KENYA
INTEGRATING MIYCN INITIATIVES ACROSS SECTORS IN DADAAB REFUGEE CAMPS
In many refugee contexts, maternal undernutrition and sub-optimal IYCF practices contribute to the burden of acute malnutrition. In 2011, UNHCR and partners renewed effort to support maternal, infant, and young child nutrition (MIYCN) in established and new Dadaab refugee camps in Kenya where GAM and maternal anemia was prevalent and feeding practices sub-optimal. Led by Action Against Hunger, the initiative developed a common results framework and communication model with nutrition and health services and allied sectors such as WASH and livelihoods. Mother to mother support groups were at the cornerstone of the intervention.

By 2014, GAM rates had fallen in the camps, largely attributable to improved MIYCN. A pilot of the UNHCR infant, young child and family friendly framework will build on lessons and success to date.
Humanitarian Context

Background
Dadaab refugee complex situated in Garissa County, a semi-arid part of North Eastern Kenya, was established in 1991 to cater for an influx of refugees from Somalia. Dadaab refugee complex has five camps; IFO, Hagadera and Dagahaley (in existence for 20 years) and two newly established camps, Kambioos and IFO 2, set up to host the new arrivals that came as a result of the 2011 influx following the worst famine in the Horn of Africa in 60 years. The total population of registered refugees as of August 31st, 2015 is 349,280; this has reduced from 450,000 (2011) due to recent efforts made through the tripartite agreement between the Kenyan and Somali governments and UNHCR on voluntary repatriation.

In order to urgently scale up Maternal, Infant and Young Child Nutrition (MIYCN) activities, UNHCR and UNICEF approached Action Against Hunger with a primary goal of revitalising dormant MIYCN structures in the older camps, establishing structures in the new camps (Kambioos and IFO 2) and strengthening the already existing structures in Hagadera.

These activities were aimed at strengthening, integrating and sustaining MIYCN interventions within the mainstream health and nutrition programmes of partner organisations – International Rescue Committee (IRC) in Hagadera and Kambioos camps, Medecins Sans Frontieres (MSF Swiss) - Dagahaley camp, Islamic Relief Kenya (IRK) in IFO main camp and Kenya Red Cross Society (KRCS) - IFO II camp, as well as building their capacity.

During the emergency response in 2011, the gains that had been made in improving infant and young child nutrition (IYCN) among children less than 5 years was considerably eroded, due to lack of effective monitoring and integration of activities into the mainstream routine health and nutrition programmes. The situation was further exacerbated by the influx of Somali refugees and setting up of new camps. Results from the 2011 annual survey conducted in the refugee camps indicated a global acute malnutrition (GAM) rate of 20.4%, with exclusive breastfeeding (EBF) rates at 47.1% in Hagadera, IFO main 43%, Dagahaley 68.1% and IFO 2 41.2% which were on the overall worse compared to the subsequent years.
Approach for Establishing and Revitalising MIYCN Structures for Improved Nutrition Outcomes

Various strategic engagements and discussions were held between Action Against Hunger, UNHCR and implementing partners to aid in integration of MIYCN into routine health and nutrition activities for improved health and nutrition outcomes. Capacity building on MIYCN was conducted with partners to equip them with the necessary skills to protect, support and promote appropriate feeding practices.

There was advocacy to partners on allocation of funds for preventive activities such as immunization, supplementation and MIYCN, especially during emergency response, and appropriate implementation of the same. During the strategic engagements with partners, joint work plans and a common result framework was developed, with MIYCN included as contributing to the larger framework.

Discussions were held to decide whether to conduct a knowledge, attitudes and practice (KAP) assessment separate from annual SMART-SENS surveys, due to challenges faced in monitoring MIYCN indicators during the annual survey Action Against Hunger designed, and set up a robust and reliable M&E system to effectively track and report MIYCN outputs and outcomes for MIYCN programmes.

Data collection tools for monitoring IYCN activities both at the community and health facility levels were jointly developed with partners in consultation with UNHCR and UNICEF. In addition, joint supervision was conducted by UNHCR, UNICEF, Action Against Hunger and implementing partners across camps to monitor progress of MIYCN integration in routine health and nutrition activities.

Program Approach

Having noted the many strategies and approaches to improving MIYCN, there was a need to sustain the established structures and practices through integration into various sectors and adoption of a systematic behaviour change communication (Communication for Development or C4D) model. Formative research as part of C4D was conducted in June 2013 to determine factors influencing (predisposers, reinforcers, facilitators and inhibitors) MIYCN practices in the refugee camps. This found that knowledge on MIYCN among caregivers had generally increased as a result of previous and current MIYCN programming.

However, adoption of optimal MIYCN practices, especially early initiation of breastfeeding, exclusive breastfeeding and appropriate complementary feeding, still remained sub-optimal and below the universal World Health Organization (WHO) target of 80%. This was mainly attributed to strong cultural beliefs and practices among the refugee population.

In addition, it was evident from the assessment that there was a lack of involvement of other sectors in supporting implementation of MIYCN activities, despite the existence of livelihoods; water, sanitation and hygiene (WASH); and child protection projects that could benefit the beneficiaries. A formative research report was formulated, guided by findings from the assessment and focused mainly on MIYCN practices, while delving into cross-cutting influences from other sectors such as health, protection, livelihoods and WASH, among others.

This further set the stage for the design of the cross-sectoral C4D strategy that is systematic in achieving positive and holistic behaviour change in the refugee camps by leveraging other sectors.

1 SMART (Standardised Monitoring and Assessment of Relief and Transitions); SENS (Standardised Expanded Nutrition) Survey, see http://sens.unhcr.org
Achievements

- Capacity strengthening of national qualified staff and incentivised staff through classroom training, on job training, mentorship programmes and continuous medical education sessions whereby 80% of both cadres were reached. Implementing partners have full capacity to implement MIYCN activities and all camps have MIYCN steering committees that oversee implementation and ensure integration of all activities.

- Community sensitisation of key community members on MIYCN. This included traditional birth attendants, grandmothers, safe motherhood promoters, fathers, youth, religious and community leaders.

- Recipe development sessions and participatory cooking demonstration sessions at block level to improve dietary diversity.

- Intermediate baby friendly hospital and community initiative (BFHI/ BFCI) assessments and creation of BFHI committees.

- Sensitisation sessions for health workers and community members on the Breastmilk Substitutes (BMS) Act 2012.

- Creating and sustaining 774 Mother to Mother Support Groups (MTMSGs) across all the camps, reaching an average of 11,610 pregnant and lactating mothers on a monthly basis.

- Formulation of a communication strategy, including development of key MIYCN messages and Information, Education and Communication (IEC) materials.

As MIYCN programming was strengthened, MIYCN practices improved. Over the same period, GAM prevalence and iron deficiency rate decreased which indicated that improved MIYCN practices in addition to improved emergency response interventions were key contributors of the improved situation (see Figures 1 and 2 on the right).
Implementing Recommendations: Bringing Dynamics into the Mechanics

With support from UNHCR, the project took advantage of various interagency fora to orient sector heads and programme staff on the importance of a multi-sector approach in integration of MIYCN for improved nutritional outcomes. Discussions were held during the nutrition technical forums, health and nutrition coordination meetings and head of agency meetings on a monthly basis. In addition, various multi-sectoral workshops were held which led to development of a comprehensive Behaviour Change Communication (BCC) strategy highlighting key activities that facilitate integration of MIYCN to other sectors.

The approach used was to link women engaged in MTMSG as channels for dissemination of MIYCN behaviour change communication to other sectors, programmes and interventions. The project took advantage of various interagency fora to orient various sector heads and staff on the importance of a multi-sector approach to integration of MIYCN for improved feeding practices and hence nutrition status. The Food Security and Livelihoods (FSL) and WASH sectors were some of the active participants and contributors during the process.

For example, MIYCN messages were mainstreamed in FSL programmes, such as fresh food vouchers (FFV) supported by WFP aimed at complementing general food distribution (GFD). Through orientation and meetings, the Danish Refugee Council (DRC) have shown commitment to involve MTMSG members in their ongoing livelihood programmes to equip them with various skills on income generating activities and village saving associations (VSLA).

This will enable the caregivers to be able to produce or purchase various foods available in the local markets to improve complementary feeding. It is important for all livelihood partners to support MTMSGs members in starting and sustaining cost friendly activities, such as kitchen gardening, and to help improve dietary diversity.

Integration of the MIYCN programme was also evident during implementation of WASH activities by Action Against Hunger, which targeted all MTMSGs with hygiene promotion trainings on proper hand washing, safe water chain and proper excreta disposal. Potties were provided to mothers with children aged between 12 and 18 months, pot filters were provided to mothers with children 0 to 6 months, while environmental kits for clean-up campaigns were provided to WASH committees who had received training in hygiene promotion.

UNHCR plans to conduct a KAP assessment by the end of 2016 to determine the progress of the indicators, especially on improvement in appropriate complementary feeding after livelihood integration within mother support groups.

Challenges and Lessons Learnt

Key Challenges
- Major focus on treatment activities during the emergency response resulted in funding constraints on preventive activities.
- Strong cultural beliefs and practices prevail among the refugee population, which takes time to change.
- High levels of insecurity incidents that threatened planned implementation of activities in the refugee camps. Frequent insecurity incidents led to disrupted support to incentive workers and MTMSGs at the block level due to cancellation of movements to the block/community level by qualified staff.

Lessons Learnt during Implementation
- A communication strategy tailored to address barriers while strengthening facilitator capacity to promote adoption of optimal MIYCN practices is essential to drive social behaviour change. The development of the C4D strategy involving all stakeholders and community members enhances ownership and participation of other actors. This is essential in changing practices in a sustainable manner.
- Building capacity and involvement of key influencers such as men, grandmothers and mothers in law is important in influencing optimal MIYCN practices, rather than concentrating only on pregnant and lactating women.
- Full participation of the refugees in the project is vital to the success of behaviour change activities; the refugee community needs to be fully involved in the planning and implementation of MIYCN interventions.
- In addition to continued active participation in health and nutrition, there is a need to expand participation to other sectors such as WASH, child protection, education, livelihoods and shelter. These sectors can provide a supportive structure for influencing MIYCN practices.
- Mothers base their infant feeding decisions on an array of factors, including their experiences, family demands, socioeconomic circumstances and cultural beliefs hence affecting optimal MIYCN practices. Mothers’ adherence to the WHO recommendations on MIYCN have also been found to be influenced by a host of other different and often inter-relating factors that include parental age, personality, and educational attainment. In addition, the child’s birth order in relation to other siblings and the influence of health professionals may also contribute to their behaviour.
Conclusion

Due to the observed reduction in GAM rates which appeared to be attributable at least in part to improved MIYCN practices, Dadaab refugee camps were chosen in May 2015 to pilot the IYCF-friendly framework. The pilot framework, led by UNHCR and Save the Children, will support MIYCN mainstreaming across sectors by creating momentum around IYCF and the framework, initiating collaboration and engagement from other sectors and strengthening the capacity of key IYCF actors to take the framework forward.

To date, sector heads and staff from child protection, livelihoods and health have been oriented on the framework and have committed to implement activities that can be integrated into their sector interventions. WASH, education, protection and shelter, among other sectors, will be prioritised in phase 2 of orientation, after child protection and livelihoods are judged to have been sufficiently engaged. Progress of the action points and commitment by partners from various sectors will be reviewed and discussed during bi-monthly coordination meetings led by UNHCR. Discussion on how best to monitor implementation of the framework is ongoing, building on the headway already made by Action Against Hunger.

Contact Details and Further Reading

Maureen Gallagher
Senior Nutrition & Health Advisor,
Action Against Hunger
mgallagher@actionagainsthunger.org

Angeline Grant
Nutrition & Health Advisor,
Action Against Hunger
agrant@actionagainsthunger.org

To learn more about Action Against Hunger’s programmes in Kenya, please visit our website at www.actionagainsthunger.org.

This case study was authored by Doris Mwendwa, James Njiru, and Jacob Korir. Edited by Angeline Grant and Sharlene Yang.

Photo credits: Action Against Hunger - Kenya

A version of this article will be forthcoming in the 51st edition of the Emergency Nutrition Network’s Field Exchange.

Acknowledgements

Action Against Hunger would like to acknowledge the contribution and collaboration of MIYCN partners in Dadaab refugee camps: International Rescue Committee, Médecins Sans Frontières - Swiss, Islamic Relief Kenya, Kenya Red Cross Society, Danish Refugee Council, Save the Children, UNHCR and UNICEF.

The views expressed in this document are the responsibility of Action Against Hunger and should not be taken, in any way, to reflect the official opinion of its partners and donors.

December 2015