



Concept Note

Breastfeeding Week 2013

TANZANIA

Breastfeeding Support: Close to Mothers: “A Promise Renewed” to promote child survival

Background

World Breastfeeding Week commemoration is the global campaign which has the greatest outreach that raise public awareness about breastfeeding and reap support for it. This annual event usually carries different themes which advocate issues that create enabling environment on breastfeeding. This year's World Breastfeeding Week (WBW) theme, 'BREASTFEEDING SUPPORT: CLOSE TO MOTHERS' highlights Breastfeeding Peer Counseling. Even when mothers are able to get off to a good start, often in the weeks or months after delivery there is a sharp decline in breastfeeding rates, and practices, particularly exclusive breastfeeding. The period when mothers do not visit a healthcare facility is the time when a community support system for mothers is essential. Continued support to sustain breastfeeding can be provided in a variety of ways. Traditionally, support is provided by the family. As societies change, however, in particular with urbanization, support for mothers from a wider circle is needed, whether it is provided by trained health workers, lactation consultants, community leaders, or from friends who are also mothers, and/or from fathers/partners. There is every reason for Tanzania to celebrate World breastfeeding week to heighten awareness on issues that needs to be addressed to achieve recommendations for improving breastfeeding and child survival which includes, initiation of breastfeeding within the first hour after the birth; exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more, together with safe, nutritionally adequate, age appropriate, responsive complementary feeding starting in the sixth month.

Infant and Young Child Nutrition Situation in Tanzania

Malnutrition, particularly under nutrition, which is reflected by stunting, underweight, wasting, micro-nutrient deficiency disorders are among the major nutritional problems affecting infants and young children in Tanzania. Although Tanzania has made various efforts in reducing child under-nutrition, the prevalence of child underweight and stunting is still high.

According to TDHS (2010) 42 percent of children are stunted, 16 percent are underweight and 5 percent are wasted. Millions of children and women in Tanzania continue to suffer from one or more forms of under nutrition. Poor infant and young child feeding practices are among the most serious obstacles in attaining and maintaining their good health.

Over 97 percent of mothers in Tanzania do breastfeed, however, the prevalence of exclusive breastfeeding in infants aged 0-6 months is 50 percent (TDHS, 2010). Data available shows that 81 percent of infants aged less than 2 months were on breast milk only, the proportion that declined to 51 percent among infants at 2-3 months and 23 percent among those aged 4-5 months (TDHS, 2010).

Initiation of breastfeeding which is recommended within an hour of delivery was 49 percent in 2010 as compared to 59 percent in 2005. Pre-lacteal feeds are common practice in rural areas, 32 percent compared to 24 percent in urban areas (TDHS, 2010). Early initiation is compromised by low delivery rates at health facility where only 50% of mothers deliver at health facilities. Reports had shown that children of mothers assisted at delivery by health professionals are more likely to initiate breastfeeding within one hour after birth (58 percent) than those assisted by a traditional birth attendant, other attendant, or no one (23%). Prelacteal feeds are usually linked to cultural values and these might be a reason for regional variation. For example, in Mara, 55 percent of children receive prelacteal feeding compared with only 2 percent of children in Iringa.

Early complementation is also a problem in Tanzania; at the age of 0-2 months about 11 percent of infants were given complementary foods, 33 percent at 2-3 months and 64 percent at 4-5 months. Only 21% of children 6-23 months received nutritionally adequate, age appropriate, responsive complementary feeding as recommended. The TDHS results also indicate about five percent of infants below 6 months received foods and drinks from bottles. Tanzania is among the countries with high prevalence of HIV and chose to promote breastfeeding in women who are HIV positive. In the presence of interventions such as the use of ARV's and other breastfeeding preventive measures, HIV transmission from mother to the child can be reduced to less than 5 percent (NACP, 2008). However, HIV transmission from HIV infected pregnant women to their infants has remained high (estimated transmission rate was 25%) among the major causes being poor breastfeeding practices among HIV infected women.

Support for mothers to continue breastfeeding need strong programs to link practices acquired at healthy facility with community level actions. Baby Friendly Hospital Initiative was initiated in Tanzania with challenges in coverage but also initiation of community support groups was a major bottleneck.

Circles of Support for Mothers and Children in Tanzania



Supports for breastfeeding illustrate the potential influences on a mother's decision to breastfeed and to have a positive breastfeeding experience. Previously featured during World Breastfeeding Week 2008, the Circles of Support continue to be a vital foundation for mothers to breastfeed their babies, and more. The **CIRCLES OF SUPPORT** are: Family and Social Network, Healthcare, Workplace and Employment, Government/ Legislation and Response to Crisis or Emergency,

all surrounding women in the center circle.

WOMEN IN THE CENTER CIRCLE:

Women are in the center because the presence or absence of support impacts them directly. Women also have an important role in securing support and in providing it to others. Within the Global Initiative for Mother Support (GIMS) for Breastfeeding Statement (2007) we noted, 'Mothers are considered active participants in the support dynamic, being both providers and recipients of information and support'.

Family and Social Network:



Husbands/partners/fathers, other-in law and other family members and friends compose the mother's immediate and continuous support network. Social support includes community support - at the market place, within a religious context.

Support during pregnancy reduces stress. Support during labour and birth empowers the mother. Societal support increases the mother's confidence in her ability to breastfeed beyond the early weeks and months.

Health Care:



This includes a multitude of opportunities to support breast feeding. These opportunities range from mother friendly prenatal care and supportive labor and delivery services to postpartum and postnatal care that facilitates bonding and optimal infant feeding. Health workers trained in counseling skills support mothers before and after birth.

The Baby-friendly Hospital Initiative (BFHI) was launched in 1992 with the aim of transforming maternity facilities to provide standard of care. Hospitals become baby-friendly by implementing the Ten Steps to Successful Breastfeeding. The implementation of BFHI has not been quite successful, since 1995 since only 80 hospitals offering maternity services have been declared Baby Friendly by the year 2010. Scaling up of implementation and certification is necessary!!!

TDHS (2010) indicates that infants born with low birth weight in all regions ranges from 9% to 21%.The proportion of infants with a low birth weight is an indicator of long-term maternal malnutrition, hard work and poor health care in pregnancy. Low birth weight *is associated with*

fetal and neonatal mortality and morbidity. Kangaroo mother care which is a strategy to care for low birth weight and premature infants has its strength in breastfeeding.

National Legislations:

Breastfeeding women benefit from the support of National Legislations and policies that protects optimal infant feeding, plus active and well funded national institutions. Tanzania has a Legislation that combats aggressive marketing of breast milk substitutes and enacts paid maternity leave which benefits breastfeeding women. Tanzania adopted the International Code of Marketing of Breast milk substitutes and designated products to its National Regulations for Marketing of Breast milk Substitutes and Designated Products in 1994. Currently, the regulations have been revised by Tanzania Food and Drugs Authority (Marketing of Foods and Designated Products for Infants and Young Children). The aim of the regulations is to contribute to the provision of safe and adequate nutrition for infants through unregulated marketing practices. The enforcement of these regulations is still not adequate. Awareness creation to the public and distributors is necessary.

Workplace and Employment:

Employed women face challenges and need support to succeed at working and breastfeeding. The opportunities for mother support are as varied as the work women do, but usually involve facilitating mother-baby contact or expression and storage of breast milk.

Tanzania has not ratified the ILO Convention No. 183 of 2002 on Maternity Protection rights at work place but there is a notable progress in addressing the maternity protection and breastfeeding at work place. The Employment and Labor Relation Act No. 6 of 2004 has provisions to address core labor rights, to establish basic employment standards and framework for collective bargaining. With regard to maternity protection and breastfeeding the Act provides 84 days paid maternity leave for an employee who gives birth to one child and 100 days paid maternity leave for an employee giving birth to more than one child without forfeiting annual leave. Under Sec.33(6), two hours paid breastfeeding break per day during working hours are provided and Sec. 33(10), 3 days paid paternity leave if taken within 7 days of the birth of a child and the employee should be the biological father of the child; Sec.34 (1)(a).

The Act also prohibits an employer from assigning a nursing employee to perform work that is hazardous to her health or the health of her child; Sec. 33(5), prohibiting an employer from assigning a nursing employees a night duty Sec.20 (2) (b), and prohibiting discrimination of a pregnant or nursing employee at work places; Sec. 7(4) (j).

Evidence from industrialized countries has shown how workplace support programmes increase the duration of breastfeeding however the challenge with the act is that it covers women in formal employment and excludes the majority of women in informal employment. Awareness creation to the public and employee is needed while advocacy for ratification of ILO Convention No. 183 of 2002 are going on.

Response to Crisis or Emergency:

This CIRCLE OF SUPPORT represents the need for support IF a woman finds herself in an unexpected and/or serious situation, with little control. Situations that require special planning and support are: natural disasters, refugee camps, and divorce proceedings, critical illness of mother or baby, or living in an area of high HIV/AIDS prevalence with no support for breastfeeding. Tanzania has developed guidelines for nutrition in emergencies and a team of skilled professional who could provide technical support whenever required. The main emphasis to prevent unnecessary distribution of infant formula and breast milk substitute during emergencies and to support displaced mothers continue breastfeeding.

A Promise Renewed

Tanzania has joined a global movement to accelerate declines in preventable maternal, newborn and child deaths in order to promote child survival. Although there is significant progress in reducing under-five mortality rate to 81% per 1000 live births in 2010, further reduction require determined action on the part of governments and partners

The continuing decline can be attributed to the Government commitments to increased use of key health interventions, such as sustained high coverage of immunization and vitamin A supplementation, the increased use of insecticide treated bednets, better drugs to treat malaria and provision of iron supplementation to pregnant women.

Despite these improvements in health indicators, there has been poor progress in improving the nutritional status of children and women. Malnutrition is responsible for more than 130 child deaths every day, making it the single greatest cause of under-five deaths in the country

A promise renewed is mobilizing to scale up essential interventions in the continuum of care by having concrete country plans and setting measurable benchmarks; strengthening accountability for maternal, newborn and child survival; and mobilizing broad-based social support for the principle that no child should die from preventable causes through determined action by governments and supportive partners. Our progress over the last two decades has

taught us that sound strategies, adequate resources and, above all, political will, can make a critical difference to the lives of millions of young children in Tanzania.

By pledging to work together to support the goals of *A Promise Renewed*, we can fulfill the promise the government of Tanzania made to children in MDGs 4 and 5: to give every child the best possible start in life.

Tanzania has launched Scaling up Nutrition interventions in 2011 and recently His Excellency President of United Republic of Tanzania gave A Call of Action to Nutrition interventions which aimed at accelerating the implementation of the National Nutrition Strategy and other strategies that link to nutrition.

Infant and young child Nutrition is one of the priority areas in the National Nutrition Strategy which aim among others to reduce high levels of stunting in the country.

World breastfeeding Week therefore provides an opportunity for increased advocacy on scaling-up country-led action to promote child survival.

World Breastfeeding Week 2013:

Tanzania is proposing the commemoration of world Breastfeeding Week 2013 with a theme *“Breastfeeding Support: Close to Mothers- A Promise Renewed”*

A Promise Renewed emphasis in this theme calls for action to accelerate progress on new-born, child and maternal survival. In order for a child to thrive, interventions beyond health are important. Adequate nutrition and clean water are all integral components to child survival. Ending preventable child deaths means, giving children a healthy start by providing pregnant mothers with quality antenatal care and nutrition during pregnancy. Proper nourishment (Breastfeeding) to avoid stunting is the best start. It means newborns are sheltered, breastfed, kept warm and shielded from diseases. Advocating breastfeeding is therefore about drawing attention on the importance making the support on breastfeeding close to the mother hence promoting child survival.

The World Breastfeeding Week (WBW) Theme of 2013 highlights how to bring breastfeeding support close to mothers and thereby increase breastfeeding rates. The theme of the year calls for a social support to mothers on infant and young child feeding in Tanzania where mother’s decision on infant feeding depends on those around her; that is her family members, in-laws friends and other influential’s. The week will focus on community systems under health and Nutrition care while taking stock of all kinds of support that is required to achieve the aim of having optimal feeding. Advocating social support for mothers and their children ensure

continuum of care and a sustainable service to mothers and their infants in their home and links with health facility.

Why Breastfeeding Support should be Close to Mothers?

Breastfeeding is well-recognized and is a means to protect, promote and support the health of infants and young children. Mother's milk fosters optimal growth and development of a baby's brain, immune system, and general physiology and is a vital factor in preventing common illnesses, especially diarrhea and infections of the respiratory tract (including pneumonia) and ear. Therefore optimal breastfeeding of infants under two years of age has the greatest potential impact on child survival of all preventive interventions. Breastfed children have at least six times greater chance of survival in the early months than non-breastfed children.

Virtually every mother can breastfeed, if given appropriate support, advice and encouragement, as well as practical assistance to resolve any problems. Practices like early skin to skin contact between mothers and baby pair, frequent and unrestricted breast feeding to ensure continued production of milk and help with positioning and attaching the baby increase the chances of breast feeding being successful.

Pregnant and Lactating women need correct information and support to practice optimal Infant and Young Child Feeding (IYCF) which includes initiating breastfeeding within one hour of birth, breastfeeding exclusively for the first six months and continue to breastfeeding for two years or more, together with nutritionally adequate, safe foods. Due to lack of correct information and support, women are susceptible to fall for commercially available hazardous feeding options. It is a simple matter to understand; to practice breastfeeding, women and baby need to be in close proximity with appropriate personal and equipped support. It will prevent pregnant and lactating mothers from making commercially influenced uninformed choices or feeding their babies.

WBW 2013 Objectives in Tanzania;

- To increase community awareness on the importance of Breast Feeding the required support women need to sustain and succeed breastfeeding.
- To draw attention of Public and private sectors policy and decision makers to the importance of close support in the community and 'one to one counseling' in helping mothers to establish and maintain optimal feeding practices of the children by promoting community support on IYCF.

- To call on Partners and Governments to work together and promote accountability for the global commitments made on behalf of children.

Description of Activities

Activities at national level:

1. Translation, conceptualization and dissemination of the theme

This will be done to facilitate easy use of the documents and consistency by Regions/Districts, partners and various media institutions. The documents include

- Concept Note for the WBW 2013 which explains the Theme of the week and proposed activities to mark the week in Tanzania context
- Action Folder of the WBW which explains the WBW Theme in the global context

2. Publicity:

a. **Media Seminar:** TFNC together with partners will prepare a one day orientation seminar for the Editors and Journalists on WBW; this is aiming on equipping them knowledge on IYCF issues, and the link with “A Promise Renewed” committing to child survival. The seminar will involve 35 Journalist and Editors from different Media Houses. The seminar is going to be held on 2nd August 2013.

b. **Press Conference:** A group of technical people will prepare a statement on WBW for the Minister for Health and Social Welfare who will launch the week by reading the statement to the Editors and Journalist during the conference. The conference will involve 50 Journalist and Editors from different Media Houses. This conference will be held on 31st July 2013.

c. TV and Radio Program:

There will be TV and Radio program to be aired and televised through Radio and Television station where by technical staff are expected to discuss issues on WBW/IYCN. This will include 3 Radio airtime, 4 TV spots, 2 TV talk shows including panel discussions.

3. IEC:

A. Develop and Disseminate Messages and articles:

The messages on WBW and IYCN will be developed and disseminated through special supplements, speeches, ngoma groups, short messages via mobile phones and socio media networks, banners and billboards:

B. Documentation :

Documentary on WBW celebrations will be done in Dar es Salaam where the national level activities will be carried out as well as World Vision sites in Tanga and Dodoma. Collection of information through still camera will also be done. These will be used later in educational programmes.

4. Engaging Community:

Proposed area for community counseling activities is Chanika village in Ilala and selected Wards in Temeke district. National team will work closely with partners working in community to facilitate how community support on IYCF at Chanika village support group which was established and by COUNSENUTH since 2001.

Activities:

- Sensitization of district leaders (CHMT) on IYCF and introduction of the Community IYCF package in two districts(Temeke & Ilala)
- Identification of existing support structures (Temeke & Ilala)/ groups for IYCF/ PMTCT in the community.
- Training of community health workers and members of the support groups on community support on IYCF.
- Sensitization of the community (conduct open air meeting) on IYCF in the selected areas.
- Conduct IYCF counseling in the community using the trained CHW.

5. Climax day

The proposed venue is **Mnazi Moja** grounds in Ilala district. The guest of honor will receive the public rally and inaugurate Community training materials for training resource people in the community and Counseling mothers at community level.

Activities on Climax day

- i) Public rally: There will be a public rally starting from Amtulabah Clinic to Mnazi Moja Grounds. The expected Guest of Honor is the First Lady Mama Salma Kikwete
- ii) Testimonies: Few mothers from the community will be identified and invited to the climax ceremony to share their experience on IYCF practices
The testimonies on experiences of IYCF practices from mothers of different classes (mothers who are employed in the formal sector, mothers in the informal sector, and young mothers) will be shared.
- iii) IYCF Counseling sessions: There will be IYCF counseling Booths at Mnazi Moja grounds in the climax day that will be provided by the Health Workers and the trained community counselors.
- iv) Public Van announcements(2)

6. Coordination of activities:

The coordination of the WBW at national level will be done through stakeholders meetings and Task force meeting. There will be two stakeholders meeting to discuss the progress of preparations. The taskforce members' will be following up different tasks assigned and report to the task force meetings and coordinator of the activity regularly.

ACTIVITIES AT REGIONAL / DISTRICT LEVEL

Recently there has been Call of Action by His Excellency President of United Republic of to speed up Nutrition interventions in which RCs were given a responsibility of supervising nutrition interventions in their areas. Infant and young child Nutrition is one of the priority areas in the National Nutrition Strategy which aim among others to reduce high levels of stunting in the country.

The activities which are planned at national level are also suggested to be cascaded to the Regional/District level.

Proposed activities;

- a. Sensitization seminar to RMT and DMT (Including other IYCF/Nutrition partners in the region/district on IYCF and the WBW celebration.
- b. Opening of the week by a Statement given by high level leaders in a press conference
- c. Counseling in the community
- d. Dissemination of developed messages through local TV, radios and traditional media at district/regional level.
- e. Climax day celebrations for the week by conducting public rally from identified point the WBW and speeches by leaders

Expected Output:

- Increased public and awareness on good IYCF practices.
- Leaders, decision makers and partners aware on importance of community support in IYCF and call to action on “A Promise Renewed” to the global commitments made to promote child survival.
- Initiation of community support groups on IYCF / PMTCT in the community.