



REGIONAL WEBINAR: BREASTFEEDING IN THE AFRICAN CONTEXT - COUNTRY EXPERIENCES IN SCALING UP BREASTFEEDING

Wednesday 09 November 2022
2:00pm - 4:00pm East Africa Time



THE YEAR OF NUTRITION

**Strengthening Resilience in Nutrition &
Food Security on the African continent:**

Strengthening Agro-Food Systems, Health & Social Protection Systems for the
Acceleration of Human, Social & Economic Capital Development



The Global Breastfeeding Scorecard

How countries are protecting, promoting, and supporting breastfeeding in Africa

Laurence M. Grummer-Strawn
Dept. of Nutrition and Food Safety

African Union Year of Nutrition webinar:
Breastfeeding in the African context - country experiences in scaling up breastfeeding

9 November 2022

Priorities of the Global Breastfeeding Collective



Funding



Code



Counselling Access



Community Links



Workplace



Ten Steps



Monitoring

GLOBAL BREASTFEEDING COLLECTIVE

A CALL TO ACTION

Breastfeeding gives all children the healthiest start in life.

Breastmilk acts as a baby's first vaccine, stimulates brain development, and protects a woman's health. When mothers breastfeed, everyone benefits. Breastfeeding leads to lower health care costs, healthier families, and a smarter workforce.

Yet, only 44 percent of children under six months of age are fed only breastmilk. UNICEF and WHO are leading a Global Breastfeeding Collective to increase political commitment for breastfeeding—one of the smartest investments a country can make. The initiative aims to increase early initiation, exclusive breastfeeding for the first six months of life and continued breastfeeding for up to two years or beyond, together with appropriate, adequate and safe complementary foods.



We call upon implementers and donors from governments, philanthropies, international organizations, civil society to:



1 Increase funding to raise breastfeeding rates from birth through two years.



2 Fully implement the International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions through strong legal measures that are enforced and independently monitored by organizations free from conflicts of interest.



3 Enact paid family leave and workplace breastfeeding policies, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector.



4 Implement the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable newborns.



5 Improve access to skilled breastfeeding counselling as part of comprehensive breastfeeding policies and programmes in health facilities.



6 Strengthen links between health facilities and communities, and encourage community networks that protect, promote, and support breastfeeding.



7 Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets.

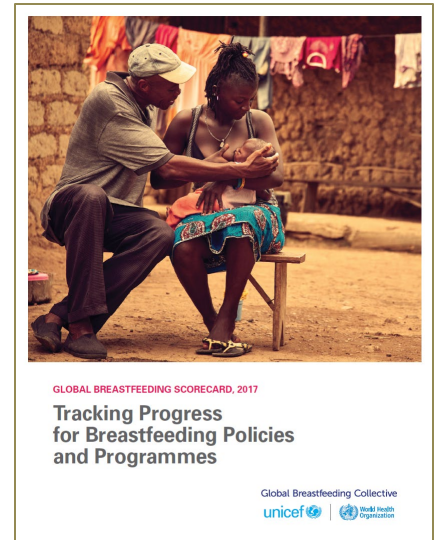
GLOBAL BREASTFEEDING
COLLECTIVE

unicef

World Health
Organization

Global Breastfeeding Scorecard

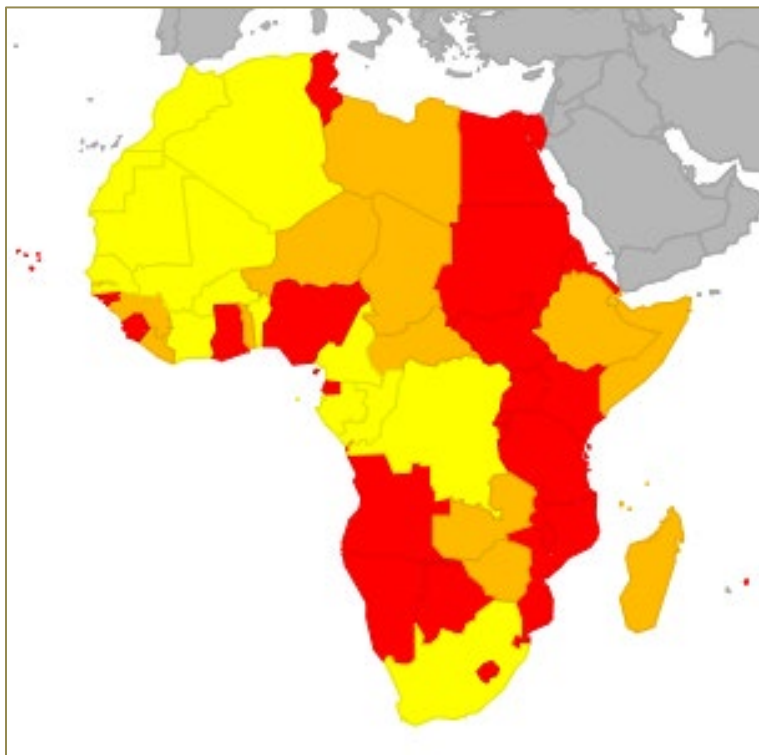
- Indicators of policies, programmes & breastfeeding rates
- Colour-coding on level of performance
- Sets 2030 targets
- Aims to advocate for progress, increase accountability, and document change on top priorities
- Published annually since 2017
- Online dashboard:
(<https://www.globalbreastfeedingcollective.org/global-breastfeeding-scorecard>)
 - Maps
 - Country-specific data for 194 countries





Enact paid family leave and workplace breastfeeding policies, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector

Standards on Maternity Leave	Green:	• Meets ILO/R191 provisions (≥ 18 weeks maternity leave, 100% of previous earnings, paid by a social programme)
	Yellow:	• Meets ILO/C183 provisions (≥ 14 weeks maternity leave, $\geq 66.7\%$ of previous earnings, paid by a social programme)
	Orange:	• Meets duration standard (≥ 14 weeks) but not all other provisions
	Red:	• Doesn't meet leave length requirement (i.e. < 14 weeks)



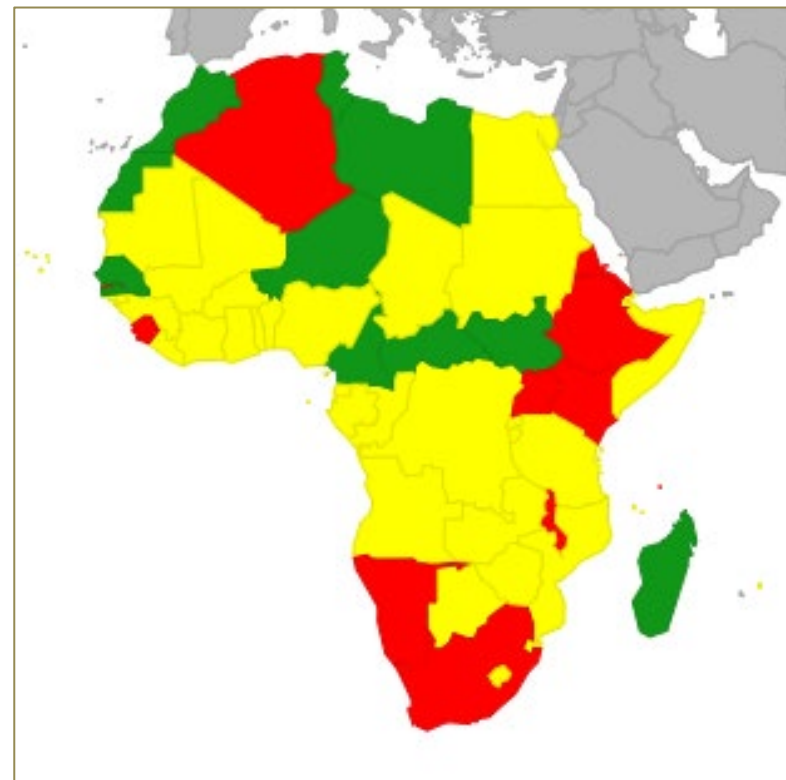
- Data from 2022 ILO Report on *Care at Work*
- No African country aligns with ILO recommendation 191
- Indicator does not consider informal sector



Enact paid family leave and workplace breastfeeding policies, building on the International Labour Organization's maternity protection guidelines as a minimum requirement, including provisions for the informal sector

Standards on workplace accommodations	<i>Green:</i> <i>Yellow:</i> <i>Orange:</i> <i>Red:</i>	Legislation mandates both paid breaks and facilities for nursing Legislation mandates only provision of paid breaks Legislation mandates only provisions for facilities for nursing There is no legal measure to mandate paid nursing breaks nor facilities for nursing
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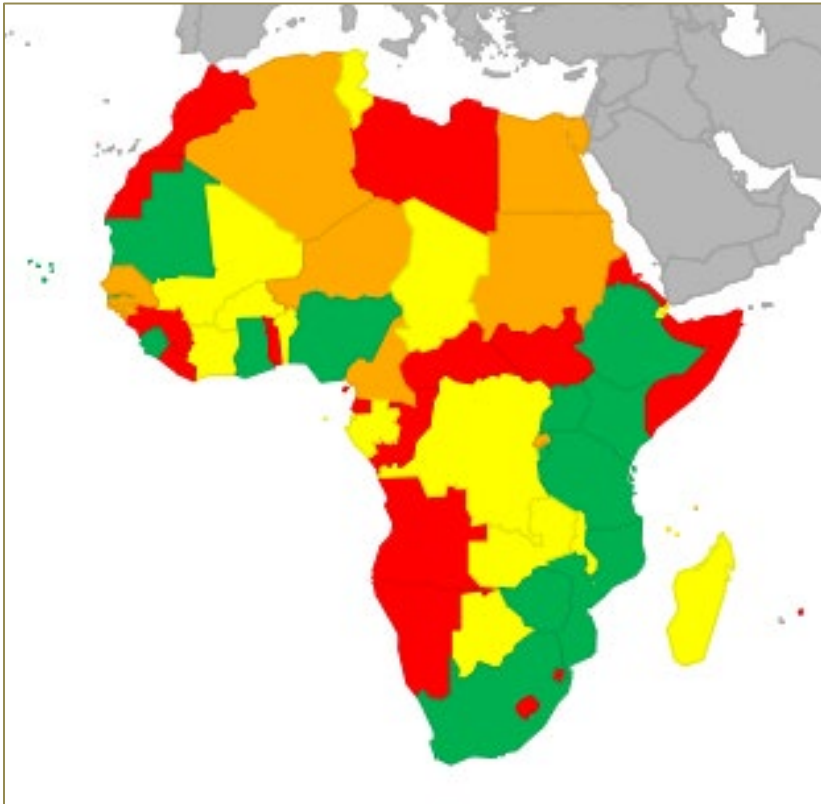
- Data from 2022 ILO Report on *Care at Work*
- Most African countries provide paid breaks but not facilities
- Indicator does not consider informal sector





Fully implement the **International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions**, through strong legal measures that are enforced and independently monitored by organizations free from conflicts of interest

Legal Status of the Code	<i>Green</i>	Substantially aligned with the Code
	<i>Yellow</i>	Moderately aligned with the Code
	<i>Orange</i>	Some provisions of the Code included
	<i>Red</i>	No legal measures



- Data from 2022 Code Status Report
- New legislation/regulations in 6 African countries since 2020



Code

Fully implement the **International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions**, through strong legal measures that are enforced and independently monitored by organizations free from conflicts of interest

Monitoring of the Code

Green:

Yellow:

Orange:

Red:

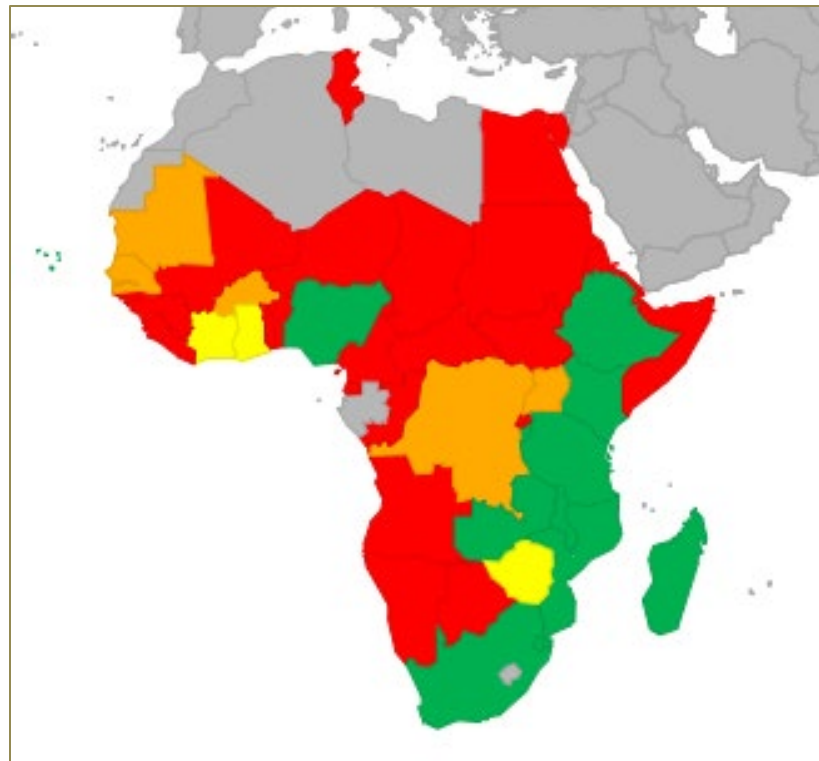
Government is responsible and monitoring is continuously performed.

Government is responsible for monitoring and some monitoring occurred in 2021.

Government was responsible for monitoring but no monitoring occurred in 2021.

Government is not responsible for monitoring.

- Data from 2021 UNICEF Nutridash Data
- Only 12 of 45 countries have continuous monitoring



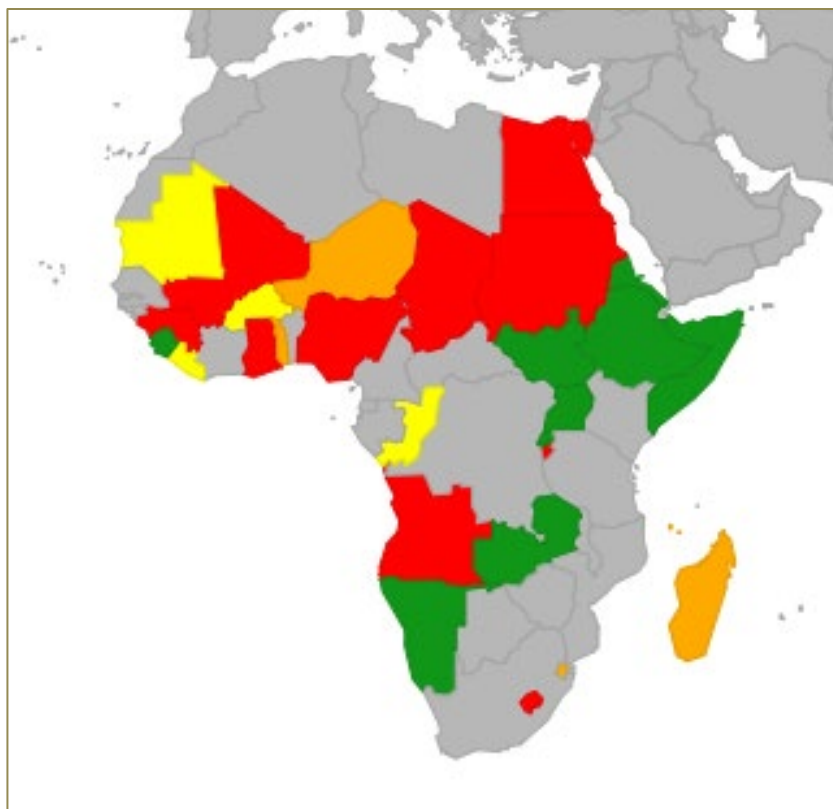


Improve access to skilled breastfeeding counselling as part of comprehensive breastfeeding policies and programmes in health facilities

Counselling Access

% of Caregivers Counsellled on IYCF in Health Facilities

<i>Green:</i>	$\geq 75\%$
<i>Yellow:</i>	50-75%
<i>Orange:</i>	25-50%
<i>Red:</i>	<25%



- Data from 2021 UNICEF Nutridash Data
- Number of caregivers counselled / # of children <24 mos
- Majority of countries missing data
- Country differences may reflect quality of data collection

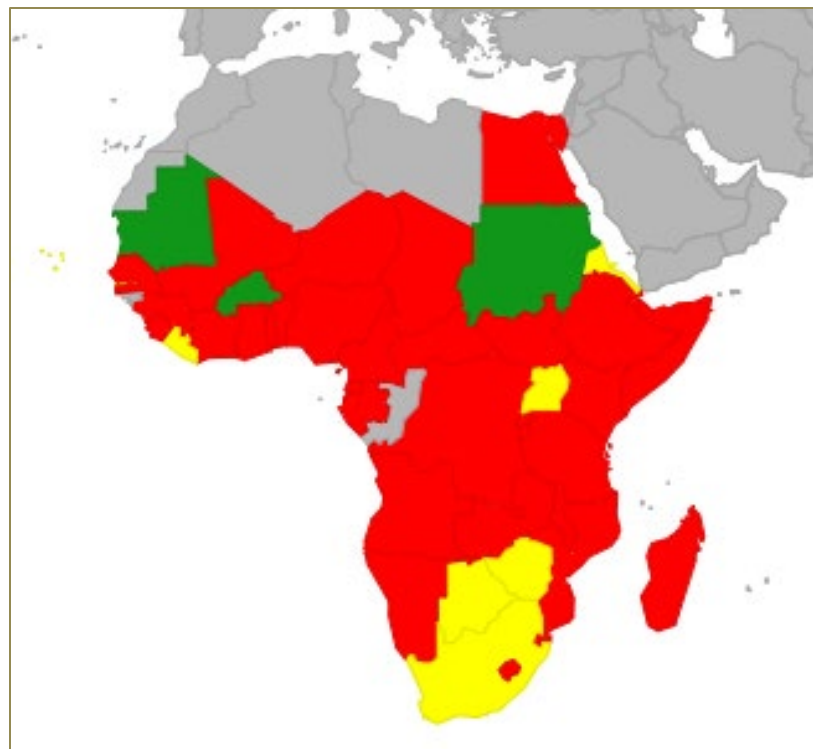


Improve access to skilled breastfeeding counselling as part of comprehensive breastfeeding policies and programmes in health facilities

Counselling Access

Inclusion of IYCF Support in Pre-Service Curricula		Pre-service curricula is comprehensive on IYCF for
	<i>Green:</i>	• both medical doctors and nurses or other health professionals
	<i>Yellow:</i>	• nurses or other health professionals only
	<i>Orange:</i>	• medical doctors only
	<i>Red:</i>	• no health professionals

- Data from 2021 UNICEF Nutridash Data
- Almost no country provides IYCF training to medical doctors
- Only 11 countries provide IYCF training for nurses and other health professionals



Addl. Policy/Programme Indicators

Increase funding to raise breastfeeding rates from birth through two years

% of countries with at least \$5 per birth in donor funding for achieving the ExBF target	6 out of 53
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Implement the Ten Steps to Successful Breastfeeding in maternity facilities, including providing breastmilk for sick and vulnerable newborns

% of countries with more than 50% of births in Baby-friendly facilities	2 out of 42
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% of countries with at least 75% of births observed on breastfeeding at birth	2 out of 21
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Strengthen links between health facilities and communities, and encourage community networks that protect, promote, and support breastfeeding

% of countries with at least 75% of districts implementing community-based nutrition, health or other programs with IYCF counselling	31 out of 47
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Strengthen monitoring systems that track the progress of policies, programmes, and funding towards achieving both national and global breastfeeding targets

% of countries having assessed their overall breastfeeding support program in the past 5 yrs	11 out of 54
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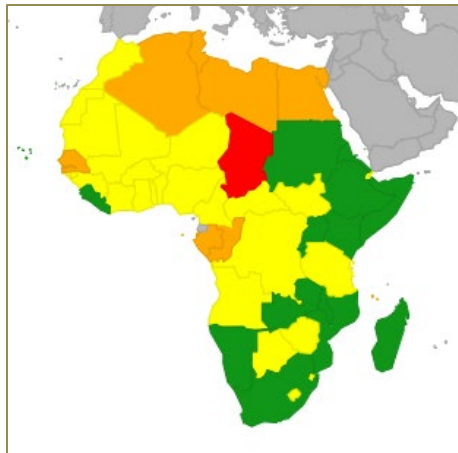
% of countries with reported exclusive breastfeeding rates in the past 5 years	37 out of 54
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IYCF Support in Emergencies

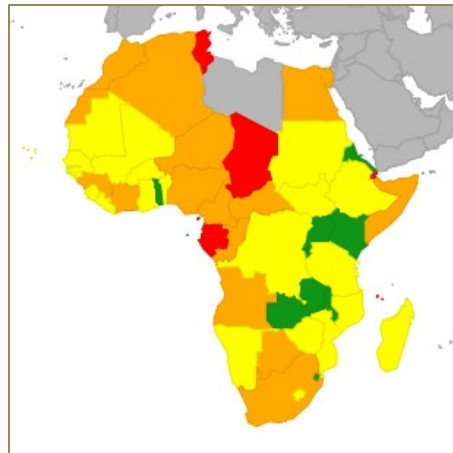
% of countries with program, policy, and funding for IYCF in emergencies	9 out of 45
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Breastfeeding Rates

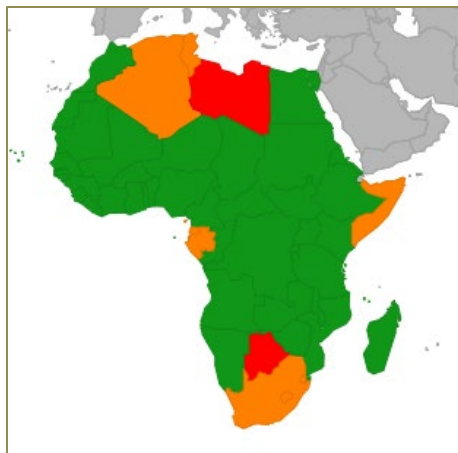
**% of Newborns Breastfed
within an Hour of Birth**



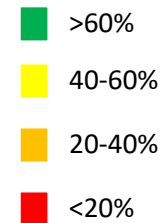
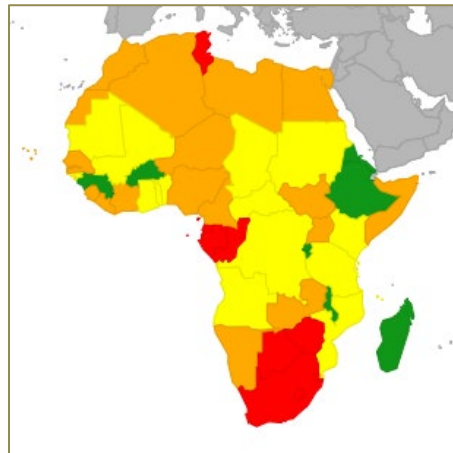
**% of Infants <6 months
Breastfed Exclusively**



% Breastfed at One Year of Age



% Breastfed at 2 Years of Age



Key takeaway messages

- Although most mothers breastfeed through the first year, water and other supplements interrupt exclusive breastfeeding.
- Stronger maternity protection laws are needed to support exclusive breastfeeding for 26 weeks.
- Although majority of countries have Code legislation, there are numerous gaps and enforcement is generally poor.
- Health professionals are inadequately trained to provide skilled support for breastfeeding.
- Investment in breastfeeding is limited.
- Breastfeeding support requires multisectoral collaboration and planning.



Thank you



PLUS FORT AVEC LE LAIT
MATERNEL UNIQUEMENT

Pas d'eau jusqu'à 6 mois pour
un bébé en bonne santé



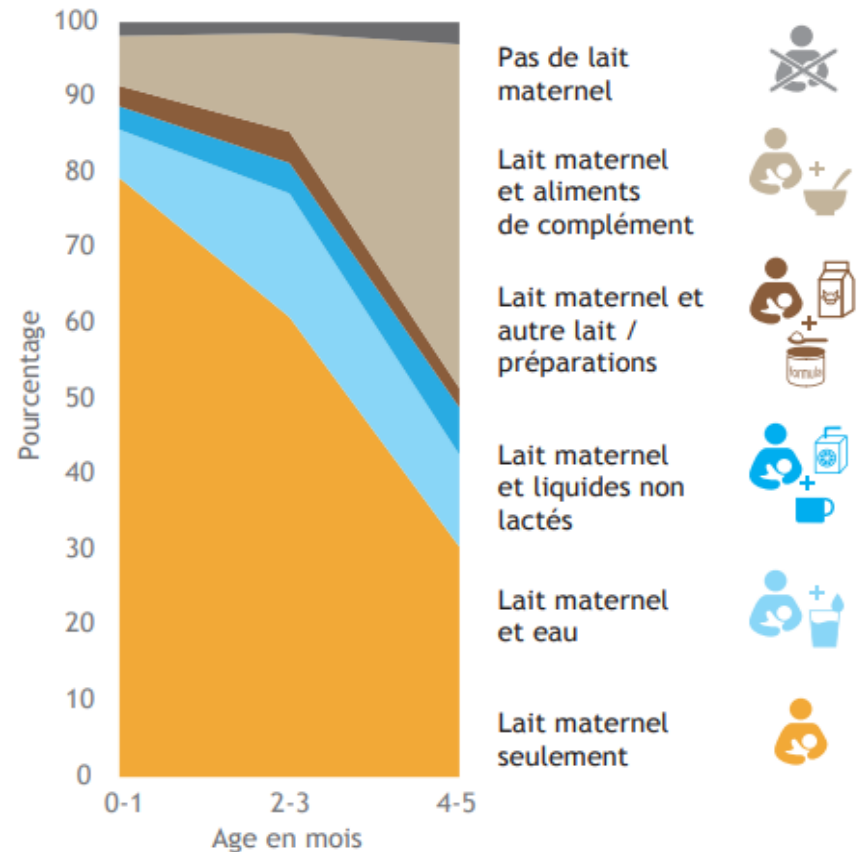
Expériences des pays en matière d'intensification de l'allaitement maternel - Congé de maternité Cas de la RD Congo

Webinaire régional : L'allaitement maternel dans le contexte
africain



illustration du problème

- Faible taux d'allaitement maternel exclusif jusqu'à 6 mois
 - Selon MICS 2001 : 23,8%
- Selon MICS 2018, à partir de 3 mois, il y a une augmentation de prises d'aliments de compléments
- Les femmes travailleuses (**secteurs formels et informels**) éprouvent des difficultés de poursuivre l'allaitement maternel exclusif après le congé de maternité



Réponse au problème

- **Réglementation:** existence de la loi N° 015/2002 du 16 Octobre 2002 (Code du travail prévoit les congés maternité à 14 semaines ainsi qu'une heure des pauses par jour pour l'allaitement)

Mise en œuvre:

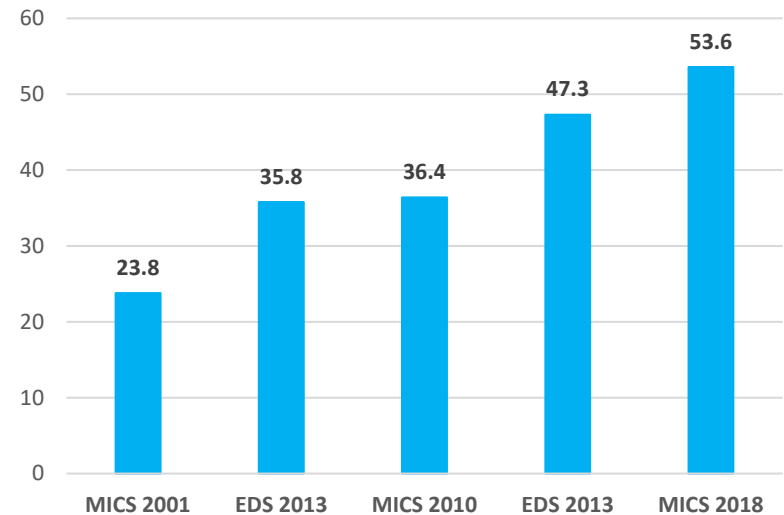
- Plaidoyer et vulgarisation auprès du Ministère de travail; des organisations féminines des secteurs formels et informels, les entreprises publiques et privées, Agences UN, des communautés etc. pendant les Semaines Mondiales Allaitement Maternel (SMAM), l'Initiative Plus fort avec le lait maternel Uniquement, dans les activités ANJE dans les structures de santé et communautés
 - Respecter les dispositions légales en vigueur en terme de congé de maternité et éviter la discrimination liée à la maternité
 - Disposer d'horaires de travail souples pour les mères allaitantes pendant les heures de travail ;
 - Créer un espace favorable pour l'allaitement maternel sur le lieu de travail pendant les heures de service ;

Réponse au problème

Résultats

- Contribution à l'accroissement du taux d'allaitement maternel exclusif
- Implication des secteurs formels, entreprises publiques et privées dans le respect du congé de maternité
- Les Agences de Nations unies (UNICEF, PAM etc.) ont servi de modèle avec congé de maternité à 6 mois et congé de paternité (4 mois) pour protéger, promouvoir et soutenir l'allaitement maternel exclusif

Allaitement exclusif (0-5 mois) en RDC



Défis et obstacles à la mise en œuvre du règlement

Défis

- Faible implication des décideurs/employeurs
- Faible application de la législation en matière de congé de maternité, horaire d'allaitement etc.
- Inexistence de loi en faveur des femmes allaitantes du secteur informel représentant la majorité

Obstacles

- Le rôle de la femme au sein de la familiale l'oblige à retourner au travail plutôt
- Absence d'espaces favorables d'allaitement maternel dans les lieux de travail;
- Absence de crèches ou garderies proches du lieu de travail
- Faible mise en œuvre de la politique en matière de congé de maternité dans certains secteurs obligeant la femme à retourner tôt au travail

Leçons apprises et Perspectives

- L'implication des associations de femmes et la volonté politique ont permis des changements majeurs au code de travail y compris le congé de maternité
- Malgré les défis, la loi /congé de maternité a contribué à l'amélioration des indicateurs de l'allaitement maternel
- La formulation d'une recommandation de l'OMS, l'OIT et des autres organisations aux états membres pour revisiter la loi portant congé de maternité



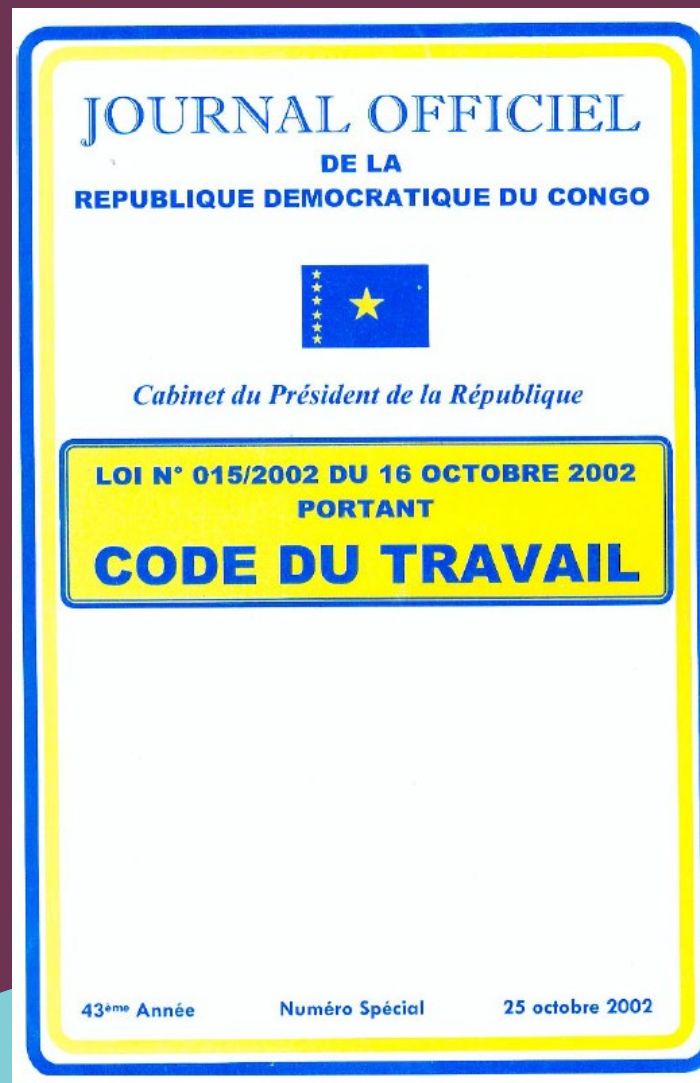
**PLUS FORT AVEC LE LAIT
MATERNEL UNIQUEMENT**

Pas d'eau jusqu'à 6 mois pour
un bébé en bonne santé

Je vous remercie



unicef 
pour chaque enfant



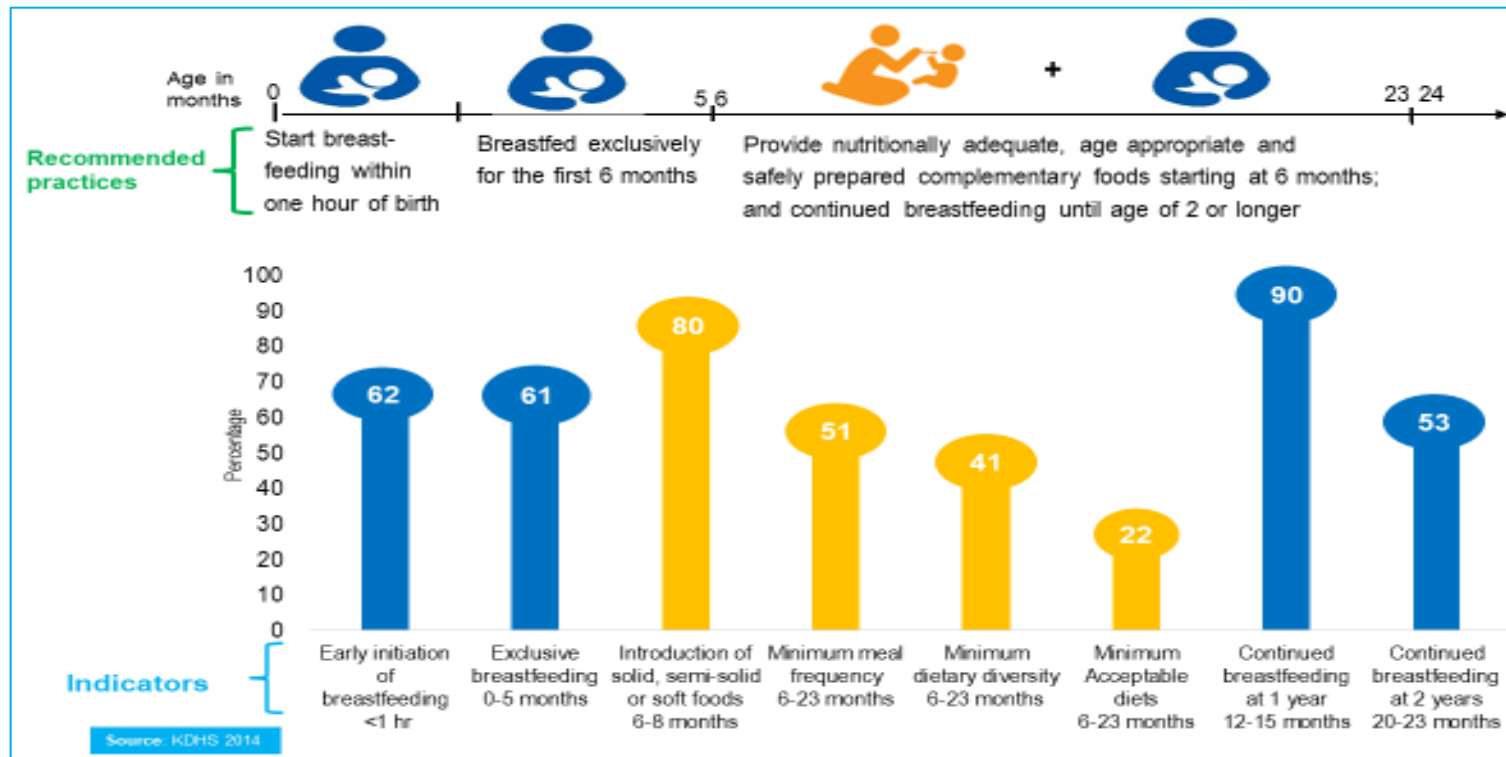
Kenya's Experience in Scaling Up Breastfeeding – Implementation of the Code



Veronica Kirogo

Head, Division of Nutrition and Dietetics (DND)

The Problem: Status of Breastfeeding (1)



- Suboptimal Breastfeeding is one of the top ten risk factors contributing to mortality and morbidity in Kenya.

The Problem: Drivers for Breastfeeding (2)

- Favourable policy environment and legal frameworks:
 - ✓ National Food and Nutrition Security Policy, 2012
 - ✓ Kenya Health Policy 2014-2030; Kenya community health policy
 - ✓ Breast Milk Substitutes (Regulation and Control) Act, 2012 and the (General) Regulations, 2021
 - ✓ Maternity protection policy in place; 13 weeks maternity leave for working women and ten day paternity leave provided for in the Employment act 2007.
 - ✓ Workplace support for breastfeeding provided in the Health Act, 2017
- Existence of the National Committee for Infant and Young Child Feeding (NCIYCF) to advise the Cabinet Secretary on MIYCN.
- Breastfeeding is one of the high impact nutrition intervention prioritized in the Kenya Nutrition Action Plan.
- Availability of technical guidelines:
 - ✓ Guidelines for Securing a Breastfeeding Friendly Environment at the Workplace, 2018 and its Implementation Framework (2018-2022) in place; Guidance on feeding in difficult circumstances; National Guidelines on Human Milk Bank (HMB), 2017.
 - ✓ BFCI training manual
- The ten steps to successful breastfeeding are implemented as the standard of care in all health facilities offering maternity services and newborn care with Facility-Community linkages.
- Implementation of the Baby Friendly Community Initiative (BFCI), an extension of Step 10 of the BFHI.
- Pacesetters in workplace support for breastfeeding - over 100 private and public organizations have established lactation stations
- Supporting breastfeeding for infants in emergency situations –implementation of a HMB pilot project at the Pumwani Maternity Hospital

Response to the problem (1): Implementation of the code

- Breast Milk Substitutes (Regulation and Control) Act in 2012 enacted.
- Development of regulations Commenced in 2012 with support from Kenya Law Reforms Commission.
- Draft Regulations circulated to internal stakeholders via email in May 2019
- Internal consultative meeting held on 28th June 2019.
- Public participation via public notice published in MyGov on 13th August 2019 and Stakeholder's consultative forum held on 27th August 2019.
- Receipt and review of submissions from Kenya Association of Manufacturers (KAM), Kenya Health Federation, Kenya Nutritionist and Dieticians Institute
- September 2019 - Follow-up consultative meetings with various stakeholders, including KAM.
- 10th June 2020 - Draft Regulations submitted to the Attorney General (AG) for concurrence.
- 20th November 2020 - AG cleared Regulations for publication and transmission to the National Assembly
- 22nd December 2020 – Kenya notifies the World Trade Organization (WTO) on the proposed instruments.
- February 2021 - Comments on the draft regulations received from the United States and Switzerland.
- 5th February 2021 - a consultative meeting with the Committee on Delegated Legislation of the National Assembly. The committee directed that the Ministry conducts a regulatory impact assessment (RIA).
- 10th March 2021- Kenya submit to WTO responses to issues raised
- Draft RIA report circulated for public participation in July 2021
- Regulations gazetted in 27th August, 2021
- Consultative meeting with the Committee on Delegated Legislation of the National Assembly and Senate in November 2021 and February 2022.
- Commencement of the regulations on 30th May, 2022
- BMS Regulations implementation consultative meeting – MOH/KEBS/KAM held on 8th July 2022

Response to the problem (2):Regulation, Monitoring & Results

- Appointment of the NCIYCF.
- Authorized officers (Monitors and enforcers) recognized in the Act to monitor and enforce.
- Guidance for violation identification and reporting available.
- Penalties and offences are clearly spelt out in the Act.
- Ongoing registration of BMS manufacturers and distributors
- Updating of the BMS training package for monitors and enforcers to reflect the regulations

Challenges & Barriers in Implementing the Regulations (1)

- Insufficient awareness on the BMS legislation among key stakeholders including healthcare workers and enforcers.
- Inadequate resources for implementation, monitoring and enforcement, including operations for the National Committee on infant and young child feeding.
- Concerns over inclusion of infant formula for special medical or nutritional purposes under designated products category.
- Inadequate legal guidance on regulation of digital marketing of BMS.

Lessons Learnt

- Enabling legislative environment is key to successful implementation.
- Regulations are necessary to prescribe implementation of sections of the Act that may be ambiguous.
- A team with diverse expertise and competences ensures development of quality legal frameworks.
- Stakeholder involvement including the industry ensures an all inclusive package requiring minimal amendments.
- Public participation enriches and legitimizes the process.
- Political goodwill is necessary for implementation of the code.
- Sensitization, lobbying and advocacy are key elements in securing buy-in for proposed legal instruments.
- Unified position among the various government ministries, departments and agencies is necessary in the development, enactment and implementation of policy and legal instruments.

Thank You



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<http://www.nutritionhealth.or.ke/>

**Breastfeeding in the
African context - country
experiences in scaling up
breastfeeding:
verification of skills for
healthcare providers and
community providers**

**Zambia presentation – 2022
Agnes Aongola**



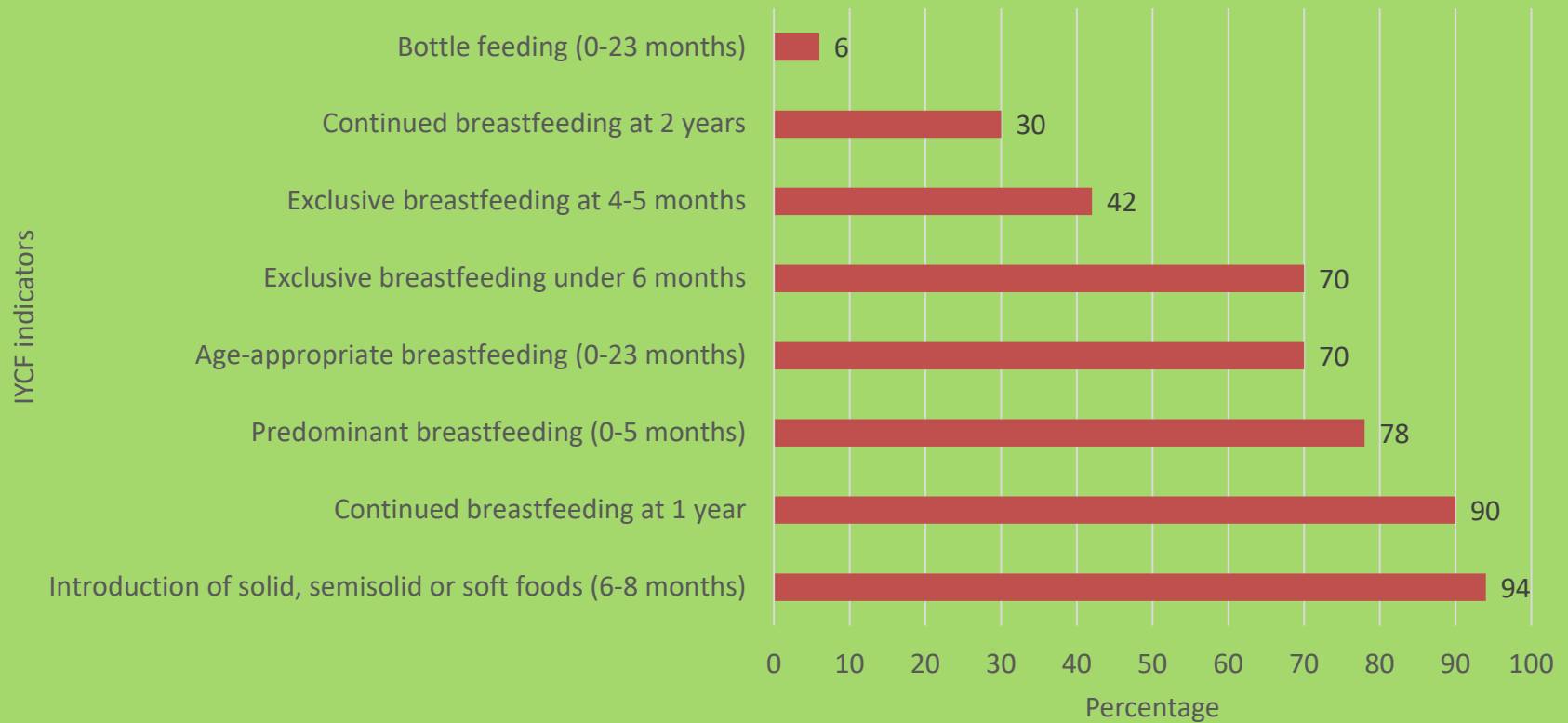
Presentation Layout

- Introduction
- Capacity building
- Lesson learned
- Challenges
- Way forward



Background

Infant & young child feeding indicators on breastfeeding status in Zambia - ZDHIS 2018



Baby Friendly Facility Initiative to Improve Breastfeeding Practices

The GOAL

- To provide a health-care environment that supports mothers to acquire the skills necessary to exclusively breastfeed for six months, and to continue breastfeeding for two years or beyond
- To promote the implementation of the “Ten Steps to Successful Breastfeeding”.



Steps to Institutionalize BFHI in Zambia

Step 1: Draft Document Development

- Health Facility Breast Feeding Policy
- BFHI trainer modules
- Orientation for Hospital Administrators
- BFHI 10 steps
- Monitoring of the SI 48 of 2005
- Development of Key Contact point protocols
- Implementation Guide:
 - Adapted on-Site Facility Assessment Tools
 - Adapted Competency Verification Tool Kit
 - Harmonization of BFHI data elements for DHIS2
 - Adapted Competency Framework for improvement of Service Quality and Assurance
 - Conducted health worker census for BFHI Key contact points
 - Developed BFHI Protocols for use in BFHI key contact points
 - Developing electronic IEC key messages for postnatal ward

Governance
& leadership



Steps to Institutionalize BFHI in Zambia

Step 2: Training

- Harmonization of training in BFHI
- Skills verification and selection of trainer of trainers in Knowledge and skills
- Selection of targeted Health Facilities
- Disaggregation of facilities for training (Urban and Rural)
- Conduct rounds of training to reach 80% of health personnel trained in each facility
- Verification of skills through pre and post assessment



Steps to Institutionalize BFHI in Zambia

Step 3: Set Up and Supervision

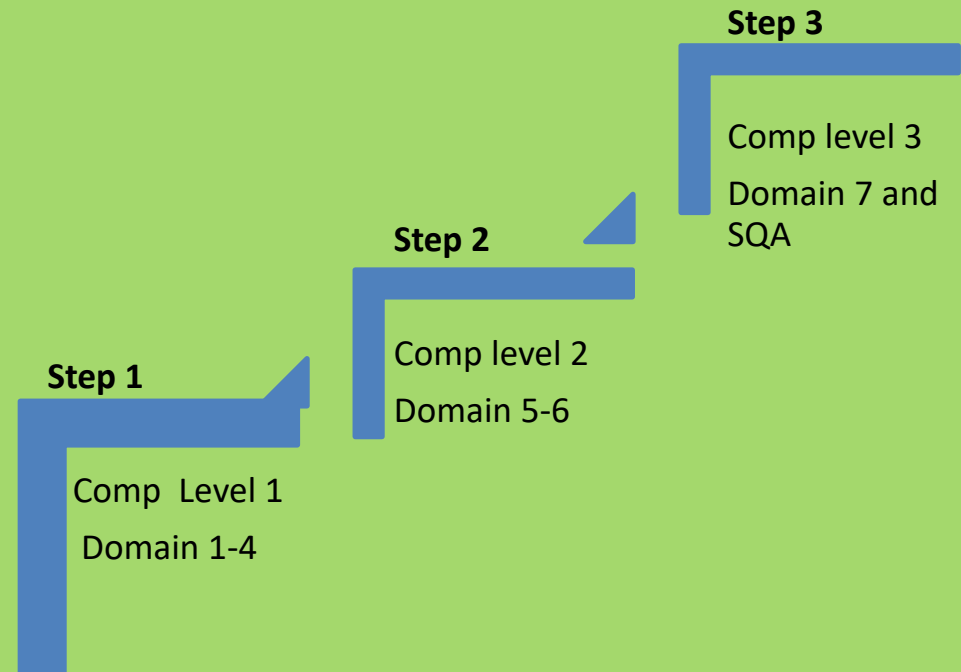
- Initiate set up with facility administration
- Review self assessment tool with facility staff and identify commencement point
- Verification of competencies during implementation using competency verification tool kit
- Utilize BFHI Key contact point protocols
- Utilize DHIS2 indicators on BFHI/IYCF to track progress in implementation and monitor performance
- Identify areas of challenges and changes to be made



Steps to Institutionalize BFHI in Zambia

Step 4: Continued Mentorship and Supervision to improve Skills

- Utilized Competency Framework for improvement of Service Quality and Assurance (SQA)
- Integrated BFHI in routine MoH SQA and tools
- Integrated BFHI in routine support supervision and mentorship



Results

Indicator	Category	Baseline (2021)	October 2022	Target 2024
Health workers trained at 80% capacity	GRZ facilities	0	2068	5500
	Private facilities	0	0	4800
	Total	0	2068	10300
Total number of health facilities implementing BFHI	GRZ facilities	0	169	436
	Private facilities	0	0	40



Lessons Learnt

- The harmonization of knowledge and understanding of BFHI approaches is beneficial to engaging stakeholders for buy-in and consideration for support in implementation
- Continued conceptualization, review and technical discussion is important to refine implementation
- Utilization of technology (virtual services) for technical support reduces logistics and increases coverage of participation, facilitates information sharing and monitoring



Challenges and Barriers to Implementation

- COVID 19 disturbed implementation of the initiative
- Change of Legislation from Public Health Act to Food Safety Act impedes enforcement of SI 48 of 2006



Way Forward

- Strengthen coordination structure for BFHI at all level
- Create Private Public Partnership to increase facilities offering BFHI Services
- Strengthen community linkages through utilization of existing Nutrition Support Group and other community Structures and technology to deliver 3 practices at specified 3 contact points (days 3, 7 and 28) of the infants' life



Thank you





L'allaitement dans le contexte africain: Expériences du Cameroun

Webinaire régional : 09 Novembre 2022

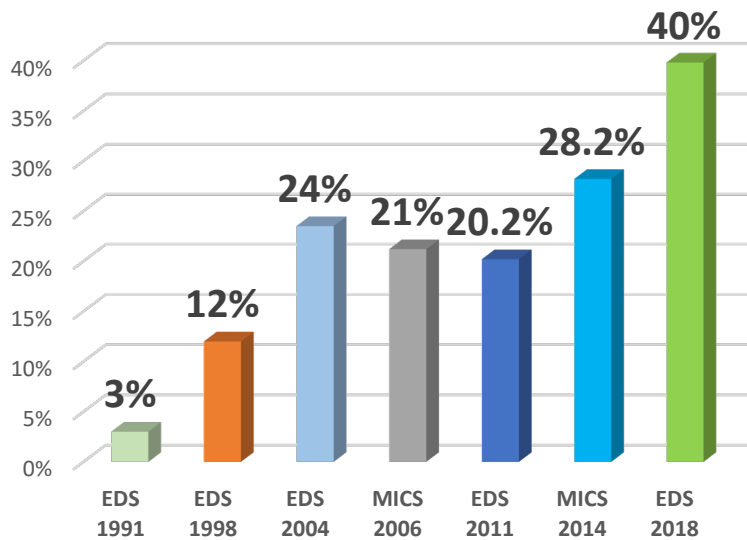
Par : **Cécile Patricia NGO SAK**

SDAN/MINSANTE

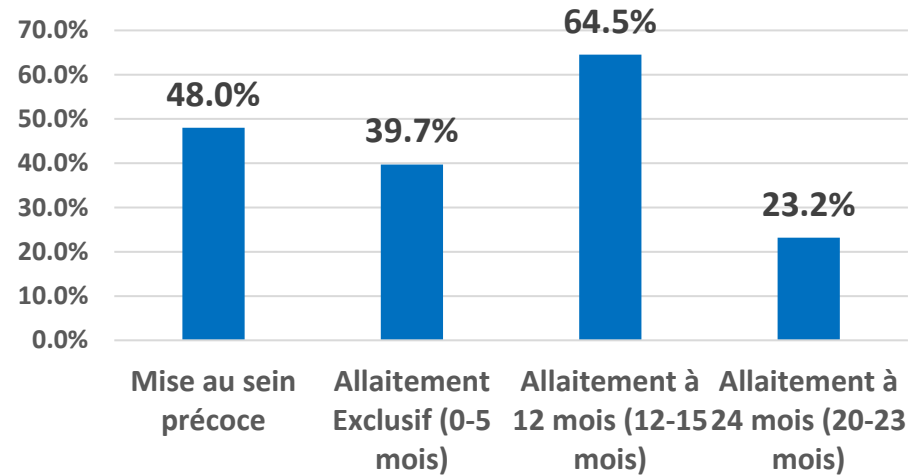
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Etat des lieux de l'allaitement

Evolution de la pratique de l'AME
(Source: MINSANTE)



Indicateurs nationaux de l'allaitement au Cameroun, 2018
(source: MINSANTE, EDS)



Facteurs déterminants de l'allaitement

- Les mauvaises pratiques culturelles (rejet du colostrum, administration de l'eau dès la naissance)
- L'insuffisance de la pratique du peau à peau,
- Insuffisance des counseling prénatal et postnatal sur l'allaitement (présenter les bienfaits et les difficultés de l'allaitement et adresser les préoccupations individuelles des femmes liées à leur morphologie et connaissances sur l'allaitement),
- L'influence de la promotion des SLM auprès des mères et dans le système de santé;
- l'insuffisance de connaissances du personnel de santé sur l'allaitement;

Réponses aux problèmes

- **Création d'un environnement favorable**
- **1993**: Arrêté interministériel conjoint MINSANTE/MINDIC Signé le 06 octobre 1993 N° 040/AI/MSP/SG/DSFM/SDSF/SN/BCDA et N° 060/AI/MINDIC/SDDS/SD du 06/10/1993 portant réglementation de la commercialisation des SLM;
- **2004** : Phase Pilote de l'IHAB dans 16 fosa
- **2005**: Signature du décret n°2005/5168 du 1^{er} décembre 2005 portant réglementation de la commercialisation des SLM au Cameroun (Code international contextualisé);
- **2019**: Evaluation des violations du décret n°2005/5168 du 1^{er} décembre 2005 portant réglementation de la commercialisation des SLM assortie d'une FdR pour la révision dudit décret;
- **2021/2022** : mise en place d'une Task force et Révision du décret de 2005 à la lumière des résolutions pertinentes des AMS;

Réponses aux problèmes

Promotion et utilisation des services:

- **2004** : Phase Pilote de l'IHAB dans 16 fosa;
- **2005**: implication active des OSC dans la promotion de l'allaitement, célébration de la SMAM, campagnes périodiques dans les fosa et communautés...);
- **2020**: Développement des curricula de formation de la méthode Kangourou Mother Care (KMC);
- **2021**: Création de la Task force pour la redynamisation de l'IHAB;
- **2021** : Formation d'un pool de 25 formateurs nationaux et régionaux pour la mise en œuvre des 10 étapes de l'IHAB dans les fosa;
- **2022**: évaluation des capacités des fosa (en cours) avec une priorisation pour celles recevant les populations déplacées et affectées par les crises humanitaires et sécuritaires);
- **2021/2022**: élaboration d'un plan d'action budgétisé de l'Initiative Plus Fort avec le Lait maternel Uniquement;
- **2021**: Intégration des indicateurs de l'allaitement dans le DHIS2 (au niveau fosa et communautaire); pour production régulière des rapports régionaux.

Défis de la mise en œuvre de l'IHAB

Les expériences du Cameroun en matière d'allaitement ont démontré que la majorité des femmes souhaitent allaiter ,seulement beaucoup sont influencées par de nombreux facteurs au rang desquels les déterminants socio-culturels qui les empêchent de le faire de manière optimale.

Dans la perspective d'atteindre l'objectif de 50% fixé par l'OMS à l'horizon 2025, voici les défis que nous pensons pouvoir relever:

- Assurer l'application rigoureuse et le suivi des textes réglementant la commercialisation des SLM par les acteurs clés,
- Renforcer la formation et la sensibilisation des personnels de santé sur le code et leurs responsabilités en vertu du respect du Code pays afin de réduire les violations,
- Renforcer la coordination intersectorielle,
- Réduire les conflits d'intérêt et l'influence des lobbying de fabricants/Promoteurs de SLM au sein du système de santé;
- Accélérer la mise en œuvre et l'appropriation de l'initiative IHAB par les acteurs en tenant compte des effets de la pandémie de COVID-19 et d'autres crises socio-sécuritaires que connaissent le pays;
- Mobiliser suffisamment de ressources pour déployer les actions de développement de l'IHAB à grande échelle;
- Assurer suffisamment aux mères/ parents au sein du système de santé et des communautés, des soutiens efficaces tout au long du continuum de soins pour leur éviter d'être exposés à l'influence intéressée de l'industrie des SLM;
- Susciter l'engagement des employeurs à promouvoir une véritable politique de soutien à l'allaitement au lieu de travail, afin de limiter la commercialisation ciblée par l'industrie des SLM et la charge financière au ménage,

LEÇONS APPRIS

- L'engagement des individus notamment des responsables des FOSA est déterminant pour mettre en oeuvre l'IHAB dans une formation sanitaire (le succès dépend plus des individus que du système);
- L'existence des Politiques, normes/standards de services appropriés et leur application rigoureuse;
- La prise en compte des facteurs d'échec ou de ralentissement :
 - La définition dès la phase préparatoire de la récompense à recevoir après la labéllisation;
 - L'identification de qui doit payer la récompense fixée et à quel moment du processus de mise en oeuvre;
 - Le suivi/supervision très rapproché dès les premiers mois de la mise en oeuvre dans le site/FOSA;
- La préparation à l'adversité des Fabricants/promoteurs de SLM, voire de certains personnels ou prestataires de services acquis à leur cause.



Merci!

Thank you!