Integrating Maternal, Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) Services in Kenya

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Birth-to-Pregnancy Spacing Among All Women Aged 15-49, All Non-first Births in the Last 5 years

- <6 months: 4%
- 6-11 months: 11%
- 12-23 months: 35%
- 24-35 months: 22%
- 36-47 months: 11%
- 48-59 months: 11%
- 60+ months: 6%

N of Non-First Births = 4,531
Mutually beneficial and similar timing of messages

- Lactational amenorrhea
- Exclusive breastfeeding
- Fertility return
- Complementary feeding
- Maternal nutrition
- Infant health & nutrition
- Maternal survival
- Infant survival
Activity Description

- Demonstration project conducted by Kenya Ministry of Health Division of Nutrition (DON) and Division of Reproductive Health (DRH), with support from MCHIP

- **Location:** 6 health facilities and affiliated community units in Bondo District

- Approach involves coordinated MIYCN-FP integrated service delivery activities at **community** and **facility** levels
Process Overview

1. National/Regional advocacy
2. Formative assessment
3. Develop messages and materials
4. Pre-test materials
5. Finalize materials
6. Train service providers
7. Begin program implementation
8. Monitor, provide supportive supervision
9. Complete pilot, assess results, lessons learned
10. Adapt for scale-up

Flowchart:
- National/Regional advocacy → Formative assessment → Develop messages and materials → Pre-test materials
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Facility Approach: *One Stop Shop Vs One Shop Stop*

All clients visiting MCH clinic receive MIYCN and FP messages during antenatal, intrapartum, postnatal, FP, and CWC visits.

- Clients access both services in same room, provided by same health provider or are counselled in one unit and accompanied for service in the respective unit
- Strategically designed IEC materials reinforce counselling messages
- Integrate minimum package of services in service provision areas:
  - Early morning health talks on FP/MIYCN
  - FP/MIYCN Counselling in all areas (PiFP)
  - Level 1 FP services in non FP areas
Community Approach

- Strengthening existing community FP and nutrition activities
- CHWs use developed MIYCN/FP materials to complement existing nutrition and RH materials.
- Key MIYCN/FP messages incorporated within existing community activities, such as home visits, community dialogue sessions, mother support groups and health action days.
Materials

- **Poster**: posted in all areas where ANC, Intrapartum, Postnatal, CWC and FP services are delivered
- **Brochure**: Distributed to clients during ANC, Intrapartum, Postnatal, CWC, FP, home visits, mother support groups and other community activities
- **Comprehensive counseling cards**—shows all key MIYCN-FP messages
- **Health worker job aid**—shows key steps for each service setting (ANC, maternity, Postpartum, CWC, FP)
Practical considerations for MIYCN-FP integration

- Capacity building: Service providers and CHWs orientation, On job training, CMES and coaching
- FP commodity supply
- Reorganisation of infrastructure (room, supplies, equipment, waiting bay)
- Supportive supervision (Onsite mentorship)
- Standardized progress monitoring:
  - Key-informant interviews,
  - Quantitative and qualitative items,
  - Review of service statistics (routine and supplementary),
  - Observation of provider-client interactions,
  - Client exit interviews
Service Data

CHIS percentage of children under six months exclusively breastfed

Bondo District Hospital: WRA receiving FP injections
Findings from Supportive Supervision

- Trained service providers had initiated counseling in all areas.
- The MCH was giving at least three health talks per week on FP/MIYCN.
- Inclusion of other service delivery areas: maternity unit, OPD, Pediatric ward.
- Increased counseling / messaging in all service delivery areas, resulting in increased uptake of FP and MIYCN services.
- Increased uptake of LAM as the preferred FP method.
- FP/MIYCN messaging has been able to diffuse existing myths and misconceptions.
- Involvement of the DHMT/HMT.
Challenges and Lessons Learnt

- Address infrastructure, HR, and commodity supply challenges to optimize integrated service delivery
- Address myths and misconceptions around FP and breastfeeding
- Male involvement is key for the uptake of FP
- Involvement of other service provision areas
- Assessment on FP/MIYCN allows for more focused and treatment of the client
- DHMT and HMT are very key for the success and sustainability of the intervention
- Integration of FP and MIYCN is key to maximizing opportunities for both services
Thank you!

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