

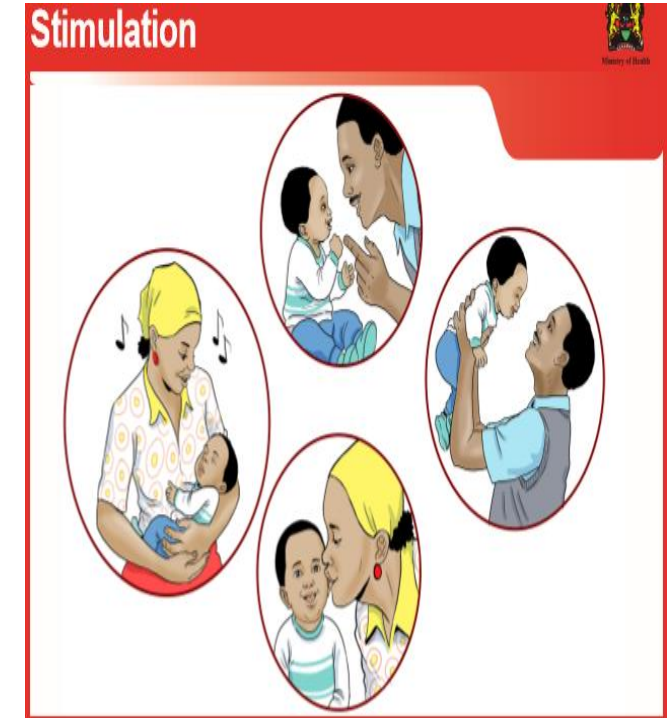
# BABY FRIENDLY COMMUNITY INITIATIVE- OPPORTUNITY FOR INTEGRATING CARE FOR CHILD DEVELOPMENT

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**MINISTRY OF HEALTH**



# Baby Friendly Community Initiative (BFCI)

- A community-based intervention to promote, protect and support, **breast feeding, optimal complementary feeding and maternal nutrition**
- It also includes sanitation and hygiene, early childhood stimulation, referral to MCH, HIV services among others
- Works through
  1. Formation and training community mother support groups (CMSG), mother to mother support groups (M2MSG) and close links to Health Centers and local authorities.
  2. Home visitation
  3. Community campaigns for MIYCN
- Developed to expand the 10<sup>th</sup> step of baby friendly hospital Initiative (BFHI)
- Focuses on support for MIYCN at community level

# WHO Recommendations for Breastfeeding & Early Feeding

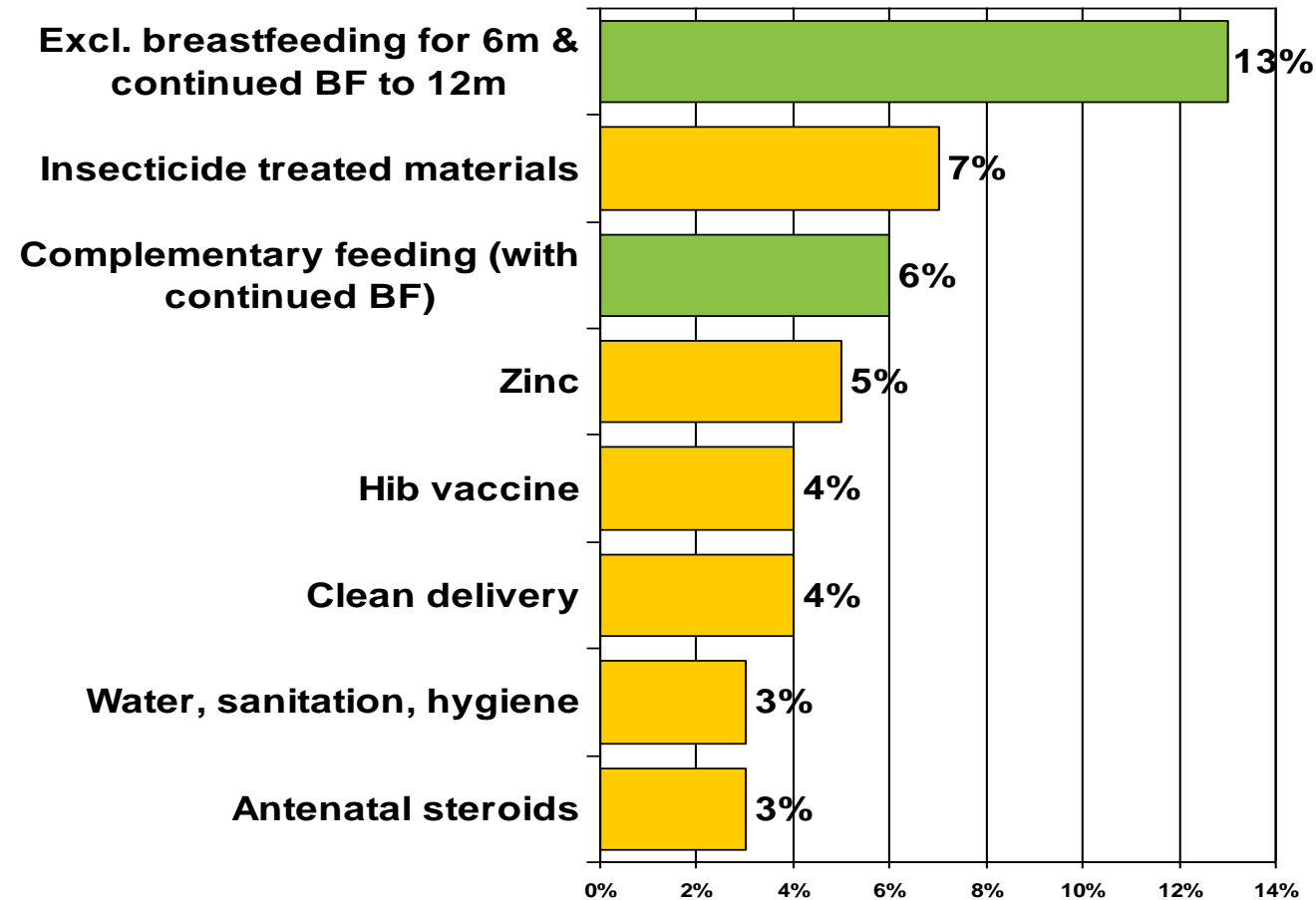
**Immediate  
initiation of  
Breastfeeding**

**Exclusive  
breastfeeding for first  
six months**

**Sustained breastfeeding for 2 years or beyond**  
alongside appropriate, adequate and safe  
complementary feeding from 6 months

Optimal maternal nutrition, social  
and community support

## Importance of IYCF (BF & CF) in child survival



**BF & CF = single largest impact on child mortality of all preventive interventions : 19%**

Source: Lancet  
Child Survival  
Series 2003/2013

New Lancet 2016- BF annually save about 823,000 children under 5 years of age

- ✓ Prevent > 54% of all diarrhea episodes and 72% of all admissions for diarrhea
- ✓ Prevent against 57% of all admissions for respiratory infections
- ✓ prevents against cancers 20,000 cases of breast cancer among women

## Exclusive Breastfeeding and Child Mortality in Kenya- KDHS

KDHS	Exclusive Breast feeding rates	Neonatal mortality trends	Child mortality (<5)
2003	13%	33/1000lb	115/1000lb
2008	32%	31/1000lb	74/1000lb
2014	61%	22/1000lb	52/1000lb

As EBF rates increase, there is reduction in child mortality

# The economic case for investing in breastfeeding

**Economic gains: US\$302 billion/year**

Due to increased productivity associated with higher intelligence

**Estimated health benefits:** Reduced annual healthcare costs totaling nearly \$400 million in the U.S., UK, Brazil and urban China



# Innocent declaration 1990

**Recognizing the importance of breastfeeding**

Convinced of importance of Exclusive BF for 6 months and extended duration of breastfeeding

**Declared that:  
All women should be enabled to practice exclusive breastfeeding for upto 6 months and continued breastfeeding for up to two years or beyond.**

## WHO AND UNICEF (2002) Global strategy

**WHO & UNICEF developed the global strategy with 9 operational targets/Actions which countries were to implement with the aim of improving child survival**

In cognizance for continued support at community level

**(ACTION 2, 6,7)**

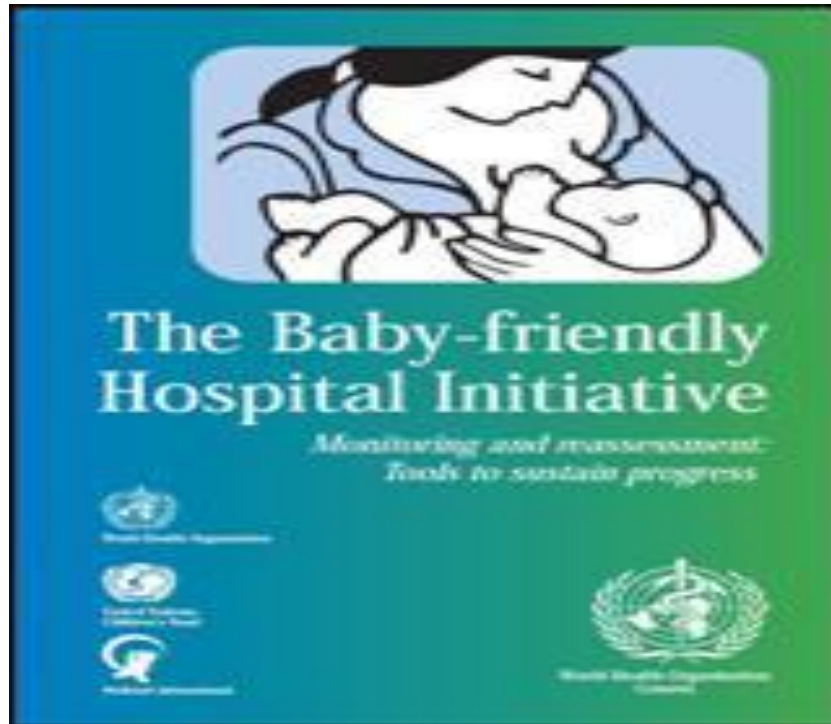
**Action 2: Ensure that every maternity practice the ten steps to successful breastfeeding (Baby Friendly Hospital Initiative -BFHI)**

**Action 6: Ensure H/C systems and other relevant sectors promote, protect and support EBF and continued BF for upto 2yrs or beyond while providing women with support they require to achieve this goal in the family, community and workplace**

**Action 7: Promote timely, adequate, appropriate and safe complementary feeding with continued breast feeding upto 2 years and beyond**



# Kenya Adoption of the Global Strategies for Breastfeeding Promotion

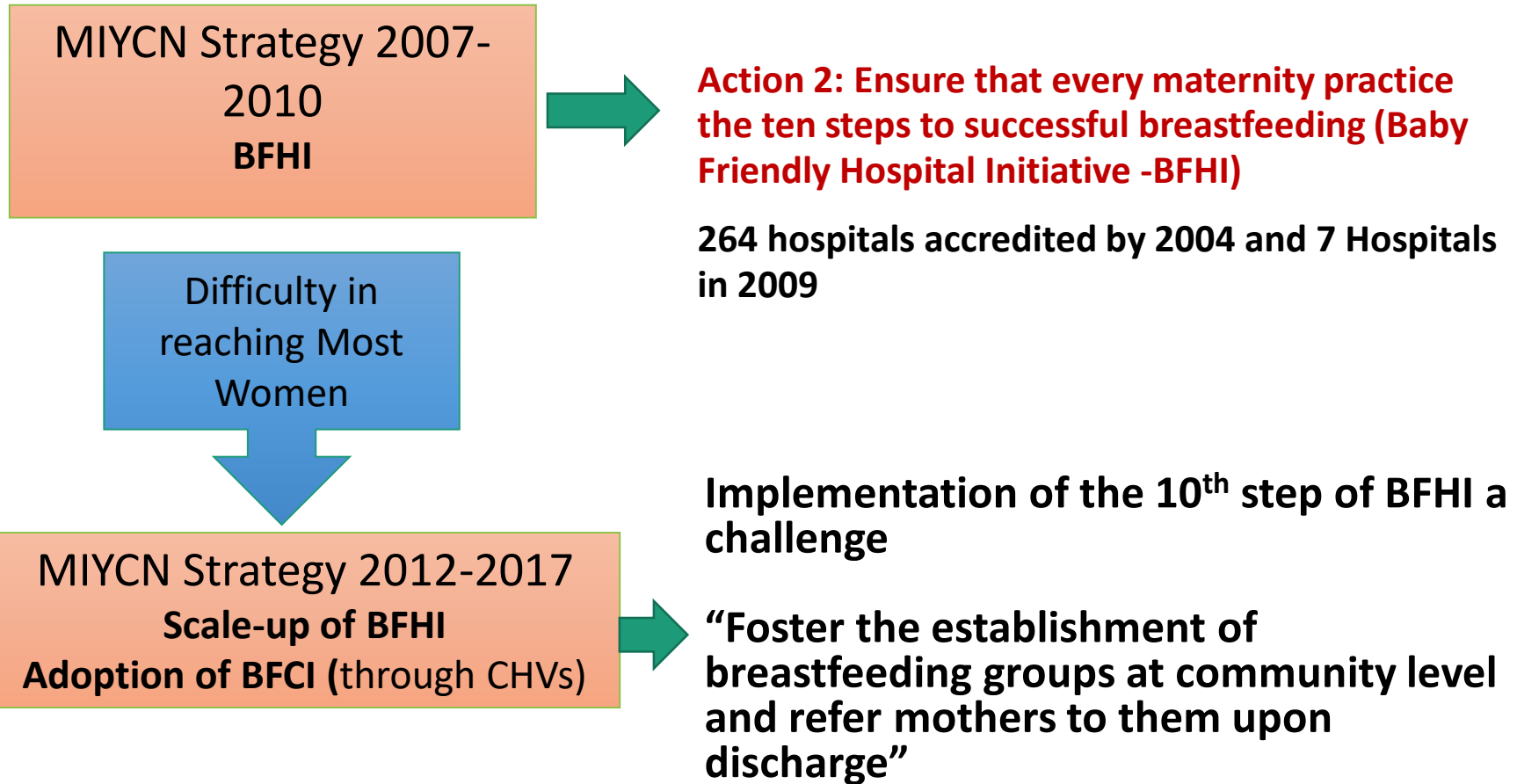


Baby Friendly Hospital Initiative (BFHI)



Baby Friendly Community Initiative (BFICI)

# Strategies in Kenya





Mother Support Group



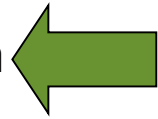
Family



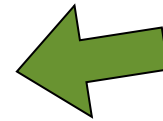
Husband



Media



Household help



Friends



Work



Health Professional

**Friendly Community Initiative**

# **Going From Evidence → Policy**



**o phased study**

**at did we set out to find out?**

ative, public-informed approaches of community engagement in the baby friendly  
community initiative

## How did we do it?

### Participatory Action Research

Focus group discussions

Key informant interviews

In-depth Interviews

Community Dialogues

Case Studies



# About the Study

## Where did we go?

- Nairobi (slums residents and middle income), Kajiado, Machakos, Kiambu, Vihiga, Kwale
- Case Study: Cambodia

## Whom did we talk to?

- Mothers, fathers, grandmothers, community leaders, TBAs, CHWs, health professionals
- 54 interviews; 267 participants



# BFCI in Cambodia Samlot Chheuteal HC

- ***BFCI volunteers.***
  - Village Health Support Group (VHSG) members,
  - Women volunteers (model mothers),
  - Traditional birth attendants (TBAs),
  - Village chief,
  - Religious leaders, and/or other members of the community who can be trained to provide information, education, and counseling to mothers on breastfeeding and complementary feeding





# Five Keys To BFCI Success

**A MULTI-SECTORAL APPROACH**

**ADEQUATE NATIONAL  
AND COUNTY LEVEL  
BUDGETS**

**STRENGTHENING  
EXISTING  
STRUCTURES**

**GOOD  
COMMUNIC  
ATION**

**HUSBANDS AND  
GRANDMOTHERS**




A global center of excellence, consistently generating and delivering relevant scientific evidence for policy and action


# Baby Friendly Community Initiative implementation guidelines

Republic of Kenya  
Ministry of Health

## Maternal Infant and Young Child Nutrition



National counseling cards



MINISTRY OF HEALTH

## Baby Friendly Community Initiative

Implementation Guidelines

May 2016



MINISTRY OF HEALTH

## Baby Friendly Community Initiative

External Assessment Protocols

May 2016

# Launch of BFCI package during the WBW 2016

*Launch of BFCI Package during the WBW by honorable members of parliament- Honorable Mule, Honorable Ore, UNICEF, WHO and our DMS Dr. Kioko*



# Steps in establishment of BFCI

1. Orientation of the National policy and decision makers
2. Orientation of County and Sub-county HMT together with key stakeholders
3. Training of TOTs on BFCI
4. Training CHEWs and Health Care Workers
5. Orientation of CHC, PHCF Committee, and other community leaders
6. Mapping of households
  - i. Selection and training of CHVs for mapping
  - ii. Mapping of households
7. Establishment of Community Mother Support Groups
8. Training of CHVs and community mother support group (CMSG) on BFCI
9. Establishment of (M2MSG)

# BFCI intervention

- Trainings on BFCI
- Targeted home visits
- Bi Monthly Baby friendly community gatherings
- Education sessions for mothers at Maternal Neonatal Child Welfare Clinic (MNCWC) & documentation
- Bi-monthly CMSG meetings –community gatherings
- Monthly M2MSG meetings
- Monthly CHVs meetings
- Mentorship and supportive supervision
- Establishment of Mother and Baby Friendly Resource Centre
- Monitoring, evaluation and reporting of BFCI activities
- Periodic BFCI assessments- self & external assessment
- Community mobilization-chiefs barazas, churches e.t.c

## MONITORING, MENTORSHIP AND SUPPORTIVE SUPERVISION A STRONG COMPONENT OF BFCI

- Mentorship and supportive supervision by CHMT/SCHMT
- Monitoring by CHEW/CHA
- Monitoring by CHV
- Outcome indicators
- Accreditation of CU as baby friendly

# BFCI Project in Koibatek



# Study Objectives

## Goal

- To determine feasibility and effectiveness with regards to child nutritional and health status

## Specific objectives

- To determine the effectiveness of BFCI on IYCN knowledge, attitudes and practices (KAP) on MIYCN;
- To determine effectiveness of BFCI on nutritional and health status among 0-6 months;
- To determine the enabling factors/barriers associated with the implementation of BFCI and how to address them.



# Structure of Intervention

Intervention group	Control group
a) Distribution of MIYCN educational materials	a) Provided as for intervention group
b) Supportive Supervision	b) Provided as for intervention group
c) CHW motivation package (seed money and training for income generating activities)	c) Provided as for intervention group
d) Information, communication and educational materials	d) Provided as for intervention group
e) Counselling tools including aids	Not provided
f) Orientation of the health workers, community health volunteers and extension workers in BFCI	
f) Community mother support and mother to mother support groups formed for mothers of infants and young children in the communities	

# Key mother & child health & nutritional indicators

<i>Indicator</i>	<i>Findings</i>	<i>Intervention</i>	<i>Control</i>	<i>Total</i>	<i>p</i>
Birth weight	<2.5kg	2.3%	3.5%	3.0%	0.450
Initiation to breastfeeding	Immediate initiation to breastfeeding	89.5%	80.8%	84.6%	0.007
Exclusive breastfeeding among children 0-2 months	Exclusive breastfeeding for children below 2 months.	94.9%	86.2%	90.1%	0.003
Proportion reported to be exclusively breastfed for 6 months	Exclusive breastfeeding for 6 months	88%	44%	63.0%	<0.001

- KEY TO SUCCESS OF BFCI AND LESSONS LEARNT

# Integration within the already established system (community health strategy)

Community strategy (Community Health Committee (CHCs) Use of CHVs, mother to mother support groups



*Sub county community health strategy focal person holding a jug of yoghurt made by the CHVs during a visit to Toniok CU*

Community Health strategy focal person and the nutritionist as the lead

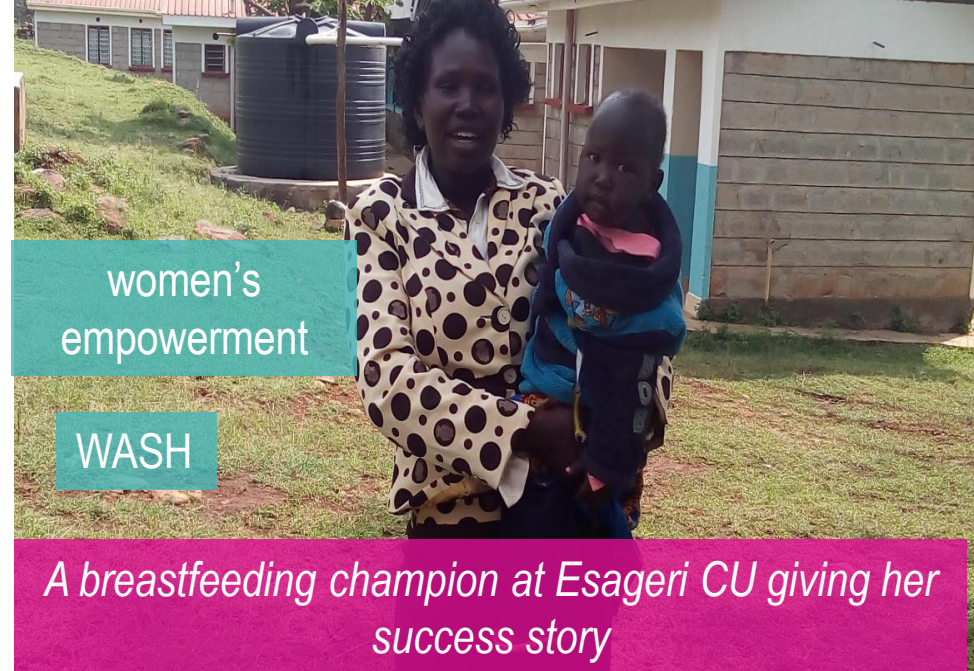


*Kneeling in-front is the sub county nutritionist and community health strategy focal person with MIYCN manager during a visit to Simotwet CU*



agriculture and food systems

*BFCI project -Bee hives at Solian CU*



women's empowerment

WASH

*A breastfeeding champion at Esageri CU giving her success story*

## Involving nutrition sensitive sectors



education



social protection

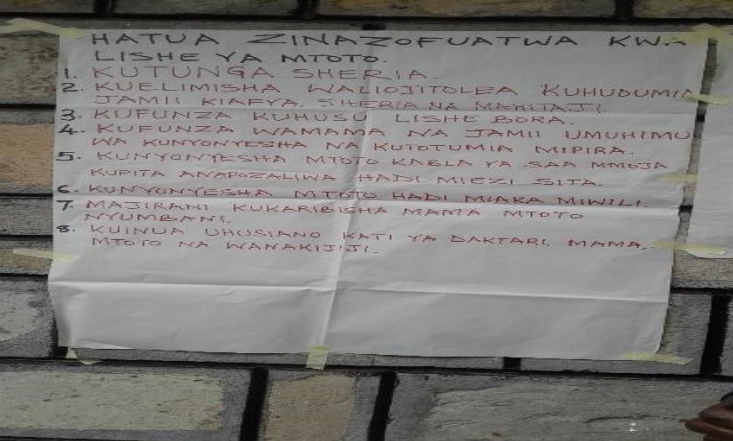
*Workplace support for mothers working at the flower farms Karen Roses- Simotwet CU*



# Data collection and documentation for community level activities

**SOLIAN B.F.C.1**

<u>No. OF MTMSG</u>	<u>No. OF RECRUITED MOTHERS</u>	<u>BFCI COMMITTEE</u>
1 <u>SABATIA/LAMATWET</u>	21	<ul style="list-style-type: none"> <li>1 Lilian Karaka</li> <li>2 Helen Kaimugut</li> <li>3 Helen Chemlon</li> <li>4 Sheila James</li> <li>5 Priscilla Kaimo</li> </ul>
2 <u>SOLIAN A</u>	10	<ul style="list-style-type: none"> <li>1 Yassin Hamisi</li> <li>2 Isaac Karaka</li> <li>3 John Cheson</li> <li>4 Jelusa Kingia</li> <li>5 William James</li> </ul>
3 <u>SOLIAN B</u>	13	<ul style="list-style-type: none"> <li>11 Peninah Njoro</li> </ul>





## Good coverage of programmes

*Chairperson of CHV Solian showing a map of how they have mapped the area of coverage by CHVs for all households within the CU*



- ACHIEVEMENTS

# Learning site-visit by Kericho, Nandi, Kisumu, Garissa Counties, MOH & UNICEF

*MOH HQ, Nandi, Kericho, Kisumu together with UNICEF Nairobi, Kisumu and Garissa and WV delegation with the Minister of Health (CEC) Baringo during a BFCI study tour*



# Success stories of breastfeeding champions

Over 100 breastfeeding champion mothers



*Breastfeeding Champion mothers at Solian CU*



*Breastfeeding Champion mothers at Solian CU*



*Solian CU welcoming delegation with a song*



*CHVs demonstrating a song on importance of breastfeeding during a BFCI meeting (Toniok CU)*

# Attitude change: Success stories of TBA conversion to birth companions and breastfeeding champions



*A converted TBA at Esageri CU leading a song with community members on the dangers of mixed feeding*



*Converted TBA in Toniok addressing the mothers*



*A TBA Accompanying the mother to the facility*

# Improved health services and community demand for services



***The chairman Kiptuno giving a testimony on how services have improved***

***“ Since we started BFCI, mothers coming to clinic 1 trimester has improved from 2 to 6 mothers and those who are HIV positive start ARV early unlike when they could come to clinic late in the 3<sup>rd</sup> trimester. The maternity is now functional as before we used to get 3 mothers in a month but now we get 7 to 8 mothers (Health worker Kiptuno Community unit)”***

***“Mother now come to demand for Vitamin A once the child reaches 6 months or one year, they also bring their one year children for growth monitoring” (HW in Solian)***

# Scale up to other counties while drawing lessons from the study



***BFCI Training H/W module in Kisumu & Migori County***



***BFCI Training H/W module in Kisumu County***



***BFCI Training H/W module in Wajir County***



***BFCI Training H/W module in Turkana County***

# Community scale up to new sites - an example in Kisumu county



*Kajimbo community mother support groups (CMSG) members*

*Health talks at MCH using counselling cards*

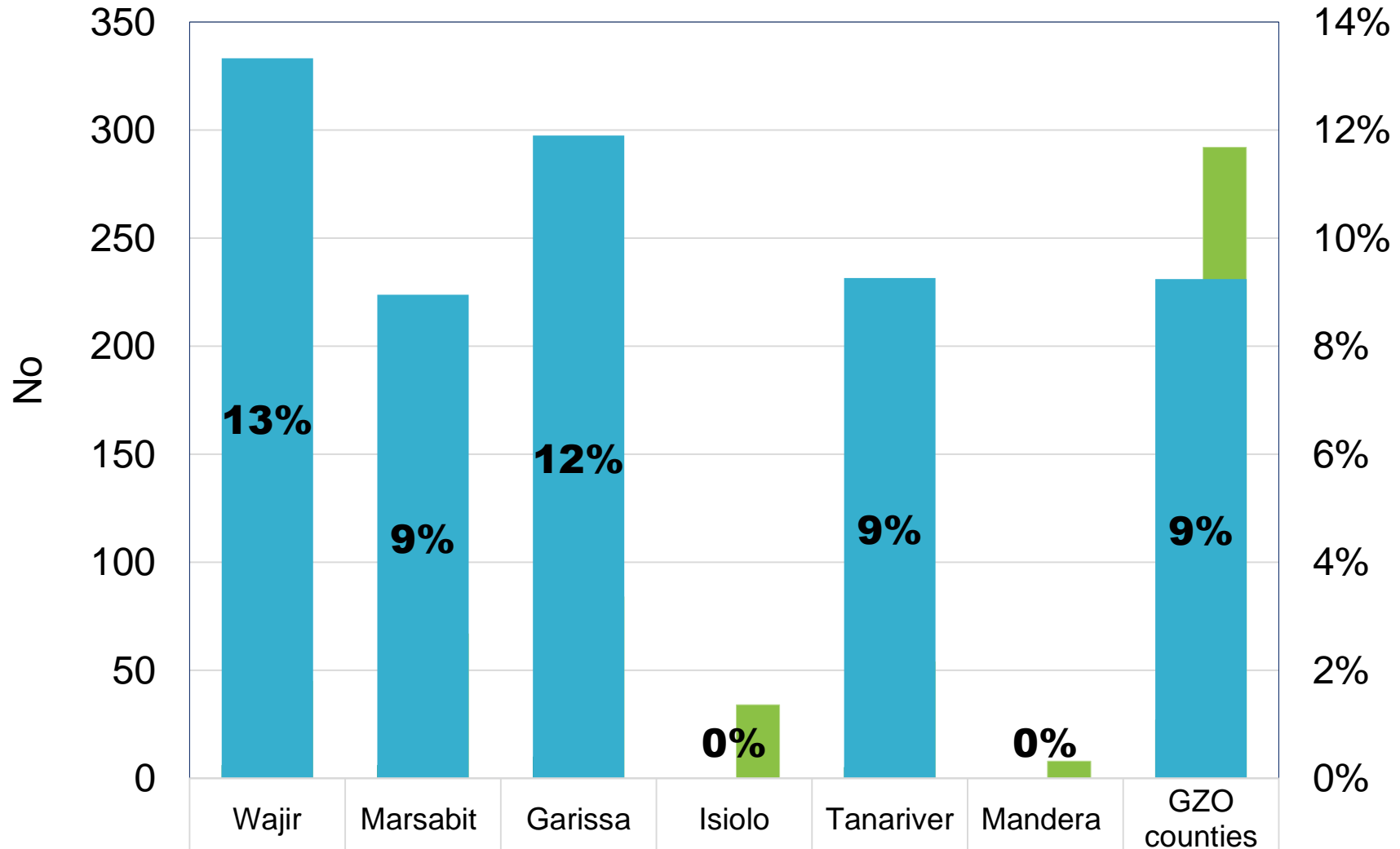


*Meeting during establishment of new mother to mother support group at Saema Village, lower Kajimbo*



*Kawere mother to mother support group in their joint kitchen garden at the community*

# A sample of BFCI coverage



No of CU_BFCI	6	6	10	0	5	0	27
No of CUs	45	67	84	34	54	8	292
% coverage	13%	9%	12%	0%	9%	0%	9%



# Implementation status

Nutrition International		
County	Ongoing	Planned
Laikipia	3	
Nakuru	4	
Nandi	15	
Transzoia	15	
Vihiga	7	
Kisumu	7	
Homabay	1	
Kilifi	10	
Migori	1	
Narok	1	
Kakamega	7	
Total	71	

## NHP

- Kitui
- Busia
- Migori
- Kisumu

# Lessons Learned

- Integration within already established system
- Mentorship and supervision is a powerful tool in implementation and success of BFCI
- Support of CHVs by the CHEW is very critical
- Drives a community's accountability for their own health i.e. demand for services at Health Facilities
- Team work in the facility and with SCHMT-Communication and feedback mechanism
- Support from the national level during supervision is key in the initial stages to understand fully the concept of BFCI
- Quarterly meetings by implementers and the SCHMT is critical in identification of gaps
- Continued intense supervision to continue i.e monthly like for the first 6 months

## Opportunity for integration of CCD

- Adopted as a national strategy for improving MIYCN practices
- BFCI training include modules on care for child development (MIYCN Counselling cards)
- Existing structures in place
  - Targeted home visits
  - Mother to mother support groups (MTMSG),
  - Community mother support groups (CMMSG)
  - Bi monthly baby friendly gatherings
  - Community sensitization
- Strong buy in from GOK and partners



# Cash investment