

# BECOMING BREASTFEEDING FRIENDLY IN GHANA

Findings and Recommended actions for scaling up promotion, protection, and support of breastfeeding



## Background to Ghana BBF Report

The latest review of existing epidemiologic evidence, published in the *Lancet* journal demonstrated that Breastfeeding in early childhood has several benefits for children, their mothers, and entire communities across the life cycle.<sup>1</sup> However, breastfeeding rates in Ghana and elsewhere around the world remains suboptimal.<sup>2</sup> Robust monitoring and assessment of breastfeeding practices and services is critical for improving breastfeeding performance at country level.<sup>3</sup> The Becoming Breastfeeding Friendly (BBF) Toolbox is an evidence-based process for assessing country readiness to scale up breastfeeding promotion, protection, and support.<sup>4</sup>

In 2017, Ghana completed its first BBF country assessment. An overall score of 2.0 out of 3.0, showed that Ghana had a moderate scaling up environment to promote, protect and support breastfeeding.<sup>5</sup> Key gaps that were identified and prioritized to be addressed in the 2017 BBF assessment were inadequate advocacy and promotion of breastfeeding; deficiencies in policy and implementation of policies/legislation, e.g. inadequate duration of maternity Leave in Labour Law (Act 651); Government of Ghana's failure to endorse the ILO maternity protection convention 2000 (No. 183); and suboptimal resource allocation to breastfeeding programming in Ghana (see document number 5).

A follow-up BBF assessment has been completed in 2018 using the same procedure as in the 2017 BBF. A 14-member BBF expert committee drawn from multiple agencies and sectors utilized existing evidence to score breastfeeding policy and program performance using a rigorous consensus process. In between the committee meetings, smaller teams of experts worked tirelessly to identify data, score performance and propose recommended actions for each BBF Gear.

## Who is this policy brief for?

MOH/GHS, UNICEF, WHO, ILO, GINAN, MGCSP, MELR, TUC, and relevant institutions

## Why was this policy brief prepared?

The Becoming Breastfeeding Friendly Project identified gaps in national breastfeeding programming. The recommended actions have been prepared for decision makers to contribute to addressing the gaps

## This evidence-based policy brief includes:

- Overview of Ghana's breastfeeding situation
- Process and findings of the BBF process
- Recommended key actions to scale up breastfeeding

## References

1. Rollins NC, et al. *Lancet*. 2016;387(10017):491-504.
2. Ghana Statistical Service (GSS), et al. *Demographic and Health Survey 2014*.
3. Escamilla RP, et al. *Adv. Nutr.* 2012;3:790-800.
4. Perez-Escamilla R, et al. *Matern. Child Nutr.* 2018;
5. Aryeetey R, et al. *International breastfeeding journal*. 2018;13:30.

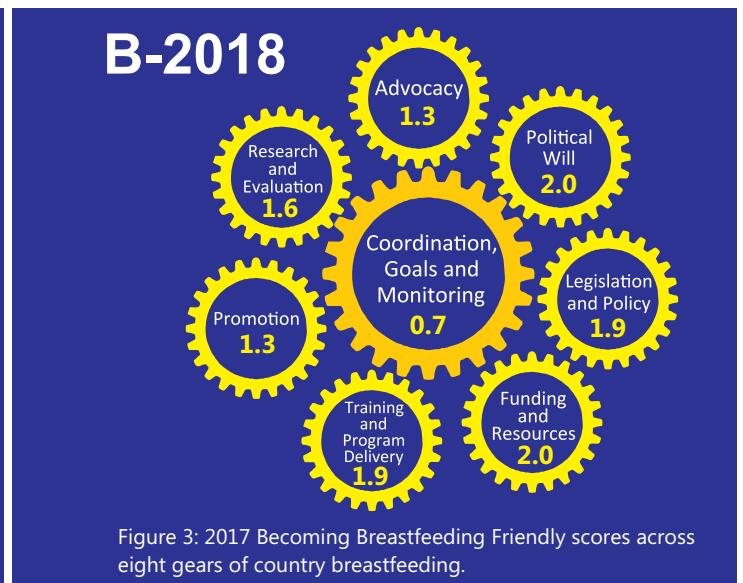


Figure 1: Process for Becoming Breastfeeding Friendly assessment in Ghana



# 2018 BBF Findings

Figure 3 below shows the outcome of the 2018 BBF gear scores. In 2018, Ghana retained an overall BBF rating of moderate scaling up environment, similar to the finding in 2017. However, the average, total score across the 8 gears declined from 2.0 to 1.6 out of the maximum score of 3.0. Key reasons for this change in total score include limited evidence of coordination across programs and institutions, resulting in marked decline in the gear score for coordination (figure 1), and minimal changes to the BBF scoring protocol between BBF1 and BBF. Further, five gears had decreased scores and the other three remained at same score or increased.



Gear Total Score	Interpretation
0	Gear not present
0.1 to 1.0	Weak Gear Strength
1.1 to 2.0	Moderate Gear Strength
2.1 to 3.0	Strong Gear Strength

## Gaps identified in 2018 BBF assessment

The BBF Committee identified several gaps in policy and implementation of programs (see document number 5). The key gaps identified were:

1. Inadequate advocacy and promotion about breastfeeding
2. Insufficient allocation of funds to breastfeeding programs
3. Inadequate number and skill of trained personnel in breastfeeding
4. Weak system of coordination among key stakeholders in breastfeeding
5. Unanswered questions in breastfeeding requiring research evidence

## Recommendation from 2018 BBF assessment

Based on the identified gaps, recommendations were suggested by the committee for action (see document number 3). Below is the prioritized list of recommendations based on feasibility, affordability, and effectiveness.

1. Ensure strong and sustained promotion environment for breastfeeding
2. Ensure adequate funding and resources are allocated for breastfeeding promotion, protection and support in Ghana
3. Ensure strong institutional and individual capacity for service delivery and accountability
4. Ensure coordination and partnership across key stakeholders
5. Ensure decisions on breastfeeding policies and program are evidence-informed.

# BBF 2018 PRIORITIZED RECOMMENDATIONS



The recommendations below have been prioritized based on feasibility, affordability and effectiveness

## 1 Ensure strong and sustained promotion environment for breastfeeding

### I. What changes are needed?

- Finalize, disseminate, and implement national communication strategy for breastfeeding
- Increase use of and innovative strategies delivered via diverse media channels for communicating breastfeeding information

### II. Why are the changes needed?

- To bring needed attention to breastfeeding, keep it on the socio-political agenda, and generate/sustain political will

### III. How will the changes be achieved?

- Identify and equip highly visible champions for breastfeeding communication.

### IV. Who should be responsible for action?

- GHS Health Promotion Department

## 2 Ensure adequate funding and resources are allocated for Breastfeeding promotion, protection, and support in Ghana

### I. What changes are needed?

- Increased Government of Ghana share of expenditure on breastfeeding interventions
- Increased donor funding and support for breastfeeding interventions
- Increased allocation of expenditure for:
  - Timely designation and re-assessment of the maternity facilities
  - Code monitoring and enforcement
  - Capacity strengthening for service delivery in all relevant sectors

### II. Why are the changes needed?

- To allow for effective implementation of breastfeeding activities, and promote appropriate breastfeeding practices

### III. How will the changes be achieved?

- Develop and implement advocacy and resource mobilization strategy
- Monitor and track implementation of advocacy actions
- Monitor and track funds utilization
- Establish a clear mechanism for the management of the fund.

### IV. Who should be responsible for action?

- Government agencies (Health, Gender, Labour)  
Civil Society (local and international NGOs)  
United nations agencies (WHO, UNICEF, WFP)



## 4

## Ensure coordination and partnerships across key stakeholders

## I. What do we want to achieve?

- Stronger collaboration between Ghana Health Service and Food and Drugs Authority, and other relevant agencies for code monitoring and enforcement.
- An inter-agency group (including Ministry of Gender and Social Protection, Ministry of Employment and Labor Relations and civil society groups, trade unions) established to coordinate, monitor, and enforce the maternity protection provisions in the national Labour law.
- National Labour law revised to ensure workplaces provide accommodations and facilities that support breastfeeding while at work.
- Employers include maternity protection as part of key performance indicators.
- National BFHI Authority institutionalized with a clear government mandate, terms of reference, standard operating procedures, annual work plan, and monitoring.
- Established mechanism through which recommendations of National BFHI Authority are publicly reported and incorporated into the programs of implementing agencies for accountability.

## II. Why are the changes needed?

- Stronger and better coordination of partnerships across multiple relevant sectors will improve accountability and sustained outcomes

## III. How will the changes be achieved?

- Empower National BFHI Authority to coordinate actions across sectors

## IV. Who will be responsible for action?

- National BFHI Authority
- Ghana Health Service

## 5

## Ensure decisions on breastfeeding policies and programs are evidence-informed

## I. What do we want to achieve?

- Research commissioned to clarify key questions to support policy and implementation of breastfeeding program (see document 5 for key unanswered questions to support decision making in breastfeeding).
- Additional relevant indicators included in Breastfeeding evaluation and monitoring systems (eg DHIMS/DHS/MICS) and publicly reported (suggested indicators include initiation of skin-to-skin contact at birth).

## IV. Who will be responsible for action?

- University of Ghana
- Ghana Health Service
- Ministry of Health

## II. Why are the changes needed?

- Better decisions can be developed and implemented if influenced by strong and contextual evidence.

## III. How will the changes be achieved?

- Advocate for public reporting of breastfeeding situation in Ghana.
- Ensure all facilities and institutions (including private health facilities) report key breastfeeding indicators through DHIMS.
- Advocate for revised Coding of BCC indicators in DHIMS so it explicitly outlines breastfeeding messages disseminated.

**I. What changes are needed?**

- Wider dissemination of national breastfeeding guidelines and standards to frontline service providers and institutions.
- Frontline health workers trained on breastfeeding guidelines and standards, especially, provisions of the international code of marketing of breast milk substitutes.
- Existing regulations revised to be consistent with best practices that support optimal breastfeeding, and implemented/enforced (see document number 5 for strategic actions concerning regulations needing revisions).
- Enhanced pre-service training on essential breastfeeding competencies.
- Sustainable program of regular need-based in-service training for facility- and Community-based Health Professionals.
- Accredited Continuous Professional Development courses in breastfeeding and lactation (online, face-face) to meet needs of diverse professionals in health and other relevant sectors developed and implemented.
- Sustainable system for training and certifying Master trainers at every level to ensure quality knowledge and skills transfer, developed and implemented

**II. Why are the changes needed?**

- Enhanced training and accountability is needed to ensure quality service delivery at all levels

**III. How will the changes be achieved?**

- Enhance curricular of all pre-service health provider training institutions to include all the essential breastfeeding topics (see document 5)
- Ensure adequate contact time for breastfeeding during pre-service training
- Build capacity of trainers involved in pre-service and in-service training
- Utilize diverse training options including eLearning
- Sensitize and strengthen accreditation processes for pre-service training institutions, in-service accrediting councils (National accreditation board, Medical and dental council, nursing and midwifery council), and medical schools/colleges, nursing schools/colleges, other pre-service training institutions.

**IV. Who should be responsible for action?**

- Ministry of Health
- Ministry of Education



## 2. BBF 2018 Full list of recommendations

1. Promote utilization of multiple and diverse media to ensure wide coverage of dissemination of breastfeeding information.
2. Improve wide dissemination of national breastfeeding guidelines and standards to frontline health workers.
3. Establish a national network of breastfeeding advocates.
4. Ensure strong collaboration between key stakeholders including (GHS, FDA, MGCSP, MELR, and others).
5. Revise existing regulations to be consistent with best practices that support optimal breastfeeding and implement the laws fully.
6. Establish an inter-agency group (including Ministry of Gender and Social Protection, Ministry of Employment and Labor Relations and civil society groups, trade unions) to coordinate, monitor, and enforce the maternity protection provisions in the national Labour law.
7. Advocate for ratifying the ILO convention on maternity protection (No 183).
8. Advocate for 24 weeks paid maternity leave.
9. Advocate to Government and key partners to allocate sufficient funding for Breastfeeding promotion, protection and support in Ghana.
10. Enhance curricular of all pre-service health provider training institutions to include all essential breastfeeding topic.
11. There should be regular need based in-service training for Facility and Community based Health Professionals on essential breastfeeding topic.
12. Develop and implement accredited Continuous Professional Development courses in breastfeeding and lactation (online, face-face).
13. Master trainers should be provided at every level and to establish a sustainable system for training master trainers.
14. Activities related to breastfeeding should be properly integrated into existing outreach programs and provided with the necessary funding and resources.
15. Commission research to clarify unanswered questions to support implementation of breastfeeding program.
16. Develop clear terms of reference, standard operating procedures, annual work plan and Monitoring framework for the National Breastfeeding Authority/committee.
17. Establish a mechanism through which findings/recommendations of the National Breastfeeding Authority are publicly reported and incorporated into the programs of implementing agency and to hold implementing agencies accountable.
18. Advocate for inclusion of additional relevant indicators into Breastfeeding evaluation and monitoring systems (eg DHIMS/DHS/MICS) and publicly report these indicators.

# BBF 2018: APPENDIX TO POLICY BRIEF

## Policy and Program gaps identified through BBF process

1. Lack of coordinated action across stakeholders
  - i. sub-optimal collaboration across key sectors such as GHS and FDA.
  - ii. The national Coordination body (National BFHI Authority) has not met in the past 12 months and is not sufficiently coordinating activities across stakeholders
  - iii. There is not adequate advocacy due to the lack of a strong network of breastfeeding advocates
2. Insufficient allocation of funding and resources from government for breastfeeding action.
3. Breastfeeding promotion is typically limited to the month when World Breastfeeding Week is celebrated.
4. National Labour law is not consistent with the ILO Maternity protection Convention 2000 (No 183)
5. Ghana has not ratified the ILO maternity Protection convention 2000 (No. 183)
6. Women in Ghana do not have opportunity for sufficient duration of paid maternity leave; most women are not able to access the 12 weeks of maternity leave provided for in the Labour law.
7. Pre-service curriculum does not include all the necessary information and competencies needed to promote, protect and support breastfeeding; some pre-service training curricula does not provide adequate contact duration for learning about breastfeeding and lactation.
8. There are unanswered questions that require research to generate evidence to inform decisions on breastfeeding policy and programs.

## Identified need for changes in existing legislation relevant for breastfeeding scale-up

1. Incorporate subsequent revisions of the International code of marketing of breast milk substitutes into breastfeeding promotion regulation.
2. Revise National Labour Law (Act 651) to be consistent with ILO Maternity protection Convention 2000 (No. 183).
3. Develop a framework for how paid maternity leave is enforced in the private sector.
4. Monitoring of the International Code of Marketing of Breast Milk Substitutes should be prioritized as part of routine market surveillance by the Food and Drugs Authority, Ghana Health Service and other relevant agencies
5. Violations and sanctions of the Breastfeeding Promotion Regulation should be publicly reported by the Food and Drugs Authority

## Essential Breastfeeding Topics for Pre-Service/In-Service training

- Factors that influence breastfeeding.
- Care and support during the antenatal period.
- Intra-partum and immediate postpartum care to support and promote successful initiation of lactation.
- Diets/nutritional needs and counseling of pregnant and lactating women.
- Milk production.
- Benefits of optimal breastfeeding.
- Breastfeeding guidance.
- Managing common breastfeeding problems.
- Successful lactation in the event of maternal medical conditions, medication and/or treatments, or special situations.
- Contraception options compatible with lactation.
- Sustain lactation during maternal and infant separation periods, including during hospitalization or illness of mother or child and when returning to work or school
- The *International Code of marketing of Breast-milk Substitutes* and World Health Assembly (WHA) resolution, current violations, and health worker responsibilities under the Code.
- Communication and counseling skills.
- Group education skills related to breastfeeding and maternal nutrition.

## 3b: Essential Breastfeeding Topics for Clinical Practice

- Observe a breastfeeding session.
- Help a mother to breastfeed.
- Help a mother learn the skills of hand expression.
- Practice communication skills with pregnant and postpartum women.

## Unanswered questions in breastfeeding

1. Establish/identify sub-groups vulnerable to sub-optimal breastfeeding in Ghana
2. Conduct mapping of all CSO/NGO's who have implemented breastfeeding programs/activities in Ghana in the past 5-10 years, and what they achieved to learn lessons
3. To determine what duration of maternity leave in Ghana is most cost effective
4. To identify which categories of women in Ghana can access maternity leave and which categories are not able to access this.
5. What is the awareness and capacity of trade unions on maternity protection and what they can do to address gaps in maternity protection.
6. Synthesis of existing data on Breastfeeding protection, promotion, and support to inform advocacy efforts
7. How evidence or findings from the research is used to inform policies and interventions