The World Breastfeeding Trends Initiative (WBT*i*)

KENYA

2012

REPUBLIC OF KENYA

MINISTRY OF PUBLIC HEALTH AND SANITATION

INTRODUCTION

Appropriate feeding practices are of fundamental importance for the survival, growth, development, health and nutrition of infants and children. The 1990's saw an upsurge of several worldwide efforts to achieve this goal. Examples of this are the Innocenti Declaration on Breastfeeding (1990), the World Summit for Children (1990), The Earth Summit (1992) the International Conference on Nutrition (1992) and the International Conference on Population and Development (1994). All agreed on the need to create the right environment for women to breastfeed their children.

The Global Strategy for Infant and Young Child Feeding

The global strategy for infant and young child feeding describes essential actions to protect, promote and support appropriate infant and young child feeding. It focuses on the importance of investing in this crucial area to ensure that children grow to their full potential free from the adverse consequences of compromised nutritional status and preventable illnesses. It builds on existing approaches and provides a framework of linking synergistically the contributions of multiple programme areas including nutrition, child health and development and maternal and reproductive health.

The aim of the strategy is to improve through optimal feeding, the nutritional status, health, growth and development and thus the survival of infants and young children. The objectives of the strategy are:

- To raise awareness of the main problems facing IYCF, identify approaches to their solution and provide a framework for essential interventions.
- To create an environment that will enable mothers, families and other caregivers in all circumstances to make and implement informed choices about optimal feeding practices for infants and young children
- National infant Feeding Steering Committee (NIFSC) to increase commitment of governments, international organizations and other concerned parties for optimal feeding practices of infants and young children

The strategy is intended as a guide for action. It is based on accumulated evidence of the significance of the early months and years of life for child development. It identifies interventions with a proven positive impact during this period.

About WBTi

WBTi is a monitoring and evaluation tool initiated in Asia which uses the methodology and philosophy of Global Participatory Action Research (GLOPAR)1993 developed by the World Alliance for Breastfeeding Action (WABA) to track targets set by the Innocenti Declaration of 1990. WBTi has also adopted the WHO (2003) monitoring and evaluation tool on Infant and Young Child Feeding for assessing national practices, policies and programmes. WBTi encourages countries to document the status of implementation of the Global Strategy for Infant and Young Child Feeding which aims at reducing child malnutrition and mortality (MDG 4). WBTi aims to induce action and is expected to create a data bank of infant feeding practices, policies and programmes.

WBT*i* involves a three phase process. **Phase one:** is to conduct a national assessment of the implementation of the Global Strategy through the involvement of various partners/stakeholders to analyze the situation in the country and find out the gaps. These gaps are used for developing recommendations for advocacy and action. **Phase two:** WBT*i* uses the findings of the assessment to score, rate, grade and rank each country or region based on IBFAN Asia Pacific's Guidelines for

WBTi. In **Phase three,** WBT*i* encourages countries to conduct a repeat assessment after 3-5 years to analyze trends in programmes and practices as well as overall breastfeeding rates in a country and the identification of areas that still require improvement.

The 15 indicators of WBT*i*

The WBT*i* focus is based on a wide range of indicators, which provide an impartial global view of key factors.

The WBT*i* has identified 15 indicators. Each indicator has its specific significance. Part-I has 5 indicators, based on the WHO tool, dealing with infant feeding practices and Part II has 10 indicators dealing with policies and programmes. Once assessment of gaps is carried out and data verified, the data on 15 indicators is fed into the web-based toolkit.

Scoring, color-rating and grading is done for each individual indicator. The toolkit objectively quantifies the data to provide a color- rating and grading i.e. **'Red' or 'Grade D', Yellow or 'Grade C', Blue or 'Grade B' and Green or ‘Grade A’.**

INDICATORS	
Part I	***Part II***
1. Percentage of babies breastfed within one hour of birth	6. National Policy, Programme and Coordination
2. Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours	7. Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)
3. Babies are breastfed for a median duration of how many months	8. Implementation of the International Code 9. Maternity Protection
4. Percentage of breastfed babies less than 6 months old receiving other foods or drink from bottles	10. Health and Nutrition Care 11. Community Outreach 12. Information Support
5. Percentage of breastfed babies receiving complementary foods at 6-9months of age	13. Infant Feeding and HIV 14. Infant Feeding During Emergencies 15. Monitoring and Evaluation

OBJECTIVES

- Assessment of each country situation in the implementation of the Global strategy for IYCF
- Publishing the report of the assessment
- Advocacy with policy makers and other agencies on the specific interventions to improve the status of breastfeeding indicators of policy programme and practices
- Follow – up periodic re-assessment to see trends, gauge the change in the status of individual indicators and study what made a difference

METHODOLOGY

The coordination of the assessment was done by the National Maternal, Infant and Young Child Nutrition Steering committee (NMIYCNSC) which is the technical advisory body of the government on maternal, infant and young child nutrition issues. In 2008, a core group comprising of various persons from key departments (Annex 1), compiled a draft WBTI report for Kenya after a number of meetings.

In 2012, with the support of IBFAN Africa, the National MIYCN steering committee engaged a consultant (Mr. John Maina Mwai) to document the progress of the implementation of the Global Strategy for IYCF and he prepared an assessment report by improving the report document

previously done in 2008. The MIYCN programme team, composed of Terry Wefwafwa (DON), James Njiru (DON) and Evelyn Matiri (DON) reviewed the consultant's report and shared it at the National Maternal, Infant and Young Child Nutrition Steering Committee and the Nutrition Interagency Coordinating Committee meetings for adoption and approval.

The following members participated in the assessment and review of the WBTi report, 2012.

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Indicator 1: Early Initiation of Breastfeeding

Key question: Percentage of babies' breastfed within one hour of birth

Guideline:

Indicator 1	**WHO's** *Key to rating %*	**Existing Status %**	IBFAN Asia Guidelines for WBTi		
		✓ check any one	***IBFAN score***	***Colour rating***	***Grading***
Initiation of Breastfeeding (within 1 hour)	0-29		**3**	**RED**	**D**
	30-49		6	YELLOW	C
	50-89	✓ 58.1%	9	BLUE	B
	90-100		10	GREEN	A

Source of data:

Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

Comments

KDHS shows an improvement on the percentage of babies' breastfed within one hour of birth from 52.3% (2003) to 58.1% (2008/09). However, this indicator has stagnated between 52% and 58% since 1993 with 2003 registering the lowest prevalence.

The Kenya Service Provider Assessment (2010) reports that in all observed live newborns, mothers of 76% of newborns were assisted to initiate breastfeeding. These are deliveries conducted in the health facilities. However, only 43% of births are delivered in health facilities while 56% of births take place at home.

The National MIYCN strategy target is to increase the rate of early initiation of breastfeeding from 58 % to 80% by 2017.

Indicator 2: Exclusive breastfeeding for the first six months

Key question: *Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours?*

Guideline:

Indicator 2	**WHO's** *Key to rating %*	**Existing Situation %**	IBFAN Asia Guidelines for WBTi		
		✓ check any one	***IBFAN score***	***Colour rating***	***Grading***
Exclusive Breastfeeding (for first 6 months)	0-11		**3**	**RED**	**D**
	12-49	✓ **31.9%**	6	YELLOW	C
	50-89		9	BLUE	B
	90-100		10	GREEN	A

Source of data:

Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

Comment

Only 32% infants are exclusively breastfed during the first six months. This is an increase from 13% in 2003. Data from the 2003 and 2008 Kenya Demographic and Health Survey, show that although breastfeeding is a common practice in Kenya, mixed feeding rather than exclusive breastfeeding is practiced. There was a marked decline in exclusive breastfeeding rates between 1993/98 (17%) and 2003 (13%). Some of the contributing factors were confusing messages about breastfeeding in context HIV and AIDS.

Breastfeeding is one of the 11 adopted High Impact Nutrition Interventions (HiNi) prioritized in Kenya for Child Survival and Development that will assist Kenya move towards achieving the MDG4 which addresses reduction of infant mortality. The national target set out in the MIYCN strategy is to increase exclusive breastfeeding rates from 32 % to 80 % by 2017.

Indicator 3: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months?

Guideline:

Indicator 3	**WHO's** *Key to rating*	**Existing Situation %**	IBFAN Asia Guidelines for WBTi		
		✓ check any one	***IBFAN score***	***Colour rating***	***Grading***
Median Duration of Breastfeeding	0-17 Months		**3**	**RED**	**D**
	18-20 "	✓ 20.5 months	6	YELLOW	C
	21-22 "		9	BLUE	B
	23-24 "		10	GREEN	A

Source of data:

Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

Summary Comments

The median duration for breastfeeding among Kenyan children has remained constant at 21 months since 1993, implying sustainability of breastfeeding patterns over time. The national target is to achieve continued breastfeeding for 2 years and beyond for all children less than two years by 2017.

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles?

Guideline:

Indicator 4	**WHO's** Key to rating	**Existing Situation %**	IBFAN Asia Guidelines for WBTi		
		✓ check any one	***IBFAN score***	***Colour rating***	***Grading***
Bottle Feeding (<6 months)	30-100%		**3**	**RED**	**D**
	5-29%	✓ 24.5%	6	YELLOW	C
	3-4%		9	BLUE	B
	0-2%		10	GREEN	A

Source of data:

Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

Summary Comments

Babies less than 6 months old receiving foods or drinks from bottles with nipples increased from 16% (1993) to 26.9% (2003). However, in 2008/09 there was a slight decline (KDHS, 2008/09). As Kenya targets to increase exclusive breastfeeding rate from 32% to 80% by 2017, she also aims to reduce bottle feeding rates to less than 5% in the same period.

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age?

Guideline:

Indicator 5	**WHO's Key to rating %**	**Existing Situation %**	IBFAN Asia Guidelines for WBTi		
		✓ Check any one	***IBFAN score***	***Colour rating***	***Grading***
Complementary Feeding (6-9 months)	0-59		**3**	**RED**	**D**
	60-79		6	YELLOW	C
	80-94	✓ 82.8%	9	BLUE	B
	95-100		10	GREEN	A

Source of data:

Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.

Comments

Percentage of breastfed babies receiving complementary foods at 6-9 months of age reduced from 84.2% (2003) to 82.8% (2008/09). However, it is important to note that 32% of babies are introduced to complementary feeds too early at the age of 2-3 months; this malpractice has however improved over time from 81% (1993) to 32% (2008/09).

Indicator 6: National Policy, Programme and Coordination

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Criteria of Indicator 6	Scoring	Results ✓ *Check any one*
6.1) A national Infant and Young Child Feeding/Breastfeeding policy has been officially adopted/approved by the government	2	✓
6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	2	✓
6.3) A National Plan of Action has been developed with the policy	2	✓
6.4) The plan is adequately funded	1	
6.5) There is a National Breastfeeding Committee	1	✓
6.6) The National Breastfeeding (Infant and Young Child Feeding) Committee meets and reviews on a regular basis	1	✓
6.7) The National Breastfeeding (Infant and Young Child Feeding) Committee links with all other sectors like health, nutrition, information etc., effectively	0.5	✓
6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference	0.5	✓
Total Score	**9/ 10**	

Information and Sources Used:

- National Food and Nutrition Security Policy, 2011
- National Food and Nutrition Security Strategy, Draft 2008
- National Nutrition Action Plan 2011-2017
- National Maternal, Infant and Young Child Nutrition Policy, 2012
- National Maternal, Infant and Young Child Nutrition Strategy 2011-2017
- National MIYCN Steering Committee minutes;
- NMIYCN Steering Committee Terms of Reference.

Gaps:

There has been very little funding to support nutrition both from the public and partners and very limited civil society activism and advocacy on maternal, infant and young child nutrition issues.

Recommendations:

MOH and civil society should continue to advocate for more funds to support implementation of the National MIYCN strategy. There is need for local and international advocates to give technical and financial support Kenya to operationalize her National Maternal, Infant and Young Child Nutrition Strategy.

Indicator 7: Baby Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding)

Key Question:

7A) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria?

7B) What is the skilled training inputs and sustainability of BFHI?

7C) What is the quality of BFHI program implementation?

7A) Quantitative

7.1) What percentage of hospitals and maternity facilities that provide maternity services have been designated "Baby Friendly" based on the global or national criteria?

Criteria	Score	Results ✓ *Check any one*
0 - 7%	1	✓ **5.7%**
8 – 49%	2	
50 – 89%	3	
90 - 100%	4	
Rating on BFHI quantitative achievements:	¼	

7B) Qualitative

7.2) What is the skilled training inputs and sustainability of BFHI?

BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services

Criteria	Score	Results ✓ *Check any one*
0-25%	1	
26-50%	1.5	
51 –75%	2.5	
75% and more	3.5	✓ 100%
Total Score	**3.5/3.5**	

Qualitative

7C) What is the quality of BFHI program implementation?

Criteria	Score	Results ✓ *Check that apply*
7.3) BFHI programme relies on training of health workers	.5	✓
7.4) A standard monitoring system is in place	.5	✓
7.5) An assessment system relies on interviews of mothers	.5	✓
7.6) Reassessment systems have been incorporated in national plans	.5	✓
7.7) There is a time-bound program to increase the number of BFHI institutions in the country	.5	
Total Score	**2/2.5**	
Total Score 7A, 7B and 7C	**6.5/10**	

Information and Sources Used:

- National BFHI Assessment Report, 2004.
- National MIYCN Strategy 2011-2017;
- National Nutrition Action Plan 2011-2017
- BFHI External Review Report (2009)

Gaps:

In 2009, assessment was done in 62 hospitals and 11% of the facilities were certified as baby friendly. This report has still not been disseminated nationally. The 5.7% shows the percentage of hospitals and maternity facilities that provide maternity services designated as “Baby Friendly” based on the global or national criteria in 2004.

Staff turnover and rotation within the hospital units leads to mismatch of IYCF skills and service need.

Recommendations:

- The Ministry of Medical Services should establish mechanisms for ongoing review and certification of hospitals as baby friendly.
- Revitalizing and strengthening BFHI in both public and private maternity facilities and Faith-based organizations (FBOs)with scheduled BFHI assessment at national level and provision of feed-back;
- Follow-up and support supervision of the trained health workers with constant induction of new staff in the major areas and strengthening the capacity of facilities for self assessment;
- Develop capacity for regional assessors of BFHI in the context of PMTCT;
- Strengthen training in pre-service and in-service trainings on IYCF and BFHI;
- Develop an On Job Training (OJT) manual for BFHI using the 20 hour course developed in 2006 by WHO to reduce costs and time away from work areas
- Develop and implement distance/online training on BFHI.
- Increase the proportion of hospitals that are baby friendly from 5.7% to 30% by 2017.

Comments

Evaluation of 60% of GOK facilities was undertaken in 2009 with UNICEF support and in 2010, 75% of hospitals were supported with BFHI capacity strengthening efforts. The implementation of the program has a strong training component.

About three quarters of Kenyan population seek health care in dispensaries and health centres that are in levels two and three according to Kenya Essential Package of Health (KEPH). In order to improve IYCF practices at these levels, there have been concerted efforts to establish Baby Friendly Community Initiative where BFCI tools have been developed and pre-tested. A pilot programme on BFCI is ongoing in Vihiga District, Kenya. This will inform the decision for strengthening and scaling up nationally. Qualitative/Quantitative (QQ) monitoring tool has been developed to determine barriers to use of BFCI Monitoring Tool by health workers at facilities and communities as well as the uptake of optimal practices by mothers.

Indicator 8: Implementation of the International Code

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Criteria	Scoring	Results ✓ *Check those apply. If more than one* is applicable, record the highest score.
8.1) No action taken	0	
8.2) The best approach is being studied	1	
8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable	2	
8.4) National measures (to take into account measures other than law), awaiting final approval	3	
8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions	4	
8.6) Some articles of the Code as a voluntary measure	5	
8.7) Code as a voluntary measure	6	✓
8.8) Some articles of the Code as law	7	
8.9) All articles of the Code as law	8	
8.10) All articles of the Code as law, monitored and enforced	10	
Total Score:	**6/10**	

Information and Sources Used:

- National Nutrition Action Plan 2011-2017
- National Maternal, Infant and Young Child Nutrition Policy, 2012
- National Maternal, Infant and Young Child Nutrition Strategy 2011-2017
- National MIYCN steering committee minutes;
- The Kenya the Breastmilk Substitutes Control Bill, 2011
- Kenya Code Implementation Framework, Draft 2011

Comments

The country has managed to train a number of CODE monitors who are currently not very active. Division of Nutrition aims keep track of the trained CODE monitors and keep a data base for all trained health workers and CODE monitors.

Recommendations:

- Need to fast track enactment of the Code;
- Need to train more Code monitors;
- Need to have regular monitoring of code violations;
- Need for advocacy and sensitization on Code at all levels;
- Need to sensitize the public on the code.

Comments

The Kenya Breastmilk Substitutes Control Bill has been accepted by the cabinet and is awaiting gazettement to be tabled in parliament for enactment into law.

The Code implementation framework and the Code Regulatory Framework are under development. The Public Health Act and the Kenya Bureau of Standards have some sections of the code as law e.g. the labelling which should be factual and in understandable language to consumers. However, these articles are inadequate and hence there's continued advocacy for the full enactment of the code into law. There is need for international financial and technical support for high level advocacy towards legislation of the CODE.

Indicator 9: Maternity Protection

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Criteria	Score	Results Check ✓ that apply
9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave		
a. Any leave less than 14 weeks	0.5	✓
b. 14 to 17weeks	1	
c. 18 to 25 weeks	1.5	
d. 26 weeks or more	2	
9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily.	1	
a. Unpaid break	0.5	
b. Paid break	1	
9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector.	1	✓
9.5) Women in informal/unorganized and agriculture sector are:	1	
a. accorded some protective measures	0.5	
b. accorded the same protection as women working in the formal sector	1	
9.6) a. Information about maternity protection laws, regulations, or policies is made available to workers	0.5	✓
b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.’	0.5	
9.7) Paternity leave is granted in public sector for at least 3 days.	0.5	✓
9.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	✓
9.9) There is legislation providing health protection for pregnant and breastfeeding workers and the legislation provides that they are informed	0.5	

about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.		
9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	0.5	✓
9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183.	0.5	✓
9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183.	0.5	✓
Total Score:	**4.5/10**	

Information and Sources Used:

- Kenya Employment and Labour Act 2007.
- Commitment on 'Better Businesses Practices for Children'

Recommendations:

- There is need to sensitize employers on the employment act
- There is need to sensitize the public about the maternity protection act and their right to it
- There is need to have regulations that guides compliance.
- Facilitate Central Organization of Trade Unions (COTU) to be more active in maternity protection.

Comments

The maternity leave is made up of 3 months (12 weeks) under the Kenya Employment Act 2007. A female employee is entitled to three months maternity leave with full pay and immediately on expiry of maternity leave before resuming her duties she may proceed to annual leave and/or sick leave with the consent of the employer; compassionate leave; or any other leave. A male employee is entitled to 10 working days (2 weeks) paternity leave to support their spouses during pregnancy or breastfeeding.

The ILO maternity protection convention 2000 No. 183 and 191 recommends at least 14 weeks (98 days) of paid maternity leave, one or two breaks daily or a reduction in work hours in order for women to breastfeed their children, and where practical, provision of facilities for nursing under adequate hygienic conditions at or near the workplace (ILO, 2000).

Kenya has amended the legislation to allow women to take 90 days maternity leave together with annual leave (Kenya Employment Act 2007). There has been collective commitment through KEPSA and the MoH to strengthen workplace support for breastfeeding mothers. Many private (Federation of Kenya Employees and Kenya Private Sestor Association organizations) and public sector partners have committed to "Better Business Practices for Children". In 2010, Kenyan employers signed a commitment to embrace 'Better Businesses Practices for Children' by providing support for breastfeeding mothers at the workplace. About 30 employers, under the auspices of the Kenya Private Sector Alliance (KEPSA), committed to comply with the statutory 14 weeks maternity leave under the Kenyan Employment Act and to review workplace policies on flex time, including providing short breaks to express breastmilk, to support women who are exclusively breastfeeding (www.unicef.org).

Indicator 10: Health and Nutrition Care System

Key Question: Do care providers in these systems undergo *skills training,* and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Criteria	Results ✓ *Check that apply*		
	Adequate	Inadequate	No Reference
10.1) A review of health provider schools and pre-service education programmes in the country[1] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
		✓	
10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care.	2	1	0
	✓		
10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[2]	2	1	0
	✓		
10.4) Health workers are trained with responsibility towards Code implementation as a key input.	1	0.5	0
	✓		
10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrhoeal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.)	1	0.5	0
	✓		
10.6) These in-service training programmes are being provided throughout the country.[3]	1	0.5	0
	✓		
10.7) Child health policies provide for mothers and babies to stay together when one of them is sick	1	0.5	0
	✓		
Total Score:	**9/10**		

1 Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

2 The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

3 Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Information and Sources Used:

- Essential Newborn Care Guidelines, Draft 2011;
- Essential Maternal and Newborn Care Guidelines, Draft 2011
- Pediatric Department - University of Nairobi; Department of Foods, Nutrition and Dietetics – Kenyatta University & Kenya Methodist University
- WHO Integrated IYCF training manuals, 2006
- Infant and Young Child Feeding and Code Monitoring Reports
- Infant and Young Child Feeding training reports
- The Kenya National PMTCT Curriculum and Implementation Guide, 2010
- Policy Guidelines on control and management of diarrhoeal diseases in children below five years in Kenya, 2010
- Integrated Management of Chilhood Illnesses, Treating the Child, 2007
- Essential Obstetric Care Manual for Health Service Providers in Kenya, 2006

Gaps

- A review of the IYCF in health workers training curricula has not been done.
- A data base of the trained Code Monitors and trained health workers has not been done.

Recommendations

- There is need to integrate Health and Nutrition program to provide an holistic management of interventions;
- There is need to review and harmonize training curriculums in the medical training institutions.
- Develop a National data base of accomplished infant and young child nutrition work

Comments

- Some institutions have incorporated IYCN in their pre-service curricula.
- IYCN is an integral part of the essential newborn care training for health workers.
- Standards and guidelines for mother-friendly childbirth procedures have been developed and incorporated in the IYCN policy guideline, reproductive health, and maternal newborn health training manuals, disseminated to all facilities and services providers are trained.
- The country has trained over 50 code monitors countrywide.

Indicator 11: Mother Support and Community Outreach

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Criteria	Results ✓ *Check that apply*		
	Yes	To some degree	No
11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding.	2	1	0
		✓	
11.2) All women have access to support for infant and young child feeding after birth.	2	1	0
		✓	
11.3) Infant and young child feeding support services have national coverage.	2	1	0
	✓		
11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral.	2	1	0
	✓		
11.5) Community-based volunteers and health workers possess correct information and are trained in counselling and listening skills for infant and young child feeding.	2	1	0
		✓	
Total Score:	**7/10**		

Information and Sources Used:

- National Food and Nutrition Security policy, 2011
- Infant and Young Child Feeding Strategy, 2007
- Kenya National Nutrition Action Plan 2011-2017
- National Maternal, Infant and Young Child Nutrition Policy, 2012
- National Maternal, Infant and Young Child Nutrition Strategy 2011-2017
- Infant and Young Child Feeding Counseling; A Community-Focused Approach
- Community IYCF; (Trainers guide, and Brochures)and Mother-to-Mother Support Groups (Discussion guide and Facilitator guide)
- National Malezi Bora events reports
- Malezi Bora job aid by Ministry of Public Health and Sanitation and partners, 2011
- WHO Integrated IYCF training manuals, 2006
- Community Health Worker training manual and curriculum.

Recommendations:

- Community Health workers to be trained on IYCF to build their capacity.
- IBFAN should develop criteria for assessment of Baby Friendly Community Initiative.

Comment

There are efforts to operationalize the Community Health Strategy where Community Health Workers will be remunerated by government through a structured system. This offers an opportunity to increase coverage of best IYCF practices at community level.

Indicator 12: Information Support

Criteria	Results ✓ *Check that apply*		
	Yes	To some degree	No
12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding.	2	1	0
	✓		
12.2) IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels	2	1	0
	✓		
12.3) Individual counselling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach.	2	1	0
	✓		
12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines.	2	1	0
	✓		
12.5) A national IEC campaign or programme[4] using electronic and print media and activities has channelled messages on infant and young child feeding to targeted audiences in the last 12 months.	2	1	0
	✓		
Total Score:	**10/10**		

Information and Sources Used:

- National IYCF communication and Advocacy Strategy 2008-2010;
- Nutrition health talks in various hospital departments;
- Media Breakfast Meetings on Breastfeeding eg The World Breastfeeding Week breakfast launch, 2011.
- Ya Mama ya Bamba Breastfeeding Campaign

[4] An IEC campaign or programme is considered "national" if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

- Kata Shauri Campaign
- Child Survival Radio Messages on various local radio stations
- MIYCN Advocacy and communication Working Group meeting minutes
- Let’s Talk Breastfeeding, Kenya Face Book Page
- National Nutrition reports;
- Malezi Bora folder;
- Newspaper clips and Newspaper columns
- Radio spots;

Gaps

There is very little Civil Society interest and advocacy in infant and young child nutrition.

Recommendations:

- Require more vernacular IEC materials which are community sensitive;
- Need to increase IEC production and widen distribution;
- Stimulate interest of child rights activists for continued support.
- Need to have systematically planned and continuous programmes in the media on Infant and Young Child Feeding not only during the World Breastfeeding Week but rather throughout the year.

Indicator 13: Infant Feeding and HIV

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Criteria	Results ✓ *Check that apply*		
	Yes	To some degree	No
13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV	2	1	0
	✓		
13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation	1	0.5	0
	✓		
13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	0.5	0
	✓		
13.4) Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	1	0.5	0
	✓		
13.5) Infant feeding counselling in line with current international recommendations and locally appropriate is provided to HIV positive mothers.	1	0.5	0
	✓		
13.6) Mothers are supported in making their infant feeding decisions with further counselling and follow-up to make implementation of these decisions as safe as possible.	1	0.5	0
		✓	
13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	1	0.5	0
		✓	
13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	1	0.5	0
	✓		
13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers.	1	0.5	0
	✓		
Total Score:	**9/10**		

Information and Sources Used:

- National Maternal, Infant and Young Child Nutrition Policy, 2012
- National Maternal, Infant and Young Child Nutrition Guidelines, 2012
- IYCF in the Context of HIV and AIDS; Kenyan National Counseling Cards
- IYCF in the Context of HIV and AIDS IEC materials
- IYCF in the Context of HIV and AIDS; A Question & Answer Guide
- WHO Integrated IYCF training manuals, 2006
- The Kenya National PMTCT Curriculum; Curriculum and Implementation Guide, 2010
- Draft elimination of Mother to Child Transmission of HIV (eMTCT) framework
- Community Health Workers training manual on IYCF.

Gaps:

The IYCF in the context of HIV guidelines have changed a number of times over the last few years and there has been no funding to systematically un-do the previous messages and this has led to mixed messages at the implementation level.

Recommendations:

- Establishing and strengthening of monitoring and evaluation on infant feeding in the context of HIV
- Government and partners to provide sufficient funding for nationwide updating of health workers on guidelines.
- Develop an online system of continuous medical education (CME) to the health workers.

Indicator 14: Infant Feeding during Emergencies

Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Criteria	Results ✓ *Check that apply*		
	Yes	To some degree	No
14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies	2	1	0
	✓		
14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
	✓		
14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed	2	1	0
	✓		
14.4) Resources identified for implementation of the plan during emergencies	2	1	0
		✓	
14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	2	1	0
		✓	
Total Score:	**8/10**		

Information and Sources Used:

- National Food and Nutrition Security policy, 2011
- National Food and Nutrition Security Strategy, Draft 2008
- National Nutrition Action Plan 2011-2017
- National Maternal, Infant and Young Child Nutrition Policy, 2012
- National Maternal, Infant and Young Child Nutrition Strategy 2011-2017
- Health workers manual on HIV/AIDS
- Draft Working Paper on Infant Feeding in Emergencies
- Postgraduate Pediatric Doctors Curriculum;
- Nutrition Curriculum in Kenya Medical Training Colleges.
- Government Circular on Prohibition of Donation of Breastmilk Substitutes (2011)

Gaps

- Most Humanitarian Aid Agencies are not aware of Infant Feeding in Emergency guidelines
- Policy makers in the national disaster and emergency response ministry are also not aware of infant feeding in emergency guidelines
- Inter-sectoral players and civil society are also not aware of the guidelines.

Recommendations:

- There is need to develop guidelines for nutrition preparedness during emergency;
- There is need to train officers working in humanitarian organizations on IYCF and Nutrition;
- The government should set aside funds for emergencies within the nutrition department;
- Development and endorsement of a policy that addresses key issues related to infant and young child feeding in emergencies;
- Development and integration of relevant material on infant and young child feeding in emergencies into pre-service and in-service training for emergency management and relevant health care personnel.
- Sensitize the public and civil society who donate and raise funds in infant feeding in emergencies on the national policy and guidelines.

Indicator 15: Monitoring and Evaluation

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Criteria	Results ✓ *Check that apply*		
	Yes	To some degree	No
15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
	✓		
15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process.	2	1	0
		✓	
15.3) Baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities.	2	1	0
		✓	
15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers	2	1	0
	✓		
15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys.	2	1	0
	✓		
Total Score:	**8/10**		

Information and Sources Used:

- Kenya Demographic and Health Survey, 2008-09
- National Maternal, Infant and Young Child Nutrition Strategy 2011-2017
- National Nutrition Action Plan 2011-2017
- National Nutrition Monitoring and Evaluation Framework, 2012
- Community Based Health Information Systems
- Child Health and Nutrition Information System (CHANIS);
- Baby Friendly Hospital Initiative assessment form and report;
- National Nutrition Survey reports
- National Nutrition Surveillance Protocol, 2012

Gaps

- Clear targets for each facility are not well defined
- Most of the nutrition data is considered as National data rather than for use at the district level and this does not translate to ownership at the operation level.

Recommendation

There is need to disaggregate targets and data to the county level.

ANNEX 1

Committee that prepared WBTi Draft report, 2008

	NAME	INSTITUTION
1	CHARITY TAUTA	DIVISION OF NUTRITION
2	LINDA KOMEN	DIVISION OF NUTRITION
3	GRACE GICHOHI	DIVISION OF NUTRITION
4	PAM MALEBE	IBFAN KENYA
5	AGNES SITATI	KENYATTA NATIONAL HOSPITAL
6	SUSAN NYERERE	DIVISION OF HEALTH PROMOTION
7	JOSPHELLAR MUGOI	DIVISION OF CHILD AND ADOLESCENT HEALTH