

Mapping the functioning of the baby-friendly community initiative and identifying its needs within the Kenyan health system

Making communities mother and baby friendly



Source: Baby Friendly Community Initiative Project, Baringo, Kenya, APHRC

Summary

The baby-friendly community initiative (BFICI) aims to promote and support optimal maternal and child nutrition at the community level using community health volunteers (CHVs). The initiative has been shown to be effective in promoting exclusive breastfeeding in rural Kenya and is currently being implemented across the country, but with some challenges. These include: lack of a national BFICI training curriculum for CHVs, insufficient number of BFICI master trainers, staff turnover for BFICI trained health workers, and inadequate financial support for BFICI activities. In order to address these challenges, a holistic understanding of factors that influence BFICI implementation is required. This study used a systems approach to assess factors that influence BFICI implementation. Five key factors that influence the functioning of the BFICI were identified: 1) CHVs' level of interaction with the community; 2) CHVs' level of knowledge/competency; 3) BFICI funding; 4) Maternal factors, which included mother's engagement with the BFICI, food choice, and mother's opportunity for breastfeeding; and 5) Access/referral to health facilities. BFICI financing, CHVs' knowledge and competency, and CHVs' level of interactions with the community were identified as priority areas for interventions to improve the BFICI. More research on the strategies to improve these areas can inform the successful scale up of the BFICI.

Key messages

- A holistic systems approach enabled identification of five factors that influence the functioning of the BFICI namely: 1) CHVs' level of interaction with the community; 2) CHVs' level of knowledge/competency; 3) BFICI funding; 4) Maternal factors which included mother's engagement with the BFICI, food choice, mother's opportunity for breastfeeding; and 5) Access/referral to health facilities.
- Priority areas that can potentially improve BFICI implementation include: BFICI financing, CHVs' knowledge and competency, and CHVs' level of interactions with the community.
- Regular training of community health workers (CHVs and community health assistants) and health workers can improve implementation of BFICI activities
- Inclusion of the BFICI in the annual work plan by health workers can ensure that BFICI activities are funded. Establishment of income generating activities targeting the community members and CHVs can lead to economic empowerment of the target communities and also supplement CHV's income.

Introduction

Exclusive breastfeeding (EBF) for the first six months of life and timely introduction of safe and nutritious complementary foods is vital for child growth, development, and survival. While EBF rates in Kenya have significantly increased over the years, still currently 39% of children under 6 months are not exclusively breastfed and 78% of children 6-23 months do not get the minimum acceptable diet (1-5). Hence, the need for effective interventions to promote proper infant and young child feeding practices.



Kenya has joined various global efforts such as the BFHI, to promote EBF in maternity facilities, but the coverage of the BFHI is limited given that 37.4% of women give birth at home (4). To address this problem, Kenya adopted the baby-friendly community initiative (BFICI), a strategy recommended by the World Health Organization to promote optimal maternal infant and young child nutrition at the community level (6). The BFICI relies on the counselling of mothers and caregivers by trained CHVs (7). It is effective in promoting EBF in rural Kenya and is currently being implemented in various parts of the country (8). However, several challenges have been identified including inadequate links between BFICI & BFHI, lack of availability of a national training curriculum for CHVs, insufficient number of BFICI master trainers, staff turnover for BFICI trained health workers, tracking BFICI implementation within the health information system, and inadequate financial support for BFICI activities from county governments leading to demotivation of CHVs (9).

To overcome these challenges, an understanding of the BFICI system including barriers and facilitators to its functioning is required (10). This policy brief presents the findings of a study that aimed to map and analyze the functioning of the BFICI system and to identify the needs for its effective implementation in Kenya.



Approach

A holistic systems thinking approach was used to analyze how different parts of the BFICI system are connected (11-13). Stakeholders from different parts of the BFICI system, ranging from national to community level, provided input to our analysis. Moreover, stakeholders were involved in the study, guided by a multi-methodology framework that encourages the evaluation and analysis of systems through stakeholder-oriented workshops (14). The methodology used included three phases:

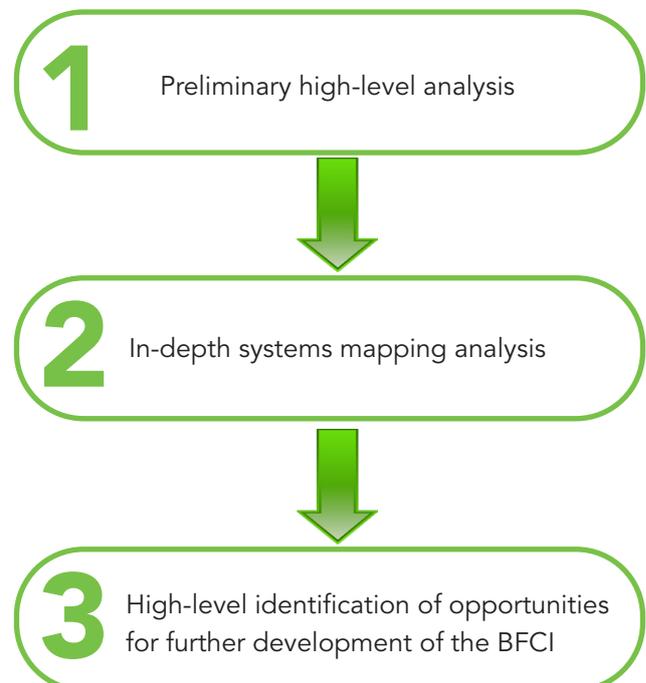


Figure 1: Study Phases

For the preliminary high-level analysis phase, a stakeholder analysis mapping was carried out, followed by a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis of the BFICI system with national

level policy makers including representatives from the Division of Nutrition and Dietetics in the Ministry of Health. The in-depth systems mapping analysis in the second phase involved the collection of qualitative data through interviews and focus group discussions with BFCI stakeholders at the national, county, sub-county, and community levels. In the final phase, local and national level stakeholders were presented with maps identified in the second phase of the research to help them prioritize areas for future research.

Key Findings

Our analysis revealed five major factors that influence the effective functioning of the BFCI:

1. CHVs' level of interaction with the community
2. CHVs' level of knowledge/competency
3. BFCI funding
4. Maternal factors which included mother's engagement with the BFCI, food choice, mother's opportunity for breastfeeding
5. Access/referral to health facilities

1. CHVs' level of interaction/engagement with the community

CHVs play an important role in the functioning of the BFCI. Their interactions with the community have a direct positive impact on their performance of BFCI prescribed activities, meaning that the more the interactions the higher the level of their performance. This includes the support of mothers on clinic visits through advice (such as feeding advice during and after pregnancy), referral, and counselling. The level of engagement and interaction of CHVs with communities is positively enhanced by the availability of a pool of CHVs in the community, the involvement of local authorities, compensation in the form a stipend, and the availability and accessibility of mothers. On the other hand, CHV interactions with the community is negatively affected by the lack of meeting facilities, bad weather conditions, and epidemics like Covid-19. The presence of any of these affect adversely the implementation of the BFCI activities.

2. CHVs' Knowledge and Competency

CHVs are better positioned to contribute effectively to the functioning of the BFCI if they are knowledgeable about the initiative and competent in implementing its activities. Training, mentorship, and supervision provided by Community Health Assistants (CHAs) help to improve the knowledge and competency of CHVs. The quality of CHA-led training is impacted by the availability of a training curriculum and teaching aids, as well as funds to support these. CHVs' motivation for improved knowledge may be related to a desire for further career advancement, which in turn can lead to high turnover/attrition of skilled CHVs. Skilled CHVs can be retained and high attrition prevented through the provision of career development opportunities and/or financial and non-financial incentives.

3. Funding for the BFCI

Effective BFCI implementation relies on the availability of funds from donors and the government and the prioritization of BFCI activities by the government. Availability of funds for the BFCI translates to sufficient funding for the training of CHVs which in turn leads to improved CHVs' knowledge and competencies, as well as provision of stipends to CHVs for their time on BFCI-related activities. These in turn act as incentives that have a positive effect on CHVs' level of engagement with the BFCI. Setting up income-generating activities can support the sustainability of BFCI funds, which consequently enables the availability of incentives that motivate the CHVs' engagement with the BFCI in the context of inadequate government funding. However, such activities on their own may not be sufficient and potentially require supervision to run successfully.

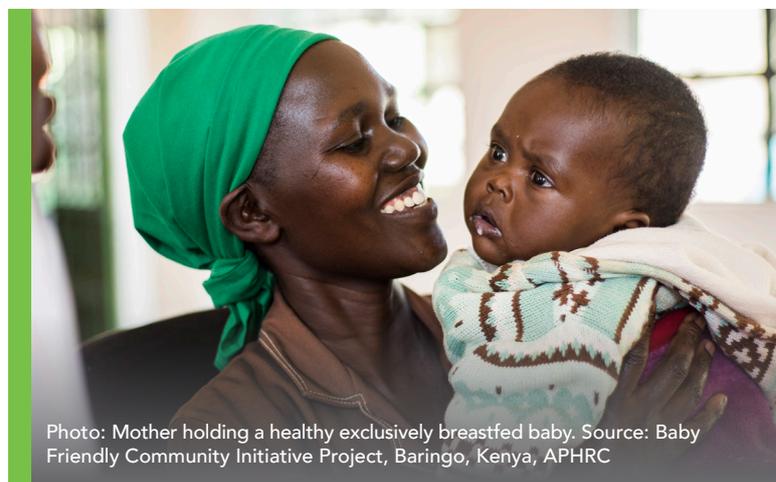


Photo: Mother holding a healthy exclusively breastfed baby. Source: Baby Friendly Community Initiative Project, Baringo, Kenya, APHRC

4. Maternal factors

Our analysis showed that three key maternal factors are crucial for the successful functioning of the BFCI intervention, namely: mother's engagement with the BFCI, food choice, and mother's opportunity for breastfeeding.

- Mother's engagement with the BFCI has a positive effect on her knowledge in child health and nutrition, knowledge and skills in cooking, knowledge in water, hygiene, and sanitation (WASH), and access to health facilities for routine services such as antenatal and postnatal care. The mother's engagement with the BFCI depends on her time availability related to work commitments (if less time available, they engage less). Similarly, it depends on CHV's engagement and level of interaction with the community and the child's nutritional status where mothers of healthy children are more likely to engage with the BFCI.
- Food choice: The nutrition quality of foods chosen by the mother has a direct effect on the nutritional status of the mother and the child. Food choice depends in turn on the mother's cooking knowledge, her time availability, food accessibility and affordability, and food safety. If mothers have poor knowledge of cooking, lack time to prepare food, and have poor access to food, they and their children will consume food with low nutritional value. Mothers are also likely to choose food that is perceived to be safe and this is influenced by the prevailing hygiene and sanitation status in the community.
- Mothers' opportunity for breastfeeding has an impact on adopting exclusive breastfeeding, which is in turn affected by the availability of

breastfeeding spaces (public, health facility, and company), cultural beliefs, family support, and time availability of mothers. Mothers need a supportive environment to practice breastfeeding. The more mothers take up breastfeeding in the community, the more other mothers will follow the same example, leading to an overall improved breastfeeding rate at the community level. Participation in mother support groups, individual counselling, and personal testimonies (word of mouth) along with the availability of a breastfeeding supportive environment can have a synergistic effect in the adoption of the recommended breastfeeding practices.

5. Referral/access to healthcare facilities

Given that health facilities provide care and support (including early diagnosis and treatment of health conditions and provision of routine maternal and child health services such as iron and folic acid supplementation, growth monitoring, and immunization), a mother's access to these facilities has implications for both her health and nutritional status and that of her child(ren). The level of mother's engagement with the BFCI, the accessibility of health facilities, mothers' knowledge level on child health management, and mother's time all impact the frequency of clinic visits. The level of interaction with CHV-led activities plays a key role in the mothers and their child (ren) being referred to health facilities to receive the suitable support. This indicates the important role that CHVs play in the optimal functioning of the BFCI activities.



Photo: Community health volunteers in their income generating group. Source: Baby Friendly Community Initiative Project, Baringo, Kenya, APHRC



Recommendations

Based on our data analysis, the following recommendations were identified as a means to *improve CHVs' knowledge and competency, and to enhance CHVs' level of interaction with the community*:

- Regular training of CHAs on maternal care and child nutrition in general and BFCI, in particular, would ensure adequate supportive supervision and mentorship of CHVs.
- Training health workers and community stakeholders/local authorities to increase awareness of BFCI and ensure local buy-in and support in the community.
- BFCI should be included in the training curricula of professional health care workers to ensure that they are familiar with the BFCI by the time they graduate.
- Job aids and simplified reporting tools should be provided to promote effective health communication and improve the reporting of the BFCI activities.
- Strengthen career development for CHVs by setting up a career development pathway for CHVs. This would motivate them and potentially reduce CHV attrition levels.
- Set up BFCI and maternal and child health and nutrition resource centers for CHVs and community members.

To address the problem of funding for the BFCI, the following are suggested:

- The local authorities should include BFCI activities/indicators in their annual work plans and budget for BFCI activities.
- Income generation activities should be set up



Photo: A father feeding a child expressed breast milk. Source: Baby Friendly Community Initiative Project, Baringo, Kenya, APHRC

within the BFCI to empower women economically, increase access to food, and supplement CHVs' income.

- Increase allocation of financial and related resources to health facilities to provide maternal and child health services to increase service availability and accessibility and strengthen the link between the health facilities and the community.

Finally, to address maternal factors and improve access/referral to health services, the following actions are recommended:

- Offer economic empowerment and/or social support through the provision of food and money to the most vulnerable mothers.
- Offer individual counselling to mothers and use of personal testimonies to educate and encourage mothers to participate in the BFCI.
- Set up referral support groups in the community for mothers to support each other with referrals to health facilities and in overcoming referral barriers.



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Photo: Women in a mother support group (A mother to mother support group is a group of mothers (9-15), pregnant and lactating or with children & lt;5 years, who meet on a regular basis to discuss and support each other on maternal infant and young child nutrition).. Source: Baby Friendly Community Initiative Project, Baringo, Kenya, APHRC

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