Enablers and Barriers to Effective Implementation of Baby friendly Community Initiative in Rural Kenya

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Outline of Presentation

• Background
• Objectives
• Methods
• Findings
• Conclusions & Recommendations
• Funding, Partners/Collaborators
Background

• The Baby Friendly Community Initiative (BFCI) project aimed at pilot-testing promotion of optimal MIYCN practices at the community level.

• Evidence obtained from the pilot study has informed its scale-up in Kenya. It is anticipated that BFCI will enhance knowledge, attitudes and practices regarding infant and young child nutrition (IYCN) among mothers and community in general.

• Addressing barriers to the implementation of such interventions was key to achieving the objective of the Kenya’s child survival and development strategy and other health objectives.
Objectives of Formative Study

- to determine the local contexts and cultural factors that influence breastfeeding
- to determine the enabling factors/barriers associated with the implementation of BFCI.
## Methodology

<table>
<thead>
<tr>
<th>Data collection instrument</th>
<th>Target groups</th>
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<tr>
<td>In depth Interviews</td>
<td>14 pregnant women, breastfeeding women and HIV positive women and Health professionals</td>
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<td>Focus Group Discussions</td>
<td>16 FGDS with fathers, old and young mothers, grandmother and CHVs</td>
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<tr>
<td>Key Informant Interviews</td>
<td>22 KII with chiefs, village elders, religious leaders, women leaders, CBO leaders and TBAs and the health professionals at sub county and health facilities.</td>
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Administer BFCI Intervention (20 months)

Prospective Data Collection – 20 months (For each respondent: Baseline data at recruitment, prospective data collection bi-monthly for pregnant and mother-child pairs until the child is 6 months)(Intra-intervention qualitative study will be conducted about midline)

Assessment of infant feeding knowledge, attitudes and practices and child nutritional and health outcomes among study participants

Formative Study - 6 months (~150 participants)
(Refining intervention package; orientate CHWs to the intervention package)
7 FGDs ~112 people (older and young pregnant mothers, older and young lactating mothers, village elders, CHWs, grandmothers) 16 KIs (Chief, women leaders, youth leaders, religious leaders, TBAs, health care workers, health managers) 7 IDIs (breastfeeding mothers, pregnant women, HIV+ breastfeeding mothers)

12 clusters selected and randomized into intervention and control arms

Recruit into study arm

400 Participants In intervention arm to receive the BFCI intervention

400 Participants In control arm to receive the usual standard care

Provide standard care (20 months)
Enablers for effective MIYCN and BFCl practices

• Mothers breastfed up to 2 years
• Family and community were involved in taking care of mothers and children
• Mothers and communities were aware of services given at health facilities
• The community leaders and administrators and the religious leaders had been involved in community mobilization
• Health care providers and CHVs were aware of MIYCN and some were trained
• Establishment of Mother support groups by some partners
• Some CHVs were involved in income generation Activities Initiated by partners
Barriers to effective MIYCN and BFCl practices

• Food Insecurity 57% population below poverty line
• Low education attainment both female and male
• Distance to the health facilities therefore less access to health services.
• Most of the health care providers and community health volunteers have not been adequately trained on MIYCN or BFCl

• Home deliveries by TBAS up to 70% in some communities
• TBAS and Herbalists give pre-lacteals
• Early initiation of Complementary foods
• Pregnant and lactating women feeding practices influenced by culture and traditions
• Most mothers are young 14-24 years old
Recommendations for Action

• Comprehensive trainings and orientations on MIYCN and BFCI packages

• Educational materials to include counselling cards on MIYCN, job aids and work plans and indicators for monitoring progress

• Mother support groups expanded to include the most crucial influencers

• Intensive supportive supervision and mentoring visits are done monthly by the SCHMT

• Sustainable income generation activities as an incentive and motivation for CHVs

• Links between the health facilities and communities strengthened
Conclusions

• Results revealed that cultural factors and traditions had great influence on maternal and child feeding practices.
• Mothers’ decisions were also highly influenced by the community and family members, and in some areas religious leaders and Traditional birth attendants.
• This information has been used to development the appropriate intervention strategies, support materials and messages to enable effective implementation of BFCI in Kenya.
Funding, Partners/Collaborators

- **Donor:** NIH & USAID through PEER Health Program
- **Partners/Collaborators**
  - Kenyatta University (PI: Prof Judith Kimiywe), Kenya
  - African Population and Health Research Center (APHRC), (Co-PI: Dr. Elizabeth Kimani) Kenya
  - Maternal and Child Integrated Program (USAID-MCSP), Kenya
  - Nutrition Unit, Ministry of Health, Kenya (Betty Samburu)
  - Unit of Community Health Services, Ministry of Health, Kenya (SCHMT Koibatek Sub-county)
  - NIH Researcher – Stephen T McGarvey of Brown University, USA
  - Prof Nyovani Madise, University of Southampton, UK
  - Dr. Paula Griffiths, Loughborough University, UK
Thank you

Asante