



A successful start in life

Improving breastfeeding in West and Central Africa

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A successful start in life: improving breastfeeding in West and Central Africa

Appropriate breastfeeding and complementary feeding practices are fundamental to child health, growth, development, and survival. Exclusive breastfeeding from the birth to six months has the potential to prevent 13 per cent of child mortality, according to The Lancet (2006) and it is estimated that the lives of at least 1.2 million children worldwide would be saved every year¹.

However, large numbers of children living in West and Central Africa (WCA) do not benefit from these practices.

Even though almost all children are breastfed, only one third initiate breastfeeding within the recommended first hour after birth, and less than one fourth are breastfed exclusively during the first six months of life² (21 per cent compared to 38 per cent in developing countries).

Low exclusive breast feeding and high infant malnutrition

Together with a daily diet poor in micronutrients after six months and inadequate access to health care and poor sanitation, non exclusive breastfeeding compromises the nutritional status of children. As a result, an estimated 40% of under-fives are stunted in Western and central Africa and more than 60%--in some countries more than 90%-- are anemic. These children will thus not attain their potential to learn and earn throughout their lives³.

In Chad, only 2 per cent of the children are exclusively breastfed, in Niger they are 4 per cent, and in Burkina Faso 7 per cent of the children benefit from EBF in the six first months of life.

But why is there such a difference between the very high level of breastfeeding and the very low rate of exclusive breastfeeding practices in countries like Niger? "First of all because it is very hot in Sahelian countries and it is common sense to think that no living being can survive without water", explains Gwenola Desplats, a UNICEF nutritionist dedicated to infant and young child feeding practices in Niger.

Most of the time, children are taken away from their mother quickly after delivery and the first milk or colostrums is not given to the baby because it is considered to be toxic. This is an example of local beliefs and practices having a harmful effect on the child's health and nutrition. Gwenola Desplats explains the risk of this practice. "This is just for a few days, but unfortunately these days are crucial, as the colostrum is full of essential fatty acids and antibodies necessary for the baby's health."

When the clear milk finally comes, then the mother begins to breastfeed the child. She also often gives the child water or other fluids to drink. Often as early as four months of age, many women start to give other foods to their baby.

¹ Breastfeeding, Just 10 steps, the baby-friendly way, WABA 2010.

² UNICEF, Tracking progress on child and maternal nutrition. A survival and development priority, 2009.

³ World Health Organization, Worldwide prevalence of anaemia 1993-2005 : WHO global database on anaemia, 2008

Negotiation for slight changes

It is sometimes harder to obtain a slight change of behavior than a big one. These changes demand skills in negotiation: “Women are working a lot in Sahelian countries and do not have time to breastfeed eight to twelve times a day. They would carry their baby in their back; they would rock them to sleep, so that the child cries less. But at the end of the day, the child eats less than it should”, explains Gwenola Desplats.

Many women in Sahel, who have their first baby as they are very young, have a poor daily diet and suffer from anemia and other micronutrients deficiencies. They are weak and tired and may not adequately breastfeed their child. The amount of breast milk produced is related to water intake and stimulation received. Very few women cannot produce enough breast milk for their child. So, despite the conditions in Niger for example, there are 50% of children who are not malnourished and are relatively well-fed.

In such contexts, disseminating the information is not enough to change these old habits. Lactating women need support at least with enriched food and time to take care of their child and to rest.

Success stories in WCA

UNICEF and its development and government partners are working on various fronts to improve breastfeeding and complementary feeding practices. A key ingredient for these successes were effective behavior change communication (BCC) programs that not only provided information on the benefits of optimal breastfeeding practices to mothers, but that also created a supportive environment to enable women to engage in new practices.

In developed countries, most of the women can get information and support to start breast feeding in the maternity where they give birth. But here, “even in medical facilities, health workers are not always convinced that breastfeeding is essential, and this is one of our most difficult challenges”, Gwenola Desplats says. “It is crucial that the message comes from different legitimate sources. Because women would not believe a community volunteer if a health worker says differently.” To ensure adoption of good practices, it is critical to intervene at all levels.

In contexts where very few mothers deliver in health facilities, UNICEF is strongly promoting exclusive breastfeeding at community level through networks of volunteers who encourage women to adopt optimal practices and help them to negotiate with their social environment.

The need for evidences and success stories

“We have to prove that our recommendations will have positive effects on the child, we have to show evidence. We are all alike; we are not ready to change if we are not sure that it will be for something better”, comments Gwenola Desplats. “The most difficult is to convince the first mother to try EBF in a village.” This is why volunteers would negotiate with every single mother by saying: “You do not believe that your child can survive without drinking water? Try for three days, and we will see if it works.”

And it works most of the time. Children who are exclusively breastfed are in better shape, bigger and healthier. This result will lead other women to follow the track and little by little in the villages women are ready to move forward.

These practices are even more crucial during food and nutritional emergencies, such as the crisis that affects Sahelian country in 2010. To protect the lives of the young children, it is critical to protect and promote these optimal feeding practices which have no cost but a dynamic impact.

In fact, the region is home of several success stories. For instance, the proportion of children younger than 6 months who exclusively breastfeed increased from 7% in 1995 to 54% in 2005 in Ghana, and from 10% to 43% in Benin during the same time period. In Mali, exclusive breastfeeding has now reached 38 percent. Significant progress has been made, but a lot more needs to be done to ensure best practices.

The right way to breast feed / how to encourage breastfeeding practices

This year, twenty years after the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, the World Breastfeeding week focuses on the role of the ten steps in improving breastfeeding rates in particular in health facilities and baby-friendly hospitals. In collaboration with UNICEF and WHO, WABA reminds the following advices to make breastfeeding the easy choice:

- Immediately after birth, women should be given their babies to initiate breastfeeding and allow the skin to skin contact to protect the newborn's body temperature.
- The mother should be shown how to position and attach her baby at the breast to prevent difficulties such as sore nipples and insufficiency of milk.
- Mothers should not have any restriction placed on the frequency or length of their babies' breastfeeds and breastfeed as often as the baby wants.
- A newborn should not be given any food or drinks other than breast milk unless it is medically indicated.
- The critical role of colostrums in the first feedings should be emphasized.
- Within six hours of delivery, mothers should be shown how to express their milk, to initiate and maintain lactation.

Key indicators on nutrition and breastfeeding

	Under five years old children (in thousands)	Under five infant mortality (in thousands) ¹	Children with low birthweight (%) ²	Wasting (acute malnutrition) among under five children (%) ³	Stunting (chronic malnutrition) among under five children (%)	Under six months children exclusively breast fed (%)	Early initiation of breastfeeding (%)	Breastfed with complementary food (6-9 months)	Still breastfeeding (20-23 months)
Burkina Faso	2,934	168,7	16	19	36	7	20	50	85
Mali	2,207	193,8	19	15	38	38	46	30	56
Mauritania	475	17,7	34	7	32	16	60	72	-
Niger	3,121	166,6	27	12	47	4	38	66	-
Chad	1,985	209,0	22	12	41	2	34	77	65
WCAR	66,795	2,596	16	11	40	22	36	70	45
World	634,631	8,772	16	13	34	37	39	57	49

Source : UNICEF SOWC 2010

¹ SOWC,

² Under 2,5 kg

³ Acute malnutrition includes moderate and severe forms

Breast milk, the best combination for babies

Breast milk is the one and only natural, complete and complex nutrition for human infants.

To date, we have identified over 200 components in breast milk and each plays a role not only in the baby's nutrition, but also in general development and growth as well as the development of the immune and nervous systems. It provides all the calories the baby needs in the first six months and a perfect combination of proteins, fats, carbohydrate and fluids.

Its chemical formulation is easy to digest and breastfed babies have less digestive troubles and colic. Breast milk contains antibodies that can protect infants from bacterial and viral infections and it helps the child to fight germs and reduces the risk of developing infections.

Breastfed babies have fewer infections in their early life, less diarrhea and vomiting, chest and ear infections because breast milk help a baby's own immune system work best.

Here is an estimation of the World Health Organization on the nutritional needs of children from birth to two years. This table shows that up to six months children do not need any other food or

Age (in months)	Daily needs in energy (Kcal)	Estimated Kcal provided by breast milk	Estimation of nutritional complementary needs in Kcal
0-2	440	440	0
3-5	475	475	0
6-8	680	410	270
9-11	830	380	450
12-24	1090	340	750

drink.

A success story in Benin

In the last years, UNICEF has supported an infant and young child feeding program in Northern Benin where child malnutrition remains a significant issue.

The adopted strategy included a national guideline on infant feeding, the strengthening of capacities at district level to improve health policies, planning, practices and coverage and an active supervision of community resource persons at the community level.



UNICEF/Benin/2007/Pudlowski

It was implemented as part of UNICEF's accelerated child survival and development strategy that aims at delivering an integrated package of low-cost and high impact essential nutritional and health interventions. It focused on four essential family practices: exclusive breastfeeding, hand washing with soap, the use of insecticide treated bed net and the use of oral rehydration solution for diarrhea.

Assessing the progress

As a result, the key breastfeeding indicators increased dramatically from 10% in 1996 to 43% in 2006. Benin is one of 13 countries worldwide that increased exclusive breastfeeding rates among children under six months by more than 20 points during this period.

In March 2010, an assessment was conducted by Judith Graeff and Kate Nightingale to evaluate the promotion of exclusive breastfeeding. It highlighted the issues these programs had to overcome and the good practices that could be replicated and scaled up.

The assessments points out the fact that disseminating information is not enough "because breast feeding is not new and women base their practice on knowledge established from generations of experience". It insists on the need to provide opportunities for dialogue and effectively solve problems to help women confront the constraints.

Identifying the key decision makers

This process has to start at the health centre level where the message given to women is sometimes confusing. “Some facility-based health providers are still giving mixed messages about the duration of EBF.”

The right strategy, says the report, should not focus only on mothers and childbearing age women “in a region where various members of the family and village leadership are the key decision makers in how young mothers will feed their infant.” Women may implement exclusive breastfeeding but they need adequate time, support and nutritional supplementation to do so.

For example, the strategies from women’s support groups that involves regularly approached the older women in the villages first before talking to young mothers. One of these groups is linked to the baby-friendly hospitals initiative and is meant to provide mothers leaving the hospital with advice on EBF.

Baby-friendly hospitals are places where skin-to-skin contact between mother and child is promoted within the first hour after the delivery, and where counseling is offered to mother to support them to breastfeed within the first hour after the birth. In Benin, 27 hospitals are certified.

The women of the support group talk first and repeatedly to the grand-mothers and mothers-in-law and approach village leaders and husbands to reinforce the support and extra nutrition women who are breastfeeding need for six months.

Breastfeeding over a long period is challenging, especially between the 4th and the 6th months. A local woman’s support group in Boko, Prakou district, has been using peer support and positive examples of healthy babies who have undergone EBF for the full six months as an effective way to communicate with new mothers and their families.

Other channels were also experimented with some success, such as community and local radio broadcasts, to inform about local initiative that work and disseminate the right messages.

But the report stresses the need to emphasize key obstacles at health centres and community levels, including “eliminating the early introduction of water and tea as well as the difficulties in continuing to exclusively breast feed from 4 to 6 months”.

Promoting exclusive breastfeeding is a long term and a daily challenge.

Chad: a mother determined to breastfeed even by 40 degrees

Moussoro, Chad - Exclusive breast feeding is feeding a baby only with maternal milk from birth to six months, and to give it no other liquid to drink.

Is that possible while living in a Sahelian region of Chad where it is 45 degrees Celsius outside? A mother has decided to try this challenge of the good sake of her baby.

Her name is Fatimé and she is 28 years old. She has four children and before the birth of her last daughter, she was like a majority of women: she thought a baby could not survive here without drinking water or juice. “It is very hot where we live and we drink a lot of water. So, I gave to my three other children water, juice and water boiled with millet and butter when they were under six months”.



UNICEF Chad/2010/Gangale

2 per cent of exclusive breast feeding in Chad

If most of the children are breast fed in Chad, the percentage of mothers who exclusively breast feed their baby starting from the first hour of life is only 2 to 4 per cent.

Fatimé followed the tradition until her daughter was born. Her new-born were kept away from her for the first days following the delivery. After, she gave hot infusions to drink “to warm up the baby’s intestines”.

She did not know that exclusive breast feeding can reduce child mortality by 13 to 15 per cent in this rank of age (according to the survey published by the Lancet series, 2006). In theory, it is a simple action with an outstanding benefit.

So why does it is so difficult to implement? It is sometimes harder to obtain a slight change of habit than to disseminate a new one. It is so hot here that it is just common sense to think a baby needs more water not to dehydrate. And Fatimé had to struggle to give her colostrums to her baby because it has considered as toxic for ages.

In Chad, where child mortality and malnutrition are above the alert rates since at least a decade, UNICEF is promoting exclusive breastfeeding through programmes supporting ante- and post-natal care and community-level actions.

UNICEF disseminates recent knowledge

UNICEF is disseminating information based on recent surveys at the community-level. These surveys prove that the nutrition intakes of breastfeeding are sufficient enough to cover the baby’s needs in the first six months of life. And it was already known that maternal milk and colostrums protect the

baby from infectious diseases. UNICEF also informs parents of the risks related to a contaminated recipient or water.

A campaign to promote exclusive breast feeding was launched in Mao, Kanem region, in April 2009 in three health centres and through a woman's group called Belli. 95 community volunteers were trained in Mao, 47 in the Northern town of Nokou and 45 in the Eastern region of Bar-el-Ghazel. In December 2009, more than 200 women were exclusively breast feeding their babies.

At that time, Fatimé got pregnant. Now her daughter, Fatime Gazala Adoum, is four months and a half. Exclusively breast fed, the girl looks healthy. "It makes a big difference, Fatimé explains: she has not been sick since she was born, she has no diarrhoea, no flu." And the unexpected advantage, Fatimé says smiling, is that she urinates less often. "It made my life easier, I can travel light and I have less laundry to do!"

Building trust

What made her change? She shows a scar on her neck. She had a surgical intervention to remove her goiter when she was six months pregnant. She was hospitalized in Ndjamen, the capital of Chad, and this surgical intervention changed her own image as well as her vision of life.

"The doctors saved my life. When they told me to go to the health centre for my pregnancy, I thought they knew what they were saying. When I came back to Mao, I went to the health centre and they explained the importance of exclusive breast feeding. I did it, and today I have no regret, and I am proud of my little girl."

Fatimé overcame a lot of pressure from her family and neighbors. "They were saying that my child would die with no water. But I held on and I had the support of women from Belli. Nowadays, Gazala is a living example that I was right, and I show her to other women to convince them."

This is how it goes in Chad. From one woman to another, direct evidence is shaking old habits.

By Achta Abderamane Aboubakar

Barira, community volunteer, enlightened mother in Niger

Foura, Niger - Barira is a volunteer health worker in the village of Foura Guireké, fifteen kilometers from the town of Maradi. Gorgeous with her pregnant belly wrapped in a Unicef's color loincloth, Barira looks like a commercial for essential practices, among which exclusive breast feeding.

A frontline work

« Voluntary community workers are having a hard time, but a worthy job », Barira explains. “We sensitize women to exclusive breast feeding as soon as we know they are pregnant, and we are trying to help them to adopt simple actions that are good for the health of their child.”

In countries like Niger where most of the people are living far from health facilities to which they have little access, voluntary community workers are instrumental. Being based in communities and villages, they are often the front line on health care.

When words are not enough

Their role is also to inform and sensitize the population on the hygiene and nutrition to protect children. To improve the health of young children in the country, some simple actions can make a real difference, like hand washing with soap and exclusive breast feeding.

“Words are not enough if we want to change things on malnutrition. We go from household to household to screen the children, measure their weight and height and we share the results with the parents. We advise them on how to improve the daily meal of the children after six months.” Barira shows them the benefit of adding a spoon of oil, of peanuts, sugar and salt and vegetables when they are available. “We show how to prepare oral rehydration when the children have diarrhea.”

When asked what the most difficult part of her work is, Barira answers without a hesitation. « It is to convince mothers that not only their under six month age babies do not need to drink water, but that any other liquid might be dangerous. It is very hot here and everyone believes that babies need to drink.”

Most of the children are breastfed in Niger (98%). But only 4 % are exclusively breastfed. It is sometimes harder to fight to little than for big changes. But pregnant Barira does not give up easily. “Little by little, we can convince them. The best way is to show how the babies who are just breast feed are looking good.”

Hence, from one mother to another, the example spreads around. Today, Barira's village is proud to be depicted as an example with its wealthy babies. “Many women in the village are exclusively breast feeding their children. Her child will be born soon, during the lean season. Then, Barira will not forget her wise advice she tells the other parents and she will breast feed her boy or girl. That, she does not know.

By Anne Fouchard



UNICEF Niger/2009/ Fouchard

In Niger, a village debates about breast feeding

Foura Guirké, Niger - Abdoulrachid Hamissou is three months old and he is living in the village of Foura Guirké, in Sarkin Yamma area. So far, he has never drunk water and he does not eat anything else than the maternal milk.

Just before he was born, the leaders of his community organized a public debate on the urgent need to exclusively breast feed children under six months of age.

A whole community engaged

The traditional leader, the Imam, the school teacher and the community volunteers who promote essential family practices, men and women gathered to decide whether it was possible to follow this weird advice. "In hot environment such as our village, children are thirsty and they need water", said some parents. "But, you see, water can be dangerous for children if it is not drinkable water, which is the case here. And breast milk contains enough water", answered others.

Finally, the community decided to identify women who would volunteer to try the challenge. "If it works and that our children are not thirsty, do not have diarrhea and grow up normally, then we will follow your advise. But if any child encounters any problem, the women will come back to usual practices". That was the final decision made at the end of the debate.

Changing norms

Nowadays, the village has 37 mothers who are exclusively breast feeding among 72 lactating women, and the number increases at each new birth.

In Foura Guirké, skepticism has gone away and the new generation of babies is much healthier.

Chad: Sour milk

Chagoua, Chad - Viviane is 19 years old and her baby, a tiny girl sleeping in her arms, was born three days ago. "Her body is hot" Viviane says to explain why she came to the health centre of Chagoua, in N'Djamena, the capital of Chad.

She is with her grand-mother. The old woman arrived at 5 AM to wait as Viviane's

husband was riding his wife and baby to Chagoua on his motorcycle. He is a soldier and they are living in the village of Dekoto, in the South of the country.



UNICEF/Chad/2010/Gangale

Nutritional care against malnutrition

For a year now, the number of children suffering from malnutrition has dramatically increased in the health centre run by Sister Emilienne in Chagoua as it is the only centre which takes care of malnourished children. In 2009, 818 children received nutritional care in Chagoua.

Early in the morning, there is already a long line of mothers waiting with emaciated children in their arms. In Chad, malnutrition has been above the alert rate or at least a decade. Half of child mortality is due to malnutrition.

And this year is particularly tough, as Chad is affected by a major food crisis like many Sahelian countries this year. "An expected 102,000 children under five years old will need life-saving treatment in 2010", the UNICEF representative in Chad, Dr Marzio Babilie, says.

Malaria and malnutrition

Viviane first gave birth as she was 16 years old. When her baby was three years old, she fell sick. She died after two days in the hospital. Viviane thinks she had malaria, but she is not sure about that.

The medical examination confirms that Viviane's new born has fever, 38.5 degrees, and her weight, 2 kilos, is insufficient. "A majority of children who are suffering from malnutrition

have a disease that caused this malnutrition”, Sister Emilienne explains. In this case, the baby may have malaria.

Viviane confirms she had fever before her child was born. She was given aspirin. “We never treat malaria with aspirin, Sister Emilienne says, and aspirin is dangerous for pregnant women!” A nurse has taken a drop of blood to detect the parasite in the baby’s blood.

While waiting for the results, Sister Emilienne wants to know if Viviane is breast feeding the baby. Viviane smiles, with embarrassment. Yes, but “she cries when she drinks my milk”. Sister Emilienne frowns. “So, what do you give her?” Finally, Viviane answers that she gives her hot water to drink.

Sour milk

“Water fills the stomach of the baby, Sister Emilienne explains, and gives her the feeling she has had enough.” Sister Emilienne pushes her questions further: she wants to know why she prefers hot water than her own milk which, Sister Emilienne explains, “is the best food and the best protection for your child”.

Embarrassed, it is now the grand mother to explain. She speaks about old beliefs about maternal milk and explains that Viviane’s colostrums have been tested with ants and that the verdict said Viviane’s milk was sour, not good for the baby.

In Chad, where 98 per cent of the children are breast fed, very few babies are exclusively breast fed. During the days after the delivery, the baby is often taken away from the mother and given hot decoctions. Colostrums are considered as toxic for the babies, and some maternal milk is poured on the floor next to ants. If ants are crowding around, the milk is fine, if not the milk is sour. “That is what we have been doing for ages”, the grand mother justifies.

A quiet place to breast feed

Sister Emilienne calmly explains this old habit is bad for the baby, and encourages Viviane to try and breast feed her child. The mother hesitates and the feverish baby girl seems too weak to suckle at first. Sister Emilienne does not give up and shows the mother how to express the breast, and a few drops fall in the baby’s mouth.

The blood test is positive: Viviane’s baby has malaria. Emilienne writes the prescription as Viviane keeps on trying to breast feed her baby. Viviane will stay in Chagoua today, so that her baby can start her treatment. Emilienne finds a calm place for her to stay: Viviane’s baby is now suckling the milk which, apparently, is not that sour.

By Anne Fouchard

Cote d'Ivoire: poor breast feeding practices and chronic malnutrition

Besides substantial agricultural resources and living conditions above those in neighboring countries, Ivory Coast has high rates of stunting with over 40 per cent of children suffering from chronic malnutrition.

One of the explanations is the poor level of exclusive breast feeding which protects children's health.

Questions to Basile Koukoui, nutrition specialist for UNICEF in Cote d'Ivoire.

Exclusive breast feeding is of 4 per cent only in Ivory Coast. How can we explain this low level?

Breast feeding is common practice in Ivory Coast. However, breast feeding is rarely adequate and exclusive (without any other liquid): 76.5 per cent of women give water to their baby starting from birth. This is mainly due to the fact that mothers do not know that milk contains enough water to a child.

The other obstacle to exclusive breast feeding in the first months of life is the availability of women, in particular in urban areas. They are busy and cannot spend all their time with their babies, as exclusive breast feeding requires that the baby is staying with his mother around the clock.

Do these sub-optimal practices have consequences on chronic malnutrition?

Indirectly and together with other essential causes such as collapsed and not accessible health services, poor hygiene conditions and residual poverty. We can see that many children are born underweight (less than 2.5 kilos). This level means that these children start in life with a nutritional handicap which is often due to the bad nutritional shape of the mother.

Yet, if these children do not benefit from good feeding practices such as exclusive breast feeding from the start of their life, as their health is more fragile, their ability to protect themselves against infectious and diarrhoeal diseases will be weakened. Sickness will then deteriorate further their nutritional status, little by little, all along their childhood. Chronic malnutrition causes irreversible damages to the physical and mental development.

How does UNICEF promote exclusive breast feeding in Ivory Coast and are these actions working?

Like in many countries, UNICEF works in close collaboration with the authorities to promote and support optimal nutrition, notably through the adoption of clear national plan of action.

For example, we are helping the Government to design a bill on substitutes to maternal milk's merchandising. The producers of infant formula milk have a very aggressive

commercial policy which has a strong impact on urban families. Hence, in Abidjan, the capital, many women drop breast feeding to adopt these products.

We are working to re-vitalize the network of baby-friendly hospitals that actively promote breast feeding in the first hour after delivery and encourages women to keep on when they go back home. This network has suffered from the political crisis in the country, which also had a devastating impact on the whole health system.

And of course, we support community-level activities that promote essential family practices including breast feeding, and that monitor children's growth.

Finally, we work to raise awareness and promote optimal feeding practices such as exclusive breast feeding. World Breastfeeding Week is a key advocacy moment for example.

We monitor the impact of our action through household surveys that inform us on family practices and health indicators. Currently, we are undertaking a national Demographic and Health Survey that will give us a comprehensive snapshot of the situation. But local surveys in some regions have showed some improvement.

Saving underweight babies with human contact in Senegal



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UNICEF/Senegal/2010/Pirozzi

Mothers come to the Kangaroo Unit daily until their baby reaches two kilos; and then weekly, until their baby reaches three kilos.

days of life.

Dakar, Senegal - Olivier was born last September at a health post in rural Senegal. He weighed just one kilogram at birth, and his mother, Lourdes Gomez, cried because she thought he would not live.

But nurses at the health post had been told to send underweight newborns to the nearby Roi Baudouin Hospital, where, since 2009, an innovative method has been in place to nurture low birthweight babies back to health.

Weighing in

In Senegal, reported maternal mortality has decreased from 1200 to 400 deaths per 100,000 live births between 1990 and 2005.

But despite these improvements, neonatal mortality remains high - 35 out of 1,000 children die in the first 28

Statistics like these are why the Kangaroo Method has been introduced into some Senegalese hospitals and clinics. The Kangaroo Method is a low-cost technique that allows mothers to keep their babies who are born with low birth weights warm, healthy and growing.

Prematurity accounts for 24 per cent of neonatal deaths, and many of those deaths are caused by hypothermia. By using the Kangaroo Method, these mothers provide vital skin-to-skin contact.

Saving her son

Lourdes arrived with Olivier at Roi Baudouin just one day after he was born. Once at the hospital, nurses and doctors in the Kangaroo Unit taught her the method. Unlike healthy newborns who need to be fed every three to four hours, Olivier needed to be fed every two hours to ensure he had enough energy to stay warm.

One of the most essential elements of the Kangaroo Method is skin-to-skin contact. By wrapping the baby to her bare chest, Lourdes could keep Olivier warm with her own body heat. In doing so, he could use the precious calories from breast milk to grow bigger instead of to stay warm. This technique also enables the mother's heartbeat to help the baby breathe regularly.

Mothers like Lourdes come to the Kangaroo Unit daily until their baby reaches two kilos; and then weekly, until their baby reaches three kilos.

A method that works

Less than three months after his birth, Olivier is in a room at Roi Baudouin Hospital. He smiles as his mother balances his two feet on her thigh. He now weighs four kilos and is healthy, says Lourdes. He is just one of 140 children who have benefited at Roi Baudouin from the Kangaroo Unit this past year.

Next to Lourdes sits another mother whose baby was born 18 days ago. He weighed just 1.6 kilos at birth, and then lost more weight. Now he weighs 1.65 kilos. His mother holds him close to her, and says she will continue to use the Kangaroo Method, because she has faith that it works.

Lourdes and Olivier are proof of that.

By Ricci Shryock