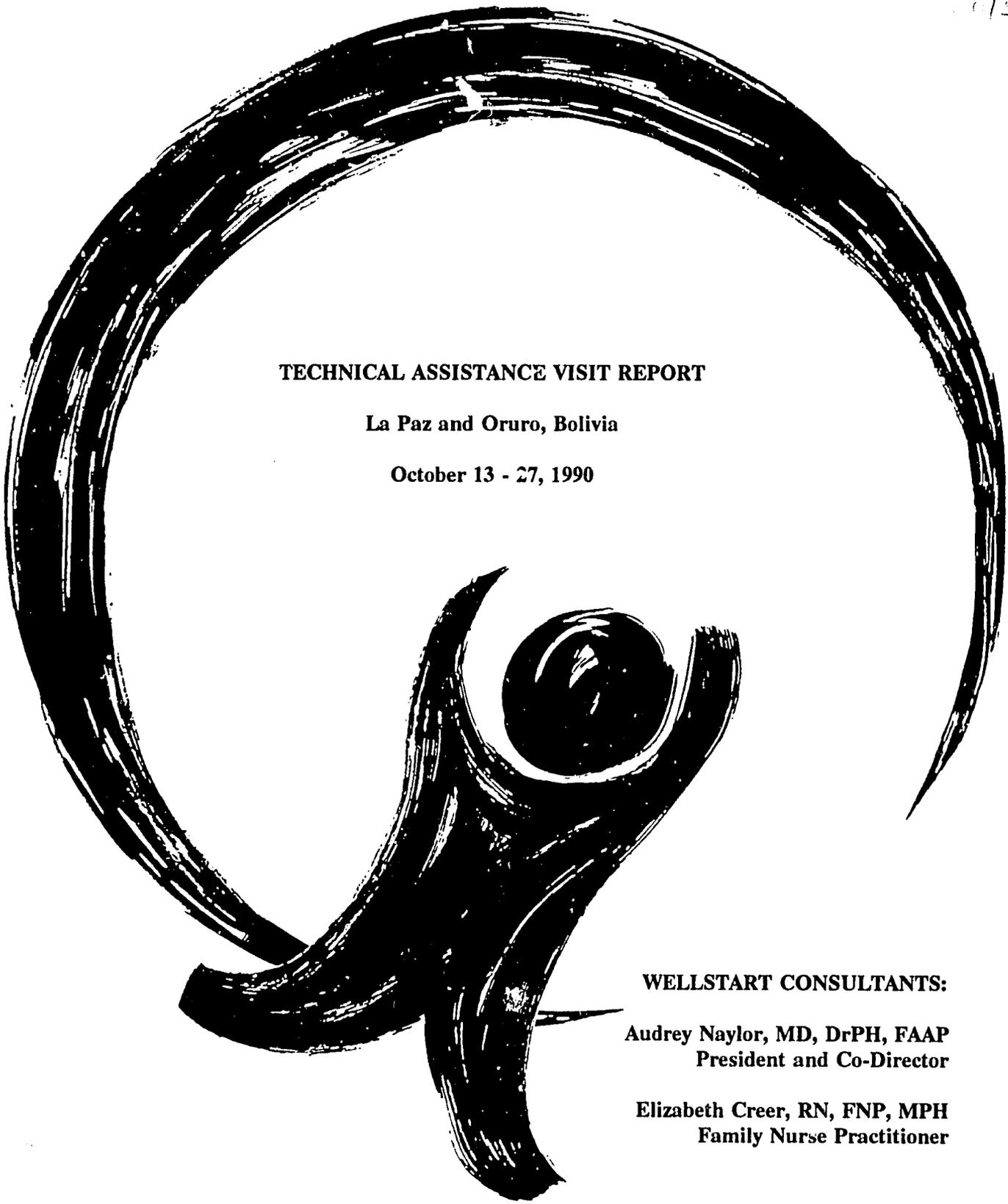


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**TECHNICAL ASSISTANCE VISIT REPORT**

**La Paz and Oruro, Bolivia**

**October 13 - 27, 1990**

**WELLSTART CONSULTANTS:**

**Audrey Naylor, MD, DrPH, FAAP  
President and Co-Director**

**Elizabeth Creer, RN, FNP, MPH  
Family Nurse Practitioner**

**WELLSTART<sub>SM</sub>**  
**THE SAN DIEGO LACTATION PROGRAM**

## TECHNICAL ASSISTANCE VISIT REPORT

**Place:** Bolivia; La Paz and Oruro

**Dates:** October 13-27, 1990 - Audrey Naylor  
October 13-20, 1990 - Elizabeth Creer

**Wellstart Consultants:** Audrey Naylor, MD, DrPH, FAAP, Co-Director  
Elizabeth Creer, RN, FNP, MPH, Family Nurse Practitioner

**Funding Source:** USAID, Office of Nutrition/S&T Cooperative Agreement No.  
DAN-5117-A-00-9099-00

**Contact Person:** Andres Bartos, MD, Coordinator, COTALMA (Comite Tecnico de Apoyo a la Lactancia Materna)

I. **Purposes of Trip:**

- A. To participate in the post-graduate courses, "Lactation Management Course" and "University Seminar on Lactation Management". These courses were arranged by COTALMA, a voluntary committee for technical assistance for breastfeeding organized by former Wellstart participants. The concurrent programs were supported by: Wellstart, USAID, UNICEF, Maternal/Child Health Division of the Bolivian Ministry of Health, University School of Medicine, Bolivian Pediatric Society and the Hospital del Niño in La Paz.
- B. To participate in the annual meeting of the Bolivian Pediatric Society to be held in Oruro, Bolivia.
- C. To meet with Wellstart participants and discuss current and future activities.

II. **Background**

Bolivia reports one of the highest infant mortality rates in the world( 100 - 110 per 1,000 live births) with deaths due primarily to diarrhea and acute respiratory diseases. Both laboratory and community based research have provided evidence that morbidity and mortality from both disease categories are significantly lower among exclusively breastfed infants. Additionally, exclusive breastfeeding for four to six months can extend post partum infertility, thus contributing to maternal well being as well.

While breastfeeding continues to be initiated by nearly all Bolivian mothers, many discontinue exclusive breastfeeding within a few weeks. Activities to protect the high rate of breastfeeding initiation and to promote four to six months of exclusive breastfeeding for more infants can make a significant contribution to all child survival efforts in Bolivia.

One fundamental component of protecting and promoting breastfeeding is education and training for health care providers regarding scientifically based care for breastfeeding mothers and infants. To begin to develop an in-country resource of expertise to provide such education and training, two Bolivians, Dr. Andres Bartos and Dr. Roxana Saunero, began participation in Wellstart's Lactation Management Education Program in 1986.

A follow-up visit in the summer of 1988 resulted in a recommendation that training be offered to additional Bolivians to expand their numbers and broaden professional backgrounds to include obstetrics and nursing. In December of 1988, 14 Bolivians (five nurses and nine pediatricians, see appendix 1) attended a two week course conducted in Spanish. (Appendix 1) The two previous participants accompanied the group to assist with coordination, translation when needed and to assure that the entire group would have a common knowledge base from which to undertake their future activities. During the nearly two years since the group completed the two week course, they have opened a lactation clinic at the Hospital del Niño in La Paz, organized a technical committee to promote breastfeeding (Comite Technico de Apoyo a La Lactancia Materna--COTALMA) carried out research regarding knowledge, attitude and practices in nearly two dozen health care agencies in eight cities, provided some 12 seminars and secondary courses for health

professionals, worked closely with the Bolivian Pediatric Society to assure that breastfeeding would be included among topics to be covered during national meetings and individually promoted breastfeeding within the realm of their own professional responsibilities. All of their work has been carried out on a voluntary basis as each has other full time responsibilities

### III. Activity Review

Saturday, October 13, 1990

Activities: Arrival in La Paz. Met by Dr. Andres Bartos, Wellstart participant and coordinator of COTALMA.

Sunday, October 14, 1990

Activities: Reception for course faculty and COTALMA members at the home of Dr. Andres Bartos, Coordinator of COTALMA. Attendees included:

A. Bartos, MD  
G. Peñaranda, RN  
R. Saunero, MD  
A. M. Aguilar, MD  
C. Casanovas, MD  
J. Siñani, RN  
O. Sandoval, MD  
A. M. Young, MD  
O. Uria, MD  
C. Llewellyn, USAID Bolivia

Monday, October 15, 1990

Activities: 1. Visit to the Hospital del Niño to see the lactation clinic and observe breastfeeding support efforts in other areas of the hospital. The lactation clinic uses a separate room in the outpatient clinic area. Staff of the hospital who are also part of COTALMA rotate being available to see breastfeeding/lactation cases. A special history form is used on these cases, which incorporates breastfeeding history, growth chart and other well-child information. Residents are involved if available, but are not assigned on a regular basis. Sources of patients include referrals from the special care nursery of the Maternity Hospital, the hospital's outpatient clinic and in-patient services and occasional walk-in requests for services.

Reference was made to the fact that Pediatric Clinic staff were envious of the 1-2 hour consultations done in the lactation clinic when Pediatrics has to see large numbers in a short time.

Because the space is not yet fully utilized at all times, it is also used for well child, growth and development and immunization services. During our visit, this type of service was being provided by a resident for a child no longer being breastfed.

Other areas of the hospital visited included the nursery for transferred and sick neonates and infants, and the infectious disease and gastroenterology wards. In each area breastfed (usually mixed fed) infants and their mothers were encountered. While these mothers are sometimes given some help (depending on the interest of the nursing staff), more could be done if someone (perhaps a COTALMA member) were officially assigned to oversee the lactation activities of the hospital. At present, lactation promotion efforts are added to other full time responsibilities making it impossible to provide routine assistance.

2. During the afternoon, a brief visit was made to the Maternity Hospital (Maternidad Natalio Armayo). At the present time, normal babies are allowed to nurse within the first hour and no pre-lacteal feeds are given. A short period of separation still occurs (about one hour for weighing, dressing and early stabilization, followed by full rooming-in). The stay of most mother/baby pairs is about 24 hours. Mothers who undergo C-sections (about 30%) stay five or six days and breastfeeding does not begin until the second day. La Leche League provides counselors to assist mothers at the bedside on a daily basis.

In the special care nursery areas, human milk is the preferred nutrient for all infants though not always available. Mothers are encouraged to come in and express their milk (an electric pump is available to these mothers) and as soon as possible to feed their infants at the breast. Unfortunately, there are no facilities for mothers to stay and be available on a regular basis. During our visit, three mothers were feeding their infants while another smaller baby was receiving breast milk via a naso-gastric tube.

A Wellstart participant, Lupe Campos Gonzales, is one of the senior members of the nursing staff for this nursery and plays an important role in assisting mothers and teaching other staff.

3. Consultants met briefly with Paul Hartenberger, HPN Officer, and Charles Lewellyn, Public Health Advisor, USAID Bolivia, at USAID, La Paz, to arrange a later meeting with Dr. Naylor to discuss future COTALMA activities.

4. Opening ceremonies for the seminar were held on Monday evening. Course participants were greeted by the Dean of the Medical School, Dr. Gustavo Leguia, Dr. Roberto Borth, the director of MCH for the Ministry of Health, Dr. Eduardo Mazzi, the President of the Bolivian Pediatric Society, Charles Lewellyn from USAID and members of COTALMA.

Tuesday, October 16 - Friday, October 19, 1990

**Activities:** Consultants participated in the post-graduate courses as speakers. Translation was provided by members of COTALMA, who also functioned as course faculty. The course included both didactic and practical sessions (Appendix 3). Participants attending as teams came from teaching hospitals in Santa Cruz, Sucre, Cochabamba, Oruro and La Paz. In addition, university faculty from both medical and nursing schools in these cities attended three of the four days. The university faculty

completed their course activities on Thursday evening while the hospital teams finished on Friday. At the completion of course work on Friday, each team presented an outline of the plans which they hope to undertake upon return home. Notably, each hoped to have further assistance from COTALMA. (See appendix 3)

Wellstart consultants presented eight topics during these four days, including:

Scientific Basis for Breastfeeding	A. Naylor
Anatomy and Physiology of Breastfeeding	A. Naylor
Management of Successful Breastfeeding	A. Naylor
Planning Lactation Education Programs for Health Professionals	E. Creer
Contraindication and Controversies About Breastfeeding	A. Naylor
Maternal Problems Affecting Breastfeeding	E. Creer
Infant Problems affecting Breastfeeding	E. Creer
Breastfeeding Promotion: Hospital and Community	A. Naylor

Thursday, October 18, 1990

**Activities:** While course participants were meeting as working groups, the consultants made a visit to a lactation consultation service run by La Leche League at the Maternity Hospital (Maternidad Natalio Armayo). The League provides both pre and post-natal counseling. The counselors are available five mornings each week. Post partum visits are on an appointment basis and mothers are encouraged to visit monthly through the first year of their baby's life. Short lectures on breastfeeding and nutrition are provided and each mother is asked individually how she is doing. Advice is given to solve problems. Once each month, mothers who have kept their previous appointments are eligible to obtain free food supplements (flour and powdered milk).

During our visit, consultations for two mothers were observed. Each was carried out in less than five minutes. Brief questions were asked, breasts were looked at and a future appointment date was given. Feeding was not observed, and babies were neither weighed nor examined.

Also during this visit, it was learned that the Bolivian La Leche League organization is currently troubled by an internal division with two groups claiming to be the

legitimate and official organization. Apparently, La Leche League International is reviewing the situation and will be helping to resolve the problem soon.

At present, all of the normal mothers and babies discharged from the maternity hospital are referred to this service. The League has not as yet indicated an interest in collaborating with the COTALMA group. Such a collaboration might allow for more complex problems to be referred on to the Lactation Clinic of the Hospital del Niño. This could be beneficial to all concerned. Until the split in the LLL is resolved, attempts to negotiate a change in this situation would be inappropriate.

Monday, October 22, 1990

**Activities:** Two hospital visits were made. The first was to Hospital Obrero, a social security hospital, which serves government employees. The hospital is considered a general hospital though it does not provide maternity services. The visit concentrated on the pediatric inpatient services. With the exception of the neonatal unit, (under the medical direction of Dr. Andres Bartos, Wellstart participant and COTALMA Coordinator) breastfeeding appears to be given mostly "lip service." A large formula preparation area is present on the wards, including large sterilizer, bottle washing equipment and large refrigerator. Powdered Dano is the primary formula used (purchased by the hospital). Some Nestlé formula was also available and is reported to have been given to the hospital.

While mothers apparently may stay with their hospitalized child if they wish, there are few chairs and no furniture that would allow for even taking a nap. Thus, the unspoken message does not appear to be one of "welcome."

The neonatal unit (under the direction of Dr. Bartos) can accommodate ten infants, six in open cribs and four in isolettes. The space is small but parents are always welcome. Mothers are encouraged to breastfeed or provide their milk, but they are not always able to come in due to long distances and other children to care for. During this visit, two mothers were breastfeeding their infants, one was bottle feeding her baby (with unilateral cleft lip and palate) and a nurse was bottle feeding another infant. In spite of considerable urging to breastfeed by the staff, the mother of the cleft palate/lip baby felt that bottle feeding was more successful. In this hospital, surgery will not be done on cleft palate/lip babies until they reach four pounds, and this mother was concerned that baby would not gain fast enough if breastfed. While mothers are welcomed at all times, the unit is very small and there is no area for a mother to sit and relax. Thus it is hard for them to remain for extended hours.

The second hospital visit was the Diez y Ocho de Mayo Maternity Hospital. This is also a social security agency providing prenatal, delivery services and postpartum follow-up for mothers (six weeks) and infants (one month). Between 3,000 and 3,500 mothers deliver in this hospital per year. About 20% of these are C-sections. The hospital promotes breastfeeding and has nearly total rooming in for normal mothers and babies beginning less than one hour after delivery. Wards hold eight

to 10 mothers, and babies are in bed with their mothers. These infants receive nothing before the first breast feed and no supplements of water or formula. C-section mothers and infants are separated for about six hours. These infants do receive formula during this time.

The hospital also has a small special care unit for small or mildly ill neonates (more complex cases are referred to Hospital Obrero). Breastmilk is used if available.

In a brief meeting with the hospital director, he noted that the hospital has been promoting breastfeeding for many years. While in the past they used approximately 1,000 cans of powdered formula a year, they currently need about 100 cans.

Tuesday, October 23, 1990

**Activities:** This day was devoted to a field trip to a rural area of the Altiplano. Arrangements were made by Dr. Anna Maria Aguilar, Executive Director of PROCOSI and a Wellstart participant, to travel to a number of rural villages. During this day, two health care facilities were visited. Neither was active at the time of our visit and Dr. Aguilar commented that often the families are hesitant to come into such places for care. From her own experience in an assignment to a rural post, the care is best provided by going to the homes.

This field trip was very helpful in providing a better understanding of the life style of a large proportion of Bolivia's families. Limited basic resources such as water, power and food supplies and long distance between communities with very limited transportation available make for high risk maternal and infant health situations. While breastfeeding protection and promotion is by no means the solution to all problems, it must be recognized as an essential component of any program to improve the health of women and children.

At the present time, most mothers in the rural area do initiate breastfeeding although it seems that other things (non-milk liquids and soft solids) may be introduced at less than four months. Three problems were briefly discussed with women encountered during this field trip. 1.) Some mothers do not begin sufficient quantity and quality of weaning foods at an appropriate time--by about six months. While they may be giving their infants something too early, this is not appropriately expanded and infants develop "weanling malnutrition." 2.) When asked what they did if they thought a mother didn't have enough milk, the answer given was to give a bottle. There was no recognition of other things to try first. 3.) Mothers who work in the fields--most all do--and take their babies and children with them, do not always take adequate and appropriate solid foods along to give infants who should be beginning to have such weaning foods.

All of these issues indicate a need for appropriate education at the community level.

Wednesday, October 24, 1990

- Activities:
1. The consultant, Audrey Naylor, met with Charles Llewellyn, USAID Public Health Advisor to briefly review this follow-up visit and the consultant's impressions and recommendations (see Section V, Comments and Recommendations).
  2. Travel by car to Oruro to participate in the annual national meeting of the Bolivian Pediatric Society.

Thursday, October 25, 1990

- Activities:
1. The consultant provided two presentations during the first day of the Pediatric Society meeting: (see Appendix 4)

--Scientific Basis for Breastfeeding

--Immunologic Aspects of Breastmilk

The sessions were well attended and generated a significant number of questions. Many of these questions were much too broad to answer adequately in the brief time that was available. The experience further underscores the need for additional continuing education about lactation management for pediatricians as well as other health care providers.

2. The consultant had a final meeting with those members of the COTALMA group who were present for the Pediatric Society meeting. Included were:

Andres Bartos, MD

Oscar Sandoval, MD

Anna Maria Aguilar, MD

Carmen Casanovas, MD

Consultant impressions and suggestions were discussed (see Section V)

#### IV. Comments and Recommendations

The 16 Bolivian Wellstart participants, now organized in a voluntary group, COTALMA, have made impressive progress since they first began participating in the Wellstart program in 1986 and 1988. They have provided numerous seminars, carried out assessment studies, opened a lactation clinic and have completed a successful four day course for faculty from medical and nursing schools, as well as clinical multidisciplinary teams from five regions of Bolivia. The response by the participants of this recent in-country course indicated strong interest in the subject,

a willingness to make changes in their institutions and a desire for further help from COLTALMA. This, combined with the interest shown by those who attended the Bolivian Pediatric Society meeting in Oruro, and the current increased support for breastfeeding promotion activities among the major international agencies, such as UNICEF and WHO, (appendices 5 and 6) suggest that the time is right for formalizing a national breastfeeding promotion program in Bolivia. COTALMA could and should be helped to play a major role in such a program.

## Recommendations

### 1. Seminar Follow-up

COTALMA should be given encouragement and assistance, both financial and administrative, to carry out follow-up activities with at least one or two of the teams who attended the recent course. As noted above, the interest in making changes in their hospital's care routines was significant, and assistance should be given as soon as possible.

### 2. Strengthening of the model lactation services at the Hospital del Niño

The lactation activities at the Hospital del Niño have the potential of serving as both a teaching resource and a model for other hospitals. However, that potential is not yet being reached. It is the impression of this consulting team that this is primarily because no single individual seems to be responsible for the lactation activities. A first step in strengthening the program would be to designate a staff member from the COTALMA group to coordinate all of the hospital's lactation services and activities. This will take at least a half time commitment. Obviously, salary support will need to be provided. Special project funding will probably be necessary as the hospital at present does not have enough salary items to cover current service needs.

With a designated lactation program coordinator, a number of service and teaching activities could be initiated or strengthened. These might include:

- daily rounds throughout the hospital to all areas where infants are cared for to meet with staff and work with mothers to solve breastfeeding problems, undertake relactation, etc.
- development of a formal lactation service rotation for interns and residents during which they would be active in the lactation clinic and in receiving referrals from the various services where infants are cared for
- formalization of the relationships with the special care nursery of the maternity hospital, Maternidad Natalio Armayo. Perhaps regular rounds could be carried out in the nursery two or three times a week, mother-infant pairs could be seen before discharge is completed, regular referrals could be made for all discharged pairs to be seen for follow-up in the Lactation Clinic at the Hospital del Niño, etc.

### 3. Non-Governmental Organization status for COTALMA

COTALMA should give careful consideration to the possibility of becoming a formal non-government organization. The organization would then be eligible to apply for project support available only to NGO's. Such support might be used for such things as: payment of salaries of one or more staff needed to strengthen the lactation program at the Hospital del Niño, and follow-up activities with teams which completed the recent course.

### 4. National Breastfeeding Promotion Program

To significantly strengthen and assure sustainability of breastfeeding promotion and protection in Bolivia, an officially recognized National Breastfeeding Promotion Program should be undertaken. Such programs usually are most effective if they are developed and guided by a national multidisciplinary steering committee or advisory group. In addition, it is important to recognize that the program will require a full time, paid coordinator. COTALMA could and should play an important role in a national program.

**Appendix 1**

**Wellstart Participants From Bolivia**

## Appendix 1

## WELLSTART PARTICIPANTS FROM BOLIVIA

NAME, DISCIPLINE, TITLE, INSTITUTION, WORK ADDRESS, PHONE	COURSE DATES
Ana Maria Aguilar Liendo Physician/Ped Jefe de Unidad De Salud La Secretaria de Coord. de las PVOs Av. Arce 2915 La Paz 327610	12/05/88 - 12/16/88
Ovidio Efrain Aliaga Uria Physician/Ped Director - Pediatra Neonatologo Hospital del Nino Calle My. Zubieta s/n Miraflores La Paz 376474/76/78	12/05/88 - 12/16/88
Andres Bartos Miklos Physician/Ped Pediatrician Ministry of Health La Paz 350131	08/11/86 - 09/05/86 12/05/88 - 12/16/88
Lupe Rocio Campos Gonzales Nurse Enfermera de planta Licenciada en enfermeria Maternidad Natalio Aramayo Hospital de Clinicas Avenida Saavedra(Miraflores)s/n La Paz 376472	12/05/88 - 12/16/88
Maria del Carmen Casanovas Vargas Physician/Ped Chair, Department of Ambulatory Services Hospital del Nino My Zubieta s/n Miraflores La Paz 376475	12/05/88 - 12/16/88
Jose Manuel Diaz Villegas Physician/Ped Maternidad Natalio Aramayo Hospital de Clinicas Av. Saavedra s/n La Paz 359589	12/05/88 - 12/16/88

NAME, DISCIPLINE, TITLE, INSTITUTION, WORK ADDRESS, PHONE	COURSE DATES
<p>Irma Juana Sinani de Rojas Nurse Enfermera Profesional Escuela Nacional de Salud Publica Av. Capitan Ravelo La Paz 376662</p>	12/05/88 - 12/16/88
<p>Luis Benedicto Montano Michel Physician/Ped Medico - Pediatra Hospital San Gabriel Avenida Burgaleta Esq Pedro Villamil s/n La Paz 4093 331114-331816</p>	12/05/88 - 12/16/88
<p>Oscar Sandoval Moron Physician/Ped Medico Pediatra-Neonatologo Universidad Mayor de San Andres Edificio 'Fernando V' 1er piso Plaza 'Isabel la Catolica' La Paz 376474/376478</p>	12/05/88 - 12/16/88
<p>Gloria Penaranda Nogales Nurse Nursing Supervisor Hospital del Nino Miraflores Calle My. Zubieta s/n La Paz 376477</p>	12/05/88 - 12/16/88
<p>Norma Quispe Portocarrero Nurse Nurse Dir. Nacional Salud Materno Infantil Calle Capitan Ravelo No. 21-99 La Paz 375479</p>	12/05/88 - 12/16/88
<p>Carlos Salamanca Sanjines Physician/Ped Director Maternidad Centro de Salud 1, MPSSP Lud La Paz No. 1 Plaza 14 de Septiembre La Paz 376665</p>	12/05/88 - 12/16/88

NAME, DISCIPLINE, TITLE, INSTITUTION, WORK ADDRESS, PHONE

COURSE DATES

Blanca Salinas Campos  
Nurse  
Licenciada en Enfermeria  
Escuela Nacional de Salud Publica  
Av. Capitan Ravelo No. 2199  
La Paz  
376662

12/05/88 - 12/16/88

Roxana Saunero Nava de Rojas  
Physician/Ped  
Medico - Pediatra  
Hospital del Nino  
My Zubieta s/n  
La Paz  
376478

08/11/86 - 09/05/86

12/05/88 - 12/16/88

Ruth Nancy Villena Cabrera  
Physician/Ped  
Medico II - Neonatologia  
Maternidad Natalio Aramayo  
(Hospital de Clinicas)  
Av. Saavedra - Miraflores  
La Paz  
376472

12/05/88 - 12/16/88

Ana Maria Young Viscarra  
Physician/Ped  
Pediatrician  
Dir. Nacional Salud Materno Infantil  
Capitan Ravelo 2199  
La Paz  
375479

12/05/88 - 12/16/88

## Appendix 2

### Key Contacts During Visit

#### USAID

Charles Llewellyn, MPH  
Paul Hartenberger

#### COTALMA

Anna Maria Aguilar, MD  
Andres Bartos, MD  
Carmen Casanovas, MD  
Gloria Peñaranda, RN  
Oscar Sandoval, MD  
Roxana Saunero, MD  
Juana Siñani, RN  
Olvidio Una, MD

#### Bolivian Pediatric Society

Eduardo Mazzi, MD, President

#### Ministry of Health

Roberto Borth, MD, Director, MCH, Bolivian Ministry of Health

#### San Andres University School of Medicine

Gustavo Leguia, MD, Dean

**Appendix 3**

**COTALMA Course Program**



COMITE TECNICO DE APOYO A LA LACTANCIA MATERNA

CALLE MAYOR ZUBIETA S/N, MIRAFLORES (HOSPITAL DEL NIÑO)  
CASILLA 1027 - LA PAZ - BOLIVIA

SEMINARIO TALLER UNIVESTITARIO SOBRE  
UNIFORMACION CURRICULAR EN LACTANCIA MATERNA  
=====

LUNES 15 DE OCTUBRE DE 1990

LUGAR	HORA	ACTIVIDAD
CONFGIO MEDICO DE BOLIVIA	19:00 a 20:00	Inauguración (Programa Especial)

MARTES 16 DE OCTUBRE DE 1990

LUGAR	HORA	ACTIVIDAD
AUDITORIO DEL HOSPITAL DEL NIÑO	08:00 a 10:00	• "Bases científicas para la Lactancia Materna" I Expone: Dra. Audrey Naylor
	10:00 a 10:30	Receso
	10:30 a 12:00	• "Bases científicas para la Lactancia Materna" II Expone: Dra. Audrey Naylor
	12:00 a 12:30	"Situación de la Lactancia Materna en Bolivia" Expone: Dr. Andrés Bartos M.
AUDITORIO DEL HOSPITAL DEL NIÑO	12:30 a 15:00	Receso
	15:00 a 16:30	• "Anatomía y fisiología de la Lactancia Materna" Expone: Dra. Audrey Naylor
	16:30 a 17:00	Receso
	17:00 a 18:30	"Manejo de Lactancia exitosa" Expone: Elizabeth Greer R.N.
	18:30 a 19:00	Organización y Asignación de grupos de trabajo  a) Pregrado en Medicina b) Enfermería c) Nutrición d) Internado y post grado en Medicina

*Two*



# COMITE TECNICO DE APOYO A LA LACTANCIA MATERNA

CALLE MAYOR ZUBIETA S/N, MIRAFLORES (HOSPITAL DEL NIÑO)  
CASILLA 1027 - LA PAZ - BOLIVIA

## Miercoles 17 de octubre de 1990

- 08:30 - 10:00 "Educación Continua: planificación de programas de educación en lactancia para profesionales en salud"  
Expone : Elizabeth Creer R.N.  
Local: Auditorio del Hospital del Niño
- 10:00 - 10:30 R e c e s o
- 10:30 - 12:00 "Contraindicaciones v controversias en Lactancia Materna"  
Expone : Dra. Audrey Naylor  
Local : Auditorio del Hospital del Niño
- 12:00 - 14:30 R e c e s o
- 14:30 - 17:00 "Lactancia y Patología Materna"  
Exponen: Dra. Audrey Naylor, Elizabeth Creer R.N.  
Local : Auditorio del Hospital del Niño
- 17:00 - 17:15 R e c e s o
- 17:15 - 19:45 "Lactancia y Patología Infantil"  
Exponen: Dra. Audrey Naylor, Elizabeth Creer R.N.  
Local : Auditorio del Hospital del Niño

## Jueves 18 de octubre de 1990

- 08:00 - 09:30 "Promoción de Lactancia Materna : Hospital y Comunidad"  
Expone : Dra. Audrey Naylor + docentes  
Local: Auditorio del Hospital del Niño
- 09:30 - 11:30 Trabajo de Grupos.
- Grupo 1. Técnicas de Lactancia Materna ?  
Hospital del Niño  
Coordina: E. Perea
- Grupo 2. Evaluación oral-neurológica del Recién Nacido  
I.M.N.A.  
Coordina: N. Villena
- Grupo 3. Lactancia y pretérminos  
I.M.N.A. Su G. G. G.  
Coordina: M. P. P.
- Docentes  
Universidad



## COMITE TECNICO DE APOYO A LA LACTANCIA MATERNA

CALLE MAYOR ZUBIETA S/N, MIRAFLORES (HOSPITAL DEL NIÑO)  
CASILLA 1027 - LA PAZ - BOLIVIA

- Grupo 4. Nutrición Materna e Infantil  
Hospital del Niño  
Coordina:
- Grupo 5. Técnicas de Lactancia Materna  
I.M.N.A.  
Coordina:
- Grupo 6. Lactancia y pretérminos  
Hospital del Niño  
Coordina: D. Riquelme
- 11:30 - 12:30 "Composición e Inmunología de la leche humana"  
Expone: Dra. Roxana Saunero  
Local : Auditorio del Hospital del Niño
- 12:30 - 14:30 R e c e s o
- 14:30 - 15:30 "Nutrición Materna"  
Expone : Dra. Ana Maria Aguilar  
Local : Auditorio del Hospital del Niño
- 15:30 - 17:30 Trabajo de Grupos.
- Grupo 1. Evaluación oral-neurológica del R.N.  
I.M.N.A.  
Coordina: N. Villave
- Grupo 2. Técnicas de Lactancia Materna  
Hospital del Niño  
Coordina: G. Pérez
- Grupo 3. Evaluación oral-neurológica del R.N.  
Hospital del Niño  
Coordina: R. Saunero
- Grupo 4. Lactancia y pretérminos  
I.M.N.A. Cu. Gabriel  
Coordina: L. Montaña
- Grupo 5. Lactancia y pretérminos  
Hospital del Niño  
Coordina: D. Riquelme
- Grupo 6. Técnicas de Lactancia Materna  
I.M.N.A.  
Coordina:

## COMITE TECNICO DE APOYO A LA LACTANCIA MATERNA

CALLE MAYOR ZUBIETA S/N, MIRAFLORES ( HOSPITAL DEL NIÑO )  
CASILLA 1027 - LA PAZ - BOLIVIA

17:30 - 18:30 "Ablactación v destete"  
Expone : Dra. Ana Maria Aguilar  
Local : Auditorio del Hospital del Niño

Viernes 19 de octubre de 1990

08:30 - 09:30 "Lactancia v Drogas"  
Expone : Dra. Carmen Casanovas  
Local : Auditorio del Hospital del Niño

09:30 - 11:30 Trabajo de Grupos

Grupo 1. Lactancia y pretérminos  
Hospital del Niño  
Coordina : *O. Pérez*

Grupo 2. Nutrición materna e infantil  
I.M.N.A.  
Coordina :

Grupo 3. Técnicas de lactancia materna  
I.M.N.A.  
Coordina : *Lujo Bl. cc*

Grupo 4. Técnicas de lactancia materna  
Hospital del Niño  
Coordina: *...*

Grupo 5. Evaluación oral-neurológica del R.N.  
I.M.N.A.  
Coordina : *A. Muvif*

Grupo 6. Nutrición materna e infantil  
Hospital del Niño  
Coordina :

11:30 - 12:30 "Inducción de lactancia. Relactación"  
Expone : Dr. Luis Montaña  
Local : Auditorio del Hospital del Niño

12:30 - 14:30 R e c e s o

14:30 - 16:30 Trabajo de Grupos.  
Grupo 1. Nutrición materna e infantil  
I.M.N.A.  
Coordina :



COMITE TECNICO DE APOYO A LA LACTANCIA MATERNA

CALLE MAYOR ZUBIETA S/N, MIRAFLORES ( HOSPITAL DEL NIÑO)  
CASILLA 1027 - LA PAZ - BOLIVIA

- Grupo 2. Lactancia y pretérminos  
I.M.N.A. en Gabriel  
Coordina :
- Grupo 3. Nutrición materna e infantil  
Hospital del Niño  
Coordina :
- Grupo 4. Evaluación oral-neurológica del R.N.  
I.M.N.A. Niño  
Coordina : A. Yanguy
- Grupo 5. Nutrición materna e infantil  
Hospital del Niño  
Coordina :
- Grupo 6. Evaluación oral-neurológica del R.N.  
I.M.N.A.  
Coordina : J. H. ...

- 16:30 - 17:00 "El Código de Comercialización de Sucesiones"  
Expone: Dr. Andrés Barros  
Local : Auditorio del Hospital del Niño
- 17:00 - 19:00 Presentación de Propuestas de trabajo por regionales  
Local : Auditorio del Hospital del Niño
- 19:00 - 19:30 Post-test
- 20:00 Clausura. Entrega de Certificados  
(Programa Especial).  
Local: Colegio Médico de Bolivia.

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BEST AVAILABLE COPY

**Appendix 4**

**Pediatric Society Meeting Program**

# **SOCIEDAD BOLIVIANA DE PEDIATRIA**

AFILIADA A:

- ASOCIACION LATINOAMERICANA DE PEDIATRIA
- ASOCIACION INTERNACIONAL DE PEDIATRIA
  
- SOCIEDAD BOLIVIANA DE CIRUGIA PEDIATRICA

XVI JORNADAS NACIONALES DE PEDIATRIA.  
XXIV CURSO INTERNACIONAL POST GRADO  
III JORNADAS NACIONALES DE CIRUGIA PEDIATRICA  
V CURSO INTERNACIONAL POST GRADO.

PROGRAMA

ORURO - 25 AL 28 - OCTUBRE - 1990

ORGANIZADO POR:

- SOCIEDAD BOLIVIANA DE PEDIATRIA
- FILIAL ORURO
- SOCIEDAD BOLIVIANA DE PEDIATRIA
- DIRECTIVA NACIONAL

*"POR LA NIÑEZ DEL PAIS, FUTURO DE BOLIVIA"*

*Una Gentileza de:*



**TECNOFARMA S.A.  
BOLIVIA**

# AUTORIDADES HONORARIAS PRESIDENTES HONORARIOS

Dr. Mario Paz Zamora

MINISTRO DE PREVISION SOCIAL Y SALUD PUBLICA

## MIEMBROS HONORARIOS

Dr. Walter Soto Luna	PREFECTO DEL DEPARTAMENTO
Dr. Jorge Ayllón Zambrana	ALCALDE MUNICIPAL DE ORURO
Dr. Manuel Mercado Barrientos	PRESIDENTE COL. MEDICO DEPTAL.
Dr. Antonio Salas Casado	RECTOR DE LA UNIVERSIDAD
Dr. Roberto Nuñez A.	DIRECTOR UNIDAD SANITARIA ORURO.

## PROFESORES INVITADOS

### PEDIATRIA

Dra. Audrey Naylor	-- USA
Dr. Hernán Mendez	-- USA
Dr. Alberto Ayo	-- USA
Dra. Celine Hansen	-- USA

### CIRUGIA

Dr. Delio Aguilar	-- ARGENTINA
Dr. Guillermo Gallo	-- ARGENTINA

PROGRAMA XVI JORNADAS NACIONALES DE PEDIATRIA

JUEVES 25 de OCTUBRE  
XXIV CURSO INTERNACIONAL DE POST GRADO EN PEDIATRIA  
Presidente de Mesa: Dr. Andrés Bartos  
Secretario de Mesa: Dr. Roberto Vargas

08:30 - 09:30	Bases Cientificas de Lactancia Materna I Expone: Dra. Audrey Naylor (USA)	7:45 -
09:30 - 10:30	Bases Cientificas de Lactancia Materna II Expone: Dra. Audrey Naylor (U.S.A)	↓
10:30 - 10:45	RECESO	11.15
10:45 - 11:30	*Perfil inmunológico del recién nacido y del lactante Expone: Dr. Hermán Mendez (U.S.A) - <i>ver en el ante</i>	
11:30 - 12:15	Lactancia Materna y supervivencia infantil Expone: Dra. Audrey Naylor USA	11.45 - 1.00
12:15 - 15:00	RECESO	1:00 - 3:00
<b>SEMINARIO SOBRE "PERINATOLOGIA"</b> Presidente: Dr. José Larrea Coordinador: Dr. Germán Revollo		
15:00 - 15:30	Sistema informativo Perinatal. Historia Clínica Perinatal Dr. Alberto de la G. Murillo. - Dr. Edgar Torrico	
15:30 - 16:00	Parto Humanizado Dr. Rubén Araoz. - Dr. Juan Carlos Alvarado	
16:00 - 16:30	Gestograma y Partograma Dr. Gustavo Mendoza. - Dr. Andrés Bartos	
16:30 - 16:45	RECESO	
16:45 - 17:15	Embarazo y Recién Nacido de Alto Riesgo Dr. Edgar Torrico - Dr. Oscar Sandoval	
17:15 - 17:45	Parto Prematuro Dr. José Larrea - Dr. Saúl Rueda	
17:45 - 18:15	MESA REDONDA	

**Appendix 5**

**UNICEF Declaration**

# INNOCENTI DECLARATION

## On the Protection, Promotion and Support of Breastfeeding

### UNICEF

Mr. James P. Grant  
Dr. Nyi Nyi  
Dr. James Himes  
Dr. Urban Jonsson  
Dr. J. Peter Greaves  
Ms. Margaret Kyenkyia-Isabirye  
Ms. Agnes Aidoo

### US A.I.D.

Dr. Nancy Pielmeier  
Dr. Mary Ann Anderson  
Dr. Nina Schlossman  
Dr. James Shelton  
Dr. Janet Tognetti  
Dr. Miriam Labbok

### UNFPA

Dr. Nafis Sadik

### UNDP

Mr. Aldo Ajello

### UNICEF NATIONAL COMMITTEES

Mr. Arnaldo Farina

### WHO

Dr. Hu Ching-Li (on behalf of  
Dr. Hiroshi Nakajima)  
Dr. Angeli Petros-Barvazian  
Dr. Mark Belsey  
Dr. Elisabet Helsing  
Ms. Randa Saadeh  
Dr. Djamil Benbouzid  
Dr. Jim Tulloch  
Dr. Marina Rea

### SIDA

Mr. Nils Öström  
Mr. Ted Greiner  
Professor Göran Sterky

### UK ODA

Ms. Margaret Pollock

### FAO

Mr. Paul Lunven

### WFP

Ms. Judit Katona-Apte

### WORLD BANK

Mr. Alan Berg



1 August, 1990

Florence, Italy

Further information may be obtained from  
UNICEF, Nutrition Cluster (H-8F), 3 United  
Nations Plaza, New York, N.Y. 10017.

# INNOCENTI

## On the Protection, Promotion

### RECOGNISING that

Breastfeeding is a unique process that:

- provides ideal nutrition for infants and contributes to their healthy growth and development;
- reduces incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality;
- contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies;
- provides social and economic benefits to the family and the nation;
- provides most women with a sense of satisfaction when successfully carried out; and that

Recent research has found that:

- these benefits increase with increased exclusiveness<sup>1</sup> of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods, and
- programme interventions can result in positive changes in breastfeeding behaviour;

The Innocenti Declaration was produced and adopted by participants at the WHO/UNICEF policymakers' meeting on "Breastfeeding in the 1990s: A Global Initiative", co-sponsored by the United States Agency for International Development (A.I.D.) and the Swedish International Development Authority (SIDA), held at the Spedale degli Innocenti, Florence, Italy, on 30 July - 1 August 1990. The Declaration reflects the content of the original background document for the meeting and the views expressed in group and plenary sessions.

### WE THEREFORE DECLARE that

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.

Attainment of the goal requires, in many countries, the reinforcement of a "breastfeeding culture" and its vigorous defence against incursions of a "bottle-feeding culture." This requires commitment and advocacy for social mobilization, utilizing to the full the prestige and authority of acknowledged leaders of society in all walks of life.

Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behaviour towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

# DECLARATION

## and Support of Breastfeeding

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have access to family planning information and services allows them to sustain breastfeeding and avoid shortened birth intervals that may compromise their health and nutritional status, and that of their children.

All governments should develop national breastfeeding policies and set appropriate national targets for the 1990s. They should establish a national system for monitoring the attainment of their targets, and they should develop indicators such as the prevalence of exclusively breastfed infants at discharge from maternity services, and the prevalence of exclusively breastfed infants at four months of age.

National authorities are further urged to integrate their breastfeeding policies into their overall health and development policies. In so doing they should reinforce all actions that protect, promote and support breastfeeding within complementary programmes such as prenatal and perinatal care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases. All healthcare staff should be trained in the skills necessary to implement these breastfeeding policies.

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<sup>1</sup>Exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and for unrestricted periods.

<sup>2</sup>World Health Organisation, Geneva, 1989.

### OPERATIONAL TARGETS:

**All governments by the year 1995 should have:**

- appointed a national breastfeeding coordinator of appropriate authority, and established a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
- ensured that every facility providing maternity services fully practises all ten of the *Ten Steps to Successful Breastfeeding* set out in the joint WHO/UNICEF statement<sup>2</sup> "Protecting, promoting and supporting breast-feeding: the special role of maternity services";
- taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
- enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

**We also call upon international organizations to:**

- draw up action strategies for protecting, promoting and supporting breastfeeding, including global monitoring and evaluation of their strategies;
- support national situation analyses and surveys and the development of national goals and targets for action; and
- encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.

## PARTICIPATING GOVERNMENTS

Professor Dr. M.Q.K. Talukder  
*Bangladesh*

Dr. Marcos Candau  
*Brazil*

Hon. Dr. Patricio Silva Rojas  
*Chile*

Dr. Wang Feng-Lan  
*China*

Dr. Guan Yuan Zi  
*China*

Dr. Daniel Arenas Reyes  
*Colombia*

Hon. Dr. Plutarco Naranjo Vargas  
*Ecuador*

Hon. Col. Dr. Getachew Tadesse  
*Ethiopia*

Dr. Ruth de Arango  
*Guatemala*

Hon. Teofilo Martell  
*Honduras*

Mr. Jagdish C. Jetli  
*India*

Ms. Mira Seth  
*India*

Hon. Mrs. A. Sulasikin Murpratomo  
*Indonesia*

Dr. Soepardan Soerjohoedjo  
*Indonesia*

Dr. Widyasuti Wibisana  
*Indonesia*

Professor Dr. Su Haryono  
*Indonesia*

Dr. Alireza Marandi  
*Iran*

Hon. Ivo Butini  
*Italy*

Professor Dr. Joseph Andoh  
*Ivory Coast*

Dr. Mámoun Máabreh  
*Jordan*

Dr. Samir Awamleh  
*Jordan*

Professor Joseph S. Olicch  
*Kenya*

Dr. Suzanne Bocoum  
*Mali*

Dr. Mrs. J. Ramphul  
*Mauritius*

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*Mexico*

\*Hon. Professor Olikoye Ransome-Kuti  
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*Nigeria*

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*Pakistan*

Dr. Syed Tariq Sohail  
*Pakistan*

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*Poland*

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*Swaziland*

Dr. J.W. Temba  
*Tanzania*

Dr. Dhatchai Mungkandi  
*Thailand*

Professor Dr. Tomris Turmen  
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Dr. Petronella Clarke  
*United Kingdom*

Ms. Dora Henschel  
*United Kingdom*

Dr. Audrey Hart Nora  
*United States of America*

Dr. Dibandala Ngandu-Kabeya  
*Zaire*

Hon. Dr. Timothy Stamps  
*Zimbabwe*

\*(Meeting Chairman)

**Appendix 6**

**World Declaration on The Survival, Protection and Development of Children**

**WORLD DECLARATION  
ON THE SURVIVAL, PROTECTION  
AND DEVELOPMENT OF CHILDREN**

**AND**

**PLAN OF ACTION  
FOR IMPLEMENTING THE WORLD DECLARATION ON THE  
SURVIVAL, PROTECTION AND DEVELOPMENT OF CHILDREN IN THE 1990s**



**WORLD SUMMIT FOR CHILDREN**

**UNITED NATIONS, NEW YORK  
30 September 1990**

**PLAN OF ACTION FOR IMPLEMENTING  
THE WORLD DECLARATION ON THE SURVIVAL, PROTECTION  
AND DEVELOPMENT OF CHILDREN IN THE 1990s**

**I. INTRODUCTION**

**\* II. SPECIFIC ACTIONS FOR CHILD SURVIVAL, PROTECTION  
AND DEVELOPMENT**

**The Convention on the Rights of the Child**

**Child health**

**\* Food and nutrition**

**Role of women, maternal health and family planning**

**Role of the family**

**Basic education and literacy**

**Children in especially difficult circumstances**

**Protection of children during armed conflicts**

**Children and the environment**

**Alleviation of poverty and revitalization of economic growth**

**III. FOLLOW-UP ACTIONS AND MONITORING**

**Action at the national level**

**Action at the international level**

**Appendix:**

**\* Goals for children and development in the 1990s**

5. In the past two years, a set of goals for children and development in the 1990s has been formulated in several international forums attended by virtually all Governments, relevant United Nations agencies and major NGOs. In support of these goals and in line with the growing international consensus in favour of greater attention to the human dimension of development in the 1990s, this Plan of Action calls for concerted national action and international co-operation to strive for the achievement, in all countries, of the following major goals for the survival, protection and development of children by the year 2000.
  - (a) Reduction of 1990 under-5 child mortality rates by one third or to a level of 70 per 1,000 live births, whichever is the greater reduction;
  - (b) Reduction of maternal mortality rates by half of 1990 levels;
  - (c) Reduction of severe and moderate malnutrition among under-5 children by one half of 1990 levels;
  - (d) Universal access to safe drinking water and to sanitary means of excreta disposal;
  - (e) Universal access to basic education and completion of primary education by at least 80 per cent of primary school age children;
  - (f) Reduction of the adult illiteracy rate to at least half its 1990 level (the appropriate age group to be determined in each country), with emphasis on female literacy;
  - (g) Protection of children in especially difficult circumstances, particularly in situations of armed conflicts.
  
6. A list of more detailed sectoral goals and specific actions which would enable the attainment of the above major goals can be found in the appendix to this Plan of Action. These goals will first need to be adapted to the specific realities of each country in terms of phasing, priorities, standards and availability of resources. The strategies for the achievement of the goals may also vary from country to country. Some countries may wish to add other development goals that are uniquely important and relevant for their specific country situation. Such adaptation of the goals is of crucial importance to ensure their technical validity, logistical feasibility, financial affordability and to secure political commitment and broad public support for their achievement.

## ✧ II. SPECIFIC ACTIONS FOR CHILD SURVIVAL, PROTECTION AND DEVELOPMENT

7. Within the context of these overall goals, there are promising opportunities for eradicating or virtually eliminating age-old diseases that have afflicted tens of millions of children for centuries and for improving the quality of life of generations to come. Achievement of these goals would also contribute to lowering population growth, as sustained decline in child death rates towards the level at which parents become confident that their first children will survive is, with some time lag, followed by even greater reduction in child

12. Based on the experience of the past decade, including the many innovations in simple, low-cost techniques and technologies to provide clean water and safe sanitary facilities in rural areas and urban shanty towns, it is now desirable as well as feasible, through concerted national action and international co-operation, to aim at providing all the world's children with universal access to safe drinking water and sanitary means of excreta disposal by the year 2000. An important related benefit of universal access to water and sanitation combined with health education will be the control of many water-borne diseases, among them elimination of guinea-worm disease (dracunculiasis), which currently afflicts some 10 million children in parts of Africa and Asia.

### **Food and nutrition**

13. Hunger and malnutrition in their different forms contribute to about half of the deaths of young children. More than 20 million children suffer from severe malnutrition, 150 million are underweight and 350 million women suffer from nutritional anaemia. Improved nutrition requires (a) adequate household food security, (b) healthy environment and control of infections and (c) adequate maternal and child care. With the right policies, appropriate institutional arrangements and political priority, the world is now in a position to feed all the world's children and to overcome the worst forms of malnutrition, i.e. drastically to reduce diseases that contribute to malnutrition, to halve protein-energy malnutrition, virtually to eliminate vitamin A deficiency and iodine deficiency disorders and to reduce nutritional anaemia significantly.
- \* 14. For the young child and the pregnant woman, provision of adequate food during pregnancy and lactation; promotion, protection and support of breastfeeding and complementary feeding practices, including frequent feeding; growth monitoring with appropriate follow-up actions; and nutritional surveillance are the most essential needs. As the child grows older, and for the adult population as a whole, an adequate diet is an obvious human priority. Meeting this need requires employment and income-generating opportunities, dissemination of knowledge and supporting services to increase food production and distribution. These are key actions within broader national strategies to combat hunger and malnutrition.

### **Role of women, maternal health and family planning**

15. Women in their various roles play a critical part in the well-being of children. The enhancement of the status of women and their equal access to education, training, credit and other extension services constitute a valuable contribution to a nation's social and economic development. Efforts for the enhancement of women's status and their role in development must begin with the girl child. Equal opportunity should be provided for the girl child to benefit from the health, nutrition, education and other basic services to enable her to grow to her full potential.

## Appendix

### \* GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

The following goals have been formulated through extensive consultation in various international forums attended by virtually all Governments, the relevant United Nations agencies including the World Health Organization (WHO), UNICEF, the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme (UNDP) and the International Bank for Reconstruction and Development (IBRD) and a large number of NGOs. These goals are recommended for implementation by all countries where they are applicable, with appropriate adaptation to the specific situation of each country in terms of phasing, standards, priorities and availability of resources, with respect for cultural, religious and social traditions. Additional goals that are particularly relevant to a country's specific situation should be added in its national plan of action.

#### I. MAJOR GOALS FOR CHILD SURVIVAL, DEVELOPMENT AND PROTECTION

- (a) Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate by one third or to 50 and 70 per 1,000 live births respectively, whichever is less;
- (b) Between 1990 and the year 2000, reduction of maternal mortality rate by half;
- (c) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half;
- (d) Universal access to safe drinking water and to sanitary means of excreta disposal;
- (e) By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children;
- (f) Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy;
- (g) Improved protection of children in especially difficult circumstances.

## II. SUPPORTING/SECTORAL GOALS

### A. Women's health and education

- (i) Special attention to the health and nutrition of the female child and to pregnant and lactating women;
- (ii) Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many;
- (iii) Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies;
- (iv) Universal access to primary education with special emphasis for girls and accelerated literacy programmes for women.

### \* B. Nutrition

- (i) Reduction in severe, as well as moderate malnutrition among under-5 children by half of 1990 levels;
- (ii) Reduction of the rate of low birth weight (2.5 kg or less) to less than 10 per cent;
- (iii) Reduction of iron deficiency anaemia in women by one third of the 1990 levels;
- (iv) Virtual elimination of iodine deficiency disorders;
- (v) Virtual elimination of vitamin A deficiency and its consequences, including blindness;
- \* (vi) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year;
- (vii) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s;
- (viii) Dissemination of knowledge and supporting services to increase food production to ensure household food security.