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# Baby Friendly Community Initiative: National Guidelines and Implementation Experience from Kenya

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# Key Gaps in Optimal Maternal, Infant and Young Child Nutrition (MIYCN) in Kenya

- Inadequate knowledge of breastfeeding and complementary feeding
- Myths, misconceptions, cultural beliefs, and practices on MIYCN
- Inadequate capacity of health workers & CHVs to support MIYCN
- Limited scale-up of community support groups
- Limited dietary diversity: animal-source foods, fruits and vegetables
- Low feeding frequency: not receiving recommended # of meals
- Influence of mothers-in-law and community leaders; minimal male involvement

# Baby-Friendly Community Initiative (BFCl) Addresses Nutrition Gaps During First 1000 Days

1. Support, promote, and protect optimal maternal nutrition, breastfeeding and complementary feeding practices
2. Works through formation of community support groups (CSGs) – community mother support groups (CMSG) and mother to mother support groups (M2MSG)
3. Close link to health centers

# MOH Perspective

- Let's hear from the Kenya Ministry of Health, Head of Nutrition, on her perspective on BFCI



# What is the added value of BFCl in Kenya?

- Nearly 38% of deliveries at home
- Increasing recognition that interventions are needed to create supportive environments at the community level
- Expands on Baby-Friendly Hospital Initiative (BFHI) – 10th step on community support
- Opportunity to integrate nutrition-sensitive issues, e.g. water and sanitation, agriculture, early childhood development, linkages to other sectors



(Everlyn Matiri/PATH)

*A Kenyan mother  
breastfeeding her  
child*

# How did BFCI roll-out happen in Kenya?



- BFCI initiated in Kenya under the Maternal and Child Health Integrated Project (MCHIP) in 2010 – in line with Kenya’s community health strategy
  - 2011 formative assessments in Western and Nyanza provinces
  - 2012 – First BFCI monitoring tool and assessment protocols, aided with 7 point plan, 3 day orientation package
  - 2012 – BFCI pilot in Bondo and implementation in Igembe North (training CHVs and health workers), assessment
- MCSP led formulation of the national BFCI implementation package with MOH, UNICEF and partners

See video “How the Baby Friendly Community Initiative (BFCI) Started in Kenya”: <http://bit.ly/2bSECMi>

# How Does BFCI Work?

- Working in communities
- Builds strong linkages to/from the facility to the community
- Utilizes CMSGs to involve key influencers – fathers, grandmothers, mothers-in-law, and local leaders
- Utilizes M2MSGs
- Builds capacity of health care workers and community health volunteers
- Multi-sectoral linkages with other sectors to address underlying causes of malnutrition

# What are the steps to establishing and maintaining BFCI?

**Step 1:** Orientation of national policy and decision makers on BFCI and its impact on maternal, infant and child health. Obtain commitment to promote and sustain BFCI.

**Step 2:** Orientation of county (CHMT) and sub county health management (SCHMT) teams and key stakeholders receive one day orientation on BFCI to support implementation. Mobilize key members of the community.

**Step 3:** Trainers of Trainers (TOT) on BFCI for national, CHMT and SCHMT members - involve community health extension workers (CHEWs) and nutritionists – primary personnel at community level

# What are the steps to establishing and maintaining BFCI?

**Step 4:** Five day practical training for health workers and CHEWs, as the key implementers of BFCI. CHEWs develop workplan for establishment of CMSGs.

**Step 5:** One day orientation for local opinion and community leaders to mobilize resources and ownership of BFCI, conducted by CHMT, SCHMT, and CHEWs.



*CHEWs meet with local community leaders in Igembe County*

# What are the steps to establishing and maintaining BFCI?

**Step 6:** Selection and training of CHVs to conduct household mapping of pregnant and lactating women, children < 2 years of age. Household registry developed for each CHV with # of households.

**Step 7:** Establishment of Community Mother Support Group. The CMSG includes - the CHEW, nutritionist, representatives from CHCs and CHVs, local chiefs, the lead mother and other representatives in the community e.g. young mothers.



*A trained CHV conducts a home visit in Igembe*

# What are the steps to implementing BFCI?



*CHV and mothers participate in a M2MSG meeting in Migori*

**Step 8:** CMSG members recruited and 5 day orientation conducted on BFCI and establishing M2MSGs.

- Meet on a bi-monthly basis
- Discussion of MIYCN messages/topics, kitchen gardens, and cooking demonstrations.

**Step 9:** Formation of M2MSGs who meet on a monthly basis to discuss issues on MIYCN, any problems with breastfeeding, complementary feeding, maternal nutrition

# MCHIP and MCSP – BFCI implementation

- MCHIP: BFCI orientation of 30 CHEWs and 500+ CHWs, 25 CMSGs in 20 community units - led and moderated by community health volunteers
- MCSP:
  - Development and launch of BFCI implementation guidelines
  - 57 Health workers trained and 240 trainings with CMSG – this year.
  - Linkages with Ministry of Agriculture: complementary food recipes and cooking demonstrations will be developed this year; BFCI training package under development

# BFCI Lessons Learnt and Opportunities

- Implementation of BFCI is a promising platform to improve IYCF with community engagement
- Requires a multi-sectoral approach
- Integration of MIYCN into health services is key
- Involvement of men and grandmothers is important for uptake
- MCSP will be documenting roll-out and implementation of BFCI, including a Baby Friendly resource center, supportive supervision, monitoring and assessments

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

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