



OVERVIEW OF INFANT AND YOUNG CHILD FEEDING IN KENYA

IYCF STUDY DISEMINATION MEETING

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Introduction.

- Exclusive breastfeeding is globally recognised as the most effective preventive intervention for ensuring child survival
- This intervention alone can reduce childhood mortality by up to 13%, thus contributing significantly to attainment of the millennium development goals (MGD 4).
- Improved overall IYCF will greatly contribute to the achievement of the MDG 4 as over 60% of child mortality is attributable to inadequate infant and young child nutrition

Status of Key IYCF Practices – (KDHS 2003)

- **Exclusive Breastfeeding rates at 6 months are at 2.6% this is the lowest in the region**
- **58% of mothers initiates breastfeeding within one hour of delivery (Evidence shows that 22% of neonatal deaths could be saved if all infants were breastfed within the first hour).**
- **93.8% have breastfed at some time**

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- **Bottle feeding seems to be on the increase with the rate increasing from 12% in 1998 to 27.6% in 2003**
- **Whereas the recommended time for introduction of complementary feeding is after 6 months, many mothers introduce as early as 3 months of life. By 6 months 84% of the children are receiving foods (adequacy, consistency, texture, safety, timely is a problem)**

Mortality and malnutrition (KDHS 2003)

- infant mortality at 77 deaths per 1,000 live birth
- under-five mortality at 115 per 1,000 live births. This means that one in every nine children born in Kenya dies before his or her fifth birthday (unacceptable)
- Malnutrition remains a major challenge in Kenya with 30% of U5yrs were stunted, 20% underweight and 6% severely malnourished

Targets(for 2007-2010)

- Increase initiation of breastfeeding within one hour of delivery from 58% to 80%
- Increase the rate of exclusive breast feeding increased from 2.6 -20%
- Reduce bottle feeding from 27.6% to 15%
- Revitalize BFHI in 70% of hospitals with maternity facilities
- Increased timely introduction of complementary food from 84% - 95%

Government Commitment

A: Policies and Legislation

Infant Feeding Policy General statement on infant and young Child feeding to guide & direct implementation of Strategies to enhance optimum child feeding practices.

This in place- incorporates global recommendations on infant feeding and HIV/IF considerations, we are planning to review to include new evidence and WHO consensus statements

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Recommendations

- Strong monitoring frame work of Policy implementation
- capacity building of health workers on IYCF and the policy

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- B: Breastmilk substitute control bill**-which was drafted by the MOPHS with support from UNICEF, WHO, KEFAN and A.G
- This is aimed at contributing to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the appropriate marketing, labelling and proper use of breastmilk substitutes,

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- This will be forwarded to the cabinet for discussions so that it can be enacted into law

Recommendations

- There is need to strengthened monitoring of code violation - monitoring of code Violations was done during the recent regional code training in KNH, Thigoni DH and Thika DH and a number of violations were observed
- Need to train more code monitors
- Increased awareness among health care providers of their role in implementation of the code through the IYCF trainings)
- Code violation - especially at PMCT sites were observed during an assessment at PMTC sites in 2007.

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Maternity Protection


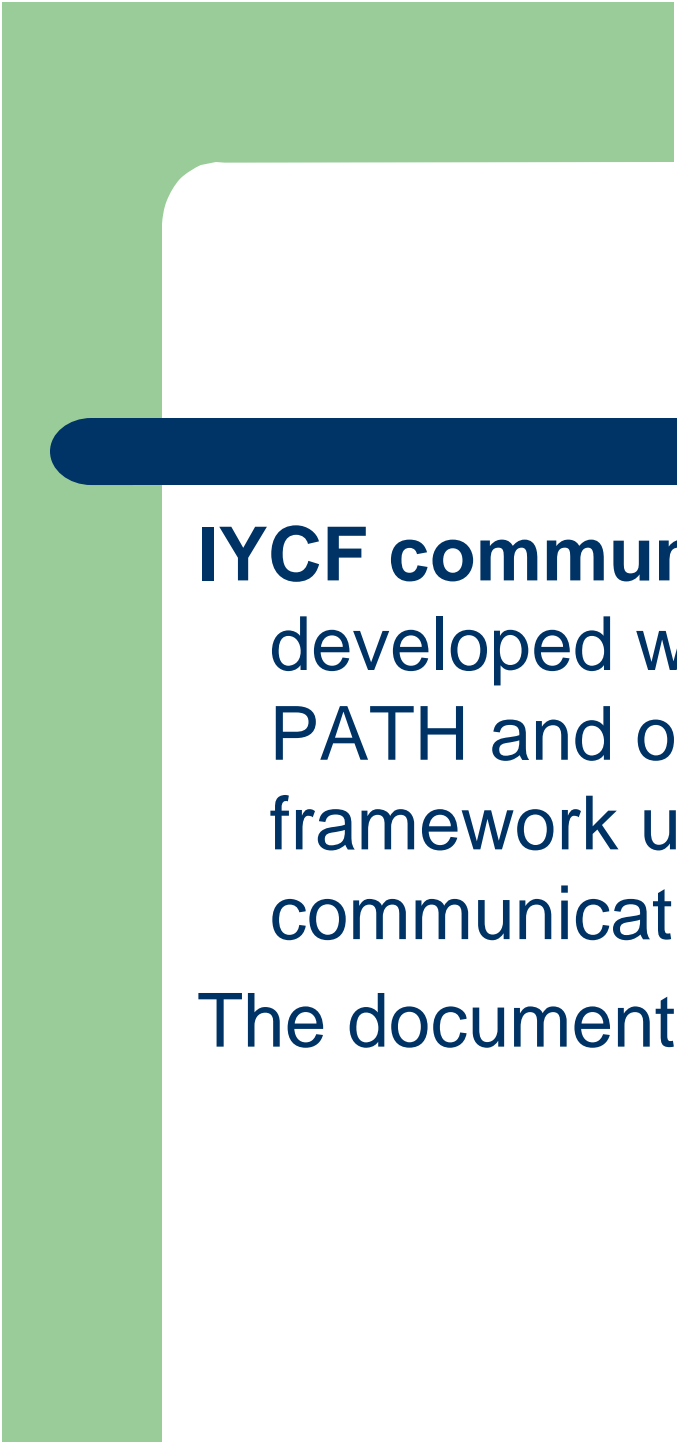
which is under the employment act, was enacted in July 2007, this is aimed at safeguarding maternal and child health.

- women are entitled to 90 days paid maternity leave and along side annual leave
- 2 weeks paternal leave
- There were 2 sensitisation workshops last year for stakeholders and trade unions

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National infant feeding strategy – 2007 to 2010

- This strategy was developed with a view to providing a strong framework for accelerating action to improve IYCF practices that are proven to play a major role in enhancing the health, nutrition, survival and development of infants and young children
- The strategy derives from the broad principles of the global strategy on IYCF and is an important step towards operationalising key strategies for improving the feeding of infants and young children in Kenya.



IYCF communication strategy– this was developed with partnership from UNICEF, PATH and other stakeholders This forms a framework upon which the strategic communication plan evolves

The document is being finalized for printing

C: Programs on Infant Feeding

A national programme is focused on infant and young child nutrition and collaborate with partners such as UNICEF and WHO, civil society and stakeholders in implementing IYCF intervention.

Programming on IYCF in Kenya

- BFHI has been revitalized through Trainings, self assessment and external assessment done on May/June this year. 62 facilities in 4 provinces (R/Valley, Western, Nyanza and Nairobi) were assessed. External assessment report will be disseminated in september

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- The government with support from partners have Strengthen community support for IYCF- this was done through training of 1,658 CHWs and community mother support groups leaders
- Training of health workers was done with support from UNICEF and WHO

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- 114 National and Provincial TOTs 1,221 health workers 1,658 CHWs trained In Nyanza, Western, Rift Valley, Nairobi, ASAL and Nairobi
- Lectures and Tutors from 10 training Institutions were trained on IYCF to strengthened pre-service training

Strategies....

- Strengthen community partnerships for implementation of IYCN interventions
- Capacity building - To improve knowledge and skills on IYCN
- Strengthened Advocacy and communication on IYCF to - Increased uptake of appropriate
- To strengthen monitoring and evaluation of IYCF at all levels

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BFHI

- Capacity building of health workers – in-service and strengthen Pre service training
- Ongoing monitoring and feedback after capacity building on IYCF/BFHI vital
- Strengthen on-going facility self monitoring on BFHI/External assessment

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BFCI

- Traditional and modern approaches to promote IYCF
- Empower communities through training of CHWs/Mother support groups and Community leaders (example in Nyanza and western province)
- Positive deviant – Identify mothers who assist others in IYCF

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- Code watchers at the community
- Men and Youth groups as entry points for the code and optimal IYCF practises
- Use of Midwives who are the core of the mother support groups
- Need to have strong participation of civil society – especially promoting IYCF at community level



END

Thank You