

of peer counsellors who interface with mothers and are the bridge between the health centre and the community. The counsellors live near the mothers and provide “mother-to-mother support,” helping women sustain breastfeeding after discharge from the health facilities. In Zambia, the counsellors held sessions at the local clinic in Nakoli, Kabwe, which the health staff appreciated because their workload limited their time to counsel mothers. They are an invaluable resource for the health system and the community.

Counselled mothers have been empowered. They now have knowledge to try out innovative ideas in using foods readily available in their homes for infant feeding. They appreciated information both on how to prepare and safely store food for their children. Their eagerness to bring their babies for weighing at the clinic demonstrated their understanding of the need to monitor the growth of their children.

This project has demonstrated the essential contribution of and role for mother-to-mother support. Adequate IYCF for both HIV-positive and HIV-negative mothers is a gap that national authorities need to address by scaling up interventions to other areas. For example, development partners in Tanzania are replicating and expanding the project to cover additional wards in Ruangwa district.

Founded in 1979, **International Baby Food Action Network–Africa** is a global network of 273 groups in 168 countries working to reduce infant and child mortality by promoting breastfeeding. IBFAN-Africa serves to protect, promote and support optimal infant and young child feeding practices for the wellbeing of babies and mothers.

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Table 1: Project Outputs

Training Results	Mozambique	Swaziland	Tanzania	Zambia
Master Trainers	10	10	20	28
Community Counsellors	123	141	220	60
Mothers counselled	1,704	811	2,821	7,500

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This publication is made possible in part by the support of the USAID-funded Building Local Capacity for Delivery of HIV Services in Southern Africa Project (BLC) and does not necessarily reflect the views of BLC or the United States Government.



Empowering Women to Safely Breastfeed in the Context of HIV and AIDS

Funded by SADC HIV and AIDS Fund



The Southern African Development Community (SADC) is a 15-country intergovernmental organisation established in 1992. Its purpose is to enhance the development and economic growth of Southern Africa, alleviate poverty, and improve the standard and quality of life of the region's people through regional integration. SADC further seeks to promote coordination and cooperation between national and regional strategies and programmes.

The SADC HIV and AIDS Fund supports short-term research and interventions by government and civil society partners that: expand or complement existing programmes; involve three or more countries across a number of sectors; and are cost effective. The projects are endorsed by Ministries of Health and national AIDS authorities.

Background

Inadequate counselling on infant feeding in prevention of mother-to-child transmission (PMTCT) programmes has led to the delivery of mixed messages by health workers to HIV-positive mothers. Breastfeeding in the context of HIV and AIDS was in a quandary for many years because policy guidelines were frequently changed as new research findings became available. In 2003, the World Health Organization (WHO) stated that “breastfeeding should continue to be protected, promoted and supported.” However, “when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended” (WHO 2003). Although this policy seemed technically sound, it was not based on evidence on the ground and its implementation was challenging, including the fact that many

mothers were not tested for HIV, therefore making it difficult to identify who should or should not breastfeed.

In 2006, new research findings led WHO/UNICEF to issue a new Consensus Statement that made some modifications to the guidelines. In 2010, WHO issued “Recommendations on Infant Feeding and HIV,” again modifying the earlier guidelines. The revised guidelines emphasized the benefit of breastfeeding to improve an infant’s chances of survival while reducing the risk of HIV transmission, based on the assumption that HIV-positive mothers would either receive lifelong antiretroviral therapy (ART) to improve their own health, or if not eligible for treatment, the mother or infant would take ART as prophylaxis while breastfeeding. These rapid changes in information within a short time span resulted in confusion among health workers on how best to advise mothers on infant feeding.



An infant feeding counsellor giving advice to a young mother

Intervention

With support from the Southern African Development Community (SADC) HIV and AIDS Fund, the International Baby Food Action Network–Africa (IBFAN-Africa), implemented a project called *Capacity Development of Health Workers and Mothers in Infant and Young Child Feeding Counselling in the Context of HIV and AIDS* from July 2011 to August 2013. IBFAN designed a four-country intervention to increase the HIV-free survival of HIV-exposed infants and improve their mothers’ health and survival. The coordinated regional project on infant and young child feeding (IYCF) counselling training was implemented in Mozambique, Swaziland, Tanzania, and Zambia through government structures and existing national PMTCT programmes to ensure sustainability. These countries were selected because of their high prevalence of HIV and AIDS and scaled up PMTCT programs. The project aimed to:

- Empower mothers and their families to choose and practise appropriate and recommended IYCF methods in the context of HIV and AIDS and reduce infant and maternal morbidity and mortality.
- Increase the capacity of community counsellors (men and women, including youth) in IYCF counselling, thereby contributing to the quality and comprehensiveness of support to HIV-positive and HIV-negative mothers.

The following project activities were implemented:

- Baseline desk studies were undertaken in the four countries to determine: nutritional status, morbidity and mortality; and knowledge, attitudes, and behaviour patterns in infant feeding practices among HIV-positive and HIV-negative mothers, health workers, and counsellors. This information helped define training needs and established a baseline for project indicators.
- National planning meetings were held in each country to build consensus on project plans. These involved participants from government institutions, IBFAN member groups, and PMTCT partner institutions.
- WHO/UNICEF training materials for training of trainers and community-based health workers and peer counsellors on



A young mother breastfeeding

infant feeding were adapted and reproduced. The training package consisted of a trainer’s guide, participant’s manual, and a community health worker record keeping workbook. In addition, four brochures for use by pregnant and lactating women as well as caretakers were developed: Maternal Nutrition; How to Breastfeed a Child Aged 0–6 Months; Complementary Feeding (6–24 months); and How to Express Breast Milk and Cup Feeding a Child.

- Staff working at PMTCT sites who had some background in maternal, infant, and young child nutrition and PMTCT were trained as master trainers. The participating institutions and their staff learned how to integrate effective counselling on nutrition for mothers and children into their programmes.
- Sensitisation and planning meetings in communities were held to ensure community involvement from the outset. The meetings helped to create responsibility, ownership, and active participation in the project.
- Each country determined the number of community-based peer counsellors to be trained by the master trainers over the course of a three-day session. Each trained counsellor was expected to work at least 10 days per month and to have at least four contacts per day with mothers.

Results

Table 1 provides data on project outputs, including the number of master trainers, trained peer counsellors, and mothers counselled in the four countries. Although these are preliminary results, the numbers indicate that capacity has been expanded in the countries’ PMTCT programmes and that the services were enthusiastically received by mothers. Project results, including best practices on IYCF in the context of PMTCT, have been consolidated and shared in reports as well as through social media with other countries in the IBFAN network.

The IYCF training materials and educational brochures developed by the project are in line with national policies, thus ensuring the use of standardised messages on IYCF in the context of HIV and AIDS in all the countries—the global recommendation of “promoting, protecting and supporting exclusive breastfeeding for six months and continued breastfeeding up to two years or beyond for all mothers.” All countries are also promoting timely, adequate, safe, and appropriate complementary feeding. HIV-positive mothers are provided support with ART interventions and encouraged to continue breastfeeding for up to 12 months.

The training capacity and skills of health workers have been strengthened. Each country has a core group of certified master trainers who may be used to scale up training at all levels, and these are further augmented by an expanded local resource