

# **Baby Friendly Hospital Initiative in Kenya Successes, Challenges, Lessons Learnt and Best Practices to Learn from Rift Valley Province, Kenya**

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# Situation analysis

- Kenya has an estimated population of 42.4 million
- Estimated births per year-1.6 million and <5 children 6.7m

## Mortality trends and delivery by skilled birth attendants

	2003	2008	2014
Neonatal MR (per 1,000 live births)	33	31	22
Infant MR(per 1,000 live births)	51	52	39
Under 5 MR(per 1,000 live births)	115	74	52
Maternal MR(per 100,000 live births)	414	488	362
Delivery care coverage (%):			
Skilled attendant at birth	-	43.8	59.7
Institutional delivery		42.6	59.7
C-section		6	8.3
Facilities with maternity services			1450

## Breastfeeding trends

<b>Infant and young child feeding practices</b>	<b>1998 KDHS</b>	<b>2003 KDHS</b>	<b>2008 KDHS</b>	<b>2014 KDHS</b>
Initiation of breastfeeding (% of babies breastfed within 1 hour of birth)	58%	52%	58%	62%
Exclusive breastfeeding	17%	13%	32%	61%
Duration of breastfeeding	21 months	20 months	21 months	
Breastfeeding at age 2		20%	21%	51%
Bottle feeding (% of breastfed babies 1 to 12 months of age fed from bottles in the last 24 hours)	18%	28%	25%	11

# Background of BFHI

- Kenya Joined global effort to promote, protect and support breastfeeding in 1980s
- Between 1994 -2008 a total of 242 (69%) out of 350 hospitals were designated as Baby Friendly.
- In 2009 another external assessment was conducted in 4 of 8 provinces The 10 steps global criteria were used with adoption of other 3 steps on the code, mother friendly care and infant feeding in HIV
- 11% out of 62 hospitals qualified as baby friendly in 2009
- After the 2009 assessment there was restructuring of MOH into two ministries under coalition government
- Little activities for BFHI were conducted
- This delayed the good progress that had been achieved
- 2013 BFHI was revitalized with 3 main activities namely –trainings to create centres of excellency, integration into curriculum of medical students (University of Nairobi), & CMEs

# **BFHI coordination and process in 2009**

## **Coordination at provincial level**

- Provincial BFHI committee headed by the provincial nutrition officer
  - Training
  - CME at Hospital level (only Rift Valley province)
  - Action plans
  - BFHI committees
  - Continues monitoring, mentorship and supervision -by the provincial BFHI Committee (Nutritionist and nursing officer as core members)

## **Coordination at national level**

- National Maternal Infant Young Child Nutrition (MIYCN) Steering Committee- Headed by chief nutritionist
  - Planning for assessment
  - Evaluation of self assessment reports
  - Conducting external assessment
  - Field assessment coordination -programme Manager MIYCN
- 62 out of 126 self appraisals were approved for external assessment
- Field assessment -25 days covering only 4 out of 8 provinces

# BABY FRIENDLY HOSPITAL ASSESSMENT RESULTS –RIFT VALLEY PROVINCE

SUMMARY SHEET	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10				core /10
	Policy	Trng	BF	Early Intat n	Lact n	Roo m-In	Dema nd	No Tts/P acf	Co mm.	Code	MF	HIV & IF		
PASS/FAIL														
Nakuru PGH	P	F	F	F	F	F	P	F	P	F	P	F	F	4
Molo	P	P	P	F	P	F	P	P	P	P	P	F	P	10
Elburgon	P	P	F	F	F	F	P	P	P	P	P	F	F	7
Njoro	F	F	F	F	F	P	P	F	P	F	P	F	F	4
Gilgil	F	F	F	F	F	F	P	F	P	F	P	F	F	3
Kericho D. Hospital	F	F	F	F	F	P	P	F	P	F	F	F	F	3
Bomet (Longisa)	F	P	F	F	F	F	P	F	P	P	P	F	P	6
Bomet (Tenwick)	F	P	P	F	F	P	P	P	P	P	P	P	P	10
Kitale D. Hospital	P	P	P	F	F	P	P	F	P	P	P	F	F	8
Endebess	P	P	F	P	F	P	P	P	P	P	P	F	F	9
Iten	P	F	F	P	F	P	P	F	P	P	P	F	F	7
Baringo	P	P	P	P	F	P	P	F	P	P	P	F	P	10
Marakwet	P	F	F	P	P	P	P	P	P	P	P	F	F	9
Nanyuki	P	P	P	F	F	F	P	F	P	P	P	P	P	9
Oliotokitok	P	P	P	P	F	P	P	F	P	P	P	F	F	9
Narok	P	F	F	F	F	P	P	F	P	F	P	F	P	6
Letein	P	F	F	P	F	P	P	F	P	P	P	F	F	7
Kapkatet	P	F	F	F	F	P	P	F	P	F	P	F	P	6

KEY: P-Pass F-Fail

# May through June 2009

## BABY FRIENDLY HOSPITAL ASSESSMENT NYANZA PROVINCE

SUMMARY SHEET	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Score /10			
	Polic y	Trng	BF	Early Intat n	Lactn	Room- In	Dema nd	No Tts/P acf	Com m.	Cod e	MF	HIV & IF		
Kisumu PGH	P	F	P	F	F	P	P	F	F	P	P	P	P	8
Kisumu	F	F	F	F	F	P	P	F	P	P	P	P	P	7
Siaya	F	F	F	F	F	P	P	F	P	P	P	P	F	6
Mbita	P	F	F	F	F	P	P	F	P	F	P	F	F	5
Homa	F	F	F	F	F	P	P	F	P	F	P	F	F	4
Rachuonyo	F	F	F	F	F	P	P	F	P	F	P	P	F	4
Kuria	F	F	F	F	F	F	P	F	P	F	P	F	F	3
Migori	P	F	F	F	F	F	P	F	P	F	P	F	F	4
Rongo	P	F	F	F	F	F	P	F	P	F	P	F	F	4
Kisii D. Hosp.	P	F	F	F	F	F	P	F	P	F	P	F	F	4
Nyamira	P	F	F	F	F	F	P	F	P	F	F	F	F	3
Manga	P	F	F	F	F	F	F	F	P	F	P	F	F	3
Masaba	P	F	F	F	F	F	P	F	P	F	P	F	F	4
Gucha	P	F	F	F	F	F	P	F	P	F	P	F	F	4
Gucha	F	F	F	F	F	F	F	F	F	F	P	F	F	1

### KEY:

P - Pass F - Fail

# **Summary of findings and success**

A total of 7 hospitals (11%) out of 62 all from Rift Valley Province qualified as baby friendly

## **Why success in Rift Valley Province only?**

### **Adequate funding and provision of training materials**

- Extensive support from UNICEF after post election violence 2007
- Implementation of all 5 sections of BFHI
- Formation of BFHI coordination committees
- Supportive supervision, mentorship and CME at hospital level

### **Challenges**

- Inadequate funding- training costs (USD 25,000) and assessment costs (USD 120,000) for approximately 25 days in 4 provinces
- Donor dependency in funding BFHI activities
- Inadequate capacity building and lack of counselling skills
- Lack of integration of BFHI in training curriculum
- Infant feeding and HIV which brought confusion in the early stages
- Inadequate human resource
- Ministry restructuring and change of leadership
- Lack of understanding meaning of policy translation



# **Activities to revitalize BFHI from 2013**

- Donor support funding for BFHI activities-UNICEF supporting 17 out of 47 counties
- Establishment of BFHI centres of excellence-used as learning sites- 10 counties have been trained with UNICEF Support
- Integration of BFHI sessions in curriculum of medical students-UON
- CMEs within the facilities integrated within other sessions
- Revival of lactation training course-2 weeks (counties to be supported)- under discussion
- Training of partners to understand the concept of BFHI and incorporate it in their workplan (planned to be undertaken)
- Follow up and monitoring of BFHI activities (integrated in the county nutrition action plans (CNAP))

# Lessons learnt and way forward

- Adequate resources, integration and strong component of follow up and mentorship is key to BFHI success
- Stepwise implementation of BFHI covering all sections 1 to 5 is critical for success as opposed to targeting maternity staff only
- BFHI coordination committees are important for success of BFHI

## Way forward

- Advocate for resources allocation from government for sustainability as opposed to donor funds that are erratic
- On job training to reduce cost with a certain modules to graduate
- Introduction of BFHI to training curriculum of students
- Mentorship programme
- Capacity building on BFHI a 20hr course as a stand alone as opposed to integration to IYCF integrated counselling course

# Acknowledgement

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### MOH



***Training on BFHI self assessment at Machakos Kyaka for 10 counties***

# **Acknowledgement**

MOH

UNICEF Kenya