

Abstract

Integrating Family Planning and Maternal Infant Young Child Nutrition [FP/MIYCN] in Bondo sub-county, Kenya

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Background

According to the Kenya Demographic Health Survey for 2008-2009, Bondo sub-county has poor maternal and newborn indicators with Maternal Mortality Ratio of 620/100,000 and Neonatal Mortality Ratio of 208/1,000 against national ratios of 488/100,000 and 31/1,000 respectively. The short birth intervals and high fertility rates increase the risk of maternal and perinatal deaths. The communities initiate mixed feeding for infants before six-months of age because of the existing myths and misconceptions. It is against this background that the Ministry of Health, Department of Family Health, Divisions of Reproductive Health and Nutrition in collaboration with USAID–Maternal Child Health Integrated Program [MCHIP project] initiated integrated FP/MIYCN interventions within health facilities and community units in Bondo sub-county, Kenya. The aim of the initiative is to enhance and strengthen the intersection between FP and nutrition interventions in order to improve maternal and child health outcomes through pregnancy spacing and better nutrition practices.

Program Approach and Method

A cross-sectional FP/MIYCN baseline assessment was conducted in 6 health facilities and 8 affiliated community units in Bondo sub-county. The baseline gathered information to guide program design, development of key messages and supplementary FP/MIYCN registers to facilitate integration. The FP/MIYCN program adapted critical behavior change strategies to strengthen integration of FP/MIYCN and developed materials. The developed FP/MIYCN communication materials including key messages were pilot tested. Frontline service providers, community health extension workers [CHEWs] and community health workers [CHWs] working in the health facilities and affiliated community units were trained on integrated FP/MIYCN and the use of the supplementary registers. The providers were followed up through supportive supervision to monitor and keep track of the process.

Results

26 frontline service providers, 7 CHEWs and 111 CHWs were trained on integrated FP/MIYCN and use of the piloted and endorsed materials plus supplementary registers. Supportive supervision revealed that 55.6% of nurses' demonstrated knowledge and skills in promotion of FP and exclusive breastfeeding, and 87.5% of CHWs were reported as intensively conveying FP/MIYCN messages to the community. In exit

interviews, 54.23% and 58.3% of clients reported that nurses discussed mother and infant nutrition and benefits of child spacing, respectively.

Conclusion

Integrated family planning and exclusive breastfeeding is an initiative that facilitates immunization, prevents malnutrition of the infant and meets the mother's contraceptive [Lactational Amenorrhea Method] requirements. Service providers and CHWs have become advocates of this initiative during the first 6 months after which the child starts other supplementary feeding and the mother transitions to other FP methods.