



3. Generating demand for nutrition services

Suaahara also generates demand for nutrition services, including lactation management, by promoting breastfeeding through multiple Social and Behavior Change Communication platforms including mass media (radio), community mobilization, and interpersonal communication.

Recommendations for Breastfeeding & Lactation Management

These results show that counseling of mothers during pregnancy, immediately after childbirth, and during the neonatal period can have substantial influence on early and exclusive breastfeeding. Mothers can attain quite high levels of breastfeeding knowledge in a relatively short period of time, particularly when a multi-pronged intervention strategy is used with messaging and support received from multiple sources. These quick achievements in rates of early initiation and exclusive breastfeeding are possible even for large-scale programs.



Photo: Suaahara Program/JHUCCP

Proper support, including lactation management immediately after delivery seems to be a contributing factor to achieving improvements in rates of early initiation and exclusive breastfeeding. At the health system level, breastfeeding support during ANC and PNC seem to contribute to early and exclusive breastfeeding knowledge and practices among mothers. Community health workers also need these skills as they play an important role in helping newborns attach to the breast and helping mothers with positioning and attachment.



Photo: Pallavi Dhakal/Save the Children

LACTATION MANAGEMENT: A SCALABLE MODEL FOR INCREASING EARLY AND EXCLUSIVE BREASTFEEDING IN NEPAL

Program Information

Suaahara is a USAID-funded five year (2011-2016) project led by Save the Children in partnership with Helen Keller International, JHPIEGO, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Nepal Water for Health, Nutrition Promotion and Consultancy Services, and Nepali Technical Assistance Group.

The project provides local, national and global expertise and experience to address the causes of under-nutrition in 41 districts in Nepal by uniquely integrating nutrition with agriculture, sanitation, and health care interventions. It works to influence behavior of individuals and communities through community-based behavior change programming with a focus on gender and social inclusion, in order to improve the nutritional status of pregnant and lactating women and children under two.

1	WHO and UNICEF recommendations on Exclusive Breastfeeding; Optimal duration of Exclusive Breastfeeding (Review), Kramer MS, Kakuma R. The Cochrane Library, 2009, Issue 4.	6	p<0.001
2	<i>Nepal Demographic and Health Survey, 2011</i> Population Division, Ministry of Health Government of Nepal, Kathmandu.	7	p<0.001
3	As part of a mid-line process evaluation, Suaahara conducted a household-level survey of 480 pregnant women and mothers of children under two in four intervention and four matched districts from November 2014 to January 2015. For more details see <i>Suaahara</i> Process Evaluation: Program Exposure and Adaptation of Practices (PEAP), 2015 http://pdf.usaid.gov/pdf_docs/pa00kwxg.pdf	8	P<0.001
4	P<0.05	9	P<0.01
5	P<0.001	10	P<0.001
		11	P<0.01
		12	p<0.01
		13	p<0.05
		14	P<0.05
		15	This finding was not significant (p>0.05)
		16	Data sources include Process Evaluation, routine monitoring and Annual Outcome Monitoring Data.

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Photo: Suaahara Program/Save the Children

Breastfeeding & Lactation Management

To achieve optimal growth, development and health for their children, mothers worldwide are encouraged to breastfeed within one hour of birth and breastfeed exclusively for the first six months of life.¹ However, breastfeeding practices in Nepal remain poor (see Box 1). Lactation management is the process of supporting mothers to breastfeed. It consists of counseling on recommended breastfeeding practices, demonstrating and assisting with breastfeeding, particularly positioning and attachment, and preventing and alleviating common breastfeeding difficulties (e.g. perceived lack of milk, engorgement, and mastitis).

Box 1: Breastfeeding practices in Nepal²

- ▶ Only 41% of mothers initiate breastfeeding within one hour of birth
- ▶ Less than 75% of mothers of infants younger than 6 months exclusively breastfeed

Suaahara's Achievements in Early and Exclusive Breastfeeding

Suaahara has improved women's knowledge of exclusive breastfeeding. The availability and quality of breastfeeding counseling has also increased in program areas, resulting in improvements in early and exclusive breastfeeding and fewer breastfeeding difficulties.³

Knowledge

When compared to non-*Suaahara* areas, *Suaahara* women are more likely to know that:

- ▶ breastfeeding should be initiated in the first hour after birth (91% v 73%)⁴; and
- ▶ exclusive breastfeeding means breastmilk only and nothing else, including water (68% v 16%)⁵.

Counseling

Suaahara women received counseling on breastfeeding more often than non-*Suaahara* women during health care visits, specifically at:

- ▶ Antenatal Care (ANC) visits (86% v 57% on early initiation and 91% v 55% on exclusive breastfeeding)⁶; and
- ▶ Postnatal Care (PNC) visits (81% v 60% on exclusive breastfeeding)⁷.

Breastfeeding counseling during PNC visits in *Suaahara* areas were more likely to include lactation management than visits in comparison areas. In particular:

- ▶ assistance with breastfeeding positioning (66% v 29%)⁸;
- ▶ demonstration of breastfeeding positioning (52% v 25%)⁹;
- ▶ assistance with breastfeeding attachment (60% v 22%)¹⁰;
- ▶ demonstration of breastfeeding attachment (44% v 14%)¹¹.

Practices

Women in *Suaahara* areas were more likely to have optimal breastfeeding practices, including:

- ▶ having fed their baby colostrum (94% v 75%)¹²; and
- ▶ practicing exclusive breastfeeding (77% v 51%)¹³.

Women in *Suaahara* areas were also less likely to have breastfeeding difficulties (13% v 33%)¹⁴ and appeared more likely to seek help (95% v 80%) for these issues, if and when they did arise¹⁵.

These results suggest that receiving skilled counseling on breastfeeding, including lactation management, can contribute to improvements in new mothers' knowledge and practices in early and exclusive breastfeeding. *Suaahara* has numerous data sources¹⁶ in addition to the Process Evaluation

(the source that is reflected here), for more results see the Maternal, Infant and Young Child Nutrition Fact Sheet.

Suaahara's Integrated Programming on Breastfeeding, including Lactation Management

Suaahara promotes and supports integrated nutrition and health counseling services for pregnant and lactating women and mothers with children under two (1000 days women) provided at health facilities and in the community in over half of the districts in Nepal.

The three key breastfeeding interventions are:

1. Building the knowledge and skills of facility and community based staff

Suaahara trains health workers and frontline workers including Female Community Health Volunteers (FCHVs) on Maternal, Infant and Young Child Nutrition (MIYCN) to counsel and support 1000 days women on breastfeeding, complementary feeding, sick child feeding, maternal nutrition, delivery care, ANC, PNC, family planning and growth monitoring.

The MIYCN training package was revised by *Suaahara* with the Child Health Division in the Department of Health Services. Together with training on MIYCN practices, the package also addresses skills building related to interpersonal and group counselling and lactation management.

2. Supporting nutrition counseling at health facilities and community and household levels

Suaahara supports health workers and FCHVs to counsel 1000 days women on nutrition behaviors including early initiation and exclusive breastfeeding and appropriate and timely ANC, facility delivery and PNC. *Suaahara* provides innovative job aids and promotional materials to assist with counseling.