

Projet de Santé Intégré en République Démocratique du Congo



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

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Outline

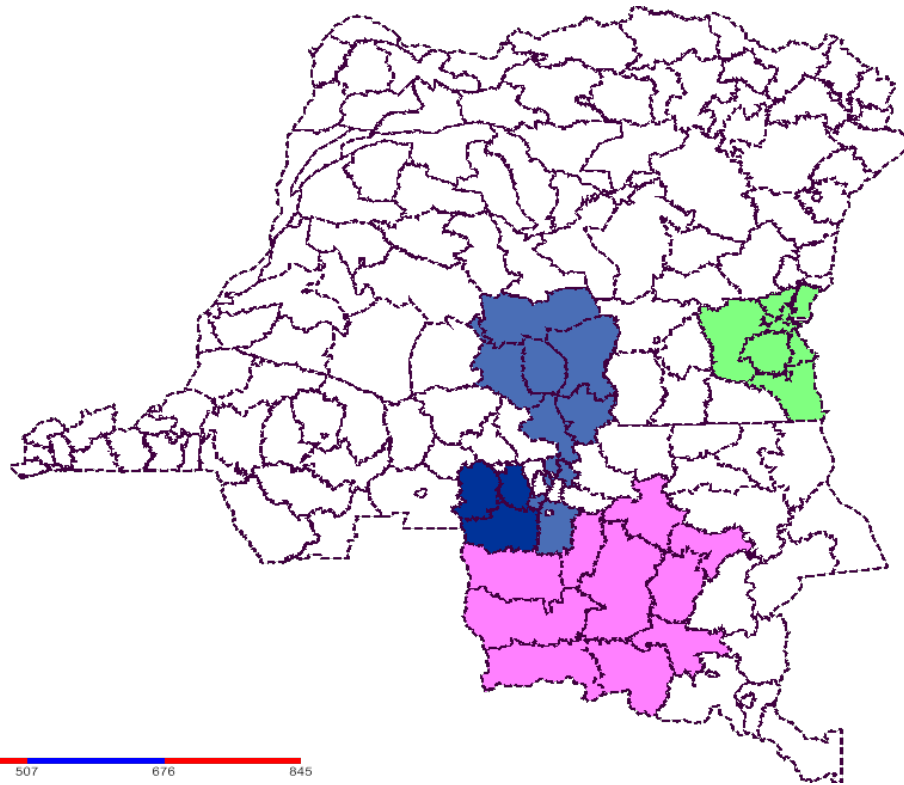
- I. Introduction
- II. The DRC context
- III. Optimal breastfeeding
- IV. Why early breastfeeding
- V. Nutritional support
- VI. IYCF support groups
- VII. Methodology
- VIII. Results
- IX. Challenges
- X. Lessons learned
- XI. Conclusion

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 birth¹
- Cultural belief that colostrum is unhealthy for babies
- Lack of assistance from providers/midwives to initiate breastfeeding

¹data 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

VII. Methodology (1/2)



An IYCF community support group meeting in Luiza

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

VII. Methodology (2/2)



A mother breastfeeds her newborn in the maternity ward of Bibanga General Referral Hospital

- 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

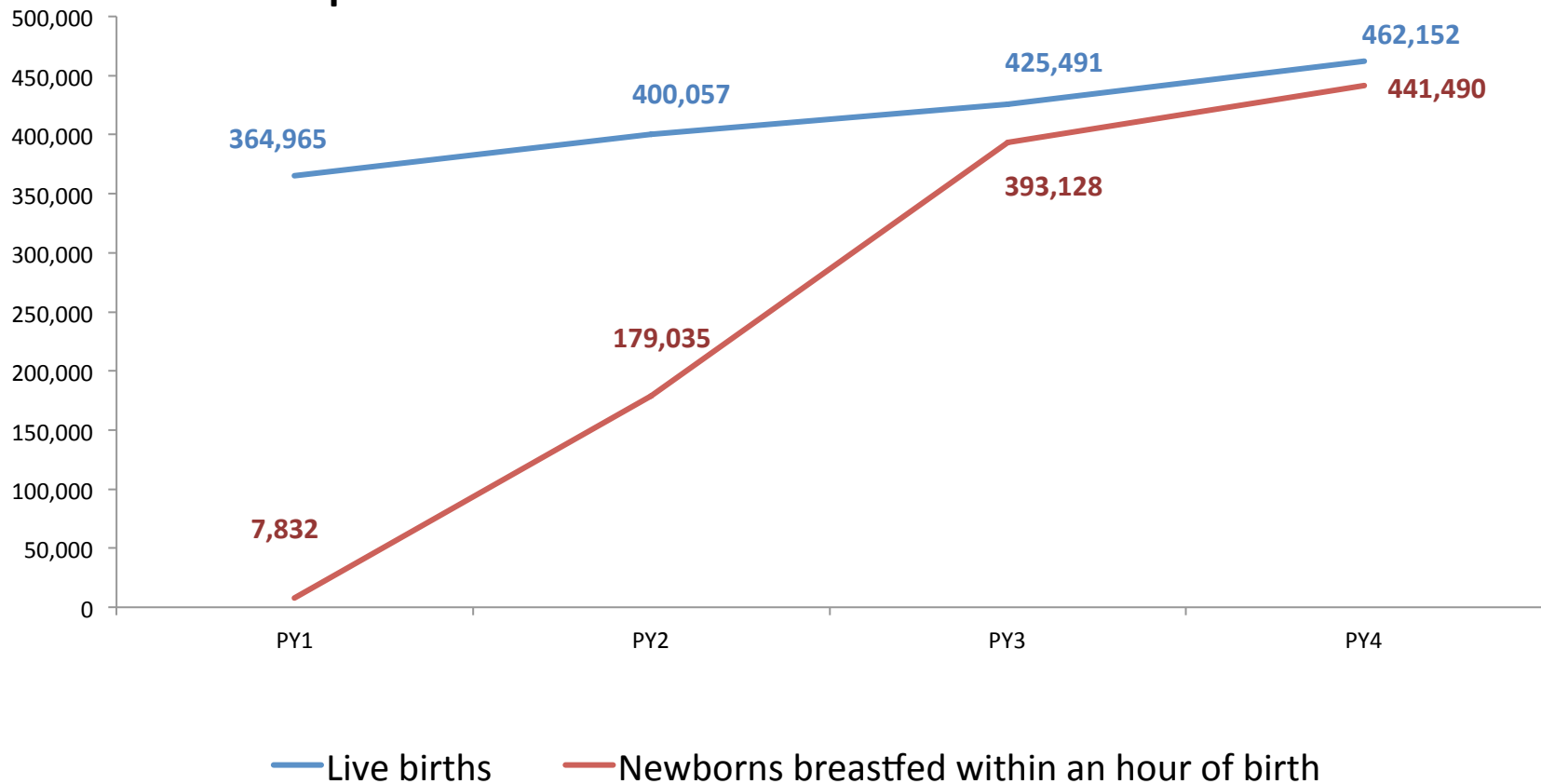
VIII. Results (1/2)

- 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

¹Data collected in IHP-supported health facilities

VIII. Results (2/2)

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

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Merci pour votre attention
Thanks for your attention
Matondi mingi
Aksanti sana
Tuasakidila