

REPORT ON SUPPORTING KANGAROO MOTHER CARE (KMC) UPTAKE AND CERVICAL CANCER AWARENESS IN HEALTH FACILITIES AND COMMUNITY- LONGIDO DISTRICT COUNCIL



Conducted by Natron Healthcare

www.natronhealthcare.org

In Collaboration with Longido District Council

Report compiled by the Osim Foundation and Natron
Healthcare

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Table of Contents

1. Executive Summary
2. Background / Introduction
3. Objectives of the Activity
4. Methodology
5. Activity Implementation
6. Outcomes and Observations
7. Challenges Faced
8. Recommendations
9. Conclusion
10. Acknowledgement
11. Appendix



1. Executive Summary

This report presents a summary of the activity conducted by Longido District Council in collaboration with Natron Healthcare, focusing on supporting the uptake of Kangaroo Mother Care (KMC) and increasing awareness of cervical cancer. The activity was carried out in 14 healthcare facilities over a period of seven days and engaged nearly 250 participants, including women, Traditional Birth Attendants, healthcare providers, Community Healthcare Workers and community leaders. It included capacity-building sessions for healthcare providers, community engagement, and data collection to assess current awareness levels. Natron Healthcare provided financial support, technical guidance, and educational materials, while the District Executive Director authorized the initiative through the health department. The report outlines the process, key outcomes, challenges faced, and recommendations for future actions.

2. Background / Introduction

Maternal and child health remains a critical area of focus in Tanzania, especially in underserved regions such as Longido District. Kangaroo Mother Care (KMC) is a proven, cost-effective intervention for improving outcomes for preterm and low birth weight (LBW) babies. Cervical cancer (CaCx), on the other hand, is a leading cause of cancer-related deaths among women, yet remains preventable through early screening and education. In response to these needs, Longido District Council partnered with Natron Healthcare to strengthen KMC uptake and enhance cervical cancer awareness among healthcare providers and communities.

3. Objectives of the Activity

The main objectives of the activity were as follows:

- To promote the uptake and integration of Kangaroo Mother Care (KMC) in selected health facilities.

- To increase knowledge and awareness of cervical cancer among healthcare providers and communities.
- To assess the current practices, gaps, and needs related to KMC and cervical cancer awareness.

4. Methodology

A participatory approach was used, including on-site visits to 14 healthcare facilities within Longido District. Facilitators conducted sessions different methodology including:

- Culturally sensitive visual aids
- Interactive discussions
- Practical demonstrations
- Small group discussions

A combination of quantitative and qualitative methods was used to evaluate the activity's impact.

Design and Method

The workshop was designed to impart knowledge of KMC and to shift attitude and improve uptake of the skill to increase the health and positive prognosis of LBW babies; and to raise awareness of cervical cancer awareness at health facilities and community at large. The workshops also provided Longido District medical staff with an overview of the level of community awareness about these issues and to learn what obstacles exist that prevent people from seeking or adopting appropriate care.

The workshop utilized various methods to ensure effective adult learning. These methods have been developed and used by Natron Healthcare since 2008 and focus on respectful, mutual engagement and the use of culturally-relevant props.

The workshops were conducted in Kimaa with Swahili translations and vice versa.

Groups, including facilitators, sit in a circle or similarly informal arrangement. The facilitators “teach” sitting down as this position signals equity, and then stand up to demonstrate skin-to-skin. Participants are actively encouraged to speak and engage, and it is through these mutually respectful discussions that the facilitators are able to better understand the actual level of awareness and practice of KMC and awareness of cervical cancer in communities, and to assess the obstacles to both providing and seeking appropriate care.

The first workshop began at 9:00 hours in the morning and the final ended at 16:00 hours. We visited three facilities per day, spending an average of two hours in each facility.

Facilitators

Facilitation of the workshop was done by a team of three facilitators and the whole activity was overseen by a representative from Natron Healthcare. Natron Healthcare guided and trained the facilitators.

Participants

The workshop was conducted to 150 participants, 16 healthcare providers, 14 Community Healthcare Workers (CHWs), 70 Traditional Birth Attendants (TBAs) and 22 Community leaders. In addition, 10 pregnant women, found at the facilities, joined the sessions.

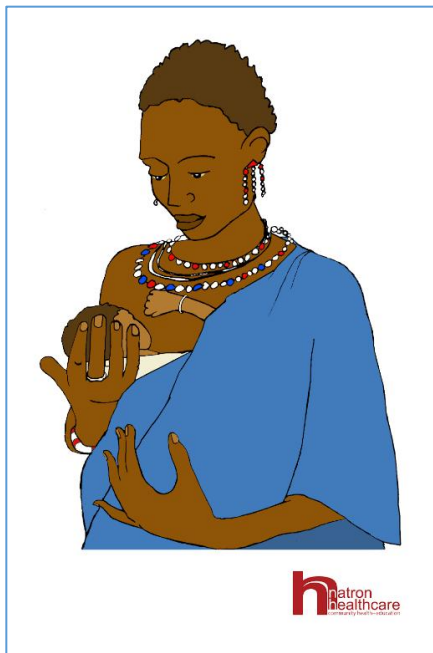
5. Activity Implementation

Locations and time

The activity took place over a period of seven days and was implemented across 14 healthcare facilities which are

- Engarenaibor health centre
- Tingalesingita dispensary
- Mundarara dispensary
- Kamwanga dispensary
- Irkaswa dispensary
- Olmolog dispensary
- Ketumbeine dispensary
- Ketumbeine health centre
- Gelai lumbwa dispensary
- Sinya dispensary
- Leremeta dispensary
- Endonyoemali dispensary
- Magadini dispensary
- Gelai bomba dispensary

Facilitators led training sessions focused on the principles and practical application of KMC, as well as cervical cancer prevention, screening methods, and referral pathways. Natron Healthcare provided the financial support, technical advice, and training materials, while the District Health Department coordinated the logistics and selected the participants.



A Natron Healthcare KMC poster donated by the St. Johnsbury Rotary, USA

Materials and tools

The workshop materials used were guidelines developed by MOH. Masai figure “cutouts” designed by Natron Healthcare were used in discussions, as was a doll. Posters showing a Masai mother using KMC were donated to each facility.

Sessions covered

The workshop covered all two key sessions aspects including importance of using skin to skin mother care, obstacles to increased uptake of the services and way forward second part was a questionnaire for all participants regarding their awareness of the cause, prevention, detection and treatment of cervical cancer. This questionnaire served two purposes: to gather responses for the District; to provide an opportunity of community members to express their ideas and concerns about the disease.

Participant Expectations

At the beginning of the work shop, participants shared the following expectations:

- To gain practical skills on KMC especially among CHW who had little to no formal exposure to the method.
- To understand the causes and prevention of cervical cancer and how to educate women in their communities.
- To receive training materials and tools that would help them share accurate information with mothers and families
- To strengthen referral linkages between CHWs and health facilities
- To feel more confident when advising or assisting mothers with LBW babies or those eligible for cervical cancer screening
- To participate actively in reduction of maternal and perinatal mortality and morbidity by promoting and delivering quality care
- To sharpen and improve attitudes towards KMC services and cervical cancer screening

Participant Experience

- Some participants especially TBAs were familiar with KMC and they elaborated to us how they practiced.
- Most participants reported that they felt empowered after learning how KMC can save the lives of low-birth-weight babies and that there is no cost to this care.
- Hands on learning (Demonstration) allowed even the less literate TBAs to grasp the concept of skin-to-skin care
- Many TBAs and CHW admitted to holding or encountering harmful myths about cervical cancer. The sessions helped clarify causes, risk factors and the importance of early screening. It is worth noting that as the sessions were proceeding, we received several requests to conduct cervical cancer screening and they suggested the activity be conducted as soon as possible.
- The inclusion of CHW made them feel valued and more motivated to continue working in partnership with healthcare facilities.
- Most community members said this was their first time formally learning about KMC and cervical cancer screening.



Magadini Primary School Deputy Head Teacher Grace John (left) attended the workshop. She writes: “We are very thankful for this because I myself didn’t know that, and now I know how to care a baby born with low birth weight.”

Facilitator Experience

The three facilitators should be considered “participants” as they were being trained to use methods developed by Natron Healthcare. The NHC approach asks facilitators to assume a less domineering role and to see participants as equal partners in healthcare. This is done through body language, tone and an open approach. Josiah Muruve, Longido District Reproductive Health and Child Coordinator, one of the facilitators, observed:

“Facilitating while standing make us appear more authoritative and in control of the session, also it seems participants likely to focus us as leaders when we switch to sitting it makes us appear less formal and easily approachable, this approach foster a relaxed and open atmosphere

encouraging more honest sharing. To me sitting was a good option though I suggest mixing it with standing up because sometime when you stand it allows you to move around, making eye contact with everyone and use body language to emphasize points.”

He further noted:

“I was reminded that simple, low-cost interventions like KMC can have a profound impact on newborn survival—especially in resource-limited settings like in many of our facilities in Longido. Despite the lack of incubators or neonatal units,, the warmth and connection provided by skin-to-skin contact [can be] life-saving.

“Through open discussions, I learned that cultural beliefs, fears, and myths strongly influence how women perceive cervical cancer and preterm infant care. Some participants associated cervical cancer with curses or promiscuity, while others were hesitant about KMC due to traditional norms around baby care especially when we tell them that men can also be involved . Understanding these views helped me realize that medical knowledge alone is not enough—facilitators must approach health education with cultural sensitivity and respect to truly create change.

“While I came in as a trainer, I left with greater humility and insight. I learned from the resourcefulness of traditional birth attendants, the dedication of community health workers, and the lived experiences of the participants. Their commitment to maternal and child health, despite many challenges, reminded me that every voice matters, and sustainable change must be built on community involvement, trust, and shared learning.”

6. Outcomes and Observations

- Increased knowledge and practical skills among healthcare providers, village health workers and traditional birth attendants in KMC and cervical cancer awareness
- Strengthened facility-level readiness to implement KMC using available resources.
- Enhanced community-level understanding and positive attitude towards cervical cancer screening.
- Identified areas for continued support and mentorship in both KMC and cervical cancer programming.
- Participants asked many questions on feeding practices for LBW babies
- Some TBAs shared their experience on taking care of LBW babies where by they explain how they use the local remedies mixed in cows’ milk which are believed to promote baby’s growth.
- Participants were eager to know about causes of LBW and preventive measures and it was well elaborated by the facilitators
- We also observed male involvement on practicing skin-to-skin is a little bit of a challenge in many areas visited since most of them are family breadwinners so it’s hard for them to practice it effectively. We encourage them to practice when situations allow.
- It is worth noting that TBAs asked to be provided with gloves and other items for conducting delivery. We discussed with them the consequences of home delivery, educate them on danger sign detection and importance of early referral of women in labor with the assistance of men.

- As we were discussing the causes of LBW, we had many questions related to several health conditions like anemia in pregnancy, pre-eclampsia and eclampsia, sexually transmitted infections etc. and all were responded accordingly
- Participants also asked if genital herpes is same with cervical cancer, the trainers elaborated well the differences between the two terms.
- Also we observed that there are cultural beliefs around cervical cancer that may impede care.
- Facilitators garnered a greater understanding of the barriers, both practical and cultural, to obtaining care for LBW – and these are mirrored in the difficulty for providers in providing care.
- Facilitators garnered a clear, if bleak picture of the lack of knowledge in communities about cervical cancer's causes, diagnosis, prevention and treatment.

Data Collection

- All participating facilities will record KMC offered to mothers of LBW babies and note any unprompted requests for KMC.
- All participating facilities will record requests for CaCx screening and referral information.
- As there is no previous record for either of these above, these records must serve as a baseline and will be gathered in December, 2025.

7. Challenges Faced

- Limited infrastructure and space in some health facilities to fully practice KMC training with a large group.
- Inadequate staffing in rural facilities affected attendance in some session. For example, at Endonyomali Dispensary we found many women with their babies waiting for vaccine and nutritional assessment services; the nurse was not around so spent two hours serving them before we commence with the learning session
- Cultural barriers and myths about cervical cancer and KMC require additional engagement efforts.
- Maternal care and infant care are negatively impacted by traditional beliefs and practices such as giving cows milk and local remedies to LBW babies.
- Families do not have adequate information about the needs of LBW babies.
- TBAs are clearly in need of support, both with materials such as gloves and improvement of skills.
- There is very poor knowledge of cervical cancer in the communities.
- Despite the demand for cervical cancer screening services among women of reproductive age there are few health facilities providing this service and an inadequate number of trained personnel.

8. Recommendations

- Continued mentorship and follow-up support for healthcare providers, CHWs and TBAs on KMC and cervical cancer services.

- Supply basic KMC equipment and IEC materials to health facilities including provision of job aids and materials in local language (Maasai/Swahili).
- Community sensitization campaigns to address stigma and promote cervical cancer screening.
- Institutionalize regular in-service trainings to sustain knowledge and skills.
- Involve male community members in future awareness sessions about cervical cancer.
- Organize joint learning sessions between CHWs, TBAs, and healthcare providers.
- Cervical cancer screening outreach services must be conducted at least quarterly in highly in-demand communities and hard to reach areas.
- More healthcare staff need training in CaCx screening.

9. Conclusion

The activity successfully contributed to strengthening maternal and child health services at the 14 health facilities visited in Longido District through capacity building on KMC and cervical cancer awareness. However, much remains to be done to improve the skills of TBAs and VHCs in providing frontline care for women and their babies. Sensitive, respectful education needs to occur to combat harmful myths and practices while supporting a sense of empowerment through real skill application and therefore retaining community respect. The District must seek ways to regularly provide CaCx screening services to all communities - including those that are remote. Continued collaboration with stakeholders, district authorities, and community leaders is essential for sustainable impact.

10. Acknowledgements

First and foremost, we give heartfelt thanks to the Almighty God for granting us life, strength, and good health throughout the planning and successful implementation of this important activity.

We extend our sincere gratitude to the Longido District Council, under the leadership of the District Executive Director, for granting official permission to conduct this activity through the District Health Department. Your support provided the foundation that enabled us to reach 14 healthcare facilities across the district.

Special thanks go to the Natron Healthcare, an NGO based in the United Kingdom, for their generous financial support, provision of teaching materials, and continuous technical guidance. Your contributions were vital in ensuring the smooth execution of the activity.

We also acknowledge the dedication and professionalism of the facilitators, whose expertise and commitment greatly enriched the learning experience. Your efforts played a key role in promoting the uptake of Kangaroo Mother Care (KMC) and raising awareness about cervical cancer among healthcare providers.

Last but not least, we sincerely thank everyone who participated or supported this initiative in one way or another. Your involvement, no matter the capacity, was crucial to the successful completion of this task.

11. Appendix

I. Training villages and timetable

II. Response from Josiah Muruve on his experience using NHC methods

III. Photos from the activity

I: Training program/Agenda

PROPOSED VILLAGE AND TIMETABLE:

SN	DATE	HEALTH FACILITIES
1.	2/6/ 2025 MONDAY	1. ENGARENAIBOR HEALTH CENTRE 2. LESINGITA DISPENSARY 3. MUNDARARA DISPENSARY
2.	3/6/2025 TUESDAY	1. KAMWANGA DISPENSARY 2. IRKASWA DISPENSARY 3. OLMLOG DISPENSARY
3.	4/6/2025 WEDNESDAY	1. KETUMBEINE DISPENSARY 2. KETUMBEINE HEALTH C ENTRE 3. GELAI LUMBWA DISPENSARY
4.	5/6/2025 THURSDAY	1. SINYA DISPENSARY 2. LEREMETA DISPENSARY 3. ENDONYOMALI DISP
5.	6/6/2025 FRIDAY	1. MAGADINI DISPENSARY 2. GELAI BOMBA DISPENSARY

Appendix II.

1) What are three things you learned during the workshops? These can be anything - medical facts, an insight into yourself or something you learned about or from a community.

First I was reminded that simple, low-cost interventions like KMC can have a profound impact on newborn survival—especially in resource-limited settings like in many of our facilities in Longido. despite the lack of incubators or neonatal units in many facilities, the warmth and connection provided by skin-to-skin contact proved to be life-saving. This reaffirmed the importance of promoting accessible, evidence-based practices that communities can implement even with limited resources.

second Through open discussions, I learned that cultural beliefs, fears, and myths strongly influence how women perceive cervical cancer and preterm infant care. Some participants associated cervical cancer with curses or promiscuity, while others were hesitant about KMC due to traditional norms around baby care especially when we tell them that men can also be involved. Understanding these views helped me realize that medical knowledge alone is not enough—facilitators must approach health education with cultural sensitivity and respect to truly create change.

third While I came in as a trainer, I left with greater humility and insight. I learned from the resourcefulness of traditional birth attendants, the dedication of community health workers, and the lived experiences of the participants. Their commitment to maternal and child health, despite many challenges, reminded me that every voice matters, and sustainable change must be built on community involvement, trust, and shared learning.

2) Did you witness a change in the engagement of the participants when you used the Natron Healthcare method? If yes, can you give an example? If no, can you explain what happened?

At first we start facilitating the session while standing up then immediately we switch to sitting down and here are notable changes that i observe

facilitating while standing make us appear more authoritative and in control of the session, also it seems participants likely to focus us as leaders when we switch to sitting it makes us appear less formal and easily approachable, this approach foster a relaxed and open atmosphere encouraging more honest sharing

To me sitting was a good option though I suggest mixing it with standing up will be more effective because sometime when you stand up it allows you to move around, making eye contact with everyone and use body language to emphasize points

3) Can you tell us three actions taught by the Natron Healthcare method?

- *attentive listening*
- *respecting each one ideas and contributions and avoiding interruption when someone speaking*
- *paying attention to non verbal clues*
- *use of encouragers and open ended questions when facilitating*

4) What did you learn about the participants in the workshops?

- *very cooperative*
- *eager to learn*
- *ready to change*
- *charming and welcoming*
- *positive attitude toward what presented to them*
- *majority of the participants were female middle and old aged women in some cases when we were discussing matters pertaining to reproductive issues/organs they seems to be more open when*

discussing with fellow female (middle/old aged facilitator) and Wema Laizer one of the facilitator plays a crucial role during this moment,
- they possess rich local knowledge on various aspect relating to maternal and child health

5) What did you learn about their communities?

- limited access to quality health services in some parts visited especially on parts of Magadini
- existence of myth, misinformation, cultural and traditional beliefs that hinder community health (including health seeking behaviours)
- willingness to learn and adapt new knowledge

6) Do you think you will incorporate some of the Natron Healthcare methods in your work as a healthcare provider? Please explain. *YES especially when facilitating to participants with low level knowledge*

7) What shocked or surprised you most during the workshops - good or bad?
misunderstanding and myth surrounding cervical cancer especially on causes and screening

8) Did you find it difficult to listen and respond in a neutral manner when participants said things that you knew to be harmful or incorrect? *NO*

9) Was it useful to hear their perspective? Do you better understand the obstacles many people face to seeking or getting care? *YES*

10) Anything else you'd like to add!

Although the training was valuable, I personally feel that there is still a big gap and limited understanding in the community about cervical cancer. Many questions remain, and there are many women facing challenges without knowing how to get help.

I suggest we develop both short-term and long-term strategic plans to support the community in this area.

I would also like to thank and commend you for your dedication to serving the community, especially the pastoralist communities. Your work is meaningful, and I wish you all the best. Thank you. Thank you again!

Josiah Muruve

District Reproductive and Child Health Coordinator - Longido DC

Appendix III: photo from Activity



