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Complementary Feeding Practices: Using Trial for Improved Practice (TIPs) to Improve Complementary Feeding in Migori and Kisumu, Kenya

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EXECUTIVE SUMMARY

Appropriate nutrition is critical to support rapid growth and development, and high rates of nutritional requirements in early in life (Mitchell, 2008; Lancet, 2014). The period from birth to two years of age is the “critical window” of opportunity for optimal growth, health, and development. Insufficient quantities and inadequate quality of complementary foods fed to young children, cultural beliefs that influence child-feeding practices and high rates of infections have a detrimental impact on health and growth in these important years, which contribute to stunting and other forms of malnutrition. (WHO, 2008, Onyango *et al.*, 1998; Yakoob and Bhutta, 2011).

WHO recommendations emphasize timely introduction of nutritionally adequate, appropriate, and safe foods for all children, and further indicate that a variety of foods should be consumed to ensure children’s nutrient needs are met (WHO, 2008; Dewey, 2003). The recommendations by WHO do not vary widely across countries, but their application is driven by the socioeconomic status of given settings.

In Kenya, trend data indicate that malnutrition is gradually reducing between 2009 and 2014 (Kenya National Bureau of Statistics [KNBS], 2010; 2014). Stunting has also decreased from 35% to 26%, and wasting from 7% to 4% (KNBS, 2014). Despite these improvements, Kenya is still among the 36 countries that carry 90% of the global burden of stunting. (Black *et al.*, 2013). The one of the key contributing factors high rates of malnutrition in Kenya are poor IYCN practices. According to the 2014 KDHS, only 21% of children 6 to 23 months old are consuming the minimum acceptable diet in Kenya (KNBS, 2014). In addition, only 43% of children aged 6 to 35 months consume iron-rich foods (Kothari, 2010). These indicators vary across different regions in Kenya. In western Kenya, only 71% of children aged 6 to 23 months were fed the recommended minimum number of meals and snacks for their age; and nearly half of young children were fed adequately diverse diets (KNBS, 2010). These data underscore the need to address drivers of inadequate infant and young child nutrition (IYCN) practices, including cultural beliefs and misperceptions, related to IYCN.

Jhpiego leads the MCSP Kenya Country Program, currently in Program Year 3 of implementation, in collaboration with PATH, Save the Children and John Snow, Inc. (JSI). In Kenya, MCSP works to strengthen key nutrition interventions at the national, county and sub-county levels, specifically in the two priority counties, Kisumu, and Migori. Nutrition programming, within MCSP, continues to build off activities initiated in Program Year 1 and 2, including the development and finalization of the Baby Friendly Community Initiative (BFCl) implementation guidelines and external assessment protocols. In Program Year 3 – as part of the rollout and expansion of BFCl, as well as integration of nutrition into other sectors – MCSP is supporting the development of community recipe books and materials for complementary feeding for the BFCl community units. To support the implementation of these activities, MCSP conducted a formative assessment to collect information on behaviors and perceptions concerning child nutrition practices, with a focus on complementary feeding practices for children 6-23 months of age in the two counties to inform the process.

AIM AND KEY OBJECTIVES OF THE FORMATIVE ASSESSMENT

The primary aim of this formative assessment was to gain an understanding of key motivating factors and barriers to complementary feeding among mothers of children 6 to 23 months of age in MCSP-supported areas in Migori and Kisumu counties, in western Kenya.

The assessment sought to achieve the following objectives:

1. Identify underlying individual (mothers), network (family influencers), community (cultural norms, beliefs, attitudes) and related health service delivery issues that contribute to the poor complementary feeding practices.
2. Identify and address gaps in complementary feeding practices using culturally tailored recommendations through Trials of Improved Practices (TIPs).
3. Recommend key actions and recipes for improving complementary feeding practices for children 6-23 months of age, which can be used in cooking demonstrations integrated through BFCI.