

Successfully Scaling up Exclusive Breastfeeding



Lessons from Madagascar

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Successfully Scaling Up Exclusive Breastfeeding: Lessons from Madagascar

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Integrated management strategies can positively impact the uptake of optimal breastfeeding practices

Over 7 million children under the age of five die each year in sub-Saharan Africa and South Asia. A major contributor to their death is poor breastfeeding practices. Favorable community attitudes, improved access to supportive maternity services and the integration of interventions to promote nutrition throughout the community are key elements in promoting sustained breastfeeding.

In this first CHNRI Research Brief, we report on a project in Madagascar that adopted an integrated approach to improve breastfeeding rates. The strategy was based on the promotion of key Essential Nutrition Actions (ENA) through interpersonal communication, community mobilization and mass media. Within 10 months of project implementation, the timely initiation of breastfeeding rate and the exclusive breastfeeding rate doubled. This intervention adds to the growing evidence that integrated management

Shams El Arifeen, CHNRI Secretary

Evidence needed to inform policies and to design large-scale community health programs is missing

Life-saving interventions are available to improve child survival and promote optimal child health, nutrition, and development. However, too often children, particularly those living in low- and middle-income countries do not benefit from them.

One reason that effective interventions do not reach children is that the evidence needed to inform policies and to design large-scale community health programs is missing. Given the potential for expanding these interventions, gathering evidence from appropriate large-scale effectiveness trials and demonstration projects is critical.

In this CHNRI Research Brief, a study in two coastal regions of Madagascar demonstrates how promotion of exclusive breastfeeding can be successfully

A major cause of death is inadequate breastfeeding

More than 10 million children under the age of five die each year. 41% of these deaths occur in sub-Saharan Africa and another 34% in South Asia. In Madagascar, one in 10 children dies in the first year of life; one in six dies before the age of 5. A major cause of death is inadequate breastfeeding practices in combination with high levels of disease.

Breastfeeding practices for infants and young children worldwide are not optimal

Feeding practices for infants and young children worldwide are not optimal. Global monitoring indicates that only 39% of all infants worldwide are exclusively breastfed. The prevalence of exclusive breastfeeding rarely exceeds 30% in most regions of the developing world. Reasons for failure to breastfeed exclusively for the recommended first six months of life include health systems practices and community beliefs that delay the initiation of breastfeeding and the lack of social support for women in resolving difficulties with breastfeeding.



Previously, breastfeeding promotions focused on maternity services and newborn care

Until recently, most of the global strategies for breastfeeding promotion focused on maternity services and newborn care. WHO and UNICEF launched the Baby-friendly Hospital Initiative in 1992 to strengthen maternity practices to support breastfeeding. But optimal breastfeeding not only requires that mothers choose to breastfeed, they also must have the ability to implement their choice, which depends on different social and logistic factors. Therefore cultural attitudes and a country's health policies are regarded as powerful determinants of optimal breastfeeding. Improvement of maternity services is a key factor in the initiation of exclusive breastfeeding but support through out the health system is necessary for sustainability.

Experience in implementing community-based strategies is increasing and research is continually adding to the evidence base that addresses the effectiveness and efficacy of various strategies.¹ Thus, there is more and more understanding of the value of promoting and supporting community based initiatives for raising the rates of breastfeeding.

Breastfeeding promotion as a part of Integrated Management of Childhood Illness (IMCI)

The Integrated Management of Childhood Illness (IMCI) strategy established by WHO and UNICEF involves case management training of healthcare staff, improving the overall health system and improving family and community health care practices.² Case management of interventions includes preventive interventions such as the promotion of breastfeeding. The success of IMCI depends on improvements at the health facility level and family and community involvement.

The Ministry of Health of Madagascar (jointly with the AED/LINKAGES Project³ and the USAID funded Jereo Salama Isika bi-lateral project) started building its community approach based on the IMCI strategy in 1999. The program was very successful in improving exclusive breast feeding and early initiation of breastfeeding.



The current project, Promoting Exclusive Breastfeeding in Madagascar: A Streamlined Approach to Expand to Two New Regions,⁴ sought to expand the promotion of exclusive breastfeeding in the context of Essential Nutrition

The Madagascar Community Based Approach

The project introduced into selected districts of two coastal provinces (population coverage 1.4 million) a streamlined version of a strategy already developed and shown to be successful in the highland regions. This strategy was based on the promotion of key infant feeding and related nutrition messages through multiple communication channels, including interpersonal communication, community mobilization events, and local mass media. Major activities included mobilizing and training existing government staff, NGO personnel, and community members on infant feeding and related ENA issues. Community festivals as well as local radio broadcasts promoting infant feeding were also supported. Music cassettes promoting infant feeding and other child health messages were provided to the drivers of public transport vehicles operating in the target districts. In addition, support was given to selected

Scaling up breastfeeding promotion can bring about results in a short period of time

Within ten months, the scaled up project demonstrated sizeable improvements in breastfeeding

- ▶ Exclusive breastfeeding rates in infants less than 6 months rose from a baseline level of 29% to 52%
- ▶ Timely initiation of breastfeeding within one hour of birth also increased substantially from 29% to 58%

Policy Implications: packaged interventions and partnerships are vital

This project ensured that breastfeeding was not dealt with in isolation, but rather alongside of other important nutrition behaviors related to feeding the sick child, appropriate complementary feeding from 6 months and beyond, women's nutrition, and the control of anemia, vitamin A deficiency, and iodine deficiency disorders. The IMCI/ENA approach offers a holistic way to address the common problems affecting the nutrition of infants and young children as well as women of reproductive age.

Partnerships were important to success. Creating a broad array of partners ensured harmonization in field approaches, especially key messages and tools, and allowed rapid roll-out and expanded coverage. Partners can include a host of existing governmental and non-governmental agencies, as well as other groups already operating at the community level such as church, social, micro-credit and women's groups. Other key actors include radio announcers, musicians, local politicians, leaders, and even university researchers and professors.

The Lancet series on child survival⁵ identified breastfeeding interventions as having the potential to prevent 13 percent of all under five deaths in developing areas of the world, ranking it as the most important preventative approach for saving child lives. Improvements in complementary feeding could save an additional 6 percent of the children currently dying each year. Hence, improvements in infant and young child feeding could potentially avert a significant percentage of all under five deaths. Investments in improving infant and young child feeding practices at scale, therefore, are well justified. Projects such as the present one show that improvements in



1. Green CP. Improving breastfeeding behaviors: evidence from two decades of intervention research. Published for the U.S. Agency for International Development (USAID) by the LINKAGES Project, Academy for Educational Development, Washington, DC, 1999
2. <http://www.who.int/child-adolescent-health/IMCI>
3. LINKAGES is a global program that seeks to increase breastfeeding and related practices to improve maternal reproductive health, increase child spacing and reduce HIV transmission.
4. Quinn V, Guyon A, Ramiandrazafy C. Promoting Breastfeeding in Madagascar: A Streamlined Approach to Expand to Two New Regions. June 2004, Linkages Project, USAID
5. Jones G, Steketee R, Black R, Bhutta Z, Morris S, and the Bellagio Child Survival Study Group. How many child deaths can

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