

Encouraging Breastfeeding at Community Level is Saving Children's Lives

Improving Infant Health Through
Exclusive Breastfeeding.



Photo: Jhpiego/Alex Kamweru

*A mother breastfeeds her baby at her home in
Theera, Meru County, Kenya.*

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What helps save the lives of about [800,000 babies every year](#) and doesn't cost a dime? Breastfeeding.

Of all preventive health interventions, breastfeeding — done within the first hour of life, exclusively for the first six months, and until age two — has the greatest potential impact on child survival, with the ability to avert 13% of deaths in children under five in the developing world (Lancet 2013).

In Kenya, national rates of exclusive breastfeeding in the first six months of life have increased dramatically — from 32% in 2008/09 to 61% in 2014 (KDHS 2008/09 and KDHS 2014, preliminary results). With this in mind, USAID's flagship [Maternal and Child Survival Program](#) (MCSP) is working closely with the Ministry of Health in Kenya to scale-up the Baby-Friendly Community Initiative (BFCl). Our efforts include comprehensive support to mothers at the community level to improve maternal, infant and young child health and nutrition — with an emphasis on initiation and exclusive breastfeeding in the first six months.

To have impact, we know we must work closely with communities to understand and address their unique needs and challenges to support timely initiation and to ensure women breastfeed for the full duration of six months. MCSP involves key community influencers — fathers, grandmothers, mother-in-laws and local leaders — in this process, while we build capacity of health care workers and community health volunteers to deliver services at the health facility and community levels. This includes the provision of information and support to mothers for optimal breastfeeding, complementary feeding, and maternal nutrition practices.

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Mothers breastfeed their babies while waiting for post-natal services at the Mutuati Sub-County Hospital in Meru County, Kenya.

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BFCI is a new concept in Kenya that was field-tested under USAID’s predecessor [Maternal and Child Health Integrated Program](#) (MCHIP) in Bondo and Igembe North and showed marked improvements in maternal, infant and young child nutrition indicators. An assessment conducted of two groups of mothers—those who did and did not attend BFCI support groups—revealed greatly improved breastfeeding practices among the former group. For instance:

- Mothers who attended support groups were more likely to attend more than three antenatal care visits (63% vs 38%) and to deliver in health facilities (86% vs. 51%), than non-attenders.
- Those who were actively involved in support groups had improvements in knowledge of both initiation of breastfeeding within the first one hour of birth and non-use of pre-lacteal feeds, and noted being better equipped to resolve any breastfeeding problems in comparison with non-attenders.
- Most non-attenders had a shorter duration of exclusive breastfeeding and tended to introduce complementary foods early, prior to six months of age.

These efforts are part of MCSP’s larger scope of work in Kenya to build on the strong technical platforms established under MCHIP, while strengthening the health systems that deliver these lifesaving interventions to women and families.