

LAUNCHING THE MOTHER-BABY FRIENDLY INITIATIVE PLUS TO IMPROVE NUTRITION FOR SMALL, VULNERABLE NEWBORNS IN NAIROBI COUNTY, KENYA

Hannah Sanders, MPH, Food Systems, Nutrition and Health, and Dietetic Intern
Site Supervisor: **Kimberly Mansen**, Maternal and Newborn Nutrition Advisor, PATH

BACKGROUND

> An estimated 2.3 million newborns die every year during the first 28 days of life, accounting for nearly half of all deaths of children under five.¹

> Many of these neonatal deaths occur in **small, vulnerable newborns (SVN) who are born too early (pre-term), too small (low-birth weight) or sick.**²

> Kenya's neonatal mortality rate 21deaths per 1,000 live births, which is well above the sustainable development goal of 12 deaths per 1,000 live births.^{3,4}

> Provision of **human milk is a lifesaving intervention** for SVN that can prevent death, infection, growth faltering, and developmental delays.⁵ The WHO recommends mother's milk as optimal nutrition and donor human milk if mother's milk is unavailable.⁶

> Health systems in Nairobi County, Kenya are not currently equipped to enable human milk diets for all SVN. Therefore, in collaboration with County and National leadership, **PATH is launching the implementation of the Mother-Baby Friendly Initiative Plus (MBFI+)** at three facilities.



Lifesaving donor human milk, pasteurized and ready to feed. Photo: PATH/Tom Furtwangler

OBJECTIVES

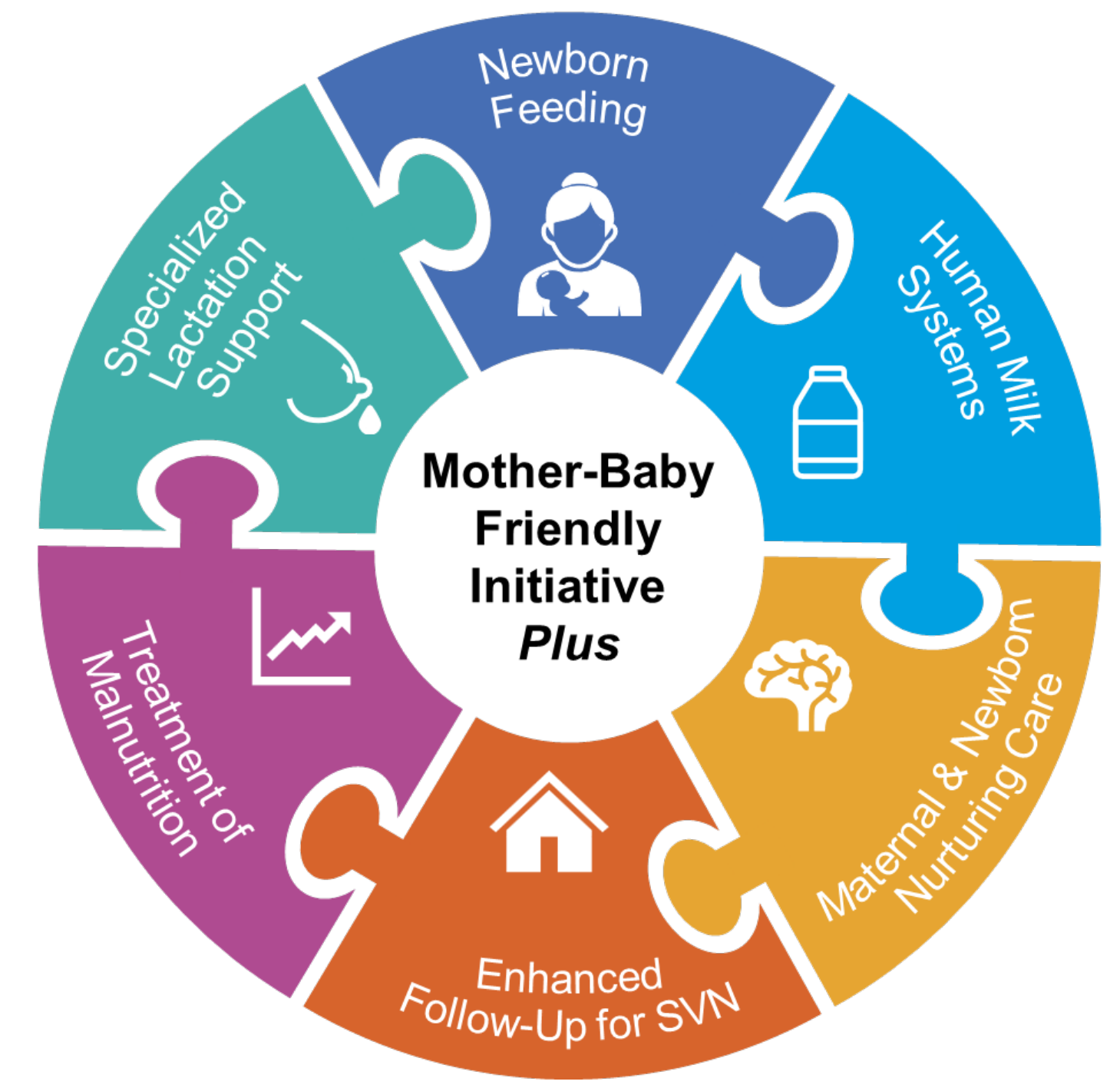
1. Develop communication materials to support launch of MBFI+ implementation project.
2. Create functional project work plan for entire project duration.
3. Support additional project needs such as landscaping the market for electric breast pumps and human milk pasteurizers.

PROJECT COMMUNICATIONS

The project start-up phase required communicating the goals and components of MBFI+ to other stakeholders.

The PATH team requested support in the development of professional communication materials that could be leveraged and shared throughout the project duration.

MBFI+ Intervention Graphic



MBFI+ Intervention Graphic

> Developed in PowerPoint with inspiration from other project templates

> Team provided vision for how characteristics of the intervention could be represented, such as suggesting interlinked puzzle pieces to show the integration of the components

MBFI+ Overview Slide Template

> Developed for presentation that introduces the project to stakeholders, such as hospital leadership, health care providers, research partners, and government officials

> Adaptable template for use in the official project codesign meetings and launch

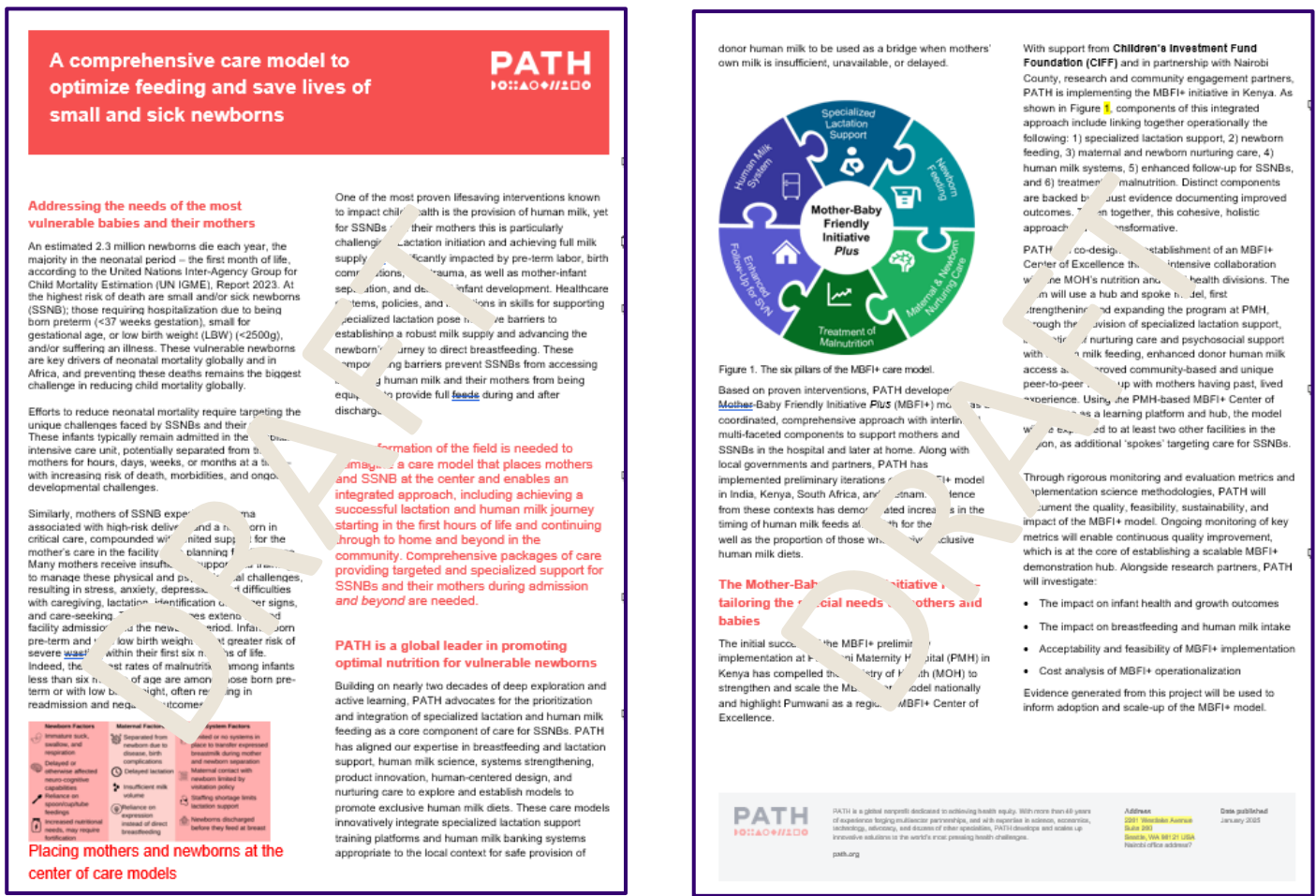
MBFI+ Intervention Two-Pager

> Draft developed based on the project team's summary of the 3 project objectives

> The whole team collaborated to produce a final version to be shared externally to inform stakeholders about the project goals.

> To be used in press releases and advocacy done to raise awareness both about the poor health outcomes of SVN and the work PATH is doing to implement a solution

MBFI+ Intervention Two-Pager



PROJECT WORK PLAN

The project work plan deliverable was an Excel-formatted, interactive Gantt chart.

> Covered all three objectives and pre-launch period

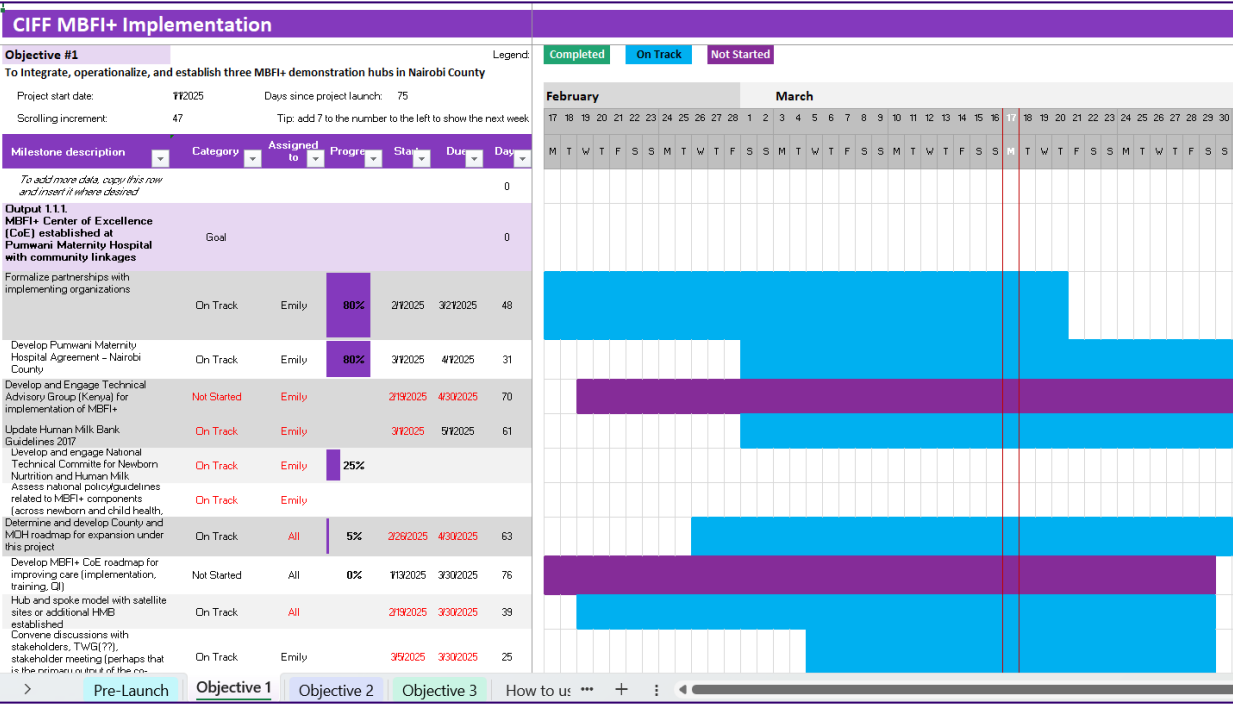
> Team developed and refined activities together and then they were added them to the work plan

> Rolled out on an all-team meeting and systems for editing work plan were determined

> Will support team to maintain deadlines, track deliverables, and reach consensus on responsible individual for each activity

> Will be a template to support the implementation of MBFI+ in other locations in Kenya and across Africa

Example Gantt Chart from Work Plan



NEXT STEPS

> Officially **launch the project** with government and hospital leadership

> Operationalize all MBFI+ components at Pumwani Maternity Hospital to establish a **Center of Excellence**

> **Disseminate the implementation materials** and project learnings to spur the adoption of MBFI+ by facilities across Africa

ACKNOWLEDGEMENTS

Many thanks to the PATH team working on the MBFI+ implementation project! **Kimberly Mansen, Kiersten Israel-Ballard, Raven Dunstan, Emily Njuguna, Janet Shauri, and Esther Karugah** all provided critical feedback and guidance throughout the development of these deliverables and the course of my internship.

REFERENCES

1. World Health Organization. Standards for Improving the Quality of Care for Small and Sick Newborns in Health Facilities. 2020. Accessed March 20, 2025. <https://www.who.int/publications/i/item/9789240010765>
2. Lawn JE, Ohuma EO, Bradley E, et al. Small babies, big risks: Global estimates of prevalence and mortality for vulnerable newborns to accelerate change and improve counting. *The Lancet*. 2023;401(10389):1707-1719. doi:10.1016/S0140-6736(23)00522-6.
3. KNBS & ICF. Kenya Demographic and Health Survey 2022: Volume 1. KNBS & ICF; 2023. Accessed March 20, 2025. <https://www.knbs.or.ke/wp-content/uploads/2023/08/Kenya-Demographic-and-Health-Survey-2022-Main-Report-Volume-1.pdf>
4. United Nations Department of Economic and Social Affairs. The Sustainable Development Goals Report 2023: Special Edition – July 2023. UN DESA; 2023. Accessed March 20, 2025. <https://unstats.un.org/sdgs/report/2023/>
5. World Health Organization and UNICEF. Protecting, Promoting and Supporting Breastfeeding: The Baby-Friendly Hospital Initiative for Small, Sick and Preterm Newborns. WHO and UNICEF; 2022. Accessed March 20, 2025. <https://www.who.int/publications/i/item/9789240005648>
6. World Health Organization. WHO recommendations for care of the preterm or low birth weight infant. World Health Organization; 2022. Accessed March 20, 2025. <https://www.who.int/publications/i/item/9789240058262>.