



STRONGER WITH BREASTMILK ONLY

No water until 6 months
for a healthier baby

“Stronger With Breastmilk Only” Initiative in Practice: What Does It Take?

Regional webinar

December 7 & 10, 2020

Questions and Answers (Q&A) Sheet

Introduction

Alive & Thrive, UNICEF and WHO jointly organized a regional webinar on “Stronger With Breastmilk Only in practice: What does it take?” on December 7 (English session) and December 10, 2020 (French session).

The ‘Stronger With Breastmilk Only’ initiative promotes giving babies breastmilk only, on demand (day and night), and stopping the practice of giving water (and other liquids and foods), from the moment of birth through the first six months of life. It strives for all countries in West and Central Africa to achieve the global exclusive breastfeeding target of 50 per cent by 2025.

The webinar objectives were to:

- Recall the objectives of the ‘Stronger With Breastmilk Only’ initiative
- Describe how to design, adapt and implement national ‘Stronger With Breastmilk Only’ initiatives
- Present ‘Stronger With Breastmilk Only’ tools and other resources
- Discuss available support for national programs
- Assess interest in a regional blended learning program to build social and behavioral change skills to improve maternal, infant and young child nutrition
- Answer questions on the initiative

In total, 434 participants signed up for the event; 241 representing 63 countries participated in the webinar. Participants included representatives from national governments, program managers in nutrition, public health, and/or communication for development, private

institutions, regional committees, regional partners, professional associations, academia, and civil society.

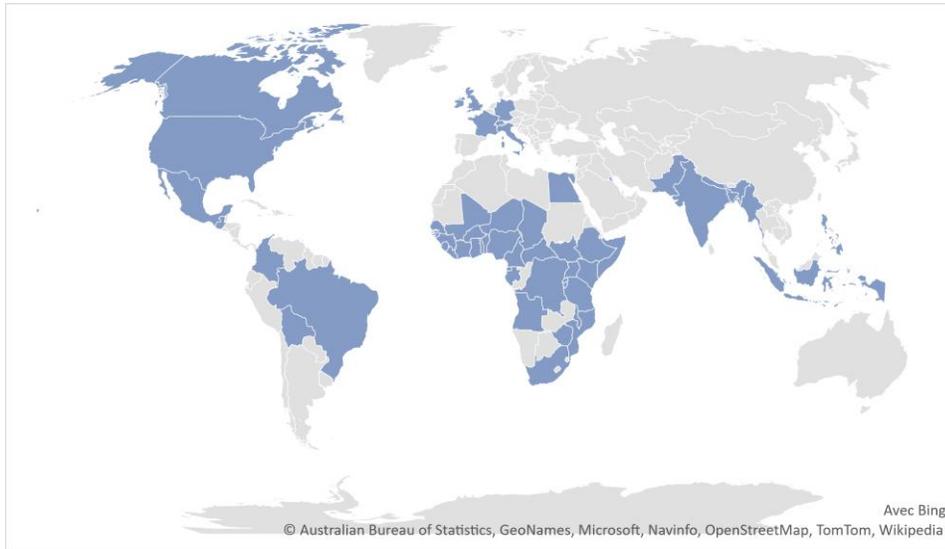


Figure1: Map of countries that participated in the webinar (in blue)

The recording and presentations of the webinar are available here:

- English session: <https://bit.ly/38vw1dW>
- French session: <https://bit.ly/3bpFs0d>

These resources are also available on the initiative's website: www.breastmilkonly.com

Please join the 'Stronger With Breastmilk Only' WhatsApp group to receive notifications of 'NEWS' and new resources and tools posted on the website, using the following link: <https://chat.whatsapp.com/CWha3QpXQsJAUs2aYo8MJY>

Questions and Answers (Q&A)

This Q&A sheet was prepared by Alive & Thrive, WHO and UNICEF. It answers questions and documents comments shared by countries, members of governments, and other stakeholders during the regional webinar.

Various themes were discussed:

THEME 1: Early initiation of breastfeeding and "Stronger With Breastmilk Only" in the health system

THEME 2: Evidence-based design

THEME 3: Ownership, leadership and partnerships

THEME 4: "Stronger With Breastmilk Only" Initiative implementation and counselling cards

THEME 5: Good practices and lessons learned

THEME 6: Funding

THEME 7: Monitoring & evaluation (M&E)

THEME 8: Working mothers and exclusive breastfeeding

THEME 9: Blended learning programme

THEME 10: Others

THEME 1: Early initiation of breastfeeding and "Stronger With Breastmilk Only" in the health system

Question: Is the way our delivery rooms are organized an obstacle to early initiation of breastfeeding?

Answer: There are many barriers to breastfeeding practices in West and Central Africa. Alive & Thrive in collaboration with UNICEF conducted a literature review to better understand the determinants of breastfeeding practices in the region. A summary of this review is available below.

https://www.aliveandthrive.org/wp-content/uploads/2019/11/ECOWAS_BONW-Research-Brief_v12_web-1.pdf

Furthermore, findings from a review of factors limiting the practice of early initiation of breastfeeding in a few countries, showed that in addition to the organization of delivery rooms, the knowledge of the definition and benefits of early initiation of breastfeeding, the lack of inclusion of the indicator in the health information system, and poor accountability are other factors.

Question: Can we build on initiatives to improve early initiation of breastfeeding as part of the "Stronger With Breastmilk Only" initiative?

Answer: Absolutely. Early initiation of breastfeeding is fully integrated into this initiative. Promotion of exclusive breastfeeding in this initiative starts from birth and builds on existing initiatives. The initiative also incorporates health system strengthening, including the Baby-Friendly Hospital Initiative and activities related to breastfeeding protection.

Question: Health workers do not always practice early initiation of breastfeeding, despite mothers' intention. This leads to a contradiction with respect to what is shared during

awareness-raising activities on early initiation of breastfeeding in communities. Early initiation of breastfeeding is the first step to successful exclusive breastfeeding. Yet our health workers are trained...

Answer: The lack of implementation of recommendations by health workers is one of the limiting factors identified in the literature review on the determinants of breastfeeding practices in the region. A summary of this review is available below.

https://www.aliveandthrive.org/wp-content/uploads/2019/11/ECOWAS_BONW-Research-Brief_v12_web-1.pdf

The "Stronger With Breastmilk Only" initiative calls on health workers to:

- Comply with laws and regulations that protect and promote breastfeeding, including the International Code of Marketing of Breastmilk Substitutes for infants and the (revised) Ten Steps for Successful Breastfeeding.
- Develop health workers' knowledge about the importance of giving breastmilk only and the risks of giving water (and other liquids and foods) at the moment of birth and for the first six months of life.
- Develop health workers' ability to support practical skills in positioning and good attachment at the breast, breastmilk expression, safe storage and handling, and feeding expressed breastmilk.
- Improve their counselling skills, especially listening, problem-solving and confidence building with breastfeeding women.
- Ensure that health workers also counsel family members to support giving breastmilk only for the first six months.

An advocacy brief has been developed to improve access to skilled breastfeeding counselling from health workers. This guidance is available [here](#).

Question: How inclusive is this initiative? Mothers of newborns with cleft lip need extra support because they may be even less willing to breastfeed their baby with a cleft lip or find it difficult to feed their baby with a cleft palate.

Health workers need to be equipped with the knowledge to help mothers overcome cleft-associated difficulties so that these babies with cleft lips or palates are not left behind.

Answer: Most public health interventions address the general population. Babies and mothers who have specific difficulties need specialized, sensitive and empathetic help from health workers. We work with Ministries of Health to strengthen health workers' skills, under the premise that quality counselling needs to focus on finding solutions to specific challenges

experienced by individuals. Strategies and plans should also build on an analysis of specific barriers affecting vulnerable populations and define specific actions for them.

Question: How do the proposed strategies link with quality of care and maternal, newborn and child health (MNCH) programmes?

Answer: In countries where we have launched the initiative, we have very strong links with MNCH programs as well as with quality of care. We work with MNCH programs to strengthen breastfeeding counselling in antenatal care, postnatal care and well- and sick-child health visits.

THEME 2: Evidence-based design

Question: Given that behaviour is influenced by cultural norms, myths, practices in a particular community, would you advise that preliminary assessments are done as one of the initial steps of implementation and adaptation of the tools at the country level?

Answer: Activities need to address real issues in each context. A good understanding of the national situation and main issues regarding exclusive breastfeeding is necessary to be able to adapt the *Stronger With Breastmilk Only* regional initiative to specific contexts. The situation analysis, based on formative research, should produce a good understanding of existing policies and programmes, potential implementing partners, communication capacities, the people who play decision-making roles in infant feeding behaviours and the social and behavioural factors that influence infant feeding practices during the first six months of life. Social and behavioral change strategy design builds on that understanding. More details can be found in the design process package available [here](#).

THEME 3: Ownership, leadership and partnerships

Question: In order to influence policies, is it planned to work with the SUN Movement especially with groups of Parliamentarians in countries? Are there specific actions planned regarding the training curriculum of health personnel?

Answer: At regional level, partnership and strategic advocacy are part of the programmatic approaches for the initiative's implementation. In this context, partnerships have been or will be established and/or strengthened with different institutional platforms, through regional and national activities:

- **Governments, Regional Economic Commissions**
 - Countries
 - West African Health Organization (WAHO)
 - Economic Community of West African States (ECOWAS)
 - West African Economic and Monetary Union (UEMOA)

- **Associations and Networks**
 - Parliamentarians
 - Religious leaders
 - Civil society groups, IBFAN
 - Medias (ex: Le Monde Afrique at regional level)
 - African Leaders for Nutrition

- **Professional bodies**
 - Academic institutions / Research organizations
 - Thought leaders and think tanks

- **Technical and Financial Partners**
 - UN Agencies and UN SUN nutrition
 - Bilateral & multilateral cooperation
 - International NGOs
 - Foundations (i.e: BMGF, CIFF, etc.)
 - SUN (Scaling-Up Nutrition) Movement

- **Private sector**

The partnership with the West African Health Organization (WAHO) plans to stimulate the revision of training curricula for health professionals to strengthen nutrition.

Question: Within which institution is it best to anchor the Initiative to ensure that it is implemented successfully? (Government or Implementing Partners)

Answer: It is important to have leadership and ownership by the government with the support of technical and financial partners. There are different options depending on the country: institutional anchoring can be done through the Department of Nutrition and/or the Department of Family/Mother and Child Health of the Ministry of Health and/or the multisectoral institution for the fight against malnutrition.

Technical support can be made available through the provision of tools on the strategy, key messages and communication materials that are also available on the website www.breastmilkonly.com. However, financial support depends on each context and country.

Question: Regarding companies that produce milk products for babies, what partnership should we put in place?

Answer: No specific partnership with companies that produce milk products has been put in place as part of the initiative. The ‘Stronger With Breastmilk Only’ initiative promotes giving babies breastmilk only, on demand (day and night), and stopping the practice of giving water and other liquids from the moment of birth through the first six months of life.

Strong and well-enforced national legislation can reduce the unethical marketing of breastmilk substitutes (BMS), including bottled water marketed for infants, and ensure support for breastfeeding. The legislation must include:

- All the provisions of the Code as well as the relevant World Health Assembly resolutions
- All BMS in accordance with the WHO guidance
- All foods and drinks, including bottled water that is promoted as suitable for infants younger than six months

THEME 4: "Stronger With Breastmilk Only" Initiative implementation and counselling cards

Question: How will the initiative be implemented?

Answer: The regional initiative was launched on 14 November 2019 in Abidjan (Côte d'Ivoire) followed by national launches in eight (8) countries in the region, in several steps and with a range of stakeholders. A toolkit was developed to guide the design and implementation of the initiative at national level. It is available in dropbox [here](#). Tools and materials are available in different formats, including "inDesign" files to facilitate adaptation to each context.

Question: What are the strategies for implementing the "Stronger With Breastmilk Only" initiative in an Emergency context (insecurity, epidemics, wars, etc.)?

Answer: There are international guidelines on infant feeding in emergency situations - see [here](#).

Regarding the COVID-19 pandemic, based on scientific evidence published by the WHO, it is recommended that breastfeeding, including exclusive breastfeeding until 6 months of age, be continued even if the mother is infected with COVID-19. It is not recommended that the mother be separated from her baby or that breastmilk substitutes be given.

Women with confirmed or suspected COVID-19 can breastfeed if they wish, while following preventive measures:

- Wash hands frequently with soap and water or with a hydroalcoholic solution, especially before touching the infant;

- Wear a medical mask during all contact with the infant, including during breastfeeding;
- Use a tissue when coughing or sneezing, then throw it away immediately and wash hands again;
- Regularly clean and disinfect the surfaces they have touched.

It is important to change the medical mask as soon as it becomes wet and to throw it away immediately. Medical masks should not be reused, nor should the front of the mask be touched.

The WHO recommendations on Infant and Young Child Feeding remain unchanged in the context of the COVID-19 pandemic. For more information, you can consult:

Breastfeeding and COVID-19 FAQs

<https://www.who.int/fr/news-room/q-a-detail/q-a-on-covid-19-andbreastfeeding> (p4)

Scientific Brief: Breastfeeding and COVID-19

<https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>

Repository from JHU: COVID-19, Maternal and Child Health, Nutrition - What does the science tell us?

<http://hopkinshumanitarianhealth.org/empower/advocacy/covid-19/covid-19-children-and-nutrition>

Question: Do any of your materials address the response of mothers to baby's behavior at around six (6) weeks and again around three (3) months when the mother and (usually grandmother) perceive the baby isn't "getting enough to eat" when it is really the infant preparing for the growth spurt?

Answer: Yes, we have a series of counselling cards that are used at the health facility and community level to create dialogue and specifically address the issues of giving water and addressing issues of not enough breastmilk. The Stronger With Breastmilk Only counselling cards are available [here](#).

Question: Is there a counselling card on positioning and attachment of the baby at the breast which is fundamental to ensure that the baby gets a good supply of milk and to prevent and overcome common problems and to help to get babies breastfeeding for 6 months exclusively for six months

Answer: This is included in the Community Infant and Young Child Feeding Counselling Package that can be found [here](#). There are also excellent videos on breastfeeding developed by Global Health Media Project that can be accessed [here](#)

THEME 5: Good practices and lessons learned

Question: Based on the experience from the first 5 countries, what comment can be made on the five-step process? It will be useful for the countries that are involved but have not yet launched.

Answer: Indeed, several lessons have been learned from countries advanced in the initiative. These lessons and good practices are available at the following link on the Learning Café that took place on August 19, 2020: <https://www.breastmilkonly.com/en/news/virtual-learning-cafe-supports-west-african-countries-promote-exclusive-breastfeeding-time>

During the Learning Café, Burkina Faso and Ghana shared key lessons learned that are listed below:

- The need for a good situational analysis and an analysis of the barriers to and facilitators of optimal breastfeeding practices, at the national level but also disaggregated by region, living environment, socio-economic groups etc.
- The need for good planning and anticipation: development of detailed planning at each stage, preparation of the terms of reference for all activities in advance as well as the related budgets, finalization of a budgeted action plan, of which the costs are distributed, and gaps are identified.
- Government leadership and strong commitment from technical and financial partners, associations and traditional leaders and civil society.
- The importance of collaborating with and the investment of engaged actors from at all levels: first between national leadership and then with all the partners: health systems, technical and financial partners of Government, traditional and religious leaders (participation of the national nutrition champion (Larlé Naaba in Burkina Faso) at the launch), professional associations and traditional healers.
- A multi-channel approach for spreading the message for social and behavior change:
 - In big cities, where community activities are more difficult to implement, using interactive broadcasts, urban displays and flyers, mass media spots and online broadcasts.
 - In more rural areas, community health workers will be used for interpersonal communication with people through mother-to-mother support groups, community dialogue and home visits.
 - Health facilities will also be the place for appropriate communication to people seeking care through the sharing of messages and images and quality tailored counselling by trained health workers.
 - Within communities, families and the people who surround them.
- Have a clear organization (who will do what, when) and close monitoring (regular meetings twice a week or sometimes more to track deliverables and troubleshoot).

- Good timing (the production and multiplication of materials may take time to procure) and consideration of good procurement procedures as per funding requirement.
- Involvement of all stakeholders during launch programming and preparing.
 - Technicians work on the minimum package (communication materials and messages) for speakers and participants.
 - The national entity in charge of corporate/institutional communication, and the government chief of staff should be involved from the start to ensure that the authorities are available and ready for the ceremony.

THEME 6: Funding

Question: Apart from the World Bank, which donors have shown an interest in providing financial support to operational plans in the countries?

Answer: The government has a key role in mobilizing financial resources for the implementation of the initiative. It is then up to each country to identify the potential donors present and to mobilize partners to align programs already funded in the same direction. Arguments for investing in breastfeeding and nutrition exist.

<https://www.globalbreastfeedingcollective.org/media/426/file/The%20investment%20case%20for%20breastfeeding.pdf>

THEME 7: Monitoring & evaluation (M&E)

Question: Do the social and behavioral change communication components contain measures to evaluate the effectiveness of the specific methods and approaches?

Answer: Yes, the M&E step should include all the relevant questions contextualized to the country situation. More details can be found in the design process package available [here](#).

We strongly recommend using existing indicators and advocate to include new ones when necessary.

Question: How does one evaluate whether exclusive breastfeeding is practiced or not? Evaluation by questionnaire is subjective.

Answer: We use UNICEF and WHO endorsed methods to assess whether infants have been exclusively breastfed in the last 24 hours. More details are available [here](#).

THEME 8: Working mothers and exclusive breastfeeding

Question: How do we encourage working mothers to go practice exclusive breastfeeding especially for six months especially now that most places of work have no creches and not all countries have 6-month maternity leave policy?

Answer: Various actions are needed to encourage and support working mothers to breastfeeding exclusively until 6 months:

- Advocacy for maternity and breastfeeding protection policies at national level and their implementation at workplaces.
- Involving families and communities in exclusive breastfeeding so that solutions can be implemented at household and at community level (see comment below).
- Equipping mothers with alternatives that allow her and caregivers to give breastmilk only (such as expressing storing and feeding breastmilk). We have developed a factsheet on expressing and storing breastmilk to help mothers and health workers to support mothers who have to go to work or are constrained to be separated from their baby due to various reasons.
- We are also working with countries to advocate for workplace lactation sites in public and private sectors wherever possible.

Certainly, the community is important as this is where a new "norm" can be developed, and the community can figure out HOW to provide support. In one community, women had "maternity leave" from field work during the first 6 months and other families without infants supported her field work. In a visit I made to one of the villages, they had extended that "leave" to the last trimester of pregnancy. Other villages provided shelter in the fields for babies and mothers. In the rural areas it is really communities and their buy-in that can provide the support.

THEME 9: Blended learning programme

Question: It would be very helpful to have a more detailed view of what they are going to be learning about.

Answer: It is still to be determined, but content to be covered in the course may include (without being limited to):

- Social and behavioral change (SBC) Basics and Process
- MIYCN Initiatives in West and Central Africa: 'Stronger With Breastmilk Only', 'First Foods' and 'Maternal Nutrition'
- SBC situation and stakeholder assessments for maternal, infant and young child nutrition (MIYCN)
- Setting SBC MIYCN SBC objectives

- Working with decision makers and programme managers to achieve policy and institutional change objectives
- Mobilizing media, influencers, community leaders and young people to facilitate social change objectives
- Building women' and their families' intention, self-efficacy, social support for behavioral changes through interpersonal communication and family dialogue
- Strengthening health worker capacity and community engagement to create more favourable health and community systems
- Creating the SBC communication tools to support change objectives at all levels
- Implementing, monitoring and adjusting SBC strategies
- Creating the SBC communication tools to support.

For online training courses on infant and young child feeding, including breastfeeding, we encourage you to visit the following sites:

UNICEF: Programming for Infant and Young Child Feeding

<https://agora.unicef.org/course/info.php?id=16009>

Infant and Young Child Feeding Learning Hub

<https://www.iycfhub.org/?lang=e>

THEME 10: Others

Question: Is there any evidence on the effects of spots through community radio? In the context of COVID-19 this channel of communication is used more, but how can the results of this intervention be measured?

Answer: There are indeed evidence on the effects of spots through community radio. These effects are essentially on behavioral change. Nevertheless, using a combination of approaches and communication channels has a major impact. A strategic design based on social and behavioral analysis should indicate what combination of channels and approaches to choose according to the characteristics of the population and the expected results vis-a-vis the barriers identified.

Some resources are listed below:

- <https://www.aliveandthrive.org/resources/exposure-to-mass-media-and-interpersonal-counseling-has-additive-effects-on-exclusive-breastfeeding-and-its-psychosocial-determinants-among-vietnamese-mothers/>

- <https://www.aliveandthrive.org/resources/different-combination-of-behavior-change-interventions-and-frequency-of-interpersonal-contacts-are-associated-with-infant-and-young-child-feeding-practices-in-bangladesh-ethiopia-and-viet-nam/>
- <https://www.aliveandthrive.org/resources/impacts-on-breastfeeding-practices-of-at-scale-strategies-that-combine-intensive-interpersonal-counseling-mass-media-and-community-mobilization-results-of-cluster-randomized-program-evaluations-in/>
- <https://www.aliveandthrive.org/resources/the-association-of-a-large-scale-television-campaign-with-exclusive-breastfeeding-prevalence-in-vietnam/>
- A Global Communication for Development Strategy Guide for Maternal, Newborn and Child Health and Nutrition Programs, UNICEF, 2015. <https://bit.ly/3pB5sKw> (considerations for the choice and use of channels at p28-30)
- Characteristics of Different Communication Channels to Influence Behavior Change and Social Change. <https://bit.ly/3tapTjl>

Question: How does this initiative differ from the very first Alive & Thrive project in Bangladesh 2010-2014?

Answer: The “Stronger With Breastmilk Only” initiative builds on Alive & Thrive’s work in the first phase. We used national data to better understand the barriers to breastfeeding in West and Central Africa. We have used the Alive & Thrive frameworks to support countries to understand the importance of using multiple channels and a socio-ecological framework to protect, promote and support breastfeeding.

OTHER QUESTIONS?

If you would like to know more about the ‘Stronger with Breastmilk Only’ initiative, we invite you to contact the following people:

Nathalie Likhite: NLikhite@fhi360.org

Antoinette Valian Tougouma : tougoumav@who.int ; Tingu Matilda : matildat@who.int

Anne-Sophie Le Dain: aledain@unicef.org

You can also visit the initiative's website here: www.breastmilkonly.com

Some useful resources:

SWBO resources available at:

<https://www.dropbox.com/sh/t2bps1z5k485999/AADBpGCfII33D8ADilUwhknua?dl=0>

A Counseling package, [Infant and Young Child Feeding Recommendations when COVID-19 is Suspected or Confirmed](#). You can also download the Adobe InDesign source files for the graphics and illustrations used in the counseling cards by clicking [here](#)

Global Guidance on Infant and Young Child Feeding in the context of COVID-19- [here](#)

Global Breastfeeding collective Key messages - [here](#)

UNICEF, UNHCR, WHO, and WFP issued a Joint Statement on [Infant and Young Child Feeding in the Context of COVID-19](#) to support adequate infant and young child feeding in West and Central Africa.

Code Status Report 2020: <https://www.who.int/publications/i/item/9789240006010>

The international code of marketing of breast-milk substitutes: [FAQ on the roles and responsibilities of health workers](#)

BMS Code FAST FACTS in West and Central Africa [Here](#)

GUIDELINES | WHO [Clinical management of COVID-19](#) - The part that refers to Breastfeeding is on pp. 41-44

A Frequently Asked Questions (FAQ) from WHO for Health Workers with Decision tree on Breastfeeding and COVID [here](#) - FAQ from the main Q&A for the general population [Here](#)

[FAQ on the roles and responsibilities of health workers](#)

[When Separation is not the Answer: Breastfeeding Mothers and Infants affected by COVID-19](#)

[Breastfeeding safely during the COVID-19 pandemic](#) This is an article for the general public that was published as part of a series of parenting COVID guidance

[Breastfeeding and Covid-19 video](#)