

Becoming Breastfeeding Friendly (BBF): A Guide to Global Scale Up Pretesting in Ghana

The BBF guides countries with assessing and scaling up their breastfeeding protection, promotion, and support programmes nationally.

Breastfeeding in Ghana:

- Breastfeeding saves lives by reducing the risk of disease and death of mothers and infants during the first few months of life and into childhood and adulthood.
- The World Health Organization recommends initiation of breastfeeding within the first hour after birth and exclusive breastfeeding (i.e. breastmilk only) for the first 6 months of a child's life.
- Exclusive breastfeeding rates in Ghana have been strong over past decades, however rates are now declining. Currently, only 56% of Ghanaian infants are introduced to breast milk within 1 hour of birth and just 52% of infants under 6 months are fed exclusively with breastmilk. Additionally, there are widespread misperceptions about the practice and benefits of breastfeeding.

BBF Objective: Understand why breastfeeding rates are suboptimal and recommend how to improve them through large scale programs.

BBF:

- Provides low, middle, and high income countries with an evidence-based index comprised of 54 benchmarks and 87 case studies, identified from a multitude of countries.
- Helps guide the development and tracking of large-scale, well-coordinated, multi-sector, national breastfeeding promotion programmes.
- Based on the Breastfeeding Gear Model^a that stipulates eight “gears” – Advocacy, Political Will, Legislation & Policies, Funding & Resources, Training & Program Delivery, Promotion, Research & Evaluation, and Coordination, Goals & Monitoring – that must be at work and in harmony for large-scale improvement in a country's national breastfeeding program:
 - Evidence-based advocacy generates political will to enact policies and legislation needed to protect, promote and support healthy breastfeeding practices;
 - These bring about resources to encourage workforce training and program delivery, as well as promotion through media outlets;
 - Research and evaluation maintain the quality and success of the programs; and
 - A coordinating master gear keeps the multisectoral program(s) on track by setting and monitoring goals, facilitating the flow of information across gears, and providing timely feedback on actions needed to improve or sustain the quality of large scale programs
- BBF not only assesses and measures, but also supports countries to scale-up BF programmes through step-by-step criteria.



BBF in Ghana:

- A committee of experts convened, representing the Ghana Health Services, Komfo Anokye Teaching Hospital, World Health Organization, Korle-bu Teaching Hospital, University of Ghana, World Food Program, UNICEF, USAID, and the FDA.
- Four in-person committee meetings held to assign gears, develop plans to collect data, score benchmarks through a consensus building process, and calculate the strength of each gear.
- Following the final BBF scoring, the committee identified gaps and made recommendations.
- The 5th and final meeting is a call to action to share the results of the BBF and deliver recommendations to key decision makers.



BBF Metric Results:

The final benchmark scores for the eight gears show that Ghana is strong in breastfeeding Advocacy, Political Will, Legislation & Policies, and Coordination, Goals & Monitoring. The country is moderately strong in Funding & Resources, Training & Program Delivery, Promotion, and Research & Evaluation. Overall, Ghana has a national scaling up environment that is moderately strong (score = 1.997): progress can be made to scale up breastfeeding protection, promotion, and support in the country.



Key recommendations:

1. Strengthen breastfeeding advocacy efforts and empower potential champions
2. Strengthen BFHI: Support ongoing decentralization of BFHI implementation process
3. Strengthen training and program delivery: Ensure content of all training programs curricula maintains adequate program standards for breastfeeding
4. Strengthen breastfeeding monitoring and reporting: maintain a surveillance of trained personnel and training activities
5. Strengthen maternity protection: adopt ILO Maternity Protection Convention 2000, (No. 183) and increase paid maternity leave duration to at least 14 weeks
6. Strengthen the WHO Code by ensuring strong monitoring at all levels
7. Enhance behaviour change communication activities by engaging multiple provider constituencies including retired staff and community-based volunteers

^a Pérez-Escamilla et al. *Adv Nutr* (2012)