



IBFAN Africa News

African Forum for Maternal and Infant Wellbeing

July—December 2010



WBW in Africa

Just 10 Steps

The Baby Friendly Way





IBFAN Africa is part of a world-wide network committed to improving the health and well-being of mothers and young children

IBFAN Africa News is an official publication of the Regional Office of the International Baby Food Action Network in Africa

Editor Joyce Chanetsa
 Compilation & Script Editing Phumzile Hlatshwayo & Angela Mbuli
 Layout and Design Angela Mbuli

IBFAN Africa News is funded by SIDA-SWEDEN

IBFAN Africa News is available from:

IBFAN Africa

Dlan'ubeka House, Ground Floor
 P.O. Box 781, Mbabane, Swaziland
 Tel:(268) 404 5006, Fax: (268) 404 0546
 Email: ibfanswd@realnet.co.sz Website: www.ibfan-africa.org

IBFAN IS A NETWORK

IBFAN Coordinating offices and resources Centres

IBFAN Afrique Francophone

01 B.P 1776 Ouagadougou 01 Burkina Faso
 Email: ibfanfan@fasonet.bf

IBFAN Arab World

P.O.Box 7525, Nasr City Cairo, Egypt
 Email: marwan@ibfan-arabworld.org

IBFAN Asia Pacific

BP-33, Pitampura, Delhi 110 034, India
 Email: info@ibfan-asiapacific.org

IBFAN North America INFACF Canada

6 Trinity Square, Toronto, ON, M5G 181 Canada
 Email: info@infactcanada.ca

Baby Milk Action International

Nestle Boycott Committee
 34 Trumpington St., Cambridge CB IQY United Kingdom
 Email: info@babymilkaction.org

IBFAN Latin America

Cefemina Apartado
 Postal 5355 San Jose 1000 Costa Rica
 Email: cefemina@racsa.co.cr

IBFAN /ICDC International Code Documentation Centre

P.O.Box 19 10700 Penang, Malaysia
 Email: ibfanpg@tm.net.my

IBFAN Europe IBFAN GIFA

11 Avenue de la Paix 1202 Geneva, Switzerland
 Email: info@gifa.org

July—December 2010

In this issue

Dear IBFANers!
 From the Regional Coordinator.....3

EU rejects 20 weeks maternity
 leave proposal.....4

Breaking the Rules, stretching
 the Rules 20105

Toxins in maize cause growth
 Retardation in infants.....6

Gates Foundation in Africa GM controversy.....7

WBW in Africa

Zimbabwe
supports National Call.....8

WBW theme
The Baby Friendly Way.....9

Ethiopia
*Marching to promote breastfeeding
 Just 10 Steps*.....10

Cape Verde
WBW in Cape Verde draws huge audience.....11

Guinea Bissau
Celebrates WBW.....12

Cameroon
*Community Support for
 Breastfeeding Promotion*.....13

Namibia
*WBW helping to achieve
 millennium goals*.....14

Angola
WBW platform for revitalizing BFHI.....15



Cover: A breastfed baby is a happy baby!
 (Courtesy of WHO Zimbabwe)

From the desk of the Regional Coordinator

Dear IBFANers

First let me apologise for the lateness of our December issue of our Newsletter. Circumstances beyond our control held up production but at last we have our latest issue off the press. We hope that you will agree, nevertheless, that it was worth waiting for! Countries once again did a sterling job of celebrating World Breastfeeding Week — and, very importantly sent their reports to the Regional Office.

Before I go further, I would also like to wish you all a Happy New Year — there are still eight months left to go so I feel it is still in order! Please let us continue in 2011 to build on the pledges we made through WBW to ensure that our health institutions and our communities maintain — or achieve — Baby Friendly status. In a very recent post on the UNICEF website, the importance of the Baby Friendly Initiative is underlined in the following statement:

“In many areas where hospitals have been designated Baby-Friendly, more mothers are breastfeeding their infants, and child health has improved.”

In another article, emphasizing the importance of breastfeeding to child health and national budgets, UNICEF says, “...there was an 8% increase in exclusive breastfeeding. This increase alone is estimated to have reduced infant mortality by more than 1 million, decreased fertility by 600,000 births, and saved countries billions of dollars in unneeded breastmilk substitutes.”

Of course, as IBFANers we do not need any convincing about the merits of breastfeeding but it does no harm to remind ourselves of how important our work is to the mothers and children of Africa.

However, we cannot do that work without resources and in these days of economic constraint these resources seem ever more difficult to come by. But not only is the amount of money available for breastfeeding and young child feeding initiatives diminishing but ethical sources of funding are becoming fewer and fewer. On page 7 of this issue we have given a brief overview of how the Bill and Melinda Gates Foundation is getting into bed with some dubious partners.

IBFAN must retain its integrity — especially in the area of funding — if our calls for ethical marketing practices are to retain credibility. We must be wary of accepting funding from organisations that are heavily involved with big business — even if these organisations appear under a philanthropic guise.

In line with its 7 Principles, IBFAN does not seek or accept funds, donations, gifts or sponsorship from manufacturers or distributors (or their trusts or founda-



tions) of infant and young child feeding and related products. According to IBFAN Funding Policy “IBFAN values its independence and groups are required to give a written undertaking not to seek or accept funds, donations or sponsorship from the infant feeding and related products industry. IBFAN groups should aim to include a clause to this effect in their constitution or statutes. Many **IBFAN** groups refuse any kind of commercial support as links between companies are not always obvious. In addition, our NGO partners working on other campaigns may have difficulties with a particular company and accepting funding from it may undermine their work. We cannot be too vigilant in this matter”

On page 4, we have an article on the situation on Maternity Leave in the European Union as it was at the end of December 2010. We will bring you an update on this in the next issue but meanwhile I would urge all colleagues to continue to lobby at national and, when possible, at regional level for improvements to maternity legislation.

Supporting mothers in their efforts to breastfeed requires a multifaceted approach: BFHCI, Maternity Legislation and the monitoring and enforcement of national Codes of Marketing to name but three. Success depends on all players keeping up-to-date with the latest information and that includes keeping abreast of ICDC’s latest findings published in “Breaking the Rules : Stretching the Rules 2010” (see page 5). Informing ourselves about violations encountered in other countries, help us to more easily spot unethical practices in our own. Please make sure that you access this new report and share it with your national network to help raise awareness about the Code and its provisions. The Regional Office has a few hard copies which you can obtain on request!!

With only four months to go till next World Breastfeeding Week I would urge you all to start thinking about how to mobilise the youth to make WBW 2011 the most creative and exciting celebration yet!

Meanwhile, keep up the good work!

Joyce

EU Rejects 20 Weeks Maternity Leave Proposal

In December, European Union (EU) governments rejected a plan to offer new mothers five months of fully paid maternity leave.

According to an on-line article from the Independent, Social Affairs ministers from the 27-nation bloc considered that a European Parliament proposal to raise maternity leave from 14 to 20 weeks was excessive.

Belgian Employment Minister Joelle Milquet, whose country currently holds the rotating EU presidency said that, "the very, very great majority of member states consider that parliament went too far in offering to extend maternity leave to 20 weeks, with 100 percent pay - that is not a basis for negotiation".

The European Parliament's October proposal also gave fathers across the bloc two weeks to spend time with their newborn.

IBFAN's expert on Maternity Legislation, Elaine Petitat-Cote who is based in GIFA, Switzerland, says that the EU is moving towards giving more strength to parental responsibilities, lengthening maternity leave, introducing breastfeeding breaks (thanks to our lobbying).

She continues "We must not forget that, concerning legislation, the EU leads the way for most of

the world and that what is adopted in the EU often becomes the aim for other regions."

The draft directive is now in limbo, awaiting 2011 and the new presidencies of Hungary (Jan-June) and of Poland (July-Dec 2011) who will have to organize new discussions and debates. However, this delay has a positive spin-off in that it gives time for European Union colleagues to lobby at national level and at EU Parliamentary level to uphold the stronger European Parliament draft directive.

"Nothing is yet definite and there can be a backlash," Elaine says. "It is therefore essential that all those who can lobby . . . do so."

Current economic realities will make it very difficult to convince governments and EU Parliamentarians that 20 weeks with full pay is a viable proposition.

"If we want to move towards gender equality in the work place, Justice Commissioner, Viviane Reding pointed out , "we must find the right balance between concrete rights for mothers and the current economic realities facing businesses in the

EU."

Britain had said the five-month proposal would more than double its maternity leave bill, adding up to £2.4 billion a year (\$3.8 billion).

Britain has the longest maternity leave in the European Union at 52 weeks. But it is far from fully paid, with only the first six weeks on 90 percent pay. German women get 14 weeks, French women 16 and Belgians 15 weeks.



Adequate maternity leave and Baby Friendly Office policies help mothers to maintain breastfeeding and give their babies a healthy start in life

Duration of maternity leave in African countries 2009

Region	Less than 12 weeks	12 or 13 weeks (meets C3 and C103)	14 – 17 weeks (meets C3,C103 and C183)	18 weeks or more (meets C3,C103, C183 And R191)
Africa	Eritrea, Guinea-Bissau, Libyan Arab Jamahiriya, *Malawi Mozambique, Sao tome and Principe, Sudan, Tunisia, Uganda	Angola, Botswana, Burundi, Egypt Equatorial Guinea, *Ethiopia, Gambia, Ghana, *Kenya, Lesotho, Mauritius, Namibia, Nigeria, Rwanda, Swaziland, United Republic of Tanzania, Zambia*	Algeria, *Benin, Burkina Faso* Cameroon, *Central African Republic, *Chad, Comoros, Congo, Cote d'Ivoire, *Democratic Republic of the Congo, Djibouti, Gabon, *Guinea, *Madagascar, Mali, **Mauritania, *Morocco, Niger, Senegal, Seychelles, Somalia, South Africa, Togo, Zimbabwe	

* Country has ratified Convention No. 3 or Convention No. 103 (minimum of 12 weeks' maternity leave), but not Convention No. 183. ** Country has ratified Convention No. 183 (minimum of 14 weeks' maternity leave). [1] Malawi provides the right to maternity leave once every three years.

Breaking the Rules, Stretching the Rules 2010

A recent issue of ICDC's Legal Update announces the publication of the *Breaking the Rules, Stretching the Rules 2010* (BTR 2010) report.



Violations

Can you identify the violations in the pictures? If not, maybe you need to get the latest *Breaking the Rules, Stretching the Rules 2010* report to help up-date your knowledge of the International Code of Marketing of Breastmilk Substitutes.

group and have been inadvertently left out of our mailing list, please drop us a note and you will hear from us.

From ICDC's Desk in

Penang: BTR 2010 is the result of three years of collective voluntary effort by Code aficionados around the world. They have made it possible for IBFAN-ICDC to compile evidence of Code violations by companies selling products under the scope of the Code. Our collection centre in Penang has been continuously receiving information from groups and individuals over the years. The final report, after sieving out unsubstantiated complaints and borderline cases, contains entries from 46 countries.

This BTR is the first handled entirely by ICDC staff – from documentation to analysis, writing, design and layout. In previous years, extra help was recruited.

This time around, everyone at ICDC assumed production tasks. We learnt to multi-task to ensure that the office did not come to a standstill. The entire reporting process took the better part of 2010.

As BTR reports are increasingly sought after by companies and market researchers, they are now being made commercially available. Yes, companies do pay good money to read about themselves, even if our reports are almost, always unflattering.

The proceeds help pay the rent!

IBFAN groups and contributors continue to get the BTR free. A special edition of the report has already been sent out to these people. If you belong to either



Violations

IBFAN /ICDC International Code Documentation Centre

P.O.Box 19 10700 Penang, Malaysia
Email: ibfanpg@tm.net.my
<http://www.ibfan.org/> for a free download of the Executive Summary.

Toxins in maize cause growth retardation in infants

Infants consuming maize-based foods are at a high risk of exposure to toxins that cause growth retardation, a recent study carried out in among infants in Tanzania has shown.

The toxin is a mycotoxin produced by the *Fusarium* species which grows on some agricultural crops, mainly maize, either in the field or during storage.

This, the first study to report an association between fumonisins exposure and growth retardation, found that at 12 months of age, infants exposed to toxin levels of above two micrograms/kg of body-weight were significantly shorter by 1.3 cm and 328 grams lighter.

According to the scientists involved in the study, the findings provide evidence for "the need to set and enforce regulations that limit fumonisin levels in maize for human consumption in Tanzania". The research was conducted between 2006 and 2009 by Dr Martin Kimanya of Tanzania Food and Drugs Authority (TFDA) in collaboration with colleagues from the Belgium based Ghent University and Antwerp Institute of Tropical Medicine in four villages of Tarakea Division, Kilimanjaro Region.

This division was chosen based on the outcome of a preliminary sur-

"...findings are a cause of worry..."

vey of fumonisins and aflatoxins contamination in maize from main maize producing parts of Tanzania. The survey found that maize from some villages in Tarakea contained higher fumonisins contamination levels of up to 11,048 mcg/kg compared with levels of up to 3,560 mcg/kg in maize from other villages surveyed in other parts of the country.

"These findings are a cause of worry that the poor growth among children in Tanzania is associated with high exposure to fumonisins and or aflatoxins in maize-based complementary foods," Dr Kimanya said.



Infant being fed family foods — most likely to be maize in Africa.

Pic reproduced from the Infant and Young Child Nutrition Project website at www.iycn.org

The research involved 215 mothers who consented for their children to participate in the study where it was observed that 191 consumed maize and Fumonisin exposure in 26 infants exceeded the provisional maximum tolerable daily intake of 2 mcg/kg body weight.

Levels of fumonisins in maize are influenced by environ-

mental factors such as temperature, humidity and rainfall during pre-harvest and harvest periods. High levels of fumonisins are associated with hot and dry weather, followed by periods of high humidity.

High levels of fumonisins may also occur in corn that has been damaged by insects and birds while improper storage conditions, such as moisture above 18%, will lead to increase fumonisin levels. Fumonisin exposure assessments performed for communities relying on maize in the country

showed that consumption of maize containing fumonisins concentrations above 155 mcg/kg can result in exposure above the provisional maximum tolerable daily intake of 2 mcg/kg body weight.

The scientists suggested that in order to prevent fumonisin exposures exceeding the required

measurement in Tanzania, the maximum tolerable limit for fumonisins in maize should be set below

155 mg/kg. Efforts, they said, should also be made to ensure adoption of good agricultural practices that would reduce fumonisin contamination in agricultural produce.

In rural areas, however, regulations could not protect communities as formal checks on safety and quality cannot be reasonably carried out.

Sensitisation of rural communities on prevention of toxin contamination should therefore be undertaken, the paper recommends.

"Sensitisation of rural communities... should be undertaken"

Gates Foundation in Africa GM Controversy

The bleak landscape of economic hardship for NGOs is growing bleaker as sources of ethical funding continue to diminish. Questions continue to grow about the appropriateness of tapping the extensive resources of the Bill and Melinda Gates Foundation. Lately, the Foundation has been heavily criticised in Africa and the US for joining forces not just with notorious GM company Monsanto, but also with agribusiness commodity giant Cargill.

South Africa-based watchdog the African Centre for Bio-safety reported that the Gates Foundation was teaming up with Cargill, the biggest global player in the production and trade in soya, in a \$10m project to “yoke African farmers into the soya value chain” in Mozambique and Zambia before moving on to other regions. This may well herald the big time introduction of GM soya in southern Africa similar to Cargill’s operations in Latin America where genetically modified soya monocrops have reportedly displaced rural populations and caused environmental devastation.

This, coupled with the purchase by the Bill and Melinda Gates Foundation of 500,000 shares – worth about \$23m – in Monsanto, has raised fears that the Foundation will be able to use its political influence (gained as a philanthropic foundation) to promote the use of the GM seeds around the world. In the name of alleviating hunger in Africa, big business could seriously disadvantage small farmers in the region. There is, after all, proper concern at governmental and community level that the

United State’s model of hi-tech farming is inappropriate for most of Africa and should not be imposed on some of the world’s poorest farmers.

In an article entitled, “Dark side of giving: The rise of philanthro-capitalism” reproduced on the GM



Crop trials for insect-resistant transgenic Bt crops in Kenya

Watch website, it is claimed that “the Gates Foundation’s sheer clout is taking it, intentionally or unintentionally, to places where policy, business and philanthropy intersect”. The writer continues, “there are its business and investment links with large companies that are driven by the profit motive.”

The example of the Gates Foundation investment in Monsanto is cited as a small example of this trend.

The spectre of genetically modified

crops looming over Africa is given further credence by the fact that the Gates Foundation is already involved with the Rockefeller Foundation, an ardent promoter of GM crops for Africa. In 2006, the Rockefeller Foundation and the Bill & Melinda Gates Foundation launched AGRA, with a combined investment of \$340 million, “to improve the productivity and incomes of resource-poor farmers in targeted African countries”, according to the Rockefeller Foundation website.

Kenya is the centre of experimental, untried crop production. Funding from the Rockefeller Foundation is helping launch a three-year project to test the effectiveness of several new strains of cassava seeds. And it is not just in agriculture that the Gates Foundation’s philanthropic efforts are called into question. So-called “philanthropic capital” is well known to have boosted progress in the area of healthcare – most worryingly for IBFANers in maternal, infant and child health, and nutrition.

Since 1994, the foundation has invested over \$13 billion in healthcare alone,

representing 60% of its giving to date.

Again, the GM Watch website article makes a disturbing observation: “In public health, other than the US government, there is no donor as influential as the Gates Foundation. It has emerged as the second largest donor to the World Health Organisation (WHO).

“The very mandate and constitution of the WHO is being undermined,” says KM Gopakumar, legal advisor and senior researcher of the Third World Network in India.”

“The Gates Foundation is promoting a Western, industrialized agricultural approach that serves corporate interests, not the needs of poor farmers worldwide, a strategy that will also do serious damage to the environment,” said Phil Bereano, a member of AGRA Watch and a retired UW professor of technology policy.

(Left: AGRA Watch Logo)





Zimbabwe

WBW Supports National Call for

From the Information bulletin of the WCO Zimbabwe August 2010

World Breastfeeding week was launched in Mutoko under the theme Breastfeeding just 10 steps—The Baby Friendly way. The event, which was attended by the atsukunye community, UN agencies, and other players in child health and nutrition, aimed to encourage the renewal of action by health care providers and communities to make breastfeeding the easy and first choice for women. The launch comes amid calls by all stakeholders to improve the exclusive breastfeeding rates in Zimbabwe. Results from the recently launched National Nutrition Survey show that only 5.8% of babies below the age of 6 months are exclusively breastfed, and those that are not exclusively breastfed are being fed inadequate diets. Breastfeeding is, therefore, an intervention that

needs a lot of support if Zimbabwe is to achieve the Millennium Development Goal of reducing child mortality from the current figure of 86 per 1 000 live births to the target of 34 per 1 000 live births by 2015.

In a statement read on her behalf by Dr T. Kanyowa (NPO/CAH), WHO Representative, Dr Custodia Mandlhate, said, "Of all the interventions for improving the survival and health of children, breastfeeding remains the single most effective and up to 13% of child deaths could be averted just by improving

breastfeeding practices." She said that WHO estimates that over one million deaths in children under the age of 5 could be prevented every year by improving breastfeeding practices, especially the early



Passing the message through drama

initiation of breastfeeding and exclusive breastfeeding for the first 6 months of life. Dr Mandlhate said the 10 steps in this year's theme serve as a check-list for maternity services to ensure that they are taking all of the necessary steps to support the early initiation of exclusive breastfeeding and the provision of ongoing support to mothers and babies after discharge. She therefore challenged the Ministry of Health and Child Welfare to make sure the Baby Friendly Hospital Initiative is sustained.

In his remarks, the Honourable Minister of Health and Child Welfare, Dr H. Madzorera, urged everybody to play their part in protecting, promoting and supporting actions that contribute towards improving exclusive breastfeeding rates in Zimbabwe.

He also pledged to advocate for free health care for women and children, and the revitalization of "expecting mothers waiting shelters" in all district hospitals and rural health centres. "We are renewing all efforts towards sustaining the Baby Friendly Hospital Initiative" said Dr Madzorera.



Young couple extol the virtues of exclusive breastfeeding

Just 10 Steps

The Baby Friendly Way

WBW 2010 Theme Helps Revive Baby Friendly Initiatives

The 2010 theme “Breastfeeding: Just 10 Steps. The Baby-Friendly Way” was taken up with enthusiasm by IBFAN’s groups in Africa.

Among IBFANers, it has been understood for some time that there is a pressing need to revive the Baby Friendly Initiative not only at health facility level but, more importantly, at community level.

Action at community level is particularly important since globally only 56% of women deliver their babies in a health facility, (only 33% in the least developed countries) and mothers may be discharged within a day or two. Women need ongoing support in the community whether they deliver in hospital or at home.

Nevertheless, hospitals have a major role to play. More and more studies have shown that the implementation of the Ten Steps with continued postnatal support contributes to increased breastfeeding initiation and exclusive breastfeeding.

In a study entitled “Hospital Practices and Women’s Likelihood of Fulfilling Their Intention to Exclusively Breastfeed” by Eugene Declercq, PhD *et al* the researchers found that *“Primiparas who delivered in hospitals that practiced 6 or 7 of the steps were 6 times more likely to achieve their intention to exclusively breastfeed than were those in hospitals that practiced none or 1 of the steps.”*

This year marks the 20th Anniver-

sary of the Innocenti Declaration but we are far from having achieved the original goal stated in the document of *all* maternity facilities practising the Ten Steps by 1995.

IBFAN Africa Coordinator, Mrs Joyce Chanetsa, is hopeful about what 2011 will bring. “Countries have enthusiastically taken up the theme of Ten Steps and if they continue to advocate for Baby Friendly Hospitals and Baby Friendly Communities throughout 2011 – and beyond – we will without doubt see an improvement in exclusive breastfeeding rates and, consequently, mother and child health,” she said.

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant mothers about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk unless medically indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Ethiopia

Marching to Promote Breastfeeding

Ethiopia's World Breastfeeding Week 2010 was celebrated at the Good Shepherd Sisters' Centre (GSSC) in the *woreda* or district of Addis Kirkos in collaboration with the sub-city district of Kikos.

The Women and Children's Affairs Office and the GSSC Community Health and Environmental Health Care Project Coordinator organised the various events while the Federal Republic of MOH supplied materials such as fliers, umbrellas with breast feeding messages and T-shirts.

The organisers also produced two banners, one hundred t-shirts and one hundred caps bearing key educational messages. UNICEF Ethiopia provided educational brochures and stickers.

The Breast feeding March

- The CHEC (Community Health and Environmental Care) programme Coordinator organised preparatory meetings and discussions with partners and drew up a proposal for the WBW celebrations.
- A two-kilometre march was organized by the CHECP with participants of different age groups wearing caps and col-



Daniel Hailemeskel(CHECP /Community Health & Environmental Care project/ coordinator) giving key messages on breast feeding during the march



Above: Two hundred different age groups of mothers and girls were gathered for orientation of breast feeding advantages during world breast feeding week at GSSC hall.



Marching with the banner, handing out brochures and stickers

ourful T-shirts that bore the picture of a breastfeeding mother inside the Ethiopian map. During the march, educational messages were broadcast by loudspeaker and brochures and stickers were distributed.

- Education on the advantages of breast feeding was presented by CHEC program coordinator in the GSSC hall for 200 participants.

Cape-Verde

WBW in Cape Verde Draws Huge Audiences



Cape Verde World Breastfeeding Week Celebrations saw a huge turnout from the media and from the general public.

Celebrations started on the 2nd of August and went throughout the week with all hospitals and health delegacies launching several activities across the Archipelago. A spokesperson for the Cape Verde Celebrations said that so great was the turnout by the public that it dwarfed that of the health personnel.

She further noted that the celebrations provided an opportunity for learning more about new developments in the area of Infant and Young Child Feeding as well as an opportunity to revitalize the BFHI and create more demand for the Initiative in the country.

Health workers attended daily discussions led by nutritionists, nurses, and a psychologist on the 10 Steps to Successful Breastfeeding, including demonstrations on correct positioning and attachment and the discussion on the bonding that occurs between the mother and the child due to breastfeeding.

Health workers also learned about the History of World Breastfeeding Week.

A video on disadvantages of early introduction of complementary feeding was well received as was an exhibition of IEC materials, although the number of items dis-

played was limited.

Education to the General Public

Pregnant, lactating women and adolescents learned of the importance of the Ten Steps to Successful Breastfeeding: the advantages of breastfeeding in the first hour; the benefits of proper positioning and attachment; maternal nutrition; the importance of father/partner support for the success of breastfeeding and maternal and child health.

During the week, similar activities were carried out at maternity and pediatric wards, with discussions being held with visiting grandmothers and other relatives of the pregnant and lactating mothers.

Cultural shows, theater groups and singers exhibited in a road show proved popular and drew large audiences.

A vehicle broadcasting breastfeeding messages circulated in the towns and throughout the islands. Two national televisions recorded the events of some Islands to make a documentary. Feedback from the audiences was positive with sessions being de-

scribed as “very interactive”.

At the end of the session pregnant and lactating mothers, who had actively participated in the discussions, received flowers, nappies, baby’s skin cream, T-shirts with the WBW Theme and a CD about breastfeeding. This was intended to strengthen the promotion of breastfeeding among pregnant and lactating women using the health care services.

Some health workers received their Certificates for participating in Neonatal Resuscitation.

The celebration of the WBW ended up with re-evaluation of the BFHI of “Cidade da Praia”, and an expression of interest by the São Filipe Regional Hospital in becoming Baby Friendly.

Recommendations

- Provide more diversified IEC material related to breastfeeding for future events and for the trade fairs and exhibitions;
- To provide in service training, refresher courses, and more sensitization to health workers to promote and support interventions that lead to increasing the BFHI country wide and more involvement in breastfeeding protection.



Guinea Bissau

Guinea Bissau Celebrates WBW

The Launch of World Breastfeeding Day in Guiné-Bissau saw hundreds turn out to hear a number of talks, watch demonstrations and see a variety of information materials all with the central theme of the Ten Steps to Successful Breastfeeding.

Among those invited to participate at the opening ceremony were: the Secretary of State for the Ministry of Health; the Governor of the Bafata Region; the Regional Health Delegator; the UNICEF Country Representative and the National Nutrition Coordinator. A representative of the Mothers Support Groups and breastfeeding counsellor also spoke during the ceremony.



Above: A mother with her four-month old exclusively breastfed baby



Left: Invited Guests: The Secretary of the State of the Ministry of Health; the Governor of the Bafata Region; the Regional Health Delegator; the UNICEF Country Representative; The National Nutrition Coordinator; The General Health Director and the Deputy of the Nation

Below: Participants at the launching of the WBW 2010 in Bafata Region-Guiné Bissau



Above: The national Nutrition Coordinator Mrs. Ivone Moreira, speaking during the Opening Ceremony

Cameroon

Community Support for Breastfeeding Promotion

In keeping with this year's World Breastfeeding Week theme, Cameroon's WBW activities focused on creating a Baby Friendly Community.

Celebrations of WBW were coordinated by Cameroon Link and involved health workers, leaders of Community-Based Organisations and Faith-Based Organisations, media men and women, and advocacy groups networking with the Federation of Cameroon Breastfeeding Promotion Associations (FECABPA).

A spokesperson for Cameroon Link speaking about the success of the event attributed it to the early announcement of theme of the WBW and timely preparatory meetings to coordinate events. Outreach activities, led by Cameroon Link, were held by the FECABPA close to Mbalmayo in the Centre region on July 24, 2010 ahead of the official launching at HGOPY by the Minister of Public Health on August 3, 2010.

The Minister of Women's Affairs and Family, the UNICEF Cameroon Representative, and other top personalities were also present at the launching in Yaoundé.

Banners received from WABA as well as those produced by the Ministry of Public Health and UNICEF were on display at the ceremony and a giant exhibition, organised by Cameroon Link, to show-case activities on maternal and child health protection was also on view.

Material and technical support for organizing WBW 2010 was received from WABA, IBFAN Africa, the Ministry of Public Health and UNICEF Cameroon

Community Support for Breastfeeding Promotion Project

In an ambitious programme, the organisers aimed to create greater awareness among healthworkers and communities on the importance of optimal infant and young child feeding. The objectives were to:

- Establish and strengthen community support with teen moth-

ers as a special target group.

- Inform, educate and sensitise communities through the media, educative talks, and through mothers' support groups.
- Increase the number of father and mother Support Groups in Health Areas of Bonassama Health District and other parts of the coastal region.
- Discuss the seven top breastfeeding mistakes and how to avoid them.
- Create awareness on men's initiatives for mothers' support through training on Infant and Young Child Feeding and mother protection.
- Reinforce the national network through media advocacy.
- Mobilize community leaders and inform, educate and train leaders of existing mothers, fathers, and youths support groups on strategies for the promotion of optimal infant and young child feeding.
- Train breastfeeding counsellors from health facilities, NGOs/CBOs/Faith based-Organisations and media groups.

The long-term goal is to increase the availability of support for mothers through health facilities, NGOs support groups and media networks. In addition, quarterly exchanges between the Federation of Cameroon Breastfeeding Promotion Associations coupled with ongoing initiatives should result in a more sustainable programme.

- Focus group discussion, in-depth interviews and training exercises were conducted in communities with the aim of improving infant and young child feeding practices.
- Health workers in facilities were updated on new WHO/UNICEF recommendations. Interviews were given to media houses (radio; television and newspapers).
- Positive articles on breastfeeding were placed in the media,

and TV air time was given to the president of FECABPA on Canal 2's news round-up on Sunday, August 8. In addition, a number of radio and television programmes on breastfeeding promotion were broadcast by public and community rural radio stations with jingles and spots carrying specific infant and young child feeding messages.

- Information up-dates from the Ministry of Public Health, WHO, UNICEF, WABA, IBFAN and other sources were published on radio and Cameroon Link web sites.
 - 2000 information and education folders were distributed
 - Code monitoring visits were arranged to reinforce new knowledge, attitudes, and skills. As a result, more people are involved in monitoring and monitoring of unethical marketing practices has improved.
 - Field visits were conducted for discussion and practical demonstrations with breastfeeding mothers, men and youths.
 - Cameroon Link developed check lists to guide participants' experience, focus their performance, improve practices and to evaluate campaign and training phases.
 - Cameroon Link used the results of the pre- and post-test tools to identify training content that has been difficult for participants to grasp. Follow-up meetings were held with mother support group leaders to develop ways to help participants learn the challenging content.
 - In order to make training more effective, participants were given the opportunity to practice using the content and skills they learned by facilitating a training of community health workers.
 - Over 2000 items in documentation in English and French, soaps and T-shirts were shared to mothers and campaigners during the week in Douala,
- For more information, visit YouTube at – <http://uk.youtube.com/camlink99>.

Namibia

World Breastfeeding Week Helping to Achieve Millennium Goals

Namibia launched World Breastfeeding Week celebrations on 4 August 2010 at Ongwediva in the Oshana Region. The theme: "Just 10 Steps! The Baby-Friendly Way" emphasized the need for maternal and child health services to follow 10 basic steps to promote and support breastfeeding.

The event was attended by the First Lady, Ms. Penehupifo Pohamba, the Honourable Minister of Health and Social Services (MoHSS), Dr Richard Nchabi Kamwi, the Oshana Regional Director for Health, Dr Naftali Hamata, United Nations Children's Fund (UNICEF) Deputy Representative, Madhavi Ashok and WHO Country Representative, Dr Magda Robalo as well as United States Agency for International Development (USAID), Ms Shireen Strauss, representing Country Director, Mr Gregory Gottlieb, among others.

Breastfeeding, within the context of achieving the Millennium Development Goals (MDGs) was emphasized by all speakers.

The Honourable Minister of Health

and Social Services (MoHSS), Dr Richard N. Kamwi, during his keynote address stated, "Human breast milk is the safest, most natural, most readily available and most nutritious food a mother can give her newborn baby. Every child has the right to adequate nutrition for proper physical and intellectual development."

According to the Namibia Demographic and Health Survey (NDHS: 2006/07), up to 94% of all babies are breastfed at some point in their lives.

However, the proportion of children exclusively breastfed drops off to 6% by age 4-5 months and continues to decline thereafter. The MoHSS has set the national target for exclusive breastfeeding



Namibia's First Lady, Ms Penehupifo Pohamba (above), encouraged all employers including Government to allow breastfeeding mothers the oppor-

at 40% coverage by 2015.

Namibia's First Lady, Ms Penehupifo Pohamba stressed the physical and emotional benefits of breastfeeding. "Breast milk helps create a close relationship between the mother and the baby, while reducing risks of obesity, and protecting the mother's health. Also, breastfeeding ensures that low-birth-weight babies in the first weeks perform better physically and intellectually."

The First Lady, Ms Pohamba further called on all Namibians to encourage and promote breastfeeding. She encouraged all employers including Government to allow breastfeeding mothers the opportunity to breast-feed period.



Marching and singing to attract the crowds at the launch of World Breastfeeding Week

WBW 2010 Highlights

The commemoration highlights included awarding mothers who have exclusively breastfed their infants for six months and more with a gift pack for mother and baby.

Additionally, the MoHSS with support from the Food and Nutrition Technical Assistance (FANTA) trained more than 30 health workers on the facts of breastfeeding and WHO’s 2010 revised guidelines on infant feeding.



Above: The First Lady congratulates one of the mothers on exclusively breastfeeding her child



Educational materials on optimal breastfeeding were distributed



Entertaining participants at the WBW celebrations

Angola

WBW Platform for Revitalizing BFHI

The 2010 WBW celebration by AMEGA focused on sensitization sessions in 10 health centres around the Cazenga Municipality where this organization is based.

Activities took place from August 1—7 2010 led by health personnel trained in June 2010.

In keeping with the theme of WBW 2010, visits were made to a number of health centres to assess adherence to the 10 Steps and encourage their implementation.

Training sessions and radio programmes helped create demand for a revitalized BFHI among health workers and communities in several provinces of the country, namely Zaire, Mbanza Congo and Namibe Provinces.

The celebration provided an opportunity for health centres to identify their priority needs in their efforts to attain BFHI status and, as a follow up, an action plan was drawn by most of the health facilities. However, lack of funding has

been a major constraint for the implementation of planned activities. Other constraints to implementing BFHI activities include: lack of IEC materials; and lack of transport and equipment such as lap top and projector.

The WBW celebration was possible due to the support of the National Directorate of Public Health, and technical support of the National Nutrition Unit.

The National Nutrition Programme provided pamphlets, posters, flyers and t-shirts for the event.

On the last day of the celebrations, audiences were entertained and educated through song, theatre, role plays and drama.

WABA Announces WBW 2011 Theme



TALK TO ME! BREASTFEEDING — A 3D EXPERIENCE

WABA has announced the World Breastfeeding Week theme for 2011 focusing on engaging and mobilising youth intergenerational work with the catchy slogan of: "Talk to me! Breastfeeding — a 3D Experience".

The theme deals with communication at various levels and between various sectors.

World Breastfeeding Week 2011

When we look at breastfeeding support, we tend to see it in two-dimensions: time (from pre-pregnancy to weaning) and place (the home, community, health care system, etc). But neither has much impact without a THIRD dimension - communication!

Communication is an essential part of protecting, promoting and supporting breastfeeding. We live in a world where individuals and global communities connect across small and great distances at an instant's notice. New lines of communication are being created every day, and we have the ability to use these information channels to broaden our horizons and spread breastfeeding information beyond our immediate time and place to activate important dialogue.

This third dimension includes cross-generation, cross-sector, cross-gender, and cross-culture communication and encourages the sharing of knowledge and experience, thus enabling wider outreach.

For more information and resources go to: <http://worldbreastfeedingweek.org/>

Why 3D?

When we look at breastfeeding support, we tend to see it in two-dimensions: time (from pre-pregnancy to weaning) and place (the home, community, health care system, etc). But neither has much impact without a THIRD dimension - communication!

Communication is an essential part of protecting, promoting and supporting breastfeeding.

