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# The added value of **Baby Friendly Community Initiative (BFCl):** A platform for integration of nutrition services for the ill and vulnerable newborn and child

Improving Nutrition Services in the Care of the Ill  
and Vulnerable Newborn and Child Workshop  
Accra, Ghana, October 30-November 2, 2018

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# What is the Baby Friendly Community Initiative?

- Expands on 10<sup>th</sup> step of the Baby-Friendly Hospital Initiative (BFHI) and 10 Steps to Successful Breastfeeding
- Community-based initiative
- High Impact Nutrition Intervention (HINI) for Kenya

Focuses on preventative with some curative aspects:

- Maternal nutrition
- Exclusive breastfeeding
- Complementary feeding
- Feeding in special circumstances
  - Feeding of sick children
- Growth monitoring & promotion
- Household food security



# How is BFCl implemented at community level?

- Community Mother Support Groups meetings (bi-monthly)
- Mother to Mother Support Groups meetings
- Monthly household visits
- Referral and linkages between community and facility
- Baby friendly community meetings / dialogues

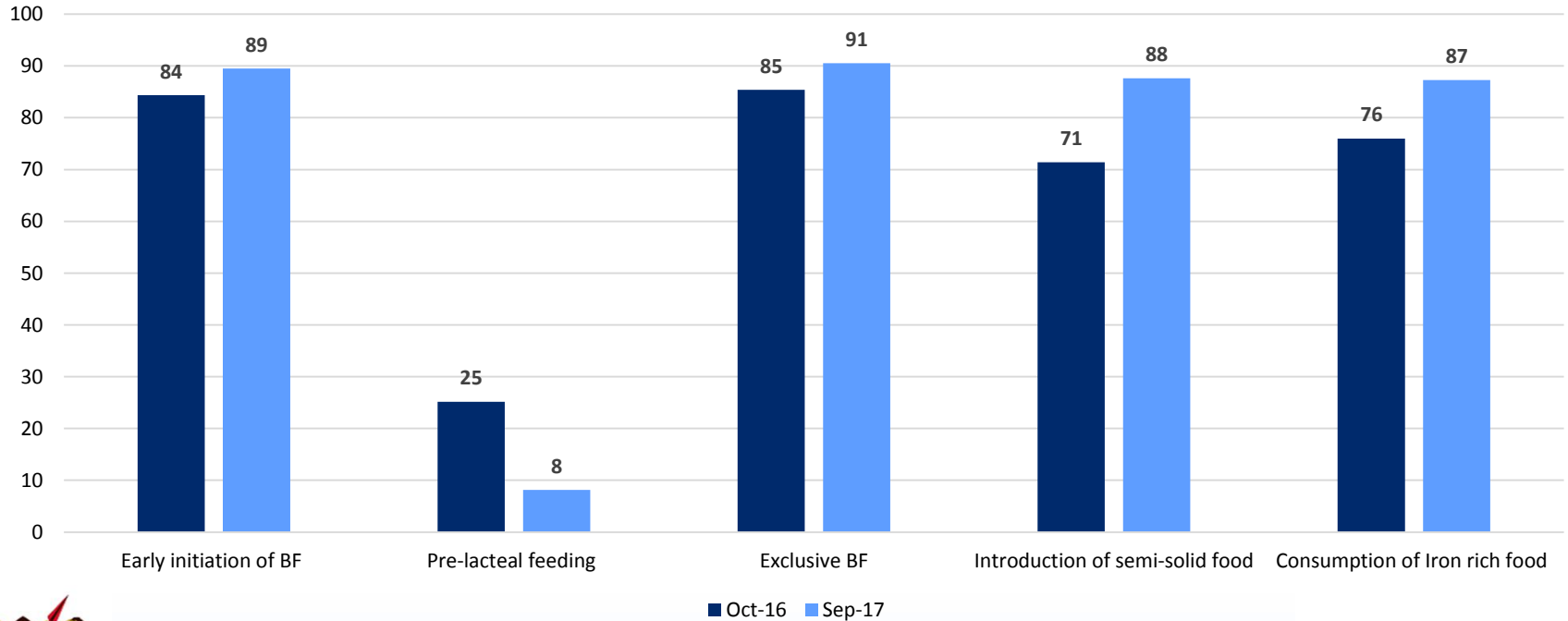


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# BFCI showed observed improvements in IYCF practices, at start and end of implementation

Source: MOH BFCI routine data



# Key Gaps in Infant and Young Child Feeding & the Sick Child in Kenya

- Knowledge gap among mothers on feeding of the sick child during and after illness (increased, and continued feeding)
- Inadequate capacity of health workers & community health volunteers to counsel and support mothers on feeding of the sick newborn and child



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How can BFCI, as a platform, address the sick and vulnerable newborn and child?



*Photo Credit: Allan Gichigi/MCSP*

Cultural myths and misconceptions of child illness were addressed through BFCI



*Photo Credit: Allan Gichigi/MCS*

# ‘Evil eye’ believed to cause illness

- Belief if someone observes your infant breastfeeding they can look at them with ‘evil eye’ - which causes illness (oral thrush, hard distended abdomen, vomiting & diarrhoea)
- This is treated with herbs, star grass to induce vomiting, scrubbing baby’s mouth till the ‘white’ disappears
- “Saro” - series of small incisions made by razor blade on the child’s chest.





# BFCI intervention for 'Evil Eye'

- Establishment of breastfeeding corners - preventive
- Health education to mothers
  - Feeding during & after illness
  - Seeking health services
- Identification & referrals for the affected children



Breastfeeding corner in use at Oboch dispensary. Photo credit: George Ndagu



# Community Perceptions and Screening for Acute Malnutrition

## Community perception

- Caused by ‘*chira*’ e.g. Infidelity by the father
- Caused by taboo- e.g. breastfeeding while pregnant
- Malnutrition interventions at community level:
  - Treated using local herbs
  - Cessation of breastfeeding immediately (for the malnourished child if mother pregnant) regardless of the age of the child



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# Cultural beliefs & taboos on feeding during illness

MCSP & MOH through BFCI carried out:

- Health education & advocacy
- Screening at household level using MUAC
- Referrals for the malnourished children
- Counseling on feeding of the sick child & follow-up



# Other BFCl interventions for the sick child

- Identification and referrals of sick child (i.e. danger signs, difficulty/ fast breathing, hot or cold, bilateral edema, vomiting, diarrhea, convulsions, stops breastfeeding)
- Identification of cultural myths & developing interventions that affect sick child
- BFCl integration with ICCM



# Challenges

- Inadequate knowledge on feeding of sick child by HCWs and caregivers
- Cultural beliefs, myths and misconceptions
- Inadequate coverage of communities with BFCI
- No specific data for sick child collected – integrated



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# Lessons learnt

- Household visits are good opportunity for monitoring growth and identifying malnutrition early
- Community screening and referral for acute malnutrition through BFCl important
- Need to conduct FGDs at community level on barriers
- Involve influential elders (i.e. women, community leaders) in developing culturally acceptable solutions



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# Future plans to address sick children within health system through BFCI

- Community immersion and dialogue to address cultural myths and misconceptions regarding the sick child
- Integration of BFCI with other community interventions
- Strengthen data collection and reporting at community level
- Continue to strengthen facility and community linkages to address referrals for sick & malnourished children





**Ahsanteni sana  
(Thank you)!**



For more information, please visit  
**[www.mcspprogram.org](http://www.mcspprogram.org)**

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Accra, Ghana



photo by Kate Holt/MCSP