

Infant and Young Child Nutrition (IYCN) Project - Counselling on nutritional support&care for people living with HIV - Pregnant/lactating women with HIV/AIDS (PLWHA)

Programme: Infant and Young Child Nutrition (IYCN) Project

Programme Data

Programme Description

The US Agency for International Development's (USAID) Infant & Young Child Nutrition (IYCN) Project built support within communities and households for improving the way mothers in Kenya feed their infants, young children, and themselves. The IYCN Project collaborated with the government of Kenya and USAID-funded partners to conduct an assessment of infant feeding practices in Kenya's Western and Eastern Provinces, which informed several national strategies and programs. The project also completed a literature review and a formative assessment on engaging fathers and grandmothers in infant and young child nutrition. Findings informed the design of an evaluation to test the effectiveness of interventions that engage fathers and grandmothers to improve and support mothers' dietary and infant and young child feeding practices. To complement these efforts, IYCN partnered with the USAID-supported AIDS, Population and Health Integrated Assistance (APHIA) II and APHIAplus Projects to increase support for optimal infant feeding practices at the facility level and in the community

Program type

Multi-national

References

- <http://www.iycn.org/resource/kenya-building-community-and-household-supp...>
- <http://www.iycn.org/resource/kenya-infant-feeding-assessment-eastern-and...>

Implementing organisations

- Government
 - Health
 - Details:
more
Ministries of Public Health and Sanitation (MOPHS) and Medical Services
- Research / Academia
 - Details:
more
University Research Co., LLC.
- Private Sector
 - Details:
more
The Manoff Group

Funding sources

- Bilateral and donor agencies and lenders
 - US Agency for International Development (USAID)

Action data

Start date January 2006
End date January 2011
Country(ies): Kenya

Status:	Completed
Area:	Urban Rural
Place:	Eastern and Western Provinces
Topic:	Counselling on nutritional support&care for people living with HIV
Target group:	Pregnant/lactating women with HIV/AIDS
Delivery:	Community-based Hospital/clinic Primary health care center
Other delivery:	community, in-patient, out-patient, health system,
Implementation details :	<p>Nutritional care and support for people living with HIV/AIDS was reported to the Global Nutrition Policy Review (GNPR) 2009-2010. Study preparation and data collection Due to the post-election violence that occurred in Kenya in January and February 2008, initiation of this study was postponed from its original start date of January 2008 to May 2008 to ensure the safety of the field team. The study team for Western Province included one field supervisor and four research assistants who were fluent in the local Luhya and Swahili languages. The study team for Eastern Province included one field supervisor and four research assistants who were fluent in Kamba, Swahili, and Kikuyu. A data analyst was also hired to enter and clean data in real time, as well as to assist with data analysis. Study procedural training was held with the entire study team, led by Dr. Kiersten Israel-Ballard and Ms. Margaret Waithaka, May 19–23, 2008. This included pretesting the data collection tools, revising all translations as needed, and piloting them in multiple languages at a local clinic. The study launch was on May 26 for Eastern Province, with field support from Dr. Israel-Ballard, and June 2 for Western Province, with field support from Ms. Waithaka. The data collection tools utilized in this study are available upon request.</p> <p>Study populations and procedures This cross-sectional study was designed to collect formative research data in a descriptive manner. This study took place at APHIA II (AIDS, Population and Health Integrated Assistance [USAID-funded program]) affiliated sites in the Kakamega, Vihiga, Hamisi, and Bungoma Districts of Western Province and in the Kitui, Makueni, Kibwezi, Machakos, Mwala, Yatta, Mwingi, and Mbooni Districts of Eastern Province. These regions were selected to include food-secure areas of Western Province and food-insecure areas of Eastern Province. Data collection occurred between May and September 2008. According to the 2007 Kenya AIDS Indicator Survey, Eastern Province had an HIV prevalence of 4.7 and Western Province of 5.1. This study was composed of a convenience sample of quantitative in-depth interviews, brief post-counseling exit interviews, and counseling session observations. A total of 386 women older than 18 years of age were recruited. In-depth interviews were conducted with 285 women (137 in Eastern Province, 148 in Western Province). Women known to be HIV positive were recruited from PMTCT clinics, comprehensive care centers, and postnatal wards at local clinics and referral hospitals, as well as from support groups affiliated with the health centers. Inclusion criteria included being HIV infected, having an infant <18 months of age, and having stopped breastfeeding between 1 week to 6 months prior to participation. Survey questions focused on the period over which breastfeeding cessation took place, including the age of the infant, liquids and foods fed during this period and their associated costs and availability, infant illness, breast health, general challenges, as well as a 24-hour dietary recall to capture current infant feeding practices and challenges. Infant weight and mid-upper arm circumference (MUAC) were measured to capture current nutritional status. Post-counseling exit interviews were conducted with 80 women (50 in Eastern Province, 30 in Western Province) who had not participated in the cross-sectional survey. The difference in sample size between provinces was due to clinic staffing shortages, resulting in the lack of individual postnatal counseling in Western Province; group PMTCT counseling was more commonly practised. Women known to be HIV positive were recruited upon leaving an antenatal or postnatal PMTCT counseling session at a health facility. Inclusion criteria included being HIV positive, being pregnant, or having an infant <12 months of age. Counseling session observations occurred 22 times with different women and in various clinics (9 in Eastern Province, 13 in Western Province). Inclusion criteria included being HIV positive, being pregnant, or having an infant <12 months of age. In Eastern Province, four of these observations were antenatal and five were postnatal; in Western Province nine were antenatal and four were postnatal. Antenatal mothers were recruited in the antenatal care (ANC) clinic in the PMTCT section. Postnatal mothers were recruited in the comprehensive care center or in the maternal and child health (MCH) ward. Three observations were of ANC group counseling sessions rather than individual sessions; two in Western, one in Eastern. The observer used a check list to indicate whether a specified topic had been covered during the session. Although recruitment criteria were inclusive of both antenatal and postnatal mothers with infants under 12 months of age, most (n = 8) of the mothers interviewed postnatally had infants of only 1 month of age, while one mother had a 3-month-old and another had a 9-month-old infant, thus limiting the infant age ranges. All clients who met the recruitment criteria and consented to join the study during the recruitment period were recruited. To ensure eligibility and guardianship of the infant we required identification documents prior to enrollment. Additionally, 11 local stakeholders, including district and provincial nutritionists and nursing officers from Nairobi and Eastern and Western Provinces, were informally interviewed to gather their perceptions and attitudes toward infant feeding in the context of HIV in their</p>

communities.

Target population size : *

Coverage level (%): Western and Eastern Province

Outcome indicator(s): Weight-for-age (WFA) z-score, Upper-arm-circumference-for-age z-score MUAC count of the number of morbidities (0 to 5) the infant experienced during or subsequent to weaning, chosen from a list of five morbidities (respiratory symptoms, diarrhea, dehydration symptoms, fever, and refusal to eat)

M&E system: To monitor the progress of infant feeding and HIV activities, IYCN provided reporting tools which included a form to help APHIA II Western-supported PMTCT counselors accurately report on their facility-based activities in a standardized way, and to provide an opportunity to share successes and challenges; an observation checklist to provide structured feedback to facility-based counselors to improve their counseling and facilitation skills; and a reporting form for community-based workers to report on infant feeding activities. Subsequently, several PMTCT and HIV partners adopted the tools for use in their programs.

Outcome reported by social determinants: Vulnerable groups

Personal story: "I feel that those who fully understand/grasp the counseling are most likely to exclusively breastfeed." - District Nursing Officer Western Province
"If you take a mother through one-on-one counseling, most will then exclusively breastfeed successfully." - District Nursing Officer Western Province

Other lessons learnt : Confirming our post-counseling exit interview findings, we observed that few counselors discussed safe water as part of their AFASS assessment. Yet, this is a crucial factor for decision-making in this study population given that the most common water sources cited among mothers interviewed were rivers, dams, or open ponds. We also noted that the costs of replacement feeding were rarely mentioned. Interestingly, we observed more emphasis placed on risks from replacement feeding than on those from breastfeeding during ANC, but the opposite emphasis during postnatal visits, perhaps due to the perceived fear of infecting an otherwise healthy-looking infant. Regardless of when the counseling takes place, an accurate representation of risks and benefits associated with all infant feeding options needs to be conveyed to mothers. It was reassuring to note that most counseling sessions included discussion around how to stop breastfeeding, including mentioning that cessation should not occur until 6 months and that AFASS criteria should be in place, and providing an explanation of how a mother should physically stop breastfeeding (i.e., reduce number of breastfeeds per day) and how long the transition should take. However, as with the exit interviews, few mentioned manual expression to prevent breast pathologies. Although complementary foods were often discussed, mothers needed more detailed information on Kenya Infant Feeding Assessment 28 timing, frequency, quantity, diversity, and appropriate local foods to be able to optimally feed their infants. Although infants were often weighed, their growth progress was rarely discussed with the mother. Effective growth monitoring should also include growth promotion, which includes dialogue with the mother in order to identify and address problem areas before they lead to growth faltering or malnutrition.

Typical problems Solutions

Other actions from same programme

[Maternal, infant and young child nutrition programmes - Infants and young children](#)

[Infant and Young Child Nutrition \(IYCN\) Project - Deworming - Infants and young children](#)

[Infant and Young Child Nutrition \(IYCN\) Project - Distribution of insecticide-treated bednets - Family \(living in same household\)](#)

[Maternal, infant and young child nutrition programmes](#)

[Infant and Young Child Nutrition \(IYCN\) Project - Deworming - Pregnant women \(PW\)](#)

[Infant and Young Child Nutrition \(IYCN\) Project - Preventive malaria treatment - Women of reproductive age \(WRA\)](#)

[Maternal, infant and young child nutrition programmes - Infants \(up to 1 year of age\)](#)

[Infant and Young Child Nutrition \(IYCN\) Project - Management of moderate malnutrition - Preschool-age children \(Pre-SAC\)](#)

[Infant and Young Child Nutrition \(IYCN\) Project - Management of severe acute malnutrition - Preschool-age children \(Pre-SAC\)](#)

Links to policies in GINA

[National Children Policy](#)

[National Plan of Action for Nutrition](#)

[National strategy on infant and young child feeding](#)

[Kenya Nutrition and HIV/AIDS Strategy 2007-2010](#)

[National Food and Nutrition Security Policy](#)

Infant feeding for the prevention of mother-to-child transmission of HIV