



# KENYA

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# **IMPROVING BREASTFEEDING PRACTICES TO IMPROVE NEWBORN SURVIVAL IN KENYA**

**Kenya Country Presentation**

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# Overview of the presentation



- Background
- Policy direction and positioning
- Government stewardship and leadership
- Legislations
- Strategies used
- Monitoring and evaluation
- Challenges and constraints
- Next steps



## Situation analysis

- Estimated population (2012): 42.4million\*
- Estimated births per year (2013): 1.6million\*
- Home deliveries at 56%\*\*
- IMR declined from 77/1000(2003) to 52/1000(2009)\*\*
- 82% Neonatal deaths occur in the first week\*\*\*
- Low Birth Weight -11%\*\*\*
- Pre-lacteals - 42%\*\*
- Bottle feeding at 25%\*\*

*Source: \*KNBS 2009; \*\*KDHS 2008/09; \*\*\*KSPA, 2010.*

# Background (Continued)



- NMR has stagnated at 31/1000 live births\*\* accounting for 60% of total infant mortality
- Exclusive Breastfeeding(EBF) rate has increased from 13%(2003)to 32% (2009)\*\*
- EBF rates varies from region to region(40%-79%) according annual nutrition surveys (2011/12)
- Early initiation increased from 52%(2003) to 58%(2009)\*\*
- Exclusive breastfeeding rates among HIV infected mothers is 59% (UON, 2011)

\*\**Source: KDHS, 2008/09*

# Policy direction and positioning



- Breastfeeding is centrally positioned in key documents:
  - Food and Nutrition Policy
  - Child Survival and Development Strategy
  - Maternal, Infant and Young Child Nutrition Policy & Strategy
  - National Nutrition Action Plan
  - National essential newborn care guidelines
  - National guidelines on quality obstetric and perinatal care
  - National guidelines for Prevention of Mother to Child Transmission of HIV
- Breastfeeding has been adopted as a Key High Impact Nutrition Intervention

# Government stewardship and leadership

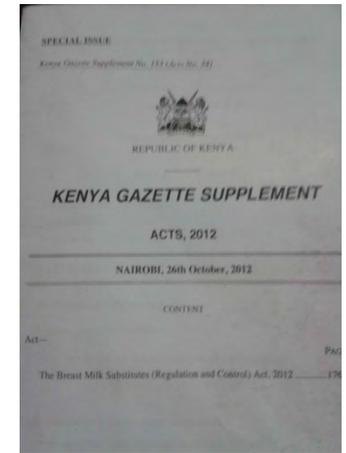


- Coordination, leadership, strengthening partnerships and stakeholder involvement through the Nutrition Inter-Agency Coordination Committee(NICC)
- Inter-sectoral coordination with line ministries to focus on nutrition
- National Committee on Infant and Young Child Feeding gazetted
- MIYCN Technical working group with linkages to other committees

# Legislation and legal structures



- Active monitoring of the International CODE of marketing of Breastmilk Substitutes and taking action (2005-2012)
- Enactment of the Breastmilk Substitutes Act 2012
- Maternity Protection for 14 weeks and paternity leave for 2 weeks enacted in the Employment Act (2004 Amended in 2007)
- Workplace support for breastfeeding mothers through strategic engagement of the private and public sector organizations



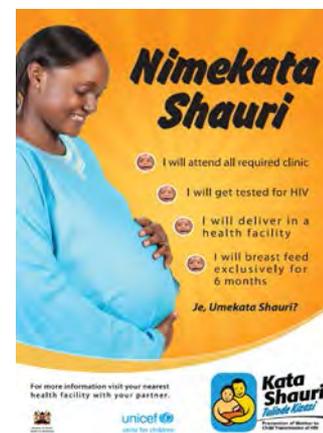
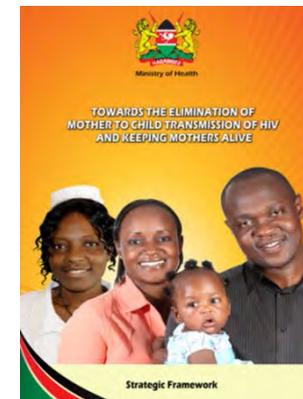
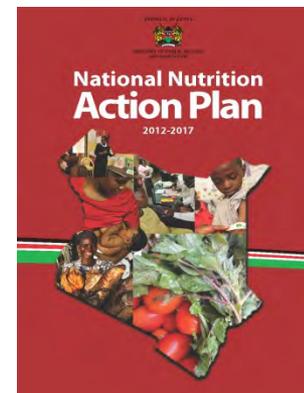
Children's Rights and  
Business Principles

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# Strategies used



- Development of costed action plans for resource mobilization
- Communication and Advocacy strategy developed
  - mass media(audio and print)
  - Bill boards
  - IEC
  - World Breastfeeding Week
  - Social media including Facebook
  - Child Health Days (Malezi Bora)
- Capacity building and training of health workers
- Baby Friendly Community Initiative
  - Mother- to- Mother support groups and certification of Health centres and dispensaries
- Implementation of these strategies have led to improved newborn indicators and reduction in IMR

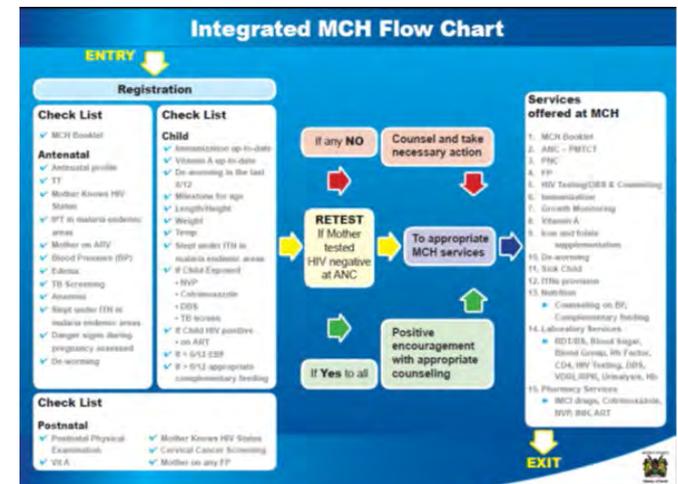
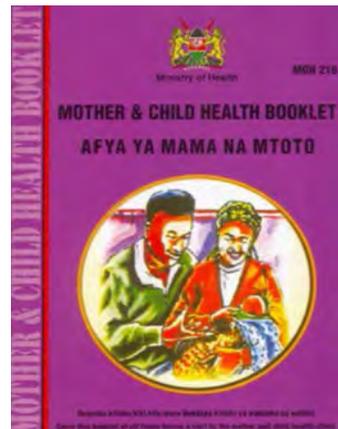


# Monitoring and Evaluation



## What is measured gets done

- Early initiation and exclusive breastfeeding are collected and reported routinely through District Health and Information System
- Quarterly analysis of data trends is done and feedback is given to districts
- Routine
  - LBW
  - EBF
  - Initiation
- Periodic
  - Pre-lacteals
  - Bottle feeding



# Challenges and Constraints



## Challenges

- Inadequate material and human resource for health.
- Frequent change in global guidance on IYCF recommendations
- Conflict of interest
  - Some partners
  - Health workers
- Industry hidden hand in policy development, legislation, donations and distributions of Breastmilk substitutes



- Government leadership and provision of conducive environment crucial
- Stakeholder involvement including private sector
- High level advocacy especially in policy – e.g. WHO Code legislation
- Integration in all policies and guidelines



- Strengthen the local resource base for IYCF with improving advocacy for government funding and from the devolved governments.
- Actively monitor and enforce the BMS Act
- Actively monitor and support the implementation of the policies and strategies by the national and devolved governments.
- Strengthen local Civil Society engagement and participation in IYCF

# Acknowledgements



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- Micronutrient Initiative(MI)
- WFP
- Universities
- Research Institutions
- Implementing Partners

