



Not Just Mom's Job: USAID invests in Breastfeeding Around the World

Webinar Transcript

Yaritza Rodriguez

Hello everyone again and welcome to all. Thank you for joining today's World Breastfeeding Week event. My name is Yaritza Rodriguez and I am a project officer with USAID Advancing Nutrition, the agency's flagship multi-sectoral nutrition project. Before we begin with today's program, I will quickly review these zoom features we will be using today.

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Connect your audio by selecting the headphones icon in your zoom control bar. Today please send a message to all panelists and attendees or to everyone in the chat to introduce yourself, send in your questions, comments, or ask for tech support today. If you're unable to hear the presenters or see the presentation at any point during today's event, please try leaving the meeting and joining in again via the link sent to you in your registration or confirmation email. If you need additional tech support during today's session please reach out to me directly with a chat message or by sending an email to yaritza_rodriguez@jsi.com. Finally please note that this webinar is being recorded and that your experience today may vary based on your internet connection and computer equipment.

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For today's event we are enabling the zoom live closed captioning feature. To view the resulting subtitles on your screen, select the 'closed captioning' icon at the bottom of your zoom window, and then select 'show subtitle' from the pop-up menu of options. Today we are also joined by a team of individuals that will be providing live French interpretation during today's webinar. To hear the French audio please click on the interpretation icon in your

zoom controls and select to have the option to hear the webinar in French, as shown on the slide. To hear the webinar in French only click 'mute original audio'.

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Finally please follow us along on twitter at @NutritionforDev as we live tweet this event using the #WBW2021.

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Now I'm pleased to introduce today's moderator Elaine Gray. Elaine is a nutrition advisor in the Nutrition and Environmental Health Division of the Office of Maternal and Child Health and Nutrition and has worked at the Bureau for Global Health at USAID since 2013. As a nutrition advisor, her main responsibilities include coordinating and managing USAID's nutrition projects and investments, and providing technical assistance to USAID missions in several countries. She also serves as the co-chair on the technical working group for the USG Global Nutrition Coordination Plan. Elaine over to you.

Elaine Gray

Great. Thank you Yaritza and a warm welcome to our global audience today. I am pleased to be with you all as the moderator for this event and to wish you a very happy World Breastfeeding Week. We are so glad you're all able to join us today to commemorate World Breastfeeding Week and USAID's commitment to breastfeeding around the world. For more than 40 years USAID has supported, promoted and protected breastfeeding to save lives, prevent malnutrition, and enhance the long-term health and prosperity of women and children and families. By working with local partners and governments to prioritize breastfeeding and programs and policies, USAID aims to help families chart productive and prosperous futures for their children and to support communities to thrive. Now it is my pleasure to introduce Kellie Stewart who is currently serving as the Chief of the Nutrition and Environmental Health Division in the Bureau for Global Health. Kellie has been with USAID for over 20 years serving both in Washington and at USAID missions. She has led efforts on a broad range of development and emergency response programs, including multi-sectoral nutrition, health systems reform, maternal and child health, vector control, HIV family planning and reproductive health. Kellie, over to you.

Kellie Stewart

Thank you so much Elaine and I want to echo Elaine's warm welcome to all of our participants today from around the world. It's truly exciting to see so many people coming out to recognize World Breastfeeding Week and listen to this very important webinar. So I just want to thank everybody for taking time out of your busy day to join us today. First I would like to thank USAID Advancing Nutrition for hosting this event and for inviting us to speak about the importance of breastfeeding today. And I want to again express my gratitude to all of you for joining us for this important discussion. Breastfeeding has been a cornerstone of USAID's maternal and child survival program for several decades, as Elaine said, for the past 40 years. We have been supporting breastfeeding because this powerful intervention saves the lives of women and children around the world. Breastfeeding has enormous health benefits for mothers and babies; from strengthening a baby's immune system, and preventing infection and disease among young children, to reducing a mother's risk of breast and ovarian cancers, as well as chronic diseases like type 2 diabetes and heart disease. Research and evidence have shown us without question that breastfeeding provides essential irreplaceable nutrition for a child's future and their growth and development. USAID breastfeeding programs focus on providing support to lactating women through skilled breastfeeding counseling and education programs to build breastfeeding proponents among community and family members. Like so many other critical health and development outcomes, the Covid-19 pandemic has impacted progress towards our global goal of increasing the rate of exclusive breastfeeding to at least 50 percent by 2025. As of April 2021, UNICEF data showed that of 124 countries surveyed, over one-third reported experiencing decreases in coverage or did not know the coverage of their breastfeeding support programs, compared to April of 2020. Based on the available evidence, we know that among mothers with suspected or confirmed Covid-19 infection W-recommendations on the initiation and continuation of breastfeeding remain valid. It is critical to support facilities and providers, as well as families and communities, to follow these recommendations especially during the pandemic. With the nutrition for growth summit just around the corner in December of this year, the nutrition community has a pivotal moment to demonstrate commitment to scaling up breastfeeding. Together we must galvanize sustained commitment and investment by our

country partners to extend the reach of optimal breastfeeding practices globally, and put us on a path to preventing maternal and child deaths around the world. As we continue to combat the devastating impacts of the Covid-19 pandemic, this has never been more important. Today's event is focused on an often overlooked aspect of breastfeeding; creating an enabling environment that supports a mother's choice to breastfeed. Breastfeeding cannot just be the responsibility of the mother. It requires well-trained health workers who can provide breastfeeding support soon after a baby is delivered, policies that provide safe and private spaces for optimal breastfeeding, and champions among families, community members, and religious leaders. This is why USAID has and continues to invest in evidence-based approaches to ensure broad and collective support for breastfeeding.

Next you will hear from our USAID colleagues and country partners about how USAID programs are supporting breastfeeding in the community, at every level in the health system, and during crises. Thank you again for inviting me to open this important webinar and thanks again to all of our participants our panelists and our speakers today. Back to you Elaine to introduce the next part of our event.

Elaine Gray

Great thank you so much Kellie. Okay, we have an exciting program today and we'll hear from some of USAID's many partners working to support breastfeeding today from Uganda, Bangladesh, Yemen, Ethiopia, Tajikistan, Lesotho and Nigeria. Before we go into our panel discussions, we invite you to the premiere of a new animated video about USAID's work to promote and protect breastfeeding around the world. So Yaritza, action.

[Good nutrition is essential to productive and prosperous futures. Breastfeeding, beginning moments after birth and continuing exclusively for six months, is key. Breast milk continues to provide babies with essential nutrition even after six months. Supporting their brains to develop and their bodies to grow strong and fight infections. Moms can benefit from breastfeeding too. Nursing women have a lower risk of developing diabetes, heart disease, and certain types of cancer. When we increase the rates of children who are breastfed until their second birthday, we could save the lives of 823,000 children and 20,000 mothers each year. But breastfeeding is not a one-woman job. That's why USAID has worked with partners to promote breastfeeding for more than 40 years; with education and support for optimal breastfeeding practices, and access to skilled breastfeeding counseling, and

health facilities and communities. By promoting breastfeeding and programs and policies, we are helping families chart productive and prosperous futures for their children and supporting communities to thrive.]

Elaine Gray

Great! Thank you all right. Now as we continue our program, we'd now like to challenge all of you to a test of your breastfeeding knowledge. Yaritza will help us launch a couple of zoom poll questions for you to answer. So Yaritza would you please launch the polling feature for everyone.

Yaritza Rodriguez

Yes, one moment ...

Elaine Gray

And while we wait for that window to pop up for you, everyone should now see two single choice polling questions pop up on their screen. If you're not able to see those poll questions, navigate to your zoom controls at the bottom of your window and click on the icon labeled 'polls' to bring up the question on your screen. Alternatively, if you aren't able to have access to the zoom polling function, feel free to read the questions on the slide and send your answers in the chat box to all panelists and attendees, so that we can see your answers. The questions we have for you today are of course related to breastfeeding. You should see two questions:

- What positive impacts does breastfeeding have for nursing women? and
- Every dollar invested in breastfeeding interventions is estimated to generate how much in economic benefits?

Okay great. Now Yaritza will close the polling in a moment and we will project the correct answers on the next slide. I'm sure we all did very well.

But yes, evidence tells us that the positive impacts of breastfeeding for nursing women are all of these listed here and more of course. And as an incredibly cost effective intervention, every dollar used to support breastfeeding globally can yield a 35-fold return.

Okay now we are going to shift into our first panel discussion focused on the community level. We'll hear from three individuals from implementing partner organizations working on promoting and protecting breastfeeding in community settings. First I'm pleased to introduce Esther Naluguza. Miss Naluguza is a Public Health and Nutrition Specialist with over 10 years of experience in Design and Implementation of Health and Nutrition programs at national, district, and community levels. She is currently working as the Nutrition Technical Lead for the USAID Integrated Community Agriculture and Nutrition Activity implemented by Abt Associates in Uganda. USAID's ICANN project is working with community groups to maximize economic opportunities for vulnerable households and stabilize their access to and consumption of diverse and nutritious diets. In addition, through village health teams, mothers are encouraged to breastfeed and have support to overcome challenges in continued breastfeeding, especially in the wake of Covid-19.

I'm also pleased to introduce Beatrice Kawana. Miss Kawana is the Nutrition and Child Health Expert at the USAID funded Scaling up Nutrition Technical Assistance or SUN TA project in Zambia. She provides project technical oversight for the implementation of health and nutrition activities in 13 districts across four provinces. The SUN TA project is helping Zambia accelerate progress toward improved nutrition and implement the Zambian government's Most Critical Days program. This integrated activity works with the national food and nutrition commission, cross-sectoral coordinating committees at provincial, district and rural levels, and other donors, to provide needs-based capacity strengthening to reduce malnutrition.

Finally, I'm pleased to introduce Dr. Gulnora Razykova who is currently the Deputy Chief of party for USAID's Healthy Mother Healthy Baby Activity in Tajikistan. Dr. Razykova is a Medical Doctor Health System Specialist and Health Administrator with over 20 years of experience in project management, social and education projects, and private health practice. USAID's Healthy Mother Healthy Baby Activity supports the government of Tajikistan's efforts to improve maternal, newborn, and child health and nutrition. This activity puts the communities at the center of their approach to close the knowledge-to-action gap with social and behavior change efforts at the community and facility level.

I will now pose a couple questions to our panelists to gain insight into their experiences and perspectives on the importance of community support for breastfeeding. So I'll invite our panelists to join us on screen. Great! Terrific! Thank you again and welcome again panelists. All right so as we begin. My first question to our panelists will be:

- What do you see as the biggest challenge to providing breastfeeding support at the community level and what is one key strategy that your project is doing to address this?

I will start with Esther if you would like to go first.

Esther Naluguza

Thank you everyone. To start with I would like to give us a brief snapshot about the breastfeeding situation in Uganda and I would like to comment that almost all of our children in Uganda have been breastfed at some point (about 98 percent). But we see the numbers dropping. About 66 percent of our children initiate breastfeeding within the first hour of birth. And again only 66 % are exclusively breastfed. So our biggest challenge is around some of the undesirable social norms and traditional practices in the community, such as relative feeding, bottle feeding and mixed feeding. All of these impede optimal breast feeding. The other thing is that we have a bit of competition with companies that manufacture and distribute infant and child foods, which some people may refer to as breast milk substitutes. They use all sorts of methods to entice parents to take on and you know buy these infant foods, and they do not mention any key message about the importance of exclusive breast feeding. And of course the Covid-19 pandemic has presented new challenges to breastfeeding. For instance our babies have been separated from their mothers because of that possible risk of transmission of the virus. And also we have inadequate access to breastfeeding counseling and support due to the overburdened health system in our country, but also the social distancing requirements. Even down in the communities, some of our mothers have been fearing to move with their children to let's say the markets, where they work, or to the gardens, because of the Covid-19 pandemic.

In terms of strategy, first and foremost, as USAID ICANN, we have hinged so much on fostering the establishment of the Maternal, Infant and Young Child and Adolescent nutrition, that is the MIYCAN groups. And these meetings provide peer-to-peer support and encourage women to breastfeed in spite of the different social pressures. So in these

meetings, the mothers are able to get information about this breastfeeding support, for minor and severe breast infections, and other breastfeeding challenges. Of course, during this pandemic, we have supported the VHTs to move door to door, giving breastfeeding and nutrition information, while of course following the Covid-19 guidelines. The VHTs have been able to support women in their homes and their workplaces, that's in the markets, ensuring that they continue breastfeeding even in times of this crisis.

USAID ICANN has also engaged both men and women in the formation of child care practices. So we do not leave out the men and we identify the positive deviants within the community, and these help us to spread the message of change amongst their fellow men, especially regarding the support of their wives to breastfeed their babies. Thank you.

Elaine Gray

Thanks so much Esther. Perhaps next Beatrice. If you would answer the same question about the biggest challenge that you see in supporting breastfeeding at the community level and what your project is doing to address it in Zambia.

Beatrice Kawana

Thank you very much. The situation in Zambia is not very different from what Esther has actually described but I'm going to look at it from two angles. I'm going to pick the angle of capacity building. In Zambia, the issue of capacity building is actually very key if we have to succeed in making sure that breastfeeding is embraced with all the energy that is actually required. So this is capacity building for healthcare providers at facility level, as well as the community-based volunteers, who are actually our custodians when it comes to the delivery of community services. Most of the healthcare providers sometimes do rotate. There is also attrition rates that are attributed to this and the CBVs, as you know this is a voluntary activity, and therefore when a better opportunity presents itself, they also move on. And therefore it's very important that we use capacity building as a stepping stone but it needs to be done more or less on a continuous basis, if we have to achieve in terms of breastfeeding. Especially for the CBVs where it's voluntary within their catchment areas.

Secondly, I think it's also important that if we want breastfeeding to succeed, we need to embrace committed partnerships. Governments cannot do it alone. Therefore, committed

partnerships with various other stakeholders is very key and it's sometimes a challenge to find partners that are very committed. There are a lot of issues that are required for breastfeeding to actually succeed. Some of them they border on trainings and therefore making available relevant training materials is actually very critical. And related to this, we know for example in Zambia, issues around breastfeeding, hospital initiative, were very silent, and therefore the country right now is actually revitalizing the BFHI to make sure that it's one of the strategies that is also used to reach out to the communities.

As a project, SUN TA is actually using a structure that starts from the provincial level as the PNCC (Provincial Nutrition Coordinating Committee), it goes to the districts as District Nutrition Coordinating Committees, and then it gets to the world (World Nutrition Coordinating Committee) and within the world there are catchment areas. And there the CBVs do form what we call the SUN Mother Support Group. That is actually the biggest approach that we are using right now. The Sun Mother Support Group is a group of mothers who are pregnant and mothers with small children aged 0 to 24 months, those that fit in within the first 1000 most critical days, which is actually our key target. And within that structure, nutrition specific interventions are delivered through that, but we do take a multi-sectoral approach. We know nutrition alone is not what we want to do, there are also nutrition sensitive activities that need to be packaged in a specific manner, so that we deliver to the same group the SUN Mother Support Group. So we look at WASH activities, we look at agriculture activities, we look at livelihood activities, and we deliver through the SUN Mother Support Group.

And then leadership at health facility level is very key because the CBVs that we are working with work under the health facility catchment areas which is our key entry point, and therefore they need to be guided by the health facility staff. They need to be supervised and to be mentored on a continuous basis. Thank you very much.

Elaine Gray

Thanks so much Beatrice. And then for our third panelist, Gulnora. The same question about the biggest challenge you see at the community level in Tajikistan and what Healthy Mother Healthy Baby is doing to address it.

Gulnora Razykova

Thank you Elaine. I probably will repeat some of the obstacles that my colleagues already mentioned because I think that there are quite common in different parts of the world. In Tajikistan, we do have like ... I can't say that there is one significant obstacle. There are actually several. So the low awareness and knowledge of young mothers about the importance and benefits for the child and for breastfeeding mother, low knowledge of the rural health care workers on exclusive breastfeeding, and therefore incorrect consultation of young mothers on exclusive breastfeeding during antenatal visits, and often exclusiveness as a word of breastfeeding is just not even discussed during antenatal care. Poor health among young mothers such as anemia and iodine deficiency, and unbalanced nutrition among pregnant and lactating women also negatively affects the physical and emotional health status, and results in low or absence of breast milk. In rural areas in Tajikistan, this is where 70% of the young mothers are living. Young families usually are living in the big family with their parents and grandparents. So the older Tajik generation becomes indifferent to breastfeeding and also they do not advise on its benefit to the young. Often they do not share their experience thinking that young mothers know better what to do and as a result young mothers do not receive an adequate counseling on breastfeeding in their families in rural areas.

Young mothers also have too many duties in rural areas, in big households, and they do not have enough time to rest and breastfeed. And of course I will probably repeat the advertising of formula and due to the fact that it's all over the TV and mass media, young parents are confident that such feeding is best for their child because it's advertised. To be healthy and well-nourished they of course switch to the formula.

There is a weak state policy to promote breastfeeding and as a result there is not enough information for the population, no strong capacity building for health care workers. So what Healthy Mother Healthy Baby does is implementing educational campaigns on all levels, continuing trainings for health care workers at the primary health care level, promoting breast baby-friendly approach and use best global practices, and of course widespread involvement of the media, dissemination of information materials. Elaine, back to you.

Elaine Gray

Thank you so much. Thanks so much to all of you for these very comprehensive responses in a short time and of course always very striking to see the linkages and commonalities in the many different regions in which we work. Now, for my next question, and maybe I will I'll start with you Gulnora this time, so after discussing these challenges, what is one promising development or recent achievement related to strengthening support for breastfeeding families and communities in Tajikistan?

Gulnora Razykova

I would probably also state that there is no one unique approach. It has to be several. So, Healthy Mother Healthy Baby, using technology, we are implementing and introducing ComCare to improve the quality of health care services engaging local leaders and volunteers through building community health teams, to work individually with families, households, increasing the knowledge of men and other family members; like mothers and fathers in law, to support breastfeeding women. Also, strengthening the gender dimension in breastfeeding support through the implementation of campaigns for community planning and decision making. So, what we did currently, because now in Tajikistan it's not a week it's actually decade (10 days of exclusive breastfeeding), we are now doing radio programs on national air. A very popular male DJ is talking about how exclusive breastfeeding benefits young mothers and babies, answering questions on the open air, which covers about 80 percent of the population. A series of video clips on national television about First Thousand Days of A Child's Life, with very famous people from the government, mass media, health care workers and actors, who are promoting breastfeeding using their own family experience stories. And also we implement competition among health care workers on their knowledge, also to promote exclusive breastfeeding. So that is our approach that we are using and we are trying to implement in Tajikistan. Over to you Elaine.

Elaine Gray

Thank you so much, very exciting. And then perhaps next I'll move to Beatrice for the same question to highlight one, if possible, as I'm sure there are many, one promising development or achievement from the Zambia context.

Beatrice Kawana

Okay, from the Zambian experience, I'm going to talk about this from two situations. First of all the government has provided a very conducive environment for us to actually promote breastfeeding up to the community level. And as you know, decision making is at every level of implementation or operationalization of interventions. So to start with, through the Ministry of Health, we do have a Child Survival National Policy where issues of breastfeeding are embedded as one of the Child Survival Strategies. It is at that high level that activities do actually stream down to the community level. Breastfeeding also is embedded in the highest national plan for the country, the Seventh National Development Plan for 2019 to 2025, and within that National Plan Strategy, you'll find there's a component of breastfeeding again under one of the key strategic areas; strategic area number 10, which talks about enhancing human development. And therefore the government, at the highest level, has committed itself to making sure that Zambia will excel when it comes to issues around breastfeeding. Like I said in my earlier question, when we go down to the communities, we do have the various structures. Some of them in some communities they are called Infant and Young Child Feeding Groups, Mother Support Groups. But in the case of my project, like I earlier said, we do call them SUN Mother Support Groups, where we make sure that those are actually handled properly and we make sure the pregnant women and the mothers of children aged 0 to 24 months do receive the specific interventions that they require, to make sure the child is not actually stunted before they reach their second birthday. Those are some of the high level documents that we have that supports breastfeeding within the country and up to the community level. Thank you very much.

Elaine Gray

Thank you so much Beatrice for those highlights of policy and political will. Incredibly important. And then last but not least, over to you Esther for the same question, to highlight a promising development or recent achievement at the community level to share with our audience.

Esther Naluguza

Hey thank you Elaine. I'd like to say that as a country like Uganda, efforts have been put in place to strengthen support for breastfeeding and I must state that USAID ICANN has been part of some of these processes to strengthen the support of breastfeeding in Uganda. As

you have something that you are calling ‘ask your service provider for instant technical response’. Like I mentioned earlier we have what we call the MIYCAN Groups. These are sub groups where women gather together on a monthly basis and they are taken through different modules including infant feeding. During these meetings we have invited a health worker to come and attend some of the sessions, especially if it's around topics that are a bit more technical. The mothers are given an opportunity to ask any questions around breastfeeding. And we have received a number of success stories from the community where mothers are very grateful, some of them are telling stories of how they used to have challenges positioning their babies to their breasts or latching their babies to their breasts, and they are now able to successfully exclusively breastfeed their babies. As again USAID ICANN, because of these efforts, we have seen improving rates of exclusive breastfeeding across our districts of support from 76 percent during the baseline to now at 88 percent in the most recent beneficiary survey.

And I'll speak to the national, you know the national level, as the Ministry of Health. Of course, working with the Ministry of Health, we finalized the MIYCAN guidelines and validated the community-based training manuals: that is MIYCAN and I keep saying it in full Maternal Infant Young Child and Adolescent Nutrition guidelines. Again the Ministry of Health together with the Ministry of Gender, Labor and Social Development, and of course other stakeholders, have drafted the guidelines and regulations on breastfeeding and child care facilities. This is to create an enabling environment for breastfeeding in the workplaces. So, we feel this is an interesting and it's a promising development because we believe that in the near future we shall be able to see most of our places having designated areas for mothers to exclusively breastfeed their babies.

And lastly but not the least, the regulations on the marketing of infant and young child foods have been reviewed and have been submitted to the Ministry of Justice and Constitutional Affairs. I must say that in Uganda we have a strong political will to promote, protect and support breastfeeding, especially through the Ministry of Health, specifically the nutrition division. Thank you. Over to you Elaine.

Elaine Gray

Thank you so much Esther and thank you so much to all of our panelists. I know we have many questions coming in the chat that even I haven't kept up with. And as we are actually moving on to our next session and we could certainly have this panel for another hour if we could. I'd like to highlight for our panelists Gulnora, Beatrice and Esther, if you wouldn't mind checking the chat and responding to things as you can. Questions related to human milk banking, about traditional birth attendance, the need to see a male engagement, and representation within community programs. So I welcome you to share more of your rich experiences via the chat many thanks again to you all for kicking off our first panel which I think really epitomizes World Breastfeeding Week as a time to particularly reflect on the continuing challenges and much work that still needs to be done, as well as celebrate our progress this far.

So now, as we move along we know that protecting breastfeeding is a shared responsibility. What do families need to be successful in breastfeeding in those critical early months? Give that some thought for all in our audience as we watch a video about USAID's breastfeeding work in Uganda through the Graduating to Resilience Activity. The video demonstrates the impact that community coaching sessions have in delivering breastfeeding messages for two mothers in Uganda. And after we watch the video together, we will reflect on what a lactating individual and family needs to exclusively breastfeed for the first six months of their child's life. And look in the chat for more information to share your thoughts, thank you Yaritza.

[Video]

Catherine Kyokunzire

I started breastfeeding my daughter Lena 30 minutes after birth. I breastfeed Lena about nine times in a day. When Lena made six months, I introduced solid foods as I continued breastfeeding. Usually, I breastfeed at home, but I also breastfeed from anywhere depending on the circumstances around me. Either when I'm traveling or when I'm visiting. As a mother, I feel breastfeeding is the best thing any mother can give to their child.

Oliver Nzita

[Speaking in dialect with background music].

My mother used to give her children solid potatoes and cassava even in the early weeks after birth. The AVSI Coach taught me a lot about breastfeeding like washing hands before breastfeeding. Every time I leave the garden, I ensure washing hands before coming home to breastfeed my twins. He has taught me when and how to breastfeed children and the types of foods to give to them. I introduced solid food to my children after six months as advised by the Coach. I gave them soft mashed potatoes and vegetables. At ten months, my twins are about to start walking and are growing well without any health problems. I am glad having breastfed my children because it has kept them healthy and strong. I am thankful for the support from USAID that has enabled me to learn about proper breastfeeding so that my children can grow healthy and productive.

Catherine Kyokunzire

I am a proud breastfeeding mother, I am privileged to share my knowledge and experience with participants of USAID funded Graduating to Resilience Activity for mothers to nurture productive and healthy children.

[Music]

Elaine Gray

Great, thank you. We would now like to hear from all of you in the audience. Please click on the link provided in the chat or use your phone to go to [menti.com](https://www.menti.com) and enter the code listed on the top of the slide here. You will be prompted to enter your responses to the question posed. We know it takes a village to ensure families are supported to exclusively breastfeed. As a mother of two young children myself, I very quickly learned but will not quickly forget the impact that individuals, policies, culture, resources, and really small acts of encouragement can have on reaching one's feeding goals. In your opinion let us know what do mothers need to confidently exclusively breastfeed their baby for those first six months. As you can see your responses to this question as a collective audience are showing up in the form of a word cloud, such that popular responses submitted multiple times will appear bigger on our screen.

We will allow for another minute or so for you to enter your very thoughtful responses. I see of course many different forms of support from family, from community, knowledge, space, time absolutely, skilled counseling, confidence, healthy diet and good nutrition, stress,

lactation counsel, paid maternity leave, information, resources, support and love, rest, partner support. This is excellent, thank you so much to everyone for your participation. Okay! Alright. I will unfortunately have to close this word cloud now but this is a really fabulous contribution from everyone, thank you for being so engaged.

I'll now take us to our next speaker panel. For the next panel discussion, we know that health systems play a vital role in setting the stage for a healthy start for babies by encouraging and supporting exclusive breastfeeding and continued breastfeeding. With so many competing demands on health workers, especially in the wake of Covid-19, this is no easy task. This second panel is made up of three Lightning Round presentations from speakers sharing their perspectives on the role that health systems play in prioritizing breastfeeding interventions. We have really challenged our speakers to share their thoughts on this vast topic in five minutes or less. We will even put up a timer that you'll see to guide our rapid-fire presentations.

During the first round we will hear from Dr. Hamid Mandali with Mothers-to-Mothers Lesotho, a local organization that is funded by USAID through PEPFAR to support the government of Lesotho and Ministry of Health. Dr. Mandali is a physician by training and public health expert. With over 13 years of experience in the health sector providing clinical, research, programmatic, technical, strategic and decision-making leadership, to donor-funded projects. Currently, he is leading a comprehensive prevention of Mother-To-Child Transmission Program that we will soon learn more about. Dr. Mandali will then turn it over to Dr. Sa'adatu Ringim, Integrated Primary Health Care Services Advisor for the USAID, Integrated Health Program in Bauchi State of Northeastern Nigeria. Dr. Ringim has over two decades of experience working on nutrition and breastfeeding programs in Nigeria. She is an expert trainer and mentor on Infant and Young Child Feeding Counseling, lactation management, management of severe acute malnutrition and community-based therapeutic care. Dr. Ringim will then pass the microphone to Dr. Kazi Faisal Mahmud, Chief of Party for USAID's UJJIBAN SBCC project in Bangladesh. Dr. Faisal has more than 26 years of diverse experience in management, design, implementation, supervision, monitoring and evaluation, and social and behavior change communication programs. To begin, Dr. Mandali, over to you and the clock will start as you begin.

Hamid Mandali

Thank you, Elaine, am I audible?

Elaine Gray

Yes

Hamid Mandali

All right. Like you have introduced, I'll share with the participants the work that Mothers-to-Mothers does in Lesotho.

Next slide.

This is one of the snapshots to show and share with everyone some of the decisions that our healthcare workers are doing, especially demonstrating how to breastfeed babies when breastfeeding women come to our facilities.

Next slide.

Yes, Mothers-to-Mothers will play a major role. First we start by identifying pregnant women from all levels, at facility level, community level, but we also have activities where we visit households. So, after identifying, we link them to where we are not offering direct services but also, we offer direct service to them where we offer comprehensive PNC services, where we have nurses and HTS mentors and the like. So, our team is strategically offering services with dignity and care, with the intention to make sure that our clients stay in our services.

Next slide.

As we visit households, we really make sure that our mentor mothers make sure that our breastfeeding women really get the knowledge and we make sure that we offer these services in a friendly manner. This caption came from one of the households where our mentor mother visited the house of a breastfeeding client.

Next slide.

Apart from offering services, we offer more support to our pregnant women until when they deliver. And we continue supporting them postnatally, we care for mother-baby care.

This is done through community support groups, household visits. We have one-on-one interactions where we do that through face-to-face but also peer via phone calls.

Next slide.

We are not leaving behind the male partners. So Mothers-to-Mothers always involves male partners when we are offering services for breastfeeding women.

Next slide.

So, we have our cadres that really serve our clients directly. These are mentor mothers and MCH nurses. But also, we work collaboratively with the ministry of health staff, but also, we work with other implementing partners' staff, and we embrace the teamwork spirit.

Next slide.

Our mentor mothers normally work on daily basis to support our breastfeeding women through health education and also psychosocial support. They educate our breastfeeding women by even demonstrating how to hold a baby while breastfeeding. And, like I said before, we engage their male partners to make sure that they are part and parcel in this process.

Next slide.

Yes, we still promote health image ownership through family level. And you can see this photo. This is a family where we promote them at their own house.

Next slide.

Lastly, Mothers-to-Mothers, we play a role in building capacity to health care workers. We support data management, reporting, but also resource dissemination, where everything that we do contributes to elimination of mother to child transmission of HIV, and currently now we include Syphilis. During Covid, we have maintained our work mostly through electronic services where we call our clients and we even create a platform for them to get more health education and health information while still remaining into our services. With that being said, I would like to pass it to Dr. Ringim from Nigeria, and I would like to thank you all participants for your attention, thank you.

Sa'adatu Ringim

Thank you, greetings from Nigeria. This is from the USAID funded Integrated Health Program that Scales Breastfeeding Counseling and Clinical Skill Building, integrated with other RMNCH services through primary healthcare structure. The project's goals are to contribute to state-level reduction in child mortality, child and maternal mortality and morbidity, and to increase the capacity of the health system, both public and private, to sustainably support quality primary health care services, in four of the 36 states of the country and the federal capital territory. Our focus is technical assistance and then our targets are women of reproductive age and children under five. We work across all the tiers of the government and the objective of the project is to strengthen systems supporting primary health care, improve access to the service and increase quality of service. Just a synonym on the baby-friendly hospital initiative in Nigeria, it was launched in 1991 following the 1990 Innocenti Declaration.

Next slide.

We can see the trend of service showing some improvement in exclusive breastfeeding rate from 2% in 1990 to about 29% in the current rate.

The next slide shows some of the key interventions of the Integrated Health Program Nutrition Intervention in the country, which include the capacity building of health workers. We have supported in adapting nutrition modules and we have developed a crop of trainers. So far we have trained almost 5,000 health workers in three of the intervention states, as well as we are still training and providing mentoring and supportive supervision services to health workers to sustain their knowledge and skills. We have also keyed into commemoration of world breastfeeding to create awareness and sensitize the communities.

Next slide.

The link to our training modules. Module 1 of 3 actually shows our breastfeeding management content of the capacity building approach. One of the key results is that, from the time the project started till now, we have seen increasing client counsel on infant and young child feeding from the national data service data, as well as increasing percentage of women that initiated breastfeeding within one hour after delivery. One of our key innovations is the introduction of mobile application which provides a kind of audio job-aid for health workers to support in mentoring and counseling on infant and young child feeding

practices at the health facility level. Over time, we have noticed increasing number of health workers accessing the nutrition aspect of the counseling on this audio job-aids.

Next.

Other enablers that we have keyed into as a program in the country are supporting male engagement in promoting breastfeeding, identified as the decision makers in the family. We support family friendly maternity services as well as looking at the human resource gaps in the country, and the move by the country to improve the access to services through task shifting, task sharing, engaging community, health influencers, promoters and services. We are supporting the country to institutionalize those community services by the community volunteers to improve access, and then we are also supporting to review the policy that will allow this Scada of colleagues to support in promoting IYCF at the community level.

Next.

The Covid-19 pandemic has shown some impact on the exclusive breastfeeding rate. However, after the peak of the incidence, with our support on risk communication on Covid-19, including session modification at supported primary health care workers, encouraged during mentoring and supportive supervision, we have noticed improving access and caution to Covid-19 protocols in our supported health facility. So, these are some of the services and interventions that we have actually used in promoting, protecting and supporting breastfeeding through the project in the country. Thank you very much. I will now hand over to Mahmud.

Kazi Faisal Mahmud

Hello everyone and welcome to our presentation. I am presenting on behalf of USAID's UJJIBAN SBCC Project. 'Ujjiban' is a Bangla word and its meaning is 'New Life' and the Ujjiban Project is being implemented by John Hopkins Center for Communication Program, Save the Children, and Bangladesh Center for Communication Program. So, the three organizations work together in the implementation of this. Today, we will be discussing about e-Toolkit and how it has become an effective tool for the health workers to promote breastfeeding.

Next slide.

Okay, so I would not pass much time on this, the main goal of the UJJIBAN project is to generate demand in terms of SBCC. We are doing different aspects like maternal neonatal child health, family planning, nutrition, tuberculosis, and we want to have the exposure to high quality information and products. At the same time, we work on the ministry of health and family welfare capacity building in Bangladesh.

Next slide.

This map shows the working areas from our end. Today, we are discussing on e-Toolkit and just sharing that e-Toolkit is a digital library that is comprising of all the areas of health; like health, population and nutrition, and these materials are meant to improve the interpersonal communication and counseling of the frontline health workers, at the same time to provide them up-to-date data and information.

Next slide please.

Okay, as I mentioned, in e-Toolkit, there are three aspects: health, population and nutrition. So, one health worker, if he or she wants access to health data, the link is provided here, and they can go any of the aspects.

Next slide.

Here is a very interesting story. In early 2017, the UJJIBAN team went to the government and the government requested more and more prime materials. So we were sharing that we will be providing you e-Toolkits like e-materials but they were more interested into the printing material. So the contrast now is, in 2021, there has been a lot of requests from the global government in terms of e-Toolkit because they have seen its effectiveness and how it is being implemented by the health workers even during the Covid pandemic situation.

Next slide.

So, now we will be sharing all the materials we share in the e-Toolkits. These are approved by the government committee. The mechanism we follow, like we provide training of trainers for the district level and central level, and then it goes to the frontline health workers and frontline health workers can share accordingly.

Next slide please.

So, in the e-Toolkits, there are different components like public service announcements, instructional videos, flip charts, brochures, posters, songs, job aids. Whatever the health worker needs, they can access through the e-Toolkit.

Next slide please.

So, we have a sustainability plan as well. It is posted in a government server. The resource pool is already in the different government levels. Government has allocated funds for e-Toolkit and we also have the Distance Base Learning Mechanism at the same time field training module.

Next slide please.

In the next two slides, I'm sharing a success story. Like 22-year-old Tumpa. We observed her and we had some interaction with her. She shared that through the e-Toolkit, the government health worker Rupna, could show her the tools and techniques of early and exclusive breastfeeding like positioning, do's, don'ts, all other things, during the breastfeeding.

Next slide.

So, this young lady also shares that it was so interesting for her. That she is not only keeping it with herself, she is also sharing with other community members and the health workers are also feeling very comfortable using this e-Toolkit. With that, thank you and over to Elaine.

Elaine Gray

Wow, perfect timing for all of our presenters. I see there is a flurry of questions and challenges that are important for our consideration in the chat as well as words of encouragement which is really something I'm grateful for in this virtual environment; that everyone has the chance to really engage and communicate. And so we'll be thankful to our panelists again for looking in the chat and seeing if you have additional insights and expertise to share, as well as many of the other audience members I see chiming in which is terrific. So, many thanks again for sharing that work with us to our excellent panelists and in such record time. We hope that, as with our first panel, this will really inspire all of you in our audience to learn more about these programs. Before we move to our last panel, we'd like

to test your breastfeeding knowledge once again. So Yaritza, would you please launch the next poll to test our participants? Great!

Everyone should now see two more single choice polling questions pop up on their screen. If you're not able again to see these poll questions, you can look at the bottom of your zoom window and click on the icon labeled 'polls' to bring up the questions on your screen. Or again if you're not able to gain access to the polling function, feel free to read the questions on the slide here and send your answers in the chat box to all panelists and attendees, so that we can see your answers.

You should see the following two questions on your screen or in the pop-up window. The first,

- Breastfeeding reduces the risk of which two deadly diseases for children under five? and the second
- What percentage of infants under six months of age are exclusively breastfed globally?

We'll provide one more minute for everyone to enter your responses. Okay, now Yaritza will close the polling in a moment and we will project the correct answers on the next slide.

Okay, so you may see if you selected the correct response here. We are really highlighting the urgency of renewed commitment to breastfeeding at this point for these very reasons. Many thanks to all of our audience for participating in our poll and again being so engaged in today's event.

Now as we move along to our third and final panel, this panel will focus on breastfeeding in emergency settings. We are so pleased to welcome two specialists working in very different contexts who will share insights into how breastfeeding can be prioritized and supported in times of crisis and an extraordinarily challenging environment. Our first panelist is Dr. Sabreen Ahmed Saif, Dr. Saif has worked with several humanitarian organizations since 2014 including WHO and Mercy Corps. Her background is in emergency medicine and medical science. She is currently a Nutritional Manager with FHI 360. Our second panelist is Mr. Anley Haile. Mr. Haile is a public health expert and reproductive health specialist with more than 16 years of experience working on activities in the areas of humanitarian response, nutrition, health, and girls and women's empowerment. He is currently the Head of

Integrated Programs for GOAL Ethiopia, overseeing multi-sectoral projects operating in both emergency and development contexts. At this point, I will actually be stepping back to allow our two specialists to lead this final discussion. So, Anley I'll turn it over to you and if we could have our two panelists join us on screen, if possible, and I'll pass to Anley to get the discussion started.

Anley Haile

Thank you very much Elaine and hello Dr. Sabreen. Can you hear me?

Sabreen Ahmed Saeed

Yes, I'm hearing you clearly.

Anley Haile

Thank you very much, I'm pleased to share with you this final session and to learn a little bit about your project and your work in Yemen. As first question, as you know we are working in an emergency context where families are facing enormous kinds of anxiety, stress while trying to feed their infant and young children, so, is there a counseling kind of strategy that your project has been using to address both breastfeeding and mental well-being of the mother and caregivers at the same time?

Sabreen Ahmed Saeed

Well, regarding Yemen ...

John Nicholson

Sabreen, could you please unmute your microphone?

Sabreen Ahmed Saif

Do you hear me well?

John Nicholson

Yes, please proceed.

Sabreen Ahmed Saif

Okay, as I said from the beginning, Yemen is living a critical and serious condition in regard to health services, so we are sticking with the basic IYCF counseling in our supported health

facilities. We are encouraging the IYCF but not supporting the mental health in specific. Over to you Anley.

Anley Haile

Yeah, thank you very much. Maybe I shall just share our experience on addressing both breastfeeding and mental health. So GOAL, as an experienced integral context, due to lack of this privacy and overcrowding, mothers are strictly restricted to confidently breastfeed. And moreover, there is also post-traumatic stress and illness, and also sexual violence in those areas. And all potential may cause mothers to reject their infant and also to refuse breastfeeding. So using that, taking into this local context, and we have been trying to just bring a kind of locally available solution to promote breastfeeding. And GOAL has been constructed in a kind of breastfeeding corner or baby-friendly service in which mothers can comfortably take time just to breastfeed their babies and get additional support from health and social experts. GOAL has also been renovating an existing room to serve as a woman-friendly space and are intended to bring women and girls together to share their experiences and learn from one another, and build their social network, and promote emotional healing and social acceptance from their family, as well as within their community. And GOAL Ethiopia has also recruited and trained case workers and woman-friendly service facilitators to manage the safe space, and provide age appropriate emotional support sessions to mothers, healing and recovery from trauma, and provide direct services and psycho-social support.

Coming to you Dr. Sabreen, I would like to ask particularly about this past year. As you know, COVID pandemic has added an extra layer of complexity in our work in the humanitarian context. So, what is one adaptation or lesson learned in your work in Yemen that you think should be continued in the post-pandemic era.

Sabreen Ahmed Saif

Well, with regards to our experience and conducting such an IYCF corner, I think we stuck with the COVID-19 measures clearly through having a building capacity to our health workers, through trainings like an NYBC, distributing the BBEs, encouraging the messages of having a social space, using hand sanitizer, implementing a lot of the hand wash stations. And lastly our governorate has started the vaccination campaigns. So we are encouraging

all the health worker implementers to take vaccines, to be able to conduct, implement the services in a safe way to our beneficiaries. So, we are planning this as a post-covid condition to continue with encouraging taking the vaccines, washing hands and distributing hand sanitizers.

Anley Haile

Thank you very much Dr. Sabreen. Just to share from my own context, in our adaptation to programming during COVID pandemic, with a strong coordination effect from our nutrition cluster or national nutrition cluster in Ethiopia, we adopted the International Guidance and Recommendation ...

Yaritza Rodriguez

Anley, sorry to interrupt but it's a bit hard to hear you well. Maybe you will want to try turning off your video to improve your audio.

Anley Haile

Hello?

Yaritza Rodriguez

Yes, we can hear you now.

Anley Haile

Oh great, I was saying that in Ethiopia, we have been adapting our nutrition programming into COVID context, and that was with a strong support from our National Nutrition Cluster. We will try to adapt International Guidance and Recommendation to reprogram our nutrition interventions into COVID context. It's a similar kind of experience that we have in Ethiopia, like the one Dr. Sabreen shared. We have for instance in MIYCNE, GOAL has been integrating MIYCNE messaging with Covid-19 messaging trying to address more beneficiaries and while controlling the restriction on overcrowding and the like based on the national Covid directives. And we have been also availing those sanitation materials, face masks, and ensuring physical distancing while we are doing these committee mobilization activities and for IOSF activities as well. We have been providing breastfeeding counseling for all pregnant and lactating women irrespective of their Covid-19 status. Because there are some rumors behind that were against breastfeeding especially for Covid positive

women. So we were trying to advocate breastfeeding whether they are positive for Covid or not. That was the deficient that we have done in our programming in nutrition. So, coming to my last question to Dr. Sabreen, today's event is about breastfeeding not only just being the responsibility of the mother, my ask is who have you come across in your work in Yemen that has particularly been influential in supporting breastfeeding, and did it surprise you?

Sabreen Ahmed Saif

Regarding to your question, I will just give you a summary about our activity. Let me start with IYCF corner which is a new activity that we are implementing in Yemen, especially in FHI 360. We are conducting an IYCF corner in three health facilities supported in three governorates. So, we are starting to encourage our community to accept the idea, to promote the practices. We did a lot to improve the type of services and increase the beneficiary's acceptance to this activity. Our corners are implementing a lot of messages through breastfeeding, positioning, bonding with the baby, solving a lot of problems. So, we are having a good start in our corners.

Regarding the participation, I know that mainly, women are the caregivers especially since we are talking about a very conservative community like Yemen. But I have been surprised that a lot of my colleagues, even here in the organization, the male ones are the ones who encouraged their midwives to breastfeed and stay away from artificial milk. And this also is seen through the IYCF session when I saw a husband grabbing his wife to the health facility to get more knowledge about the IYCF messages and this made me happy to have female and male participation in IYCF stations.

Anley Haile

Thank you very much Dr. Sabreen. Just as a last remark from our end, since the interruption of breastfeeding can lead to a rapid deterioration of an infant, as adequate and professional support to overcome feeding challenges should be provided in emergency situation. So, maybe the first thing is getting a friendly space for both the baby and the mother to keep breastfeeding in a safer and more comfortable environment, in which they can interact with their colleagues and get additional support from care providers to alleviate their stress. So, thank you very much and Elaine, over to you. Thank you very much.

Elaine Gray

Thank you so much to you both for sharing those very rich experiences and sharing this dialogue with us. We are lucky to have a couple minutes left. If I may keep you both on screen for a couple last questions. Perhaps I may start Dr. Sabreen for one last question before we leave, as you're all working in incredibly challenging environments and working with mothers and caregivers, often very malnourished themselves. As we close out our session, is there one thing that you think this audience should know about protecting and promoting breastfeeding in an emergency situation from the experience in Yemen.

Sabreen Ahmed Saif

Yes, regarding that we are having a new experience but we have an important message or goal. In our activity, we aim to encourage all women to do an IYCF good practices, encourage them for exclusive breastfeeding. Especially since we are dealing with women in anxiety, a fearful, stressful environment. So, this is our goal, to encourage them to have a good private space to practice breastfeeding and to participate more in our corners. Over to you.

Elaine Gray

Thank you very much, thank you Dr. Sabreen, thank you for your very important work. Perhaps as we have time for one more question and Anley if you are still there, I would be interested in hearing from you on that question as well that you posed to Dr. Sabreen. That I think will wrap up the theme for today's webinar about a community responsibility for breastfeeding quite well. So, for you in Ethiopia, is there someone you have come across in your work that was particularly influential in supporting breastfeeding, and depending on that person or people, did it surprise you?

Anley Haile

Yeah, can you hear me?

Elaine Gray

I can, yes.

Anley Haile

Yeah, thank you. Thank you very much for the question. Of course, we have seen some people especially in the integral region, those are more influential to support women to continue breastfeeding in such a very stressful condition. And we found that there is one community based organization called El Shaddai, and there are volunteers working there and expertise and you can find them there while we are visiting our project area. They were very much committed just to be at the side of the mothers and providing counseling and also supporting them by bringing some materials for them as well. So, those volunteers are just community workers so I really appreciate their contribution there. They were extending their support working in our breastfeeding corner as well.

Elaine Gray

Thank you so much Anley for that great example of shared responsibility and of course again for your very important work. Well, that concludes this session. Many thanks again to Sabreen and Anley for taking the time to share and discuss their experiences with us and with this audience. Now, as we have come to the very end of our event, we would also like to thank all of you in our audience for participating today. USAID is committed to promoting breastfeeding and we hope you will join us and that we can join you in efforts to do so as well. To note, additionally throughout the month of August, USAID Advancing Nutrition will be sharing more breastfeeding resources, articles, and media through their website, email and social media. So, do keep an eye out for that. And now before we close today's event, I would like to ask Yaritza to bring up one final Menti poll for all of your engagement if you won't mind. We know the caregivers and families need support to breastfeed from the community health system, and really in any setting they might find themselves in as we've discussed at length today. So, we would like to hear from all of you about one thing that you will do to protect and promote breastfeeding in the next year.

Again, to participate in the poll, please click on the link provided in the chat or use your phone to go to menti.com and enter the code listed on the top of the slide. You will be prompted to enter your responses to the question posed and then all of the responses will show up in the form of a floating grid as you can start to see here on the screen so that your responses will flow one after the other in a listed format. So, some of our audience members will facilitate support groups, community linkages for peer support, capacity

strengthening and training, breastfeeding in child care, advocate for adequate time and leave for families, and support colleagues to our new mother, that is terrific. Ask communities what they need and advocate for the importance of breastfeeding. Wow, thank you so much. In these next last seconds, please do continue to keep the responses coming, involving family members especially elders, baby-friendly, breastfeeding-friendly hospitals and other centers and settings, and supporting new mothers, terrific. Thank you all for participating in this exercise, please do feel free to keep going as we have an energizing kind of rolling credits at the end of our event. Thank you for these thoughtful responses. We hope that our speakers today and the global events of this World Breastfeeding Week, as well as these thoughtful parting words from all of you, have energized and inspired this audience to continue supporting breastfeeding and overcoming challenges in your work and in your communities. And with that we will be closing out this event in just a moment. Thank you all very much, merci mille fois.



USAID ADVANCING NUTRITION

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