Early to breast, early to thrive: Promoting breastfeeding in Democratic Republic of Congo

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I. Introduction

USAID-funded Integrated Health Project (IHP)

- Democratic Republic of Congo (DRC)
- October 2010 to September 2015
- Supports 78 health zones in 4 provinces
  - Affects 13.4 million people (nearly 20% of DRC population)
- Seven areas of focus:
  - Maternal, neonatal, and child health (MNCH), nutrition, tuberculosis (TB), malaria, HIV and AIDS, family planning (FP), water and sanitation (WASH)
Democratic Republic of Congo – health zones supported by IHP
II. The DRC context

- 2010: 24% of children under five underweight, 43% with stunted growth, and 9% with weight loss/emaciation (MICS 2010)
- September 2011: only 2% of newborns breastfed within one hour of birth\(^1\)
- Cultural belief that colostrum is unhealthy for babies
- Lack of assistance from providers/midwives to initiate breastfeeding

\(^1\) data collected in IHP-supported health facilities
III. Optimal breastfeeding

- **Initiation within one hour of birth**
- Exclusive until the age of 6 months
- Continued breastfeeding with complementary feeding until 24 months or older
IV. Why early breastfeeding

- Importance of feeding baby colostrum
  - “Baby’s first vaccination”: initial boost to immune and digestive system

- Stimulates production of mother’s milk

- Promotes early skin-to-skin contact
  - Warms baby and nurtures mother-child bond

- Facilitates uterine involution and reduces post-partum hemorrhage
V. Nutritional support

- Infant and Young Child Feeding (IYCF) promotion in health centers and communities

- Capacity building: training, supportive supervision

- Create IYCF support groups

- Nutritional norms and directives at the central level
VI. IYCF support groups

- **Mission:** To save lives by improving nutrition for children and pregnant and nursing women

- **Activities:**
  - Share positive breastfeeding experiences
  - Supervise and coach mothers
  - Conduct cooking demonstrations with local foods, and provide nutrition education
  - Rotate meetings at members’ homes

- **Who?** Parents, guardians, pregnant and nursing women, grandparents, health agents, and other community members

- **Link with health centers?** Sharing data, supervising nurses
1. Needs Assessment

2. Interventions:

- Build capacity: Train health zone management teams, service providers, and community health workers

- Provide supporting materials
  - Nutrition advice cards
  - Data management tools

An IYCF community support group meeting in Luiza
VII. Methodology (2/2)

- **Provide support for activities**
  - Post-training support and joint supervision from IHP and National Nutrition Program (PRONANUT)
  - Support for new mothers from service providers

- **3. Monitor and evaluate**
  - Monthly data collection and analysis
  - Monthly reports to USAID and MOH

A mother breastfeeds her newborn in the maternity ward of Bibanga General Referral Hospital
VIII. Results (1/2)

- 160 health zone management teams, 261 service providers, and 1,044 community health workers trained in IYCF

- 1,080 functional IYCF support groups across 45 health zones

- In September 2014, the percentage of newborns breastfed within an hour of birth reached 96%\(^1\), compared to 2% in September 2010

\(^1\)Data collected in IHP-supported health facilities
Number of newborns breastfed within an hour of birth compared to total live births, October 2010 – September 2014
Successful maternal breastfeeding

Baby Ataadji at 3 months –
2.8 kg (6 lbs) before IYCF training

Early mixed feeding

Baby Ataadji at 5 months –
7.2 kg (16 lbs) after IYCF training

Exclusive breastfeeding

“My child was going to die, but since I have been practicing exclusive breastfeeding, Ataadji gained weight and is healthy. I thank the support group, and I plan to breastfeed him until he is two years old.” – Thérèse, Ataadji’s mother
IX. Major Challenges

- Effective involvement of health zone management teams in monitoring integration of IYCF in local areas

- Long-term integration of IYCF support groups into the community

- Implementation of data management system at all levels:
  - community, health center, central health zone office, PRONANUT (provincial and national)
X. Lessons Learned

- Providing adequate food of nutritional value is a challenge in some communities.

- Success takes adequate budget and synergy with other sectors (agriculture, education, etc.).

- But educating community members—especially mothers—on feeding can dramatically improve infant and child health outcomes using low-cost local resources.
XI. Conclusion

IYCF trainings and support groups can:

• increase rates of early breastfeeding
• improve nutrition for mothers, babies, children, and families, and reduce malnutrition
• reduce cases of childhood diarrhea and fever
• reinforce community bonds through sharing food and experiences
• strengthen the health system at the most basic level
Merci pour votre attention
Thanks for your attention
Matondi mingi
Aksanti sana
Tuasakidila