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Maternal and Child
Survival Program



MCSP Kenya Program Brief

Nutrition

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www.mcsprogram.org



Members of the Nyangoge community unit mother-to-mother support group during a meeting. Photo credit: George Ndagu/MCSP

Goal

To improve health and nutritional status of mothers and children, the nutrition element of the Maternal and Child Survival Program's (MCSP) Kenya program focused on improving maternal, infant, and young child nutrition (MIYCN) and ensuring high-quality nutrition services at all levels of the healthcare system. From October 2014 to September 2017, the nutrition component reached 17 sub-counties across Baringo and Meru (for two years), Migori, and Kisumu counties (for three years).

Program Approaches and Strategies

- **Development of the national Baby Friendly Community Initiative (BFCI) Implementation Package:** BFCI aimed to expand on the 10 Steps to Successful Breastfeeding¹ by encouraging mothers to practice exclusive breastfeeding and optimal complementary feeding beyond the health facility and into the community. In collaboration with the Ministry of Health (MOH), UNICEF and other partners, MCSP provided technical leadership and support in developing the BFCI implementation package, including: 1) national BFCI implementation guidelines; 2) national BFCI external assessment protocols tools; 3) BFCI training modules and 4) pre-testing of the national MIYCN counselling cards. These materials not only directed health workers in conducting BFCI trainings, but also offered service providers and community health volunteers (CHV) practical guidance on leading high-quality counseling on all MIYCN practices. MOH and partners have embraced BFCI with scale up in multiple counties already taking place.
- **Implementation of BFCI in Migori and Kisumu counties:** To increase knowledge and skills, MCSP trained 4 county managers, 28 sub-county managers, 154 facility-level health care workers and 698 community members on BFCI in 10 out of 14 sub-counties across Migori and Kisumu. County and community sensitization meetings were held with staff from the MOH, and Ministries of Health, Agriculture and Education, as well as key community members. BFCI training was complemented by mother-to-mother support groups, which facilitated mothers to learn and implement optimal MIYCN practices through cooking demonstrations, introduction of kitchen gardening, and income generating activities. Furthermore, MCSP facilitated the development of linkages between the MOH and the Ministry of Agriculture to establish kitchen gardens in health facilities and communities. Kitchen gardens provide cost-effective and readily available opportunities to improve complementary feeding practices through use of local foods.
- **Improvement of county, facility, and community-level knowledge and skills to promote MICYN:** MCSP implemented a three-pronged approach to human capacity development: supportive supervision/mentorship,² classroom training, and continuous medical education (CME). This was done in the four counties of Meru, Baringo, Kisumu and Migori. Supportive supervision and quality improvement programs were crucial in ensuring integration, quality of services and sustainability of the program. To ensure strengthened linkages at the community level and improved behavior change by caregivers, the program provided continuous mentorship and coaching to health providers and CHVs especially on growth monitoring, categorizing the child, and documenting data. MCSP also led classroom trainings on micronutrients, the child health and nutrition information system (CHANIS), and BFCI for health workers at facility-level while performing CME on MIYCN for health workers and CHVs. MCSP supported all nutrition service delivery points. Supportive supervision, combined with mentorship, is an opportunity to provide healthcare workers targeted support in overcoming self-identified challenges or gaps in service provision.

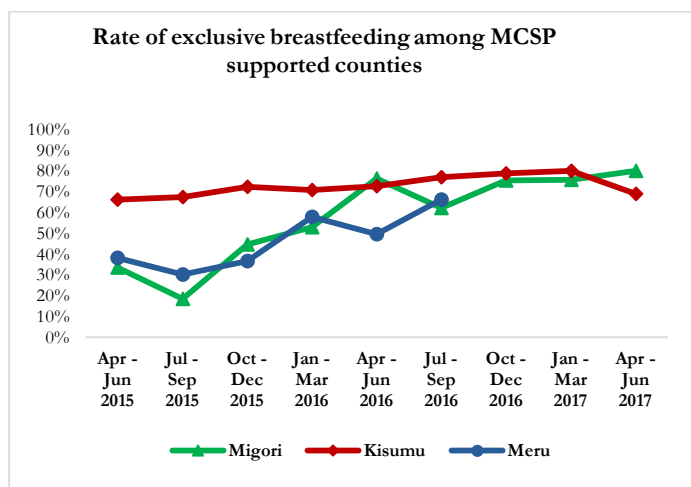
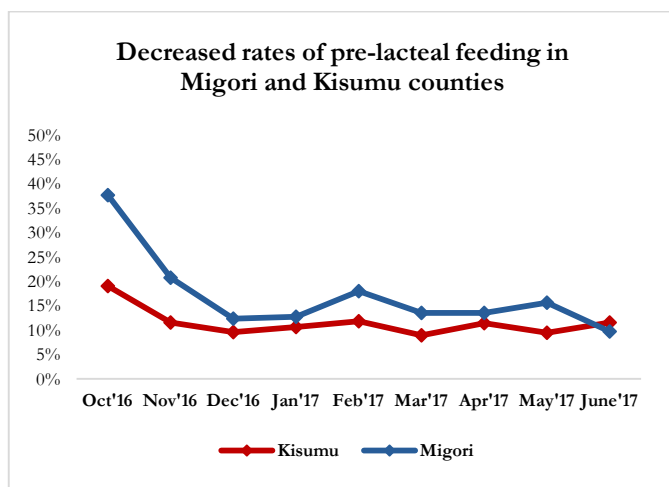
Key Results and Findings

Results

- **Implementation of the national BFCI Package:** MCSP supported the finalization of BFCI package, which enabled BFCI implementation in Kisumu and Migori counties between September 2016 and September 2017. As a result, rates of pre-lacteal feeding reduced from 25% to 10% overall, while introduction of solid and semi-solid foods among children between 6-8 months improved from 71% to 84.9% (October 2016 to June 2017). With support of MOH's Nutrition and Dietetics Unit, BFCI has scaled-up in other counties not supported by MCSP but through other local implementing partners.

¹ World Health Organization and UNICEF. 1989. "Protecting, promoting and supporting breast-feeding: The special role of maternity services." Geneva: WHO.

² Refer to the MCSP Kenya Human Capacity Development Program brief for detailed information, results, findings, and recommendations on the supportive supervision approach.



Source: BFCI Data

- Improved documentation of nutrition indicators:** Supportive supervision and mentorship facilitated an improvement in documentation of the forms of iron and folic acid (IFA) supplemented and correct categorization of underweight children by health facility staff and was implemented in Kisumu, Migori, Baringo and Meru Counties. Initially, underweight children were under documented and under reported since the underweight children were categorized as normal weight children. After the facility based mentorship, Seme, Nyakach, Suna West and Kuria West sub-counties, improved in identification and documentation of underweight children from 3,211 in 2015 to 8,783 in 2016. This improved documentation led to early identification and management of under nutrition before the child deteriorated. Improved documentation and tracking allows health workers to take a more equitable approach in reaching underweight children to prevent severe malnutrition, which is the underlying factor to 50% of under-5 mortality.
- Increased proportion of children receiving two doses of Vitamin A:** Every six months, MCSP supported Vitamin A supplementation in ECDs in Migori, Kisumu, Meru, East Pokot. This has resulted in more children aged 6 -59 months receiving two doses of Vitamin A annually. In Kuria West Sub-county Vitamin A supplementation among children aged 6–59 months increased from 17.8% (Jan - Jun 2015) to 86.6% (Jan - Jun 2017), while overall Migori county coverage increased from 21.2% (Jan - Jun 2015) to 98% (Jan - Jun 2017). Vitamin A improves the overall immunity among children under five years of age.

Findings

- Stock-out of the combined IFA supplement disrupts demand generation and capacity building activities.** Stock-outs of IFA have posed a major challenge in the health system. To ensure that demand for these supplements was met, MCSP advocated for strengthening the supply chain system which included strengthening the skills of sub-county nutritionists and facility based health workers on procurement of supplies and redistribution. . As a result of MCSP's activities, supplies of the combined IFA in Kisumu County improved, however, Migori County still experiences challenges in procurement of adequate commodities.
- Supportive supervision aids to improve the health care workers' knowledge and skills on anthropometrics and documentation.** Staff at service delivery points – regardless of cadre – were given targeted support by their supervisors on proper anthropometry, documentation and messaging regarding MICYN practices (e.g., exclusive breastfeeding). Because of this targeted supervision and mentorship, documentation of indicators by staff improved for example, more underweight children were documented, documentation of exclusive breastfeeding improved.

Recommendations

- The BFCI approach need to be strengthened as it helps improve MIYCN practices. Implementation of BFCI has resulted in improved MIYCN indicators and proves to be sustainable.



Handwashing for children during hearth sessions. Photo courtesy Constance Gathi



Children in hearth being fed after cooking. Photo courtesy Constance Gathi



The Head of NDU publicly recognizes a breastfeeding champion (with a baby on her back and holding a red bag). Photo Credit: Janet/MCSP



Ms. Gladys Mugambi/Head of NDU, (partially visible on the far left) visits the MCSP booth at Oboch Dispensary, Kisumu during the launch. Photo Credit: Janet/MCSP