

## Nutrition News for Africa

Abstract - August 2008

**Mainstreaming nutrition into maternal and child health programmes: scaling up of exclusive breastfeeding.**  
Bhandari N, Kabir AK, Salam MA. *Maternal & Child Nutr* 2008; 4 Suppl 1:5-23.

### Introduction

The World Bank recently supported several teams of experts to examine available evidence on selected nutrition-related components of maternal and child health programs. In the current edition of Nutrition News for Africa we summarize the results of one of these previously published reviews, which examined the results of large-scale programs that either promoted recommended breastfeeding practices among women in the general population (11 studies) or addressed breastfeeding issues specifically among women with HIV infection (4 studies).

### Findings and recommendations

Most of the studies reviewed, including 8 of the 11 studies in the general population and all of the studies among women with HIV, reported a positive impact on breastfeeding practices. These positive outcomes included 1.2-11.7 fold increases in the proportion of women exclusively breastfeeding at the time of the analyses, and a 3.4-fold increase in the duration of exclusive breastfeeding in one of the studies compared to controls. The duration of the interventions was not always reported, but significant differences were found as early as 9-12 months after initiation.

No single approach was used to implement these successful programs, but there were a number of similarities among the eight successful interventions implemented in the general population, such as:

- 1) the programs were based on internationally developed training materials, namely the Baby Friendly Hospital Initiative (BFHI) or the Integrated Management of Childhood Illness (IMCI) training (8 of the 8 reports from the general population);
- 2) the programs were executed through existing health contacts, such as at the time of vaccination campaigns, hospital deliveries, and health clinic visits, or through mass media or other existing community-based programs (8 of 8);
- 3) most of the programs included a community-based component (7 of 8).

There were also a number of differences among these successful programs, including:

- 1) the location of the intervention (hospitals, clinics, community settings and/or homes)
- 2) the timing of the intervention (prenatally, at birth, post-natally, during campaigns and/or special announcements)
- 3) the use of single or multiple methods of contact
- 4) the use of single or multiple frequency of contact

The importance of using more than just one intervention was highlighted in two studies, which found a positive dose-response relationship between the number of contacts or the number of different communication methods employed in disseminating the message and the adoption of the recommended breastfeeding techniques.

The authors concluded that the key processes required for scaling up programs to promote exclusive breastfeeding are: 1) an evidence-based policy and science-driven technical guidelines, and 2) an implementation plan for achieving high exclusive breastfeeding rates in all strata of society, on a sustainable basis. They also listed 13 key factors that contributed to success in scaling-up breastfeeding programs:

- 1- Political will, advocacy and enabling policies

- 2- Leadership by health ministry at national, state and district levels
- 3- Technical consensus on feeding guidelines
- 4- Program strategy and measurable short- and long-term goals
- 5- Long-term financial commitments
- 6- Partners with defined roles, assessment of their capacity to deliver and plans to cover gaps in capacity
- 7- Emphasis on community-level interventions, and not just facility-based programs
- 8- Formative research as the basis of effective scale-up programs, particularly in the context of HIV
- 9- Communication strategy aided by formative research, pre-tested, validated messages and tools
- 10- Careful selection of communication channels and the number required to achieve timely coverage, consistency of messages
- 11- Quality trainers and training centers proportionate to required scale
- 12- Monitoring and evaluation
- 13- Program redesign when relevant through research, analysis and innovation

### **Program and policy implications**

The authors noted that many different intervention strategies are possible, depending on the local situation and available resources. They emphasized the importance of monitoring and evaluation and the need for cost-effectiveness studies to convince policy makers to continue to finance these programs. Most of the successful studies cited employed internationally accepted training programs and used existing opportunities to disseminate the breastfeeding messages.

#### Comments\*

Because the methods used to promote breastfeeding varied widely among the studies cited in this review, the authors were not able to conduct a systematic meta-analysis of the overall effectiveness of these programs. However, they were able to demonstrate several important points: 1) various methods can be used in developing successful breastfeeding programs, as long as local needs and resources are considered; 2) the success of breastfeeding programs may be improved by increasing the number of intervention methods and contacts; 3) developing programs with built-in evaluation strategies allows implementers to document the success and cost-effectiveness of the program, which is critical for the future continuation of these programs; and 4) rigorous evaluations can be used to improve program implementation strategies.

\* The comments have been added by the editorial team and are not part of the cited publication.