below it, the word "STORIES" is written in a smaller, all-caps, white sans-serif font. The text is centered within a white outline of a speech bubble that has a tail pointing to the right.

**Kitui**  
STORIES



# The Changing Faces of Nutrition in Kyuso

Ashley Ojak



*Mother-to-mother support group meeting, Kitui County.*

Wayne Dyer said, “when you change the way you look at things the things you look at change”. If at this very moment you stopped an individual on the street and asked them what nutrition was, the most probable answer would be “mambo ya chakula”, meaning food related issues. This has been the notion for the longest time amongst most people. Similarly, when I first heard of the Maternal & Child Nutrition Program (MCNP), I thought well here goes the breastfeeding information we hear all round the year especially during Malezi Bora weeks. However, almost two years down the line, I have worked closely with three implementing partners towards a common goal of improving maternal and child nutrition in Kitui, and my view has changed completely. Let me tell you a story.

Recently we went to Mwingi North to see how nutrition services were accessed, and what community perceptions about nutrition were. Our first stop was in Kathumula village, Kyuso ward, Mwingi North sub county. We met 33-year-old Mwende, a mother of three children aged 10 years, 5 years and 9 months respectively, and is married to Kyalo. Mwende is happy to see us there, she knows where she was before and where she is now. A few months back Mwende had no solid source of income. She cooked for people in home events, weddings and other functions she could get the chance to be selected for. She would make approximately 200 Kenya shillings (USD 2) and this was only on the days she worked. The family also had a few donkeys, goats and chicken that her husband looks after.

Mwende struggled to make ends meet. She barely made enough money to support her family. They would have only one meal a day which was never adequate for the whole family. With two children in school and one at home, working to make ends meet was strenuous.

One day, Mwende heard that there was an organization in the area with information about nutrition and health for mothers and children. Mwende attended a session facilitated by Population Services Kenya (PSK) and learnt what nutrition and well-being was.

From the discussion in the session, Mwende became aware that she was not able to afford enough to provide nutritious foods for her kids and her husband. To help Mwende better afford meals of decent quality and quantity, Population Services Kenya provided information on small scale farming to Mwende so she could use different means to provide for her family. To start, all she needed was a small gunia (sack) filled with manure (from her livestock), rich soil and a few seedlings of kale, collard and other traditional greens. Waste water that has been used repeatedly over some period of time would be discarded into the sack to water the green vegetables to grow. Water is a major problem in Kitui. There is barely any for drinking let alone farming and the source is 10 kilometers away from their house. This water is what they use on the vegetables, to do their household activities and sustain their livestock. It is not clean, but it works for them as opposed to having none.



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**Top :** Mr. Kyalo's homestead, Kitui County.

**Bottom:** Mwende & Kyalo's Vegetable Garden, Kitui County.

Our current visit was to see how, over time, Mwende had put this skill to use. The results were amazing! Mwende had gone beyond a sack of vegetables, but now has a garden full of vegetables. The scorching sun had forced them to perch nylon sheets around and above the entire garden to preserve water and keep the greens hydrated.

Mwende has enough vegetables for her family. As this area has around 100 households and none of the other residents have access to farm-fresh vegetables, Mwende is now able to supply some of the households with surplus vegetables at an affordable price. The extra income she collects from this venture is used to buy other nutritious foods and fruits for the family. They can now afford three nutritious meals every day. Bad days can be tamed with a quick dash to the garden as it never runs out.

Mr. Kyalo tells us he plans to extend the garden and plant more so that he can supply the surrounding households throughout the year. They are very grateful for this intervention. "We are not where we were a year ago, we cannot even express how much we've grown."

As we drove away from Mwende's thriving garden towards Syambiu Health Facility, in Tharaka, Mwingi North Sub County, I was feeling very happy and challenged by the sheer will to do something about her nutrition and that of her household.

The drive to Tharaka crossed vast and dry plains, with the terrain being rough and uneven, but after a long drive we arrive at the health facility. One would expect that, due to the ongoing nurses' strike, the facility would be empty. We are therefore surprised that it is still running out of the goodwill of some doctors and some community health volunteers. The facility also has visible posters on nutrition services available, and their benefits to the mother and child.

The phenomenal thing about this facility was that despite it being over 200 kilometers away from Kitui town, on quite challenging road network, and near-intolerable heat, the facility was functioning. It had staff willing to make

sure every protocol and process was followed. Another organization, the International Medical Corps (IMC) had been working with the facility staff to ensure the facilities are adequately equipped with all necessary tools to collect and store data on key services offered to a mother and her child. This improved service delivery helps the facility to meet all health and nutrition needs of the population.

I can't help but wonder how resilient the residents of Kitui must be, living with no easy access to water, poor road networks, scarce food and barely any other resources to support them. We head a few kilometers back to Tharaka ward, a village called Kanyengya meet with the Maendeleo Mother to Mother Support Group formed by Nutrition and Health Program Plus. This group have seen tremendous growth in the health of its members and their children since it started. Community advocacy sought to educate these mothers on what services they were entitled to and why with reason and benefits. They would consequently demand for these services and change any negative behavior, practices and attitudes around nutrition.

Listening to them, I couldn't help but notice the vast amount of information they had. They talked about what they had been taught so far, and how their lifestyles have changed since the received this information. "I never knew what Vitamin A was, my previous children did not receive it. When the information reached us on the why it was given I was transformed, and as you can see I have this 2-year-old son whom I have ensured receives the doses after every six months." One of the mothers said.



**Top :** Mothers and children lining up for services at a health center in Kitui County  
**Bottom:** Joyce appreciating Vitamin A Supplementation, Kitui County.

These women's enthusiasm and happiness is contagious. They smile constantly, and sometimes when they laugh, they high-five each other, or lean on one another in the process. The level of unity in the women group is visible for all to see. The officer in charge has done something amazing for them, and their appreciation of him cannot be missed. Just when I thought the day could not get any better, the women surprised us with lunch. I was humbled. Even in harsh circumstances, they managed to offer us chapati, chicken, green vegetable and a fruit each.

The Maternal and Child Nutrition Programs' approach of concurrently investing in three major intervention areas (service delivery, community resilience and evidence-based advocacy) is key to the changes seen during this visit. The three are interlinked to ensure a wholesome address of all the health and nutrition issues in Kitui, and in Kenya.

## Did You Know?

*Our constitution prioritizes the address of needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities. Articles 43 1(c) and 53 1(c) provide for our rights to be free from hunger and have adequate food of acceptable quality and to basic nutrition.*



# Timmy's Transformation Tale

Jacinta Maingi



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Nutritionist facilitating an education session on nutrition to mothers and fathers at a health center, Kitui County

“Wacha kufanya hivyo” ... mama Shiundu tells baby Timmy. A couple of months ago she did not have to say these words as Timmy did nothing but sit and cry. She was so certain that this would not end with both together again.

At 2 1/2 years, she had noticed his growth and development was stunted. As opposed to adding weight like the neighboring kids, he weighed less each passing day. He had trouble feeding and his patterns were inconsistent. Timmy was just a baby, he could not tell his mother what hurt, where it hurt, or how much it hurt. His mother needed to make assumptions until she got it right and Timmy stopped crying.

A week after struggles in feeding and visible weight loss, Timmy was rushed to the dispensary at Kiusyani. He could barely open his eyes, the sound of his cry slowly diminishing and his body too weak to make sudden and unnecessary movements. The first level after registration in the dispensary was to have anthropometrics taken, and as suspected Timmy was severely malnourished and dehydrated.

The wasting on his body was evident, the skin condition told its own story. Presence of bilateral pitting edema and a puffy face is not all Timmy showed clinically. He had a distended stomach, pale eyes and brown brittle hair.

Timmy's mother could not understand how her own baby had fallen into such a condition. She had another older son, Shiundu, 4 years old, who had grown up healthy and strong. She had not changed the treatment and upbringing on Timmy, it was exactly as it was on Shiundu. Timmy was to undergo further tests to find out if he had additional infections. He was diagnosed with severe acute malnutrition, kwashiorkor and pulmonary Tuberculosis. "It is so bad that my son is this sick, I know we can't afford the best things but I try my best for my kids." "I stay at home but my husband herds a few goats and cows which is our source of income."

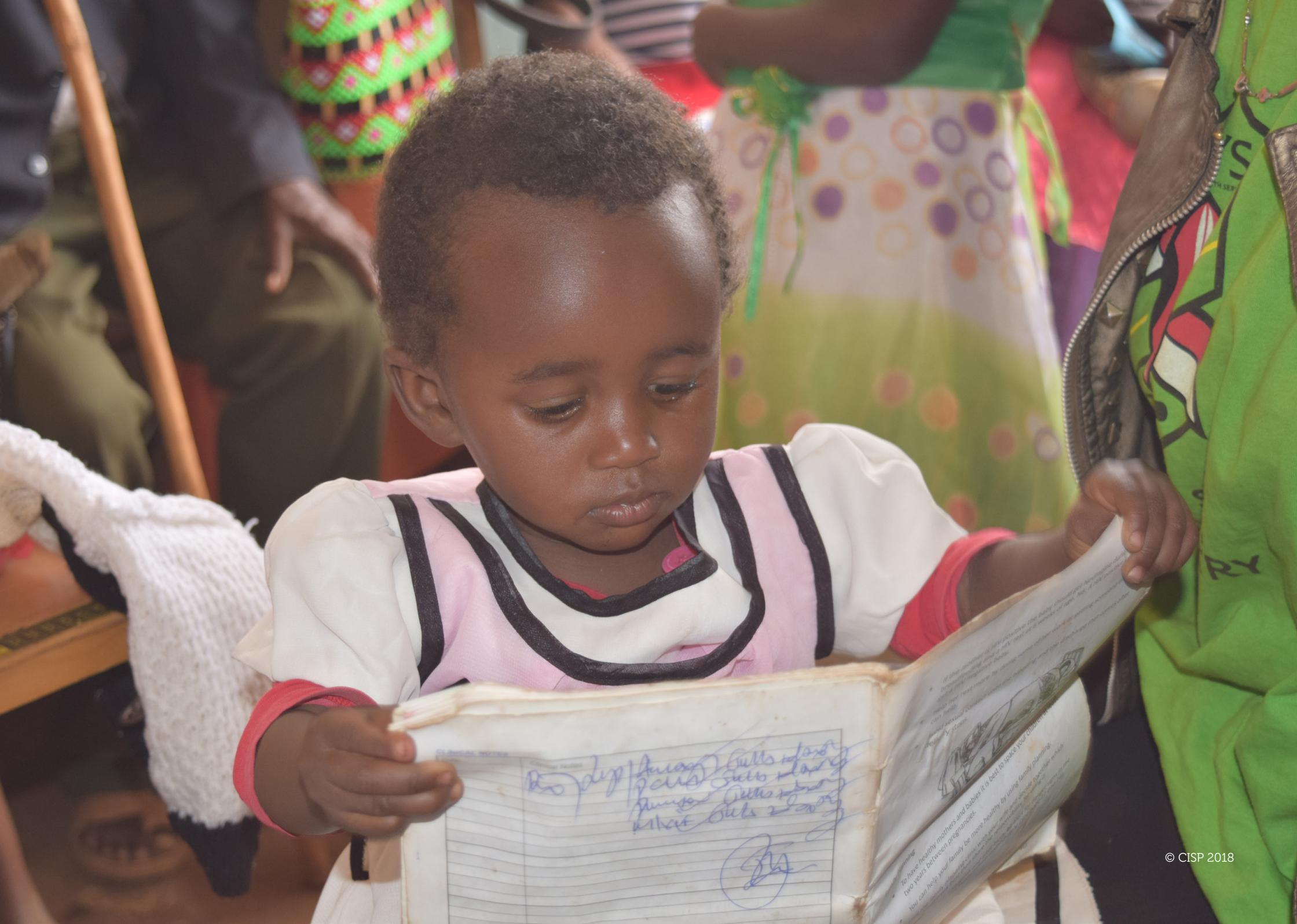
The program for Severe Acute Malnutrition (SAM) with complications like edema and other infections is linked. A patient is supported to move from program to program by different commodities that are supplementary to balance nutrient requirement and utilization. Timmy for example had to receive ReSoMal to treat the dehydration, F100 to treat the edema, drugs for the pulmonary tuberculosis and Ready-To-Use-Therapeutic Foods to treat the severe malnutrition.



*Community meeting on advocacy nutrition, Kitui County.*

After he completed the antibiotic drugs, the patient was discharged home with deworming drugs and Vitamin A (100000 I.U) supplements. The patient was also linked to nutrition clinic for follow up on weekly basis as an outpatient. Further diet counselling was done on the mother and supplements provided i.e. fast foods and Ready -to -Use -Therapeutic Foods. With an admission weight of 8.2 kg and a current weight of 12.6kgs we can positively shout out that nutrition works!

A two-year-old averagely weighs 12kg (9 on the lower side and 16 on the higher side). It is such transformations that supports advocacy for nutrition. It is such stories that are the tip of the spear that calls for, and drives change. It is the reader of this story that steps us to lobby for the change. It is the beneficiary of this that accepts the change through behaviour and attitude.



# Joy in Harsh surroundings

*Leah Mulwa*



*One of the rivers that is dried up, Kitui County.*

Kitui county is diverse. As one drives through Mwingi, all the way to Kyuso and beyond, there is barely anything to capture the eye. The bridges designed to cross over rivers have no function as at now, as the riverbeds, that should be covered with flowing water, are now only full of sand, dry and hot. The vegetation is scattered and dried up, the little that is still erect is barely green. The sun is as hot as being seated 2 inches away from a camp bonfire. We drive to Tharaka, a location 200km away from Kitui Town near Tana River County. The roads are dusty, and people walking close to the road's edges stop at the sound of the car's engine and cover their faces with their palms of their hands.

You feel guilty, knowing the vehicle will raise some dust, a nuisance to them, but no matter how slow you drive it is inevitable they will still feel the dust. At some points, on the same road, we drove for so long without seeing anyone else. When we did, the kids we came across were barefoot. What would it feel like if I was 12 years old, having to walk on the hot sand, with no water to quench the thirst, my heavy school bag arched on my bag and my home 20km away? All along the over 4 hours' drive, there are hardly any towns, but rather small wooden structures set up as shops, occasionally punctuating the roadside. I am wondering how this is part of the same Kenya I live in.

When we arrive in Tharaka, we find the mothers seated on plastic chairs, holding their babies closely. It was windy and dusty; the project banner wouldn't stay up at first, but these creative mothers tied the banner to a tree. Some couldn't stop smiling, as they rarely get visitors, so they were eager to know why I had come and what I had brought with me. Swahili is the preferred language of communication.

I am trying to learn Kamba, the language most widely spoken in Kitui County, because the literacy levels in most areas is quite low. At this location, however, these mothers do not speak Kamba language they speak "Tharaka" which is exceptionally unique. My introduction was detailed to ensure comprehension.

I am here to discuss the health services on offer and accessed by the mothers for themselves and their babies. My idea is to use questions and group discussions to identify what is present, what could be lauded, and what could be improved in health and nutrition services. The information they give me will be shared with the county government, through the county health department who were working with me on nutrition advocacy. I am impressed because they are aware of services they need to receive in their facilities, and have learnt to voice them out. Some of the challenges experienced include inadequate commodities to tackle malnutrition and a weak mother to mother support group that did not educate them comprehensively, missing information on how to express milk (hygiene, storage and heating procedures), what to do if breast milk supply is inadequate, how to attach and position the baby during breastfeeding, the importance of Vitamin A supplementation and benefits of attending the clinic for the first five years of the child's growth.



**Top :** Women discuss health & nutrition services, Kitui County.

**Bottom:** A mother's joy is a healthy baby, Kitui County.

One notable complaint was neglect by some staff in health facilities, and leading to a preference for home deliveries to hospital deliveries due to a feeling of inadequate support and harsh treatment.

Providing the mothers with information on the pros and cons of home deliveries was interesting, though sometimes a little exasperating due to the existing misconceptions and attitudes. The women argued that they knew women who had gone through home deliveries and were fairing on well, with no complications. I tried to counter that argument with the possibility and danger of possible infections and bleeding, and offered information on the key messages around Mother and Child Nutrition. We discussed breast milk expression, hygiene, storage and heating, as well as their right to access health care services and basic nutrition services under the constitution of Kenya (Articles 43 and 53).

During my second visit to the community, the women were able to name all processes and services offered by a health facility to a mother and her child up to five years. Their presentations were detailed and precise. They could distinguish food groups, express milk and feed their infants correctly, they could attach and position their babies during breastfeeding, and understood the benefits of vitamin A supplementation, deworming and Iron Folic Acid Supplement (IFAS). Furthermore, they could outline the benefits of growth monitoring for an infant up to 5 years of age.

At the end of the day, reflecting on the women and the quest for information, I could only imagine If all facilities, dispensaries, health centers and hospitals offered nutrition education to mothers, I believe all cases of severe malnutrition would reduce drastically promoting human, social and economic development and lowering disease burden. This is a clear indication of knowledge management impact on the community. Mother and child nutrition best practices can be shared, implemented and adopted through advocating and supporting nutrition education and formation of mother to mother support groups in all areas of Kitui despite the hardships. In communities such as these, where water and food are so scarce, knowledge is the primary power you can accord.



# Promoting Nutrition in Kitui: A New Front in Zombe.

*Kevin Sudi*



*Nzambani – The legendary rock believed to change a person's gender, Kitui County.*

It is an eye-catching drive to Zombe from Kitui town. The road passes by the legendary Nzambani Rock, believed to have powers to alter a person's gender if the person went around it several times. The road then winds along seemingly endless slopes. Slightly over 2 hours later is Zombe, a small trading centre with a handful of businesses straddling a bend on a dusty road. It is in this centre, in a small hall near the sub-county administration's offices where a nutrition advocacy training is taking place. The facilitators are a sub-county public Health Officer, Mr. Mutio, and a sub-county nutritionist, Mr. Kasina.

The two had been part of a 16-member team of county health officials that had been trained on nutrition advocacy at county level by the International Committee for peoples Development – CISP in Kitui County. After this UNICEF-supported training, the team had volunteered to lead a training extension exercise at the sub-county level. They organized themselves in pairs to reach all 8 sub-counties in Kitui County, under the Maternal and Child Nutrition Programme. At least 4 in every 10 children under the age of five suffer from malnutrition. They are either too short for their age (stunting), have low weight for their age (underweight) or low weight for height (wasted).

When we arrive at the venue, the participants are keenly following the proceedings. They come from various departments at the sub-county, including health, agriculture, water and social services. The religious leaders and community based organizations are similarly present. The candid discussions and examples around cultural impediments to improved nutrition in the sub-county are particularly intriguing, especially the role of masculinity in promoting or hindering nutrition at household level.

To highlight the role of leaders in nutrition advocacy, one of the facilitators asks the team to line up. He then hands to each participant a piece of paper with titles like doctor, lawyer, teacher, high school dropout and primary school dropout, with instructions not to read them out loud or show one another. With all of them starting at the same level, he reads a series of statements, to which any of the participants would step forward if they agreed with the statement. This include having the ability to compete for a job in the county, ability to read and write, ability to intervene in a disagreement between county officials, ability to work in the field, ability to take children to the best schools, among others.

As the questions are read out, less and less participants move forward, until at the end, only two participants are at the very front of the line. The participants are then asked to read their titles out loud. It comes out that those at the very front are a lawyer and a doctor, while the primary school dropout is the one left farthest behind.



**Top :** CHW meeting, Kitui county

**Bottom:** – Sub county Advocacy Facilitator during a nutritional advocacy training in Zombe, Kitui County

With this done, the facilitators reiterate the need for those at the very front of the line to speak for those left behind, and support them for common good. This, he says, is how nutrition advocacy would work, leveraging those with power to speak for those with less.

As the training unfolds into the afternoon, I am wondering just how that specific exercise lays bare the inequalities we live with, and the need for those with the ability to speak on behalf of others to champion issues of common interest like nutrition. A child who is stunted due to malnutrition during childhood is denied the opportunity to fully achieve their potential. Consequently, the community they live in misses out on the person's contribution to the community. We miss out on excellent teachers, military officers, doctors, lawyers, social workers, even upstanding citizens, just because malnutrition was inadequately addressed in the early years of a child's life.

The training in Zombe is just one in 8 sub-county nutrition advocacy trainings that took place in Kitui county that week. I may not know what innovative techniques the other fourteen facilitators applied during their extension trainings, but if Zombe is anything to go by, I am confident. The communities have a crop of new nutrition advocates, whose key advantage is paramount: the contextual knowledge that brings the most fitting examples, the most understood illustrations, and the deepest sayings that resonate across the community with the ease nutrition advocacy requires to effect change.

One week, 16 facilitators, eight sub-counties and nearly 80 participants later, Kitui's advocacy extension trainings were finalized spanning all county departments, religious representations and community based organizations. This is the new frontline for the fight against malnutrition in Kitui County, and the new face of nutrition advocacy closer to communities.



The logo features the word "Kwale" in a large, white, sans-serif font. It is flanked by two white speech bubble outlines. Below "Kwale", the word "STORIES" is written in a smaller, white, all-caps sans-serif font.

**Kwale**  
STORIES



# Self-Help Groups Inspiring Better Nutrition

*Musa Omari Mlamba*

Community empowerment is key to success in promoting healthy diets and good feeding habits for mothers and young children. It is for this reason that a group of 12 community members in Mwabuga village, made up of nine first time pregnant women and three men formed a Breast Feeding Self Help Group.

On a hilly landscape in Matuga sub-county, one finds scattered semi-permanent houses, some thatched, some with iron roofing. It is in this area that Mwabuga village is located. It is usually green most times of the year, and most households have some chicken, goats or a mix of small animals. Mwabuga is one of the villages in Vyongwani catchment area. In the middle of the village you will find a mosque with white walls, iron roof and blocks, and a green minaret rising atop the building. There is also an Early Childhood Development Education (ECDE) Centre with 3 classrooms, and a borehole. A signboard just before the mosque reading "Mwabuga water project" will let you know you have arrived.

In 2007, during the world breastfeeding week, sensitizations were held by the department of health to encourage exclusive breastfeeding in the sub-county. This is the practice of feeding a newborn baby with only breast milk for the first 6 months of their life. The sensitizations were carried out by the Sub County Nutrition Officer Fatma, assisted by Community Health Volunteers, Mlamba and Madzo, who live in the village.

After the sensitization on improved feeding Practices and Exclusive Breastfeeding, the CHVs members came together to form a group that they called Mwabuga Breastfeeding Self Help Group. Nine women, who were pregnant at the time, also joined the group. This group aimed at being role models on the benefits of maternal and infant feeding to the surrounding community, drawing information from the sub-county nutritionist and the CHVs. An important part of this was the information shared on exclusive breastfeeding.

One of the components of the sensitization was the setting up of kitchen gardens as a way of improving household food diversity in the community. Mwabuga SHG took this up, and set up plots to demonstrate how kitchen gardening is done. They looked for a piece of land for a demonstration farm where the community could come and receive nutrition knowledge and farming skills. The group also distributed seedlings to pregnant mothers, Orphans and Vulnerable Children, care givers and to People Living with HIV to encourage the establishment of more kitchen gardens.

Though the kitchen gardens were to act as demonstration plots for the community, they were of greater benefit for the group itself since the nine women in the group were pregnant at the time.

All members were to have kitchen gardens at their residence where non-group members could learn from. In addition, the kitchen gardens were to be used to improve the variety of foods available to the households. In a community with influential customs and beliefs,



**Top :** An example of a kitchen garden, this one belonging to one of the community members in participating in the Maternal and Child Nutrition Program, Kwale County.

**Bottom:** Vegetable growing under a drip irrigation, Kwale County.

it was inevitable that at some point, someone would pose a challenge to the group and its activities. This happened when some elderly women disagreed with the group on the benefits of exclusive breastfeeding. They argued that they had raised healthy babies on porridge and breast milk, as opposed to exclusive breastfeeding. 'Wakati wetu tuliwapa watoto wetu uji mwembamba na walikuwa sawa!', literally meaning, in their time they gave children porridge together with breastmilk and the children were ok. This was, however, to be corrected through a sequence of events by the Mwabuga Self Help Group.

All the women in the group had successful deliveries, and practiced exclusive breastfeeding for their newborns. It was the significant difference between these children, and others who were not exclusively breastfed that convinced the elderly women to visit the group for more information, and eventually joined in the campaign to support exclusive breastfeeding and improved feeding practices.

The group continued to attract more members as a result of the healthy babies and the very green and productive kitchen gardens. The joy, unity and support within the group were also noticed by the community. With this, the group almost doubled in size, and eventually registered with the Department of Social Services in the county.

Currently, the group has one acre of Maize, 1/4 an acre of tomato crop, 1/4 acre of amaranths, and 1/4 acre of okra. The success of the group was not only noticed by the community, but also by the county government. In the financial year 2014- 2015 the group wrote a proposal to the Ministry of Agriculture requesting for Drip Kits to irrigate the land but was unsuccessful. However, in the following financial year they were supported with a full set of drip kits.

Vegetable growing under a drip irrigation. It is a boost to our community that a small group of women and men came together through the Community Health Volunteers' outreach. From exclusive breastfeeding support, the team has improved nutrition, health and income generation for not only its members but also the wider community. From one community forum, exclusive breastfeeding has been embraced, nutrition information shared, and a variety of healthy foods are available for the group and community.



# County's New Partnerships for Nutrition

*Fakii Omar & George Jaramba*

Kwale is one of the six counties of the former Coast Province. It is located in south coast of Kenya and borders the Republic of Tanzania to the south west. Kwale also borders Taita-Taveta to the west, Kilifi to the north and Mombasa to the north east. Kwale comprises four sub-counties namely Lunga-Lunga, Msambweni, Matuga and Kinango with three quarters of the county being dry land.

Before the introduction of county governments, Kwale County was one of the most marginalized areas in Kenya. In the year 2012, cases of stunting growth, high child morbidity and mortality rates were commonplace in Kwale County where a population of 649,931 (National Census – 2009) relied only on three major government hospitals and less than a dozen dispensaries spread out in the four sub-counties.

The county government is currently managing three government hospitals, eight health centers and sixty-four dispensaries spread across the four sub-counties. However, low literacy levels, poor healthcare infrastructure and unstable food security are some of the common social challenges facing the local communities. Perennial droughts is partly blamed on illegal logging and charcoal burning resulting to devastating environmental effects particularly in Kinango and Lunga-Lunga Sub-counties. The heaps of charcoal sacks lined up along the road side is evidence that charcoal business is a thriving economic activity in these parts of Kwale. The thickets that form most parts of the vegetation are so bare, one could see through from a kilometer away. There is little evidence that trees cut down for charcoal burning are ever replaced.

The practice has greatly affected crop production despite the local communities' efforts to engage in crop farming. The severe droughts have also affected livestock farming which is one of the major occupations of residents in the two sub-counties leading to widespread poverty data. This state of affairs has contributed to malnutrition whose most vulnerable victims are children aged under five years.

3 out of every 10 children are stunted in Kwale County. Malnutrition has kept children trapped in the cycle of poverty, where a malnourished child is more likely to miss out on social economic opportunities as an adult. Malnutrition also exposes them to other diseases such as tuberculosis and diarrhea by lowering the ability to fight common ailments. In some instances, this has led to death.

The introduction of counties has provided opportunities for other institutions, agencies, organizations and individuals including those with a focus on nutrition to complement the efforts of the county government in reducing malnutrition.

Under the leadership of the county government, interested partners have been instrumental in responding to malnutrition and other common challenges in health and other sectors. As a way of scaling up nutrition, development partners have collaborated with the county government to establish a Nutrition Multi-Stakeholders Platform (NMSP) in Kwale. The NMSP brings together different actors from the government, media, academia, private sector and civil society to jointly plan for investments and activities that directly benefit the populations affected with malnutrition. As a result of the NMSP engagement, the county government of Kwale has demonstrated the goodwill in promoting nutritional best practices. This is a significant step considering that about four years ago, only four nutritionists worked in the entire county. The total number of nutritionists currently stands at twenty.



**Top :** Nutrition advocacy training certificate, Kwale County.

**Bottom:** Kwale County Health and nutrition officials planning for nutrition advocacy in Ukunda, Kwale County.

The county government's school feeding programmes has partly addressed nutrition gaps among children by promoting child nutrition. This has led to increased enrollment, retention of children and improved performance in Early Childhood Development Education centres (ECDEs). The initiative has led to better health and resistance to infectious diseases that would otherwise keep children from attending school.

The county department of health, through the Community Health Volunteers (CHVs) has been engaging community members in promoting infants and young children feeding practices while sensitizing them at the household level on the importance of exclusive breastfeeding for the first six months of baby's life. There is a significant increase with regard to the uptake of such practices in local health facilities, where children under five years accompanied with their mothers are attending the nutrition clinic. The community health strategy has played an important role in engaging CHVs to strengthen community participation in health. The light at the end tunnel is becoming visible!

Devolution of the health sector could not have come at a better time as it has widened the participation space for more actors. The County Governments Act, for instance, directs County Governments to involve non-state actors in the county planning processes. This provides an opportunity for the NMSP to advocate for increased engagement of multiple actors in nutrition activities. It also allows for greater collaboration in designing county policies and programmes aligned to the County Integrated Development Plans (CIDP). This approach will ultimately amplify the voices of stakeholders and communities affected by the burden of malnutrition and focus on the need for greater accountability.

Kwale civil society consortium is proud to be represented in the NMSP and looks forward to supporting activities in the nutrition multi-stakeholders platform.



# Fighting Malnutrition, a Patient at a Time

*Mwasi Omar Mwakitoa*

In the interior part of Kwale county, twenty-six kilometers from Kwale county headquarters lies Kinango town. In general, Kinango sub-county is hard to reach. Of the 26 km, only the distance between the county headquarters and Shimba Hills National Reserve entrance is tarmacked which is about a kilometer. The rest of the way is a murram road up to Kinango. Phone network is also poor.

Mtaa dispensary is seventeen kilometers from Kinango township through Kinango –Mariakani road near Mtaa market, next to the chief's office, in Kasemeni ward. The dispensary serves a population of around 6700 people, distributed across 8 villages. It is marked by dry seasonal rivers and the shrubs at its side sympathize together as no rain has fallen in the recent past. The hot wind has swept away the soil, exposing white rocks that are now darkening due to frequent direct heat from the sun. There is just vastness and emptiness, punctuated by some water pans. The hot wind blows dust from the fields, some of which finally settles on the roofs giving the metallic color a shade of brown. It's so funny that we take pictures of friends in such conditions only to laugh at them later.

It is a situation that most residents of this area have come to accept, and they laugh together about it, inwardly hoping that one day a mighty downpour will bring a burst of life to this otherwise desolate landscape.

In 2016, I got deployed to Mtaa as a public health officer. I have a passion for this job. It's really in my blood. My mission is to work in a remote area like Mtaa and bring change, not only a temporary one but one that blossoms. Making sure all the change is brought by my hands. Just like what my late father told me in his last breath, "Bring something unique of your own to the people and you could be the hero". Unfortunately, this is not what happened. I really don't know how to explain what I am going through, but let me share my story.

As a Public health officer, some of my responsibilities include; health and nutrition promotion, law enforcement around health. This is important for survival, health and development of the Kinango community. Kinango has faced many challenges in realizing the acceptable status of nutrition.

Approximately 7 out of 10 people live below poverty line, which negatively affects the capacity of the families to cope with shocks resulting from food insecurity. Only a few can afford to buy varieties of foods to ensure they have a balanced diet. Some families take one meal in a day, and the priority is in food quantity and not quality. The understanding of health messages is constrained, and child care is compromised.

There are cultural beliefs, taboos and practices which negatively affect nutrition. For example, it is recommended to give a new born only breast milk before the age of 6 months. This is referred as exclusive breastfeeding; however, a cultural belief exists suggesting that giving honey and subili (a bitter herb, usually boiled in water) to a new born prepares the baby for both good and harsh life.

The level of literacy remains low, meaning existing cultural beliefs and practices do not easily disappear, but continue being preserved in the minds of the parents, specifically our mothers. Most of the mothers have not yet completed primary school education. A bigger portion has not even attended any level in the formal system of education. This highly affects the parenthood as the mother of the child will lack knowledge and skills to provide proper parenting. Some parents may even acquire and maintain poor attitudes towards the services in hospitals. It's a blow to the community members who are really trying to transform this bag of stones into feathers.



**Top :** Arid landscape in Kwale County

**Bottom:** Community members from Boyani village waiting for water tanker from the Kwale County Government.

According to the Kenya Demographic & Health Survey published in 2014, about 3 out of every 10 children under 5 years of age are too short for their age (stunting), and 1 in every 10 is below the ideal weight for their age. Stunting affects mental growth and development leading to poor performance in school, this in turn leads to poor economic development and poverty.

The 8 village largely depend on water pans as their main source of water. Of late, scarcity of water is experienced in the entire ward. The two big water pans one in Mtaa village and the other one in Mkulung'ombe village have run dry. Community members pay 30 shillings for a 20-liter container of water; not everyone can afford. Poor families must walk more than 10 km outside the villages to look for water pans that still have water. Rain is not promising either and it can take up to 6 months. When it finally rains it's not adequate to cater to everyone's need.

However, the Ministry of Health is doing everything to improve the ongoing situation. There is a program taking place in this area on nutrition facilitated and managed by the Ministry of Health in collaboration with partners like UNICEF, Population Services of Kenya and CISP with support from European Union. Community members and health service providers are being educated from door to door via trained community health volunteers on importance of nutrition. Themes being discussed are SHIKA TANO: emphasis on use of local available foods, vitamin A supplementation, exclusive breastfeeding, IFAS and diarrhea management. Other topics in ensuring good health specifically to children under five years of age, lactating and even the pregnant mothers.

Medical practitioners within Mtaa area have also set up local strategies aimed at reducing malnutrition in children. In a supporting move, the county has also periodically distributed water to communities during very dry seasons, a service that is highly anticipated and appreciated by the community. Clean water is essential to sustain good nutrition practices.

Every cloud has a silver lining. My mum once told me that however long the night is, the dawn will break. It is my belief that the darkest hours are just before dawn. Very soon, all the villagers will see this day, a day that every mouth shall say, "we are ready for change." As a public health officer working in Mtaa, I feel that we have started on the right foot and a greater change is expected in nutrition. The job has just begun, and the change will benefit us all. Are you ready for the change? I am. So, hold my hand, so you and, together, do this right.



TUNAJALI WATOTO

CISP  
COMITATO INTERNAZIONALE  
PER LO SVILUPPO DEI POPOLI



# Learning From Harsh Experiences

*Terezia Kadzo & Pauline Kanze*

Mrima village in Dzombo ward, Lungalunga sub county is believed to be food-secure due to its potential clay soil and average rainfall. The surrounding hills and forests appear to attract rain more than in other parts of the county of Kwale. It is, therefore, not surprising that subsistence farming is the main source of livelihood, maize and legumes being the most grown crops in the area. When you visit this village especially during the rainy season, you would not believe that lives have been lost due to malnutrition. However, Mr. & Mrs. Sudi have seen it, having lived in this village for about 20 years, and they shared their story with me.

Mr. and Mrs. Sudi are in their late 40s. Sudi is a subsistence farmer and a casual laborer while his wife is a house wife. They were blessed with eight children, both girls and boys something that every couple would be happy of, celebrating the fruits of their love. In a sad twist, however, their 3rd born child died in 2002. In 2013, Mrs. Sudi delivered a beautiful baby girl. You should have seen her, very beautiful and healthy. She was named Mwanahalima, and at birth she weighed 3kg. They were very happy as they left Vitsangalaweni health facility; carrying their daughter home after months of waiting.

Two weeks later, Mwanahalima's paternal grandmother unfortunately passed away, and Mrs. Sudi had to go and mourn with the other family members. They stayed there for a few weeks before returning home. Soon after they returned, Mwanahalima started crying more than she usually did. The cries worsened during the nights. This experience brought sorrow to the new parents, as it would any other parent, with many unanswered questions. The only solution for them eventually was to take Mwanahalima to the dispensary.

Mrs. Sudi had taken her child for growth monitoring every month with an expectation that she will gain weight, but to her disappointment Mwanahalima now weighed 2.6kgs at four months which was less than her birth weight. When asked by the attending medical officer, Mrs. Sudi reported that she was feeding her child exclusively on breast milk.

At the dispensary, signs of malnutrition were visible; Mwanahalima's skin appeared loose, her face looking older when she was barely 5 months old, and you could even count the number of ribs from a distance. In the village, Mr. and Mrs. Sudi were mocked by the community that their child has "Chira" a condition of sickness believed to be caused by infidelity within the marriage. Both Sudi and his wife did not agree with this assessment by the villagers.

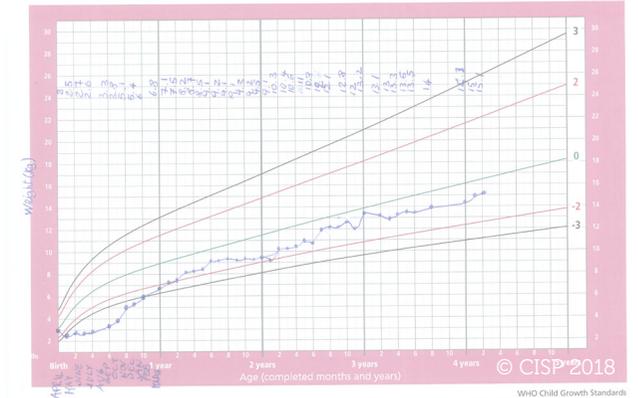
In 2002, Mrs Sudi had just delivered her fourth child. She had then visited her local dispensary; Mrima Catholic and Vitsangalaweni dispensary where she was referred for nutrition review at the then district referral hospital (it is now the county referral hospital). Their financial situation at the time could not support the referral treatment, bearing in mind that they had other family priorities.

The nurse in Vitsangalaweni dispensary referred the child to the county referral hospital in Msambweni for further review. The referral hospital is around 80 km from Mrima village. It was this referral that triggered a memory of the signs and symptoms that her 3rd born child had had before passing away in 2002.

The family decided to go home with the malnourished child, hoping he would recover. In any case, if it was true that this was "chira", as most community members believed, then it could be addressed by traditional healers. They even went ahead and visited a traditional healer. Nine months down the line the child's situation worsened and forced the stressed parents to take him back to the local dispensary. Upon arrival at the dispensary, a quick examination by the medical staff led the nurse to recommend they take the child to Msambweni immediately. The family members contributed some money for transport. Despite the rush to ensure the child got to the referral hospital, he unfortunately passed away halfway through the journey. The distraught parents had to turn back and bring their child home for burial.

### Weight-for-age GIRLS

Birth to 5 years (z-scores)



**Top :** Mwanahalima's growth chart explaining the low recorded weight in the first year her of life, Kwale County.

**Bottom:** Mother consulting a government officer on issues related to one of her children, Kwale County.

Years down the line, the current situation carried a very familiar feeling. She knew Mwanahalima's situation had moved from bad to worse. She said, "I knew I would lose my daughter if I do not take her to the referred health facility. I had taken action". Together with her husband looked for money and took the child to Msambweni county referral hospital.

On reaching there the parents were met by a young, energetic and compassionate nutrition officer who carried out the nutrition assessment. Little Mwanahalima was admitted at the facility and received inpatient management of malnutrition. She was diagnosed with severe acute malnutrition and some few other complications. It turned out that due to the family's economic situation, the child was not getting enough breast milk, while the result being the child's poor health stressed the mother and compromised her breast milk production.

Little Mwanahalima stayed in the ward for one month where she was being given therapeutic milk, while continuing with breast feeding too. Her nutrition status soon began to improve, and the nutritionist recommended that she should be discharged. She also reminded the mother to continue visiting the nutrition clinic and with exclusive breast feeding.

Mwanahalima's mother was determined to adhere to her child's clinic appointments as she knew if it were not for the nutrition support, her child could have suffered a similar fate as her 3rd born child. During her return visit one month after discharge, she was enrolled in outpatient therapeutic feeding program (commonly known as OTP) in Vitsangalaweni dispensary as directed by the nutritionist in Msambweni hospital. Here the mother was asked to bring the child to the OTP clinic on a weekly basis for close monitoring. It wasn't easy because the facility is about 6 km from her home. However, she sacrificed her time and resources to save the life of her child. Mwanahalima's health became her priority. Where there is will, there is always a way. After six months in the nutrition support, Mwanahalima improved and was discharged cured. This brought joy back to the faces of Mr. and Mrs. Sudi.

Mwanahalima is now 4 years and 6 months of age and she is in good health. She has started her Islamic classes and hope to start formal education comes January 2018. Mwanahalima's mother is grateful to the nursing officer Kanze, who referred her and the nutritionist Kadzo for their support. She says health and nutrition will be her first priorities to all her children, and that she will advise other mothers in her community from what she has learned through Mwanahalima's journey and eventual good health.



# Kwale County Joins Forces for Nutrition

*Kevin Sudi*

In November 2017, county officials from over 5 units, civil society and development partners came together to craft a collaborative approach to improving nutrition in Kwale County. It is 9 am, on a hot Thursday morning in Ukunda, and the meeting room still has a lot of empty seats. White seats are arranged in a U-shape with green fabric adorning the tables. Some participants have arrived though, and you can hear hushed whispers from the varying mix of conversations happening. Occasionally, you hear “county”, sometimes you hear “CEC”, in reference to the County Executive Committee Members, Kwale County being one of 47 counties that have recently concluded elections for the county executive (governor) and county assembly.

Almost as if someone was planning it, the room is immediately full. Seating spaces quickly fill up, as Fatuma, takes the floor and welcomes participants. Fatuma is the facilitator for the day, but officially, she is the Nutritionist for Matuga Sub-county. After a round of introductions, one can clearly see why this particular meeting is quite unique.

The county director, in her opening remarks highlights this uniqueness, mentioning the range of actors, both from fellow county health officials and other county departments, but also outside the county set-up, including the media, civil society, and development partners.

The concentration quickly shifts to the challenges in health and nutrition, the choices of fortified foods for the residents of Kwale, and ways to get more community members accessing fortified food. It turns out, as I later discover, that one of the participants from the civil society did not know about fortification in foods, but after the discussion on the topic in the meeting, he went home and checked the flour in his family kitchen. As he later narrates to me, he says “I was so relieved to see that logo you told us about on the packet of Unga (flour) in my house. I don’t know how my wife knew to buy the fortified one.” He laughs as we talk about this over tea-break, beaming proudly as colleagues pat him on the back, realizing that his family is using fortified foods.

When the meeting resumes after the break, the participants review the guidelines drafted to support their working together as a single forum for discussing nutrition for Kwale. These are the Terms of References for the Multi-Stakeholder Platform for Nutrition. They break into groups to finalize the draft document. The group discussions are so intense, that nobody realizes lunchtime has passed by over 40 minutes. It is almost 2pm when the team breaks for lunch, with conversations on nutrition and the MSP being extended to the lunch session.

Some, eager to not lose what they were discussing, rush back and continue working in their groups, and the passion is evident in comments like “that is my vision for nutrition in Kwale”.. They are now discussing the potential vision for the MSP. That it needs to reflect the diversity represented makes it both an entertaining and rigorous process. The County Health Promotion Officer throws in his vision idea and the group bursts into laughter. I am really interested in learning what it is he said, but I hang back, not wanting to disrupt the flow, harmony, team-work that is emerging from these usually separate entities. If you walked into the room right now and saw the range of county departments and other actors involved, you would never guess that this is a discussion on nutrition, and better still, a discussion on how they can work together to promote it in Kwale County. “What do we want the platform to achieve? That is what should be reflected in the mission.” A participant proposes. The fact that the person uses the word WE, signals for me the success of the MSP, even before it officially starts. The participants see themselves as part of a joint effort, through which change can be made for nutrition in Kwale.

If someone had told me, before I took the trip from Nairobi to Kwale to support the deliberations around this multi-stakeholder platform for nutrition that it would be this much fun, I would have probably thought they were jokers. Yet here we were, discussing which words should be omitted or included in the MSP vision and Mission statements, creativity flowing punctuated by hilarious examples to strengthen deeply supportive suggestions.



*Meetings with county officials and CSO's representatives, Kwale county*

The team will later come together again and develop a shared set of results to help them clarify the direction the county will go for nutrition as a shared agenda. This will be different county departments, divisions and units, as well as private sector actors, putting together their aspirations into a single agreed system of work.

After two long days of hard negotiations, sharing of ideas, emotive concerns, and relaxing laughter, the group managed to put together arguably the first ever draft of a Common Results Framework for Nutrition by a County in Kenya.

The idea of a platform for a range of stakeholders, agencies, and government departments working together to reduce malnutrition is now not an idea, but an existent and functional set-up with a shared vision for Kwale, put together by the platform members themselves.

The children that have struggled with malnutrition, who are about three in every ten for children under 5 years of age do not know it yet, but they now have a big army of people in the county now fighting for them. The push for scaling up nutrition in the county is now prepared to launch a new range of better, and more coordinated efforts. This is through the shared platform with a wide array of highly competent and passionate professionals convened by the county Department of Health.

The County Government, through the Department of Health appreciates the immense support of The European Union through UNICEF, and the technical support from the International Committee for Peoples Development- CISP, for making all this possible.



## Acknowledgement

CISP acknowledges first the people resident in the counties of Kilifi, Kwale and Kitui, people whose resilience and response to challenges in livelihoods, health and nutrition shine through the stories told in this publication.

With the communities, the County Governments of Kilifi, Kwale and Kitui through the County Department of Health have also lent their support to this project with their nutritionists, community health workers, and other health staff. They have worked closely with CISP to identify, collect, and refine the stories shared with us by the communities. Their collaboration with CISP is a strong part of why this publication came to be.

CISP wishes to appreciate the support of the United Nations Children's Fund (UNICEF) under the Maternal and Child Nutrition Project (MCNP), through which this advocacy process was possible.

## List of County Reviewers

We wish to thank the men and women who dedicated time and effort to read through each human interest story submitted and offered clarity and elaboration to make this publication possible.

### *Kitui County*

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Peter Mutio	Public Health Officer, Kitui East
Charles Kimanzi	Sub County Public Health Officer, Kitui South
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Hellen Kituku	Public Health Officer, Mwingi Central
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### *Kilifi County*

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Fakii Omar	Civil Society Consortium
Amani Fakii	Media Presenter
Regina Karanja	Nutrition Support Officer



## About CISP:

CISP Comitato Internazionale per lo Sviluppo dei Popoli (International Committee for the Development of the Peoples) - is a Non-Governmental Organization established in Rome in 1983 and currently active in over 30 countries worldwide.

CISP Kenya carries out projects in area of development by supporting National and county authorities to provide quality, equitable, transparent and accountable services in sectors of health and nutrition, education, child protection and renewable energy through capacity building, promoting active citizenship, shared accountability mechanisms at community, county authorities and National government level.

## About the Project:

This publication was developed as part of the Maternal and Child Nutrition Programme (MCNP), a UNICEF funded initiative aimed at supporting Kilifi, Kwale and Kitui Counties in Scaling Up Nutrition. This included enhancing community feedback to increase demand for quality nutrition services and understanding community experiences to inform advocacy strategies and actions.

“Community Nutrition – in our own words”



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