The added value of Baby Friendly Community Initiative (BFCI): 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

Speaker: Nicholas Konyenya,
Sub county Nutrition Officer, Ministry of Health, Kenya
What is the Baby Friendly Community Initiative?

- Expands on 10th 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
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
How can BFCI, as a platform, address the sick and vulnerable newborn and child?
Cultural myths and misconceptions of child illness were addressed through BFCI
‘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
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 BFCI 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
- BFCI 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
Lessons learnt

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

Photo Credit: Allan Gichigi/MCSP
For more information, please visit
www.mcsprogram.org

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.
Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop

30 October–2 November 2018
Accra, Ghana

photo by Kate Holt/MCSP