



# Testing the Feasibility of Incorporating Support for Early Childhood Development into the Baby Friendly Community Initiative in Kenya

Funding: British Academy Early Child Development

# Multidisciplinary Project Investigators

- Prof. Paula Griffiths, Loughborough University (PI)
- Dr Emma Haycraft, Loughborough University (CI)
- Dr Elizabeth Kimani, APHRC (CI and local PI)
- Prof. Judith Kimiywe, Kenyatta University (CI)
- Dr Teresa Mwoma, Kenyatta University (CI)



African Population and  
Health Research Center



**KENYATTA  
UNIVERSITY**

# Background – ECD in SS Africa



- Over 66% of children in sub-Saharan Africa (SSA) remain affected by poor developmental outcomes (Lancet Series)
- Sets up lifelong disparities in health and economic and social wellbeing
- Few examples of countries in the global South that have implemented systems to realise ECD policies – evidence needed for ECD implementation research



## Background – Study Justification

- Children are not reaching their developmental potential and may experience lifelong disparity in health, academic achievement, and earning potential (Richter et al., 2016)
- Responsive care and stimulation birth to 36 months = key ingredients for optimal child growth and development.
- Lancet series 2016 recommends integration of ECD services into health and nutrition services e.g. BFCI
- Interventions delivered through CHVs offer potential opportunities for scaling

# Background: BFCI Kenya



- Kenya first implemented BFHI in 2002
  - Misses births not taking place in hospitals
- BFCI extends follow up/care of the mother/child to the community - ideal for focusing on CFD alongside feeding, health and nutrition messages to the poorest not delivering in hospitals
- We will investigate feasibility of incorporating parental support for ECD into the BFCI
- LMICs - little evidence from evaluation of BFCI on its effectiveness in improving MIYCN and ECD exists (Thomson et al., 2012)

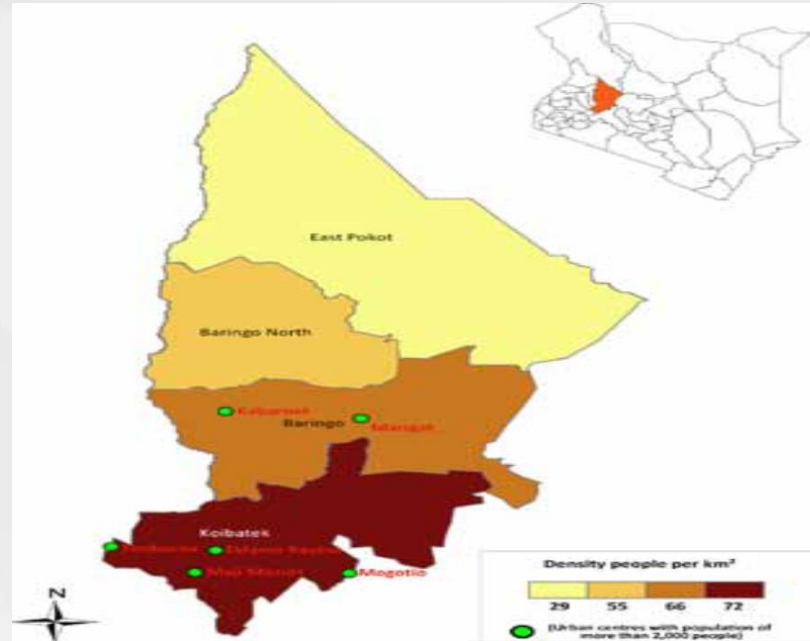


# Background – Why BFCI Kenya?

- Kenyan government has prioritised the BFCI for its potential to strike to the heart of SDGs 2 (end hunger) and 3 (ensure healthy lives)
- Also recognises potential for BFCI to improve SDG 4.2 (access to quality ECD and care)
- BFCI can indirectly improve SDG 1 (end poverty), SDG 5 (gender equality), and SDG 8 (sustainable growth and employment)
- Help Kenya to achieve its vision for 2030 (commenced 2008) - “aims to transform Kenya into a newly industrialising middle income country providing a high quality life to all of its citizens by the year 2030”

# Methods

- Formative qualitative study at baseline to inform intervention
- Longitudinal Cluster Randomized Trial (CRT) that employed existing community units (CUs) as clusters. 13 CUs, 6 in intervention arm and 7 in control arm
- Midline and endline qualitative evaluation to determine experience with intervention, barriers and facilitators
- BFCI was implemented in 6 intervention sites: Solian, Toniok, Esageri, Simotwet, Kiptuno and Tugumoi.



# Situation Analysis of the Project Site

## Health and nutrition indicators

Indicator	Baringo (%)	Kenya (%)
Underweight (weight for age)	20.2*	11.0*
Stunting (height for age)	29.5*	26*
Immunization (Full)	63.2 <sup>€</sup>	67.5 <sup>€</sup>
Focused ANC attendance	54.5*	-
Skilled/health facility delivery	53.5*	61.2*
Immediate initiation to breastfeeding	79 – 91	National target – 2014: 70
Exclusive breastfeeding	27 – 50	National – 61*
Timely and appropriate complementary feeding	86	National target – 2014: 93

Sources: \*KDHS 2014,  $\alpha$  KDHS 2008/9, <sup>€</sup> Kenya HIS, Division of Vaccines and Immunization



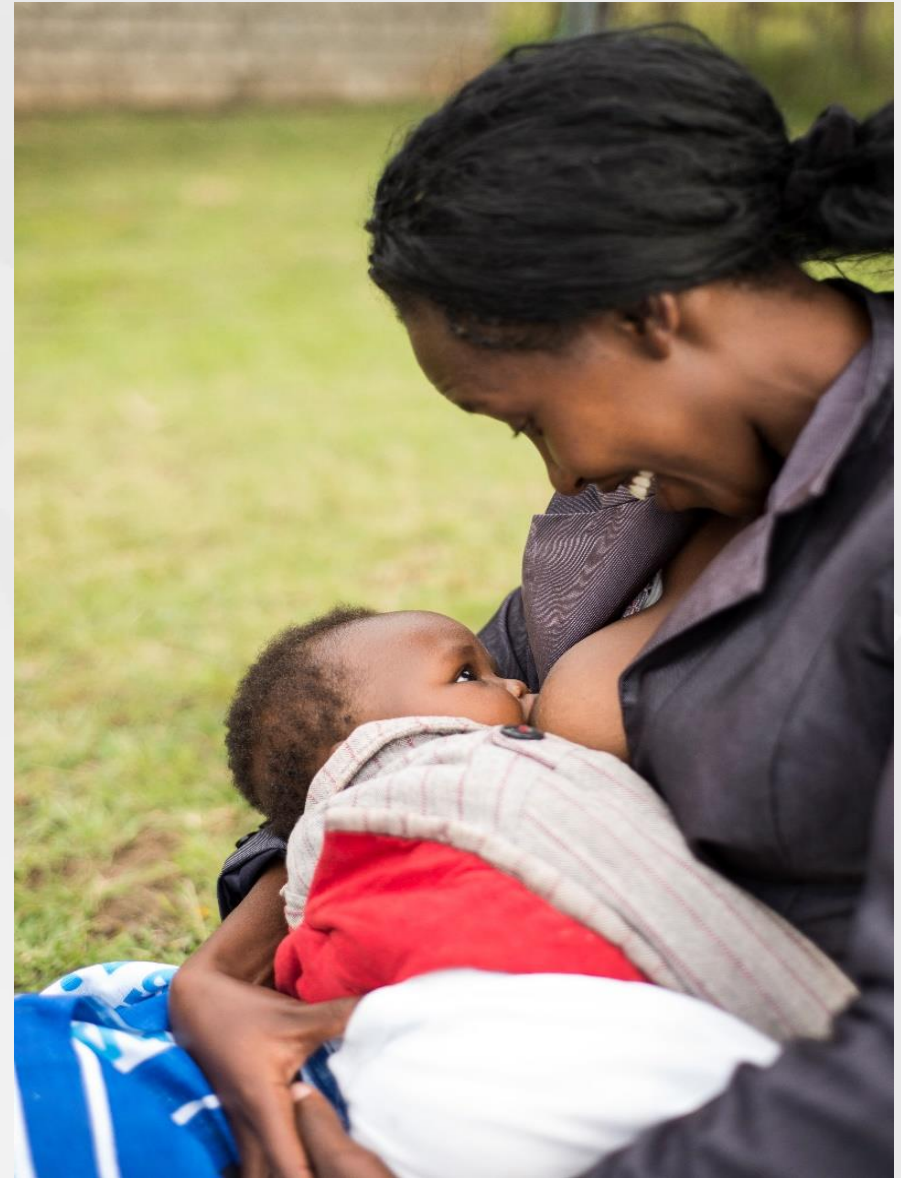
# The 8 step point plan for Baby Friendly Community Initiative in Kenya

**BFCI 8 point plan was key to improving MIYCN practices in the community**

1. Written **MIYCN Policy**
2. Train on **knowledge and skills** to implement MIYCN policy
3. Promote **optimal maternal nutrition**
4. Inform on **benefits of breastfeeding**
5. Support on **initiation and lactation management**
6. Encourage **sustained breastfeeding beyond six months to two years or beyond**, alongside optimal complementary feeding
7. Provide a **welcoming and supportive environment** for breastfeeding
8. Promote **Collaboration**

# Key Evaluation Indicators

- ✓ Infant and young child nutrition
  - Breastfeeding
  - Complementary feeding
  
- ✓ ANC and delivery care
  
- ✓ Immunization



# Summary of the Intervention Activities

1. Training on BFCI
2. Targeted home visits by CHVs
3. Mentorship and supervision by the SCHMT & other teams
4. Conducting education sessions for the mothers at MCH
5. Community mother support groups (CMSG) & Mother to mother support groups (MTMSG)
6. Bi-monthly baby friendly gatherings involving other influencers
7. Community mobilization and education through chiefs Barazas/community dialogues/action days, cooking demonstrations
8. Monthly CHV meetings for BFCI to report BFCI activities
9. Nutrition sensitive programmes-agriculture, education etc.
10. Establishment of mother baby friendly resource centres
11. Income generating activities





## Capacity development/ training



*Left top: Training of health workers; right top: training of CHVs. Below left a participant leading a discussion during CHVs training; right facilitator demonstrating correct attachment and positioning during the CHV training*

# CMSGs and MSGs Activities



*Mothers making food for complementary feeding as the SCNO watches from the side*



*Mothers from Solian m2m SG showing gifts for being the first ones to deliver in the facility since it was established in 4 years*



*A CHEW in Solian helping mothers to prepare thick porridge*

# Mentorship and supportive Supervision

Mentorship was conducted monthly in the first 4 months and quarterly thereafter by the SCHMT and the national research team



***Sub-county nutritionist and community health strategy focal person with MIYCN manager during a visit to Simotwet CU***



***Second left PI-Prof Kimiywe and Middle MIYCN manager accompanying the Sub county team during a mentorship and supportive supervision visit to the Toniok unit where they also met the CHVs***



TONIOK CU



SOLIAN CU

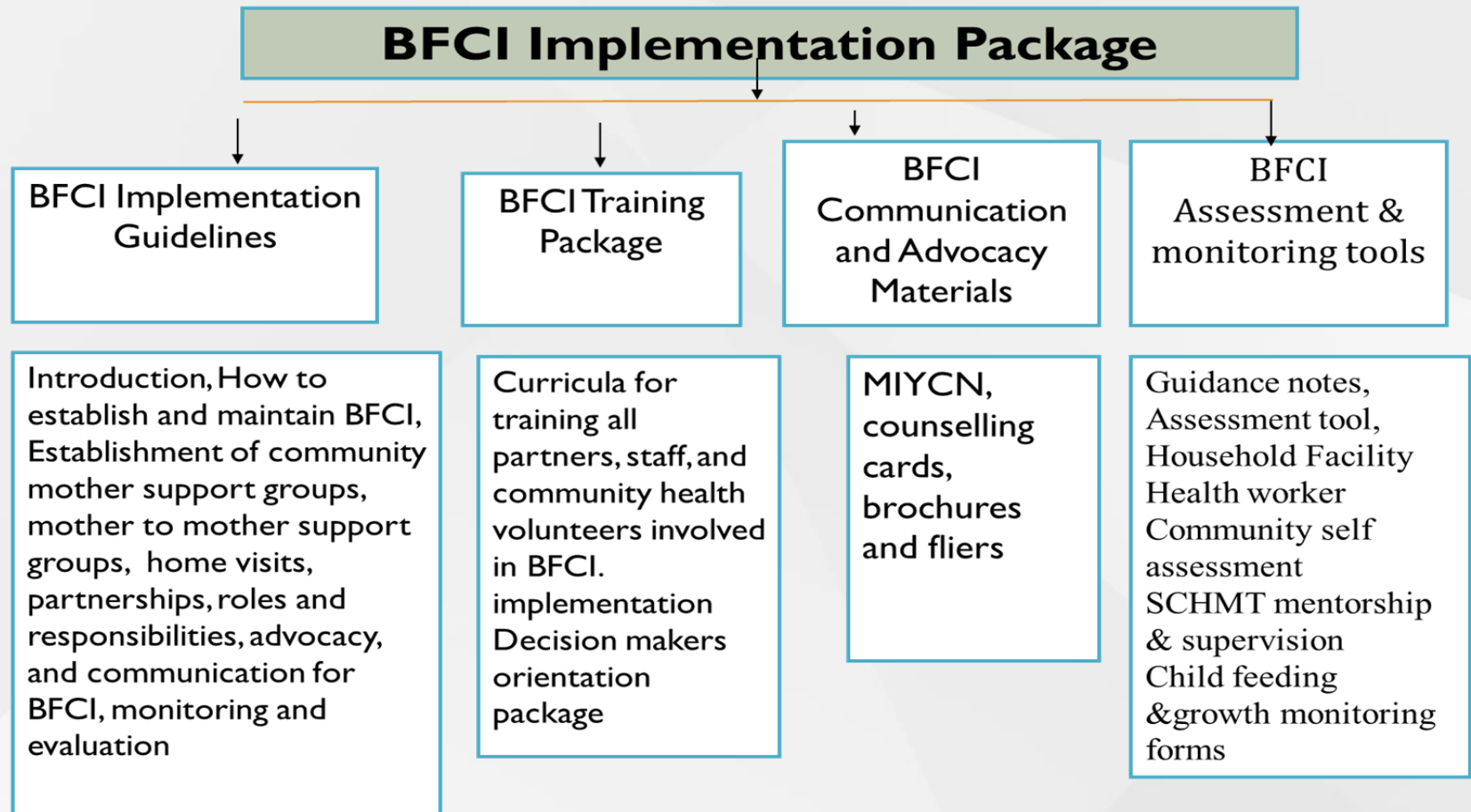


SOLIAN CU



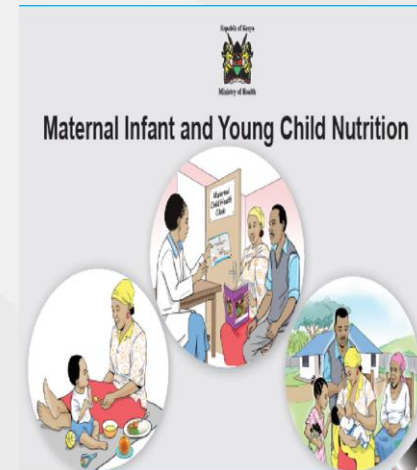
TONIOK CU

# Contribution to policy formulation at the national level





# Baby Friendly Community Initiative package



**A lot of lessons were drawn from the intervention and also participation of the sub county DMOH and CSFP during the workshop for BFCI guideline development**



Mother Support Group



Family



Husband



Media



Household help

Friends



Work



Health Professional

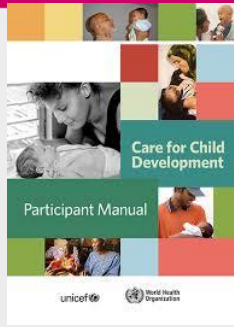


## AIM OF BFCI-ECD

- To test the feasibility of incorporating parental support for ECD into the BFCI programme in rural Kenya
  - Location rural Koibatek sub-county in Baringo – site of previous randomised control trial of the BFCI

# OBJECTIVES ARE TO.....

- 1. evaluate the potential impact of the BFCI pilot RCT intervention on ECD cognitive, physical, & social-emotional outcomes**
2. better understand user, stakeholder & service provider needs for incorporating parental support for ECD through the BFCI
3. engage users & stakeholders with EXISTING ECD materials (e.g. UNICEF/WHO CFD package) to establish if there is a need to adapt message delivery & to provide culturally relevant examples to refer to within this context
- 4. test the applicability of a tool for assessing & monitoring counselling & ECD outcomes in the BFCI programme**
- 5. co-produce with stakeholders a sustainable plan for incorporating parental support & CFD into future BFCI delivery**





# PLAN OF ACTION - METHODS

- Sep/ Oct '17 – Planning/ meetings/ preparation
  - Gain ethical approvals
  - Develop protocol and tools
  - Meetings in Kenya and London
- NB Meetings delayed in Kenya due to elections and London due to late appointment of ECD expert
- Finalising ethical approvals and protocol

# PLAN OF ACTION - METHODS

- **Objectives 2 and 3 – NOV'17-MAY'18**
    - Formative research using an ecological approach
    - Individual/group discussions with BFCI stakeholders, providers & users of diverse socioeconomic status
    - Assess the social context of intervention operation
- Focus on
1. potential barriers & facilitators to implementation at the individual, provider, & policy levels;
  2. current community parental support practices for Care For Development (CFD);
  3. adapt message delivery from the UNICEF/WHO CFD package (if necessary) & identify culturally relevant examples.





# PLAN OF ACTION - METHODS

- Objectives 1 and 4 – March-Dec 2018
  - Data collection of ECD outcomes
  - Applying UNICEF monitoring tool for parental support to promote optimal CFD
  - Cross-sectional study of original BFCI pilot RCT infants (n~600)
  - ECD/CFD data recorded by CHVs delivering the BFCI alongside routinely collected demographic, nutrition & health data.
  - Triangulate findings with CHVs' qualitative data to establish difficulties with the tool/potential need for more revision



# PLAN OF ACTION - METHODS

- **JAN-MAR'19 (objective 5/dissemination)**
- Writing 2 papers/policy briefs/social media.
- Stakeholder meetings: 1) BA event London; 2) Koibatek sub-County – local stakeholders; 3) Nairobi - national stakeholders from govt/NGOs – Present findings & co-production of action plan.



# OUTPUTS



Carol Beckwith and Angela Fisher  
African Ceremonies Collection

- Two academic papers in high quality journals (eg Social Science and Medicine, BMC Public Health, Child Development)
  1. feasibility of incorporating parental support for care for development into the BFCI package in the rural African context
  2. relationship between the original BFCI program and ECD (cognitive, physical, and social-emotional development outcomes)
- Policy Brief (APHRC's communications team)
- Website materials profiled through the APHRC, Kenyatta University and Loughborough University's web pages
- Constant communication with stakeholders
- Networking with other British Academy ECD projects

# Thank you!



African Population and  
Health Research Center



**KENYATTA  
UNIVERSITY**



Loughborough  
University

Inspiring Winners Since 1909

[www.lboro.ac.uk](http://www.lboro.ac.uk)