



## PROJECT SUMMARY

### Samburu Traditional Birth Attendant Training

#### Background:

The Samburu district remains largely a remote area with poor infrastructure making health programme intervention programmes difficult to implement. As a result, few NGOs venture into Samburu. The inhabitants have no cash economy and are dependent primarily on livestock. Many people live two days walk from health facilities a combination of drought and widespread cattle rustling continue to make a large number of people destitute. The majority of the top ten diseases which inflict the Samburu are treatable through basic primary health care. Due to the long distances and the limited number of maternal clinics available in Samburu, traditional birth attendants (TBA) remain paramount to maternal and neonatal health.



MOH facilitators training TBAs in Angata Rongai

<b>Samburu Facts</b>	
Population	164,826
Population growth rate	2.8 per annum
Tribe	Samburu
Household Size	4.4
Geographic Area	20,058 km <sup>2</sup>
People per km <sup>2</sup>	7
HIV/AIDS prevalence	17%
Average Annual Income	US\$ 270
% in Paid Employment	12%
% Below poverty line	39%
Crude birth rate	49.4/1000
Crude death rate	10.5/1000
Infant mortality	34/1000
Life expectancy	49 years
Primary source of income	Livestock

Source: Regional Government Statistics, AIDS in Kenya 2001  
 Note: HIV prevalence is of pop aged 10+. % in paid employment is % of economically active population and Community health officer of Samburu Mr Ndungu

#### ICROSS Role:

ICROSS (having a track record of health and livestock projects in Samburu that dates back to 1983) was approached by the Ministry of Health in Samburu who asked for assistance to implement primary health activities in five neglected locations. ICROSS secured funding of Euro!?!?! from the Irish Government (DCI) to fund interventions in five locations (Angata Rongai, Kitobar, Lorokoti, Nkutoto Arus and Noorsitet). The programme commenced in July 2005 and is expected to be completed by July 2007. ICROSS works with the Ministry of Health who are responsible for the on the ground implementation, monitored and supported by ICROSS.

#### The TBA project:

Through a community health worker training, 20 women from each of the five communities were identified to under go TBA training. These women would attend two one-week seminars facilitated by ministry of health workers. The women were taught the essentials of neonatal and maternal health, how to recognise abnormal symptoms and when to refer pregnant women to maternal health clinics. Moreover, the women would learn how to deliver, although home



deliveries are not encouraged, they become equipped to deal with emergency deliveries. TBA kits were provided by ICROSS Ireland and contain all the necessary tools to assist a delivery. This project trained 100 TBAs in five communities. Throughout the project, ICROSS worked closely with district health officers who drew from local expertise and taught using a culturally appropriate birth attendant curriculum.

**Monitoring & Evaluation:**

The 100 ICROSS trained TBAs have all been issued with referral forms, ensuring the mothers rapid treatment when reaching the maternal health clinics. Maternal health and primary health clinics keep records of referrals and are aware of the 100 newly trained TBAs. This allows the ministry of health and ICROSS to follow how many referrals and safe deliveries take place as a result of the TBAs.

*Photo: MOH facilitators do not just teach in a classroom, but go with the women into their communities and train them according to the means and resources they have available.*



This project was funded by:

