



Country Case Study No 2

Swaziland: How One of the Smallest Countries in Africa is Making a Regional Impact

Background

Swaziland is a small country in southeast Africa with a population of just under one million. It is considered to be a traditional society, with 77% of the population living in rural areas. Although breastfeeding is strongly supported by Swazi tradition, the prevalence was extremely low by the early 1980s, largely because of the ready availability of breastmilk substitutes.

In 1983, the National Nutrition Status Survey showed that the nutritional status of children, and especially that of infants, was dire. Nearly 50% of infant deaths occurred before the age of two months, and about 70% of all under-five deaths occurred before the age of six months. Furthermore, one third of children suffered from stunted growth by the age of five because of chronic malnutrition. In 1983, only 8% of infants were exclusively breastfed at three months. Ten years later, this number had increased to 20% for children aged four to six months. The country's goal for the year 2000 is to see 50% of infants aged four to six months exclusively breastfed.

The Establishment of Key National and Regional Organizations

In 1983, as a result of a visit by the Regional Coordinator for the International Baby Food Action Network (IBFAN) from Nairobi, a group of motivated Swazi and expatriate professionals organized a breastfeeding action group. Its early activities revolved around promoting breastfeeding and implementation of the International Code of Marketing of Breastmilk Substitutes in Swaziland. Later that

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year, IBFAN Africa awarded this group a seed grant to organize into a more formal body the Swaziland Infant Nutrition Action Network (SINAN) SINAN formalized bylaws, elected officers, and appointed a multisectoral Executive Board with officers representing the Ministries of Health, Agriculture, and Education as well as the private sector and external funding organizations In 1984, the first African Regional Conference on Breastfeeding was hosted by SINAN, sponsored by IBFAN Africa, UNICEF, WHO, and others, and SINAN's reputation as a regional resource was launched

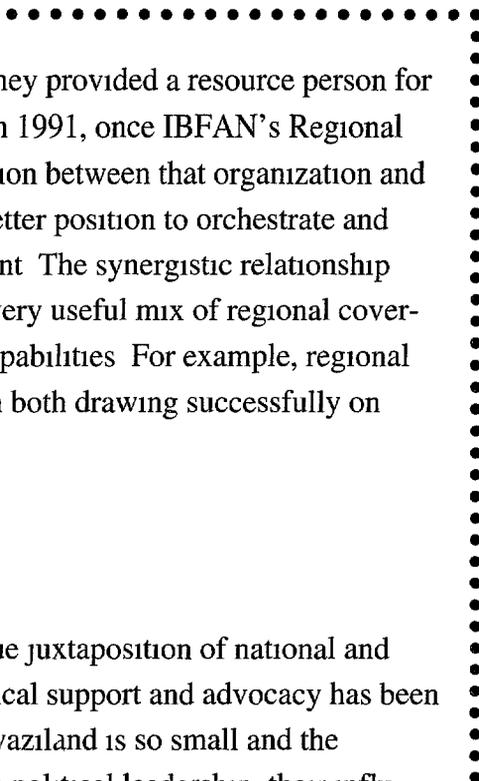
In 1986, SINAN conducted a study to determine health workers' knowledge, attitudes, and practices regarding breastfeeding It was found that knowledge of the advantages of breastfeeding was high, but in many cases health workers were not able to practically apply that knowledge That same year, IBFAN Africa sponsored a two-week training course for 22 Swazi health workers who became Breastfeeding Counselors Of this group five received additional instruction in Training of Trainers (TOT) techniques Then in 1987, three Swazi nurses, one of whom was a SINAN officer (and eventually President), entered Wellstart International's Lactation Management Education (LME) Program The team returned home with a country program plan with the following primary objectives to train health professionals in lactation management, counseling techniques, nutrition education techniques, weaning and child feeding practices, and workshop organization skills, and to train trainers to assist with the Swaziland Community-Based Training Program on breastfeeding and child nutrition

In 1988, SINAN obtained partial funding from UNICEF for its activities, and in 1989 this funding was expanded to include ongoing support of a staff member Over the course of a decade, SINAN has received additional funding for staff and activities from various sources such as UNICEF, USAID, IBFAN, WHO, and others who recognize the commitment and potential of this growing NGO Once administered entirely by volunteers, today SINAN has two full-time staff members, one providing technical and one providing administrative support

Early in 1992, IBFAN Africa's regional offices were relocated from Nairobi, Kenya to Mbabane Swaziland, one of five countries bidding for this distinction Ms Nomajoni Ntombela, a Wellstart Associate was appointed Regional Coordinator for IBFAN Africa and stepped down as President of SINAN Since that time IBFAN Africa's regional office has been located in Swaziland allowing opportunities for effective coordination with SINAN as well as the many other member organizations in the region Though SINAN's first experience as an



Photo SINAN



international training resource occurred when they provided a resource person for a lactation management workshop in Lesotho in 1991, once IBFAN's Regional Office had relocated to Mbabane and coordination between that organization and SINAN increased, Swaziland was in an even better position to orchestrate and facilitate breastfeeding activities on the continent. The synergistic relationship between SINAN and IBFAN has resulted in a very useful mix of regional coverage with local experience and organizational capabilities. For example, regional and national courses are held in Swaziland with both drawing successfully on local as well as regional talent.

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Policy Development

In the area of policy development, the unique juxtaposition of national and regional influence through SINAN's technical support and advocacy has been a powerful catalyst for change. Because Swaziland is so small and the Wellstart Associates so well connected with the political leadership, their influence at the national level, both official and unofficial, has been quite high. The SINAN President, for example, has often been included in national delegations to key regional and international meetings such as the World Health Assembly, ICN, ICPD and WHO/AFRO committee meetings.

Even when not part of an official delegation, the influence of SINAN has been felt through participation in preliminary meetings and briefings, sharing of technical documents, development of technical papers and national plans of action as part of the national reviewing body, etc. For example, in 1989 a representative from UNICEF headquarters in New York formally introduced the WHO/UNICEF Joint Statement on the "Ten Steps to Successful Breastfeeding" during a SINAN workshop. During this visit, the UNICEF representative and the SINAN President met with MOH officials and discussed the development of a national breastfeeding policy. In 1990, the Swazi Minister of Health and the National Medical Director attended the high-level conference on global breastfeeding in Innocenti, Italy, and Swaziland was among 32 nations and 10 UN agencies who were signatory to the Innocenti Declaration. Less than a year later, the Minister of Health signed the "National Policy on Infant Feeding in Health Care Practices Breastfeeding Promotion and Protection." This policy, the first of its kind in sub-Saharan Africa, was disseminated to all Swazi health care facilities and includes not only the Ten Steps, but formally endorses the International Code of Marketing of Breastmilk Substitutes as well.

In 1994, Wellstart Associates vigorously and successfully lobbied the Swazi government to block the opening of an infant formula factory in Swaziland. SINAN and IBFAN, as members of the National Nutrition Council, provide

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technical support and advice to the Cabinet on nutrition issues. For example, they successfully argued for regulation of the use of breastmilk substitutes donated during the drought and kept them from being used for infants. Again, the combination of a country-level model, strong advocacy, and technical expertise within Swaziland with access to regional and global policy dialogue and decision-making has resulted in positive impact both at home and abroad.

Development of a Lactation Clinic and Curriculum Reform

On the heels of the signing of the National Breastfeeding Policy, the SINAN President returned to Wellstart as an Advanced Study Fellow in 1991 along with a second team of Swazi health professionals that consisted of representatives of the MOH and Ministry of Agriculture, the Chief Medical Officers of Mbabane Government Hospital and Mbabane Public Health Unit, and the current SINAN Administrator. Wellstart was continuing to contribute to the breastfeeding promotion movement in Swaziland by developing a critical mass of trainers with a scientific foundation in lactation and to furnish the organization with a supply of breastfeeding education and resource materials. Technical assistance with program planning also helped to strengthen SINAN as a technical support organization. The second Swazi team of Associates returned home with plans to create a breastfeeding clinic at the Mbabane Government Hospital.

After a persistent campaign to sell the idea of a Lactation Management Clinic to hospital administrators and policy-makers, SINAN was provided with space adjacent to the maternity wing of the Mbabane government hospital in 1992 for its combined offices and breastfeeding clinic. The Lactation Clinic provides breastfeeding management support to the nursing staff of the maternity and children's wards, and provides services for Mbabane Hospital maternity patients and patients referred by outside doctors, outpatient clinics, and others. The Clinic serves as a clinical training and outreach resource for SINAN, IBFAN, and other interested groups. For example, the proximity of the Clinic to the Swaziland Institute of Health Services offers numerous opportunities for training and modeling of lactation management to students of nursing and midwifery.

Though there is no medical school in Swaziland, the Swaziland Institute of Health Sciences in Mbabane is affiliated with the University and graduates approximately 30 nurses and 30 midwives annually, and there are several nursing schools throughout the country. A Wellstart Associate Lecturer in Midwifery at the Institute has introduced breastfeeding into the curriculum and has participated in the regional development of a training manual for communities.

Involvement in the Baby Friendly Hospital Initiative (BFHI)

A BFHI Task Force was formed as a subcommittee of the National Nutrition Council, and three out of the eight original members were Wellstart Associates. Ms. Ntombela returned to San Diego in 1992 to participate in the first Wellstart/WHO/UNICEF-sponsored BFHI Master Assessor/Trainer Workshop. The six main government hospitals and Regional Public Health Units in Swaziland took part in the initial BFHI self-assessment phase in 1991–92. Following intensive BFHI training of health workers in 1992–93 (a total of 267 health workers participated in the 18-hour course), a team of 10 national BFHI assessors attended a three-day training conducted by Wellstart Associates. BFHI assessment was carried out in 1994 and of the six pilot hospitals, four were designated Baby Friendly. In 1995, 20 people underwent two weeks of training to become BFHI national trainers.

One of the hallmarks of Swaziland's approach to the BFHI, and one of the ways in which this country has influenced the region, has been the creativity with which the "baby-friendly" concept has been applied in a wide variety of settings. By disregarding supposed limitations, Swaziland was able to expand the basic guidelines and implement them in some unlikely places. For example, SINAN helped a local fruit and juice company to become Baby Friendly by opening a day care center for breastfeeding babies of the predominantly female staff. Transportation services, primary and secondary schools, clinics, etc. have been designated Baby Friendly and the term itself has become a household word. Schools have been involved as a support system (Step 10), and training and sensitization efforts with local trade unions are resulting in maternity leaves being viewed as part of the national development strategy. Also, the full assessment methodology has been successfully applied to atypical maternity facilities, sites where deliveries occur, often simply thatched-roof huts, have been designated Baby Friendly.

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Towards a National Breastfeeding Center

Based on the results of a 1993 LME Program technical assistance visit and the recommendations of SINAN and IBFAN Africa, a third team from Swaziland entered Wellstart's LME Program in 1996. This team consisted of three



Photo: Wellstart

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MOH health professionals (a senior medical officer in charge of public health services at the national level, a nutritionist, and a health educator) and the SINAN coordinator IBFAN hoped to strengthen the pool of regional trainers not only for southern Africa, but for all of Anglophone Africa. Among this team's objectives upon finishing the LME entry course was to establish a National Breastfeeding Center to be staffed by a National Lactation Management Team. Both the National Center and Lactation Management Team would come under the direction of the MOH and the National Nutrition Center, and would serve as a technical resource for both IBFAN and SINAN. Additionally, the lactation management clinic at Mbabane Hospital would serve as a model for a series of similar clinics in each of the five remaining primary government health care facilities. Counseling and interpersonal skills development continue to be SINAN priorities. SINAN participates in scheduling the physicians for counseling and in regular "grand rounds" to discuss current issues. Even the Superintendent of the Mbabane Hospital, a Wellstart Associate, regularly finds time to do counseling and participate in SINAN activities.

Another key component of the Breastfeeding Center relates to materials. Written and audiovisual materials provided to SINAN and the Associates over the years such as the reprints (first monthly and now quarterly) have also become part of SINAN and IBFAN's Resource Centre, serving both the region and the country. For example, UN agencies interested in information on breastfeeding are aware of the Resource Centre and have access to its collections.

Innovation within a Traditional Health Care System

Perhaps the single most effective strategy applied by SINAN and IBFAN has been their creative use of the traditional health care system for community outreach. Realizing that traditional healers and other

community health workers form the backbone of their country's medical system, they have utilized these groups to the greatest possible degree, recognizing that they provided the best means for face-to-face social mobilization, and the most efficient and cost-effective vehicle for the breastfeeding promotion message. Lactation management education and training has been provided to the following groups, which form a powerful network of community-based advocates, service providers and referral to the more formal health care system: 6,000 Rural Health Motivators, Traditional Birth Attendants (46% of deliveries take place at home), Agricultural Extension Workers, Home Economist



Photo: Wellstart



Extension Workers (within the Ministry of Agriculture), Traditional Healers (there are 2,500 members of the Traditional Healers Organization, and 80-85% of the population is believed to visit Traditional Healers)

In addition, a wide variety of SINAN field staff, and community health and social workers, including nurses, nutritionists, university students, and mothers have received up to two weeks of training to become Breastfeeding Counselors. SINAN also provides continuing education in lactation management for physicians who work in the community. These groups are very active in forming Mother Support Groups to visit hospitals and work in their communities.

Other community outreach activities have included publication of a newsletter, production of a poster summarizing the National Breastfeeding Policy in 15 points in SiSwati and English, production of t-shirts, bumper stickers, and leaflets, and participation in a variety of meetings and events where breastfeeding can be promoted. The local newspaper has donated space for SINAN to advertise its location and services. SINAN also coordinates regional activities for country-wide celebrations of World Breastfeeding Week that include media campaigns, radio and TV interviews, and BFHI awards ceremonies. It is estimated that over 10,000 people are reached through these activities annually.

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Lessons Learned

- *It is both important and feasible to effectively combine traditional and modern health care elements in one comprehensive system.* Building on existing resources and systems and involving key groups of traditional healers and community workers as well as physicians, nurses and nutritionists is a more successful strategy than creating two parallel systems. By giving the more traditional groups the necessary skills, materials and motivation to incorporate quality messages on infant feeding into their existing efforts, the greatest coverage and impact can be achieved.
- *A multifaceted approach results in creative, sustainable results.* Linking policy, advocacy, community and training together at every opportunity and in creative ways creates the most effective and sustainable results. Having a group such as SINAN function as a technical and organizational hub for all of these interrelated activities helps to ensure quality, consistency, and an ongoing process that builds on past experiences and expertise (e.g. HIV/AIDS and breastfeeding).



Photo: Wellstart

- *Facilitating regional training utilizing a network of master trainers is a very cost-effective approach* IBFAN utilizes an approach that is based on matching regional trainers with needs, capitalizing on the strong cadre of technical experts within the participating membership. Depending upon the need and the resources available, courses can either be provided centrally in Mbabane or at the requesting site with experts from other countries within the region being brought in as guest faculty.
- *NGOs can work effectively with governments as partners* Both SINAN and IBFAN have demonstrated how possible and powerful it is to combine forces with government at all levels (Ministries of Health, Agriculture and Education, Parliament, Ambassadors, official delegations to international policy conferences, etc.) Establishing and maintaining good communication and personal relationships is essential and takes ongoing cultivation and advocacy skills. The importance of paying attention to the little details and the “personal touch” should not be underestimated. Furthermore, it is crucial that the relationship between NGOs and government be viewed as mutually beneficial and nonterritorial, with minimal burden on either side. SINAN’s efforts in training on advocacy and networking have effectively demonstrated this, and the results have been exceptional.
- *Team building and coordination of efforts results in a widespread, sustainable effort* Creative team building and linkages to as wide a variety of governmental and nongovernmental resources as possible, both within the country and the region, is useful. Strategic alliances take time to foster and to manage, but they are worth the effort in terms of stretching available resources, minimizing duplication of effort and expanding coverage and reach.
- *Creativity does not need to be expensive* SINAN has utilized volunteers and a small staff with various modes of inexpensive motivation for behavior change very creatively and effectively. For example, the “baby-friendly” concept has been useful in galvanizing change in a variety of settings. Songs, dances, festivals involving school children, etc. have all been used successfully to influence policy makers and the culture in general, as well as to stimulate demand for health services that are more supportive of breastfeeding. By combining forces and working closely together (often under one roof), expenses can be kept low and funding can be shared. For example, SINAN has teamed up with SHAPE (a local HIV education program), IBFAN, and others to maximize results.
- *Building the technical capability of key leaders is also cost effective and helps to ensure long-term results* Even when key people have left their positions at SINAN or IBFAN, they have carried their improved knowledge, skills and motivation with them for use in the promotion of breastfeeding, both formally and informally, wherever they go. For example, several Wellstart Associates have taken on the following new positions: Hospital Superintendent, National Deputy Director of Health Services, Chair of the BFHI Task Force, EPI Manager, Technical Officer at FAO in Rome, Acting National Breastfeeding Coordinator, Nutrition Council Manager, and Reproductive Health Coordinator for the WHO Swazi country office. In each case, they continue to promote, protect, and support breastfeeding, and to coordinate with SINAN and IBFAN in mutually beneficial ways such as networking, sharing of information, policy dialogue and advocacy.

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