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MotherCare

"MOTHERS MILK IS BEST MILK"

Let Manman se pi bon let

A PLAN TO PROMOTE BREASTFEEDING IN HAITI

**Haiti Trip Report
April 7-15, 1991**

**Gretchen Globe Berggren, M.D., MotherCare/Manoff Consultant
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**Report Prepared for the
Agency for International Development
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This report is dedicated to Dr. Carlo Boulos, M.P.H., who passed away during this consultation. Founder of Haiti's malaria control program, one of the first to introduce family planning in his country, co-founder of Haiti's first training unit for community health, he leaves unmatched record of service to mothers and children in Haiti, and especially to the poorest of the poor. He will be long remembered by those he served and by his colleagues who were inspired to new levels of accomplishment as they worked with him. On the day of his death, he spoke to the author of this report about needed action to promote breastfeeding in Haiti, and his own efforts to suppress bottle feeding in the maternity unit of the hospital in Cité Soleil, a teaching hospital he helped to found in Haiti's poorest urban area for community health workers in Haiti.

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ACRONYMS

AOPS	Association of Private Health Organizations
HAVA	Association of Development Organizations
NGO	Non-Governmental Organization
MSPP	Ministry of Health and Population of Haiti
TBA	Traditional Birth Attendant
HAS	Hopital Albert Schweitzer or Albert Schweitzer Hospital
PAHO	Pan American Health Organization; World Health Organization

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- The Director General of the Ministry of Health and Population of Haiti, Dr. Lerebours, and his staff.
- The doctors Surena, the Planning Unit of the MSPP and of the Faculty of Medicine of Haiti
- Dr. Lubin, of Grace Children's Hospital
- Physicians and health professionals in UNICEF. Pan American Health Organization, Save the Children, the Albert Schweitzer Hospital, Isaie Jeanty Maternity Hospital at Chancerelles, International Child Care, and all those who gave help and advice.

MOTHER'S MILK IS BEST MILK

I. EXECUTIVE SUMMARY

This assignment was carried out at the request of the USAID Mission through Mothercare/the Manoff Group as a follow-up to the consultative visit (August/September, 1990) of Maria Alvarez Murray who conducted an extensive review of breastfeeding practices in Haiti, as well as an assessment of current efforts to support and promote breastfeeding.

The purpose of this assignment was to:

- 1) Meet with government officials and donors to review breastfeeding programs and the possibility of putting together a national strategy directed towards meeting internationally accepted goals for early and exclusive breastfeeding through four to six months of life;
- 2) Assess the need and country priority for the design and implementation of a national strategy to promote breastfeeding in Haiti;
- 3) Seek consensus from representatives of the government and private health institutions regarding the major approach and components of a national strategy;
- 4) Identify and prioritize components of the strategy which could be supported through MotherCare.

The MotherCare/Manoff team met with representatives from the Ministry of Health and Population (MSPP), members of the health professional training institutions, NGOs and PVOs who are working with women's groups to discuss barriers to exclusive breastfeeding, and to consider existing and additional efforts required to combat the decline in breastfeeding. The team visited several government and private hospitals with maternity units or outpatient services to briefly assess the breastfeeding promotion status in those facilities. Discussions were also held with representatives from other international agencies, such as UNICEF and the World Bank, as well as PVOs (CARE), umbrella organizations, such as The Association of Private Health Organizations (AOPS) and NGOs, such as the Child Health Institute (CHI). Most of these organizations are involved in some aspect of breastfeeding promotion and education in Haiti. NGOs and PVOs provide about 70% of the health care in Haiti and have been key to setting up antenatal clinics, growth monitoring activities at rally posts, and nutrition education. Organizations such as AOPS and HAVA (an association of development organizations) play a major role in community outreach activities and may reach through their members at least 3 million of Haiti's 6.2 million inhabitants. Women's groups are springing up rapidly in Haiti and are becoming influential in the new spirit of democratization. These groups are asking for health information and are

perceived to be very interested in collaborating with the health sector to involve mothers in breastfeeding promotion.

Thanks to USAID, specifically Dr. Michael Amadee-Gedeon, Nutrition Advisor, HRO, a meeting was held with Haitian health professionals to discuss and consider the possibility of mounting a national breastfeeding strategy. This meeting, hosted by USAID and facilitated by Dr. Gretchen Berggren, MotherCare/Manoff Consultant, included members of USAID, the MSPP, AOPS, international consultants provided by World Bank, members of the Faculty of Medicine of Haiti and the REACH representative. Discussions focused on barriers within the social and traditional systems to early and exclusive breastfeeding in Haiti and strategy options for breastfeeding promotion. The WELLSTART course was explained and discussed as a possible option and was well accepted by a number of the Haitian health professionals. Most agreed that there is a need to reform breastfeeding protocols in public and private maternity units, where bottle feeding rather than breastfeeding is being promoted and encouraged. A consensus was reached regarding the need for a coordinating body which would guide and monitor all breastfeeding promotion activities. It was agreed that such a body should have wide representation from other sectors such as education, legislative and policy making bodies, women's groups and the media. It was suggested that a nuclear standing committee be appointed and approved by the MSPP which would begin work on the strategy. It was also recommended that this committee be directed by an influential coordinator (Dr. Yolende Surena was suggested as a possible candidate) who would provide oversight to the development and implementation of a national strategy. The group suggested that this recommendation be clearly stated in Dr. Berggren's report.

An outline of a potential national breastfeeding strategy for Haiti (as discussed during the working meeting), a strategy budget as well as possible areas which could be provided through MotherCare were discussed by the MotherCare team leader and the USAID, HRO staff during the MotherCare debriefing session. At the close of this meeting, MotherCare was requested to provide more details regarding strategy recommendations, to prioritize options and to develop a time line for implementation. It was requested that this information be faxed to the Mission before May 1, for consideration in an amendment to the present Mission buy-in to MotherCare. A copy of the detailed strategy with time lines and budget is appended to this report and a copy has been faxed to the Mission.

MotherCare also agreed to contact Dr. Audrey Naylor regarding training options for Haitian health professionals through Wellstart. In brief, Dr. Naylor and MotherCare recommend that Haiti send one to two teams to San Diego in November (see details of this discussion in this report). The selection of strong team members is crucial to the in-country component since the team members are responsible for developing and initiating the implementation of the country action plan upon their return to country and also play the role as master trainers for continued training of other health professionals in their institutions and/or regions.

II. PURPOSE OF VISIT

In August/September, 1990, Maria Alvarez, a MotherCare/Manoff consultant, reviewed the breastfeeding promotion experience to-date in Haiti and identified activities for immediate implementation that would effect initiation rates and duration of exclusive breastfeeding. Therefore, this second consultation by the MotherCare/Manoff team: Dr. Gretchen Berggren and Colleen Conroy, was requested by the USAID Mission to develop a strategic plan for improving breastfeeding practices in Haiti. Thus the purpose of the consultation was to:

- 1) Meet with government officials and donors to review breastfeeding programs and the possibility of putting together a national strategy directed towards meeting internationally accepted goals for early and exclusive breastfeeding through four to six months of life;
- 2) Assess the need and country priority for the design and implementation of a national strategy to promote breastfeeding in Haiti - to preserve the tradition of prolonged breastfeeding, introduce early initiation of breastfeeding within the first hour of life and promote exclusive breastfeeding at least through three to four months of life (short term goal), discourage the practice of discarding colostrum and combat the steady increase in bottle feeding;
- 3) Seek consensus from representatives of the government and private health institutions regarding the major approach and components of a national strategy; and
- 4) Identify and prioritize the components of the strategy which could be supported through MotherCare.

III. TRIP ACTIVITIES

During this brief consultancy, the MotherCare/Manoff team met with representatives from the Ministry of Health and Population (MSPP), members of the health professional training institutions, key individuals or agencies who are reaching women in the poor urban and rural areas to discuss barriers to exclusive breastfeeding, existing and additions efforts required to combat the decline in breastfeeding. The team visited several government and private hospitals with maternity units or outpatient services to briefly assess breastfeeding promotion status in those facilities. Discussions were also held with representatives from other international agencies, such as UNICEF and the World Bank, as well as PVOs (CARE), umbrella organizations, such as The Association of Private Health Organizations (AOPS) and NGOs, such as the Child Health Institute (CHI). Most of these organizations are involved in some aspects of breastfeeding promotion and education in Haiti. NGOs and PVOs provide about 70% of the health care in Haiti and have been key to setting up antenatal clinics, growth monitoring activities at rally posts, and nutrition education. Organizations such as AOPS and HAVA (an association of development

organizations) are key to rapid rural outreach and it is estimated that their members reach at least 3 million of Haiti's 6.2 million inhabitants. The MotherCare team discussed present efforts to involve women in breastfeeding promotion with the Ministry of Health, Health Education Division and Konasans Fanmil, an interagency housed within UNICEF. Both the Division of Health Education and Konasans have been very involved in community health education activities, including breastfeeding promotion.

Women's groups are springing up rapidly in Haiti and are becoming influential in the new spirit of democratization. These groups are asking for health information and are perceived to be very interested in collaborating with the health sector to involve mothers in breastfeeding promotion.

Thanks to USAID, specifically Dr. Michaele Amadee-Gedeon, Nutrition Advisor, HRO, a meeting was held with Haitian health professionals to discuss and consider the possibility of mounting a national breastfeeding strategy. This meeting, hosted by USAID and facilitated by Dr. Gretchen Berggren, MotherCare/Manoff consultant, included members of USAID, the MSPP, AOPS, international consultants provided by World Bank, members of the Faculty of Medicine of Haiti and the REACH representative (see the attached agenda). Discussions focused upon the serious decline of breastfeeding in Haiti and considered the various barriers early and exclusive breastfeeding - the attitudes and practices of health service staff and gaps within services, the influences of the social and economic pressures on women and the deeply instilled traditional practices, and the negative influence of breast milk substitute marketing practices.

The Wellstart course was explained and discussed as a possible option. It was the general opinion of the group that the course would be beneficial as exclusive breastfeeding practices within hospitals and maternities are steadily eroding. The point was made that the Cité Soleil Hospital is probably the only institution where the policy to ban bottles is still being enforced. Thus, most agreed, that there is a need to reform breastfeeding protocols at both public and private maternity units

The group felt that it is timely to consider the development and implementation of a national breastfeeding strategy and identified the need for a coordinating body which would guide and monitor all breastfeeding promotion activities. It was agreed that such a body should have wide representation from other sectors such as education, legislative and policy making bodies, women's groups and the media. It was also suggested that a nuclear standing committee be appointed and approved by the MSPP which would begin work on the strategy. The group suggested that the committee be directed by an influential coordinator (Dr. Yolende Surena was suggested as a possible candidate) who would provide oversight to the development and implementation of a national strategy and requested that this recommendation be clearly stated in Dr. Berggren's report.

Following this meeting, the MotherCare team prepared an outline of a national breastfeeding strategy, highlighting major components and identified those areas where MotherCare could provide technical assistance with a level of effort and budget. The strategy and budget with recommendations for

MotherCare input were discussed with USAID, HRO staff during the MotherCare debriefing session (see VI. Conclusions and Recommendations).

IV. KEY FINDINGS:

The major findings regarding the present status of breastfeeding promotion in Haiti are described in Marie Alvarez Murray's report (see Haiti Trip Report, September 18-October 5, 1990), therefore the following observations are in addition to those already detailed in the Alvarez report. To repeat some of Alvarez's key points - Although there is nearly universal breastfeeding in Haiti, there has been a steady erosion of the prolongation of breastfeeding into the second year of life. Haitian mothers are also handicapped by several adverse traditional practices in the initiation of breastfeeding. These include the tendency to discard colostrum and delay the initiation of breastfeeding until after the second or third day of life, giving "lok", a castor oil purgative instead, as well as a host of other substances in an attempt to discourage constipation of the neonate. Mothers begin supplementation early and inappropriately, often with in the second or third month of life, using cereal gruels such as rice or corn meal, honey, or sugar water. Exclusive breastfeeding is rare, and although rural mothers still do not use bottle-feeding extensively, bottles are frequently seen in cities where they are looked upon as a mark of fashionable and modern practice. Bottle sales and the use of infant formula is steadily eroding Haiti's tradition of prolonged breastfeeding. Now, bottles are not uncommon in rural markets where they are sold with increasing frequency. These trends are thought to contribute to deaths from diarrhea and to the high rates of malnutrition (3-6% of children weigh less than 60% of the international standard median weight/age in rural areas).

Additional Findings During This Visit

1. Women's groups are springing up rapidly in Haiti, and are becoming influential in the new spirit of democratization. These are asking for health information and were assessed as being very interested in collaborating with the health sector to reach mothers about the importance of breastfeeding and family planning.
2. There is a steady erosion of breastfeeding, even in hospitals where breastfeeding has been emphasized. The MotherCare team found women using bottles in maternity units in spite of advice to the contrary. Vendors sell baby bottles openly on the wards in some hospitals. Elite women report having had to "fight for the right to breastfeed" in more expensive hospitals, which seem to be geared to glutting babies with glucose water until the fourth postpartum day.
3. Government workers have 3 months maternity leave. Thus, mothers who take this leave should have less difficulty in breastfeeding their babies exclusively during this time. However, these same mothers split their maternity leave, taking 1.5 months prenatally and 1.5 months

postnatally. The private sector is not implementing maternity leave policy.

4. Everyone is teaching something about breastfeeding, but there is little consensus on exactly what to teach or how to teach it. For example, the authors collected materials from at least four organizations or government units, each of which created something "new" to teach without necessarily being aware of what had already been pretested or what has seemed to work for others. Private health organizations develop their own messages, often using UNICEF's "Facts for Life" without awareness that Haitian professionals are at work adapting these to the Haitian setting. Three different units within the MSPP have developed or are developing messages about breastfeeding: The Diarrheal Disease Control Project, the Nutrition Unit, and the Maternal Health and Family Planning Unit, which is holding workshops to retrain nurses and nurse auxiliaries in the importance of breastfeeding as a contraceptive. World Bank is providing a full-time health educator-consultant to the MSPP who will include breastfeeding as a special focus.
5. The difficulty women might have carrying out exclusive breastfeeding for 4-6 months is very apparent. Working women leave their babies at home with relatives during the day so at best, babies may breastfeed only 1-2 times daily and are supplemented with other foods.
6. Haiti's women are still 70 - 80% illiterate; although radios are not uncommon in rural areas, women report having little time to listen, especially as they cook and work outside. The battery-run radio is likely to be located inside their small rock and mud dwellings, where men tend to listen. Therefore reaching Haitian rural mothers with education about utilizing colostrum and breastfeeding immediately after birth has been put in the hands of traditional birth attendants who deliver at least 70% of Haitian babies. These elderly but prestigious ladies have been trained by various projects in Haiti since the 1940's when UNICEF began one of its first training programs for TBA's.
7. The MSPP Division for Family Planning and Maternal Health is currently conducting a series of workshops to retrain auxiliaries in the importance of breastfeeding and how to encourage it. They stated they would welcome MotherCare input, but the next workshops are already scheduled for May-June-July. Although the emphasis will be on the importance of breastfeeding as a contraceptive (probably the greatest deterrent to high fertility in Haiti), the trainers would like to expand other aspects of the curriculum.
8. The MSPP unit for the Control of Diarrhea and the Promotion of Breastfeeding has already produced materials and educated about breastfeeding as a deterrent to diarrheal disease, currently the number-one killer of Haitian infants. The chief of this unit is enthusiastic about enhancing education on breastfeeding at all levels.

9. MSPP Nursing Education Unit is responsible for developing training curriculum for nurses and auxiliary nurses, which is being revised. While reportedly they receive some instruction about breastfeeding, the level of detail about early and exclusive breastfeeding is questionable.
10. Konasanz Fanmil, a voluntary alliance for protecting the child through family education, partially supported and housed at UNICEF, seems to be the organization closest to forging the alliances that would be needed if one were to really accomplish a national strategy for breastfeeding that reaches out to women and involves women. They already have relationships that legal groups, the women's movement, educators and the health community. The press and the radio are giving them free spots and they have already produced materials to encourage breastfeeding. They are currently in demand by local NGOs who are calling on their services for training and have the blessing of the Institute for Child Health in Haiti. Dr. Lubin, the current president, and a prestigious pediatrician through her success with International Child Care Foundation, has suggested that Konasanz Fanmi might be the best venue to begin action for breastfeeding in Haiti.
11. Many NGOs have developed training materials and curricula for health workers that already have breastfeeding messages. The RICHES project is one of these. No one has pulled these together as a resource base.
12. All Haitian professionals interviewed concurred that advertisement and promotion of the sale of baby bottles and infant formula had eroded Haiti's tradition of breastfeeding. Some are concerned that legislation and policy decisions may be urgently needed to stop the flood of bottle sales and infant formula.
13. Teenagers are of special concern as they move into their active reproductive years and should be targeted for education as well as involved in promotional breastfeeding activities.

V. CONCLUSIONS AND RECOMMENDATIONS

1. No activities in breastfeeding promotion should be proposed without a strong consensus among Haitian professionals about what needs to be done and how it should be done. As discussed during the meeting held with health professionals during this visit, they are eager to participate but recognize the need for coordination through a national committee. As a result of this in-country meeting, discussions with the USAID/HRO staff, MotherCare and AID Washington staff, MotherCare has refined a strategy for breastfeeding promotion in Haiti. This strategy identifies components by order of priority and indicated level of effort and potential areas of input through MotherCare (see Appendix A for National Breastfeeding Strategy, Budget and Time Lines and Areas of Potential Input from MotherCare). MotherCare is poised to assist in the development and implementation of this strategy as indicated in the strategy.

2. It is strongly recommended that all breastfeeding promotion activities in Haiti include a major component for reaching women and involving women in the promotional activities. Such approaches may include outreach to women who do not have access to the formal health care system and may include prenatal care and nutrition support, mother-mother support networks and work site services for female employees. Umbrella groups, such as Konasanz Fanmi and AOPS may be the appropriate organizations through which to reach and involve women. The former has been involved in community level mobilization and education. MotherCare would be able to complement these activities with training materials and training courses for mother advocated.
3. There is an abundance of health education materials that deals with breastfeeding promotion in Haiti. It is recommended that an inventory of all these materials be made, that materials be assessed for accuracy and consistency in messages, that gaps in messages be identified before new messages are developed. MotherCare has strong expertise to bring to this component - both in the review of materials, evaluation of materials, development of new materials, and training in use of materials.
4. It is highly recommended that Haitian teams (one from the private sector and one from the government sector) attend the training course at Wellstart. It is Wellstart's belief that the Haitian team should come to San Diego. Wellstart has all the resources the team will need there and Wellstart is able to give them a "living correct example" of what is being done and can be done. Wellstart also feels that there is a great advantage of having the teams away from the pressures and demands of their countries and that the environment promotes team work (which is needed for this approach).
5. MotherCare recommends that a multi-sectoral National Breastfeeding Steering Committee be established, composed of representatives from government services and non-governmental organizations, health professional organizations and institutions, relevant donor representatives and representative for women's health. This nuclear committee should be appointed/approved by the Minister of Health. A National Breastfeeding Coordinator should be appointed who will have the authority to guide and coordinate the committee activities.
6. To ensure that all women have access to family planning information and effect of exclusive breastfeeding on lactational amenorrhea as well as the health of their infants, breastfeeding counseling should be integrated within family planning services.

APPENDIX A

**HAITI: AN APPROACH TO A
NATIONAL BREASTFEEDING STRATEGY**

25 April, 1991

HAITI: AN APPROACH TO A NATIONAL BREASTFEEDING STRATEGY

I. Goals

As stated in A.I.D.'s worldwide **Breastfeeding for Child Survival Strategy**, May, 1990, and in the **Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding**, August, 1990, Haiti's strategy should be consistent with the following goal: seek to protect and promote breastfeeding by creating an environment of awareness and support so that those women who choose to breastfeed are able to do so. More specifically, the goal is to increase the percentage of infants who are: 1) breastfed within one hour of delivery; 2) exclusively breastfed from birth through four to six months of age; 3) fed appropriate complementary foods in addition to breast milk by the end of six months of age, and 4) breastfed for one year or longer. Haiti should set its own targets for improving breastfeeding by the year 2000 and measure progress toward achieving the above goal.

While Haiti currently has a goal which recommends exclusive breastfeeding through only three months, it is recommended that Haiti consider the extension of the national goal through four to six months which has been internationally recognized based on scientific evidence as the desirable duration of exclusive breastfeeding to maximize health, nutrition, and child spacing benefits. Targets could then be set in realistic increments to move towards achievement of the desired goal of exclusive breastfeeding through four to six months.

II. Statement of the Problem

While national breastfeeding rates in Haiti are high (92-99% of women breastfeed their infants), a closer look indicates a steady decline in both incidence and duration of breastfeeding. This growing decline actually reflects a world-wide trend of significant negative changes in breastfeeding practices attributed to an increase in urbanization and a loosening of the underpinnings of the traditional social support systems for women.

Exclusive breastfeeding during the first 4-6 months of life is rare. The barriers to early (within the first hour of life) and exclusive breastfeeding in Haiti (through four to six months of age) are quite clear. The first relates to policy - women who are employed in the government sector are ensured three months maternity leave. While this policy indirectly facilitates exclusive breastfeeding for at least the first three months of life, women are free to use this leave as they please; some select to divide the time between the prenatal and postpartum periods.

In addition, the private sector has yet to adopt a policy of maternity leave. Thus, most mothers in Haiti return to work and leave the care of their babies to other family members. In the informal sector, even market women leave their babies at home. Mothers do not seem to be aware of methods they could use to better combine breastfeeding and employment. As a result, infants are usually fed a mix of breast milk and supplements from a very early age with mothers perhaps nursing only two to three times a day and introducing other liquids and weaning foods at inappropriate ages. While Haiti has ratified the International Code of Marketing of Breast-Milk Substitutes, implementation of the code is not apparent since bottles and supplements are available in most hospitals (or if not, mothers can bring their own bottles). It is believed that the uncontrolled advertisement and sale of bottles is seriously threatening Haiti's breastfeeding tradition.

The lack of strong policy and legislation to guide sound breastfeeding practice and the negative influence of breast milk substitute marketing practices have effected not only the attitudes and practices of the community but of the health providers as well. Women complain that even if they want to breastfeed, hospital staff frequently initiate sugar water before the mother begins breastfeeding. Others claim that hospital staff have encouraged the use of bottles rather than promoting breastfeeding.

Finally, the traditional practices of discarding colostrum, giving purgatives soon after birth and introducing semi-solids during the first week of life have not been appreciably affected by health education messages.

While important steps have been taken over the last ten years to promote breastfeeding in Haiti, these attempts have not be able to counterbalance the barriers to early and exclusive breastfeeding. Thus, it is timely to initiate a national effort in Haiti to reinforce all actions that promote, protect and support breastfeeding within complementary programs such as family planning, prenatal and perinatal care and to remove constraints and influences that manipulate perceptions and behaviors towards early and exclusive breastfeeding.

III. Objectives

- 1) **Increase country capacity to identify sub-optimal breastfeeding practices and to determine key constraints to breastfeeding through:**
 - improving health providers knowledge and practices in lactation management, and developing national leadership in the promotion of early and exclusive breastfeeding;
 - developing/reforming written policy and norms to guide all health staff in the promotion of optimal breastfeeding practices.
- 2) **Mobilize public and private sector support for breastfeeding activities and develop accurate and consistent messages to reach targeted audiences.**

- 3) Provide women and their families with the necessary knowledge skills and access to information to ensure successful initiation and continuation of optimal breastfeeding practices.
- 4) Integrate breastfeeding promotion and education within existing maternal and child health services, including family planning, encourage exclusive breastfeeding through 4-6 months of age to maximize lactational amenorrhea and health benefits and improve access to appropriate and complementary family planning methods which do not interfere with the quantity and quality of breast milk.

IV. Priority Components of the National Strategy and Potential MotherCare Assistance

- 1) Establish a multi-sectoral National Breastfeeding Steering Committee composed of representatives from government services and non-governmental organizations, health professional organizations and institutions, relevant donor representatives and representative for women's health. This nuclear committee should be appointed/approved by the Minister of Health and should number approximately 10-12 key representatives. Appoint a National Breastfeeding Coordinator with appropriate authority to guide and coordinate the committee activities. The first tasks of this committee should include but not necessarily be limited to:
 - identification of key issues which the committee will address over the next two years (FY 91-93) and establish working groups accordingly to focus on such issues as policy and legislation; maternal health and family planning services; communications/media; training; the rights and roles of women;
 - specification of goal, objectives and targets to be realized over the next two years;
 - identification of two multi-disciplinary hospital teams (approximately four members per team - pediatrician, nurse, social worker, nutritionist, high level policy person, etc.); one team from a government teaching hospital and one team from the private sector to attend the lactation management training course at Wellstart, San Diego; the teams should be carefully selected to have sufficient authority since they will be expected to develop a country action plan at Wellstart for implementation upon their return and will play the role of master trainers to train health staff both in their facility and in other institutions throughout the country;

- conduct a facility inventory of all primary institutions providing maternity services throughout Haiti to determine to what extent they are following the **TEN Steps to Successful Breastfeeding**, WHO/UNICEF Statement (see attached).

MotherCare Proposed Support to the Steering Committee

- MotherCare will provide 3 person months of consultant time to the committee to assist in addressing the tasks as identified above.
- MotherCare will support 6 person months of the national breastfeeding coordinator's time.

2) Training of Two Hospital Teams at Wellstart.

Two teams, one representing a government institution and one representing a private institution will be enrolled in the Wellstart course in San Diego. These teams will develop their plan of action while at Wellstart and will subsequently receive technical assistance in Haiti from Wellstart consultants who will assist teams in their follow-up implementation plans. Wellstart will assist the team to develop and compile breastfeeding materials in French and will assist them in developing a training strategy for within their institutions and nationally and to initiate outreach services.

Proposed Support to Training Component

- MotherCare will fund the cost of one four person team for the Wellstart course. Another donor, such as UNICEF, World Bank, etc., should be identified by the Steering Committee to fund another team.
- S&T/Nutrition may be able to fund the cost of one four person team for the Wellstart course.
- MotherCare will fund limited in-service training courses as planned by the teams for other health staff in their institution and/or training of trainers in their region in order to initiate the national training program.

3) **Integration of Breastfeeding Counseling within Family Planning Services**

The focus of this integration will ensure that all women have access to family planning information and the effect of exclusive breastfeeding on lactational amenorrhea as well as health of their infants.

Proposed Support to Family Planning Services

Miriam Labbok, of the Institute for International Studies in Natural Family Planning, Georgetown University, is available to provide technical assistance to train key staff in this concept.

The MSPP Division for Family Planning and Maternal Health (with funding from the World Bank) is holding a series of workshops to retrain auxiliaries. While the primary focus of these workshops is the contraceptive effects of lactational amenorrhea, MotherCare could provide technical input into these workshops to expand the focus on the value of breastfeeding to the health of the mother and the infant.

4) Development of Accurate Messages for Breastfeeding Promotion

Numerous breastfeeding promotion and education materials for multi-media have been prepared by MSPP, Division of Health Education, UNICEF (Konesans Panmi), CARE (RICHES), the World Bank and others. Therefore, the first activity should be an inventory of all educational and promotional materials, an assessment of these materials regarding accuracy, consistency and impact on behavior, identification of additional messages to be developed. New radio spots would be developed in collaboration with MSPP and Konesans Panmi to launch a Breastfeeding Promotion Campaign.

Proposed Support through MotherCare in the Assessment and Development of New Messages

MotherCare would provide one person month for a communication consultant to work with and through groups, as mentioned above, which are already involved in educational and promotional materials. To the degree possible, MotherCare would use communication consultants already working in country, as in the REACH project.

5) Reaching Women and Involving Women in Breastfeeding Promotion and Coverage

Efforts should be made to increase women's confidence in their ability to breastfeed. This empowerment will require the removal of obstacles and barriers to breastfeeding which exist within the health system, the workplace and the community. Such an approach may include outreach to women who do not have access to the formal health care system, and may include prenatal care and nutrition support, mother-to-mother support networks and work site services for female employees. Women and their families, particularly adolescent girls, should have access to accurate information regarding breastfeeding and should be actively involved in promoting, supporting, counseling their peers. Methods and channels for reaching and involving women should be assessed. Organizations such as the Breast is Best League and La Leche League in some

countries, and Konesans Fanmi in Haiti have played fundamental roles in promotional activities at the community level and in training volunteers who work directly with women. To the degree possible, linkages should be established between the women's groups and maternal health and family planning service providers.

Proposed Support Through MotherCare in Reaching Women

MotherCare will provide one person month for a consultant to work with a group such as Konesans to involve women in the promotion of Breastfeeding and will also support training women to be breastfeeding advocates and provision of teaching materials.

Appendix 3: Protecting, promoting and supporting breastfeeding: the special role of maternity services

A joint WHO/UNICEF statement

Foreword

In our world of diversity and contrast, we believe that this statement on the role of maternity services in promoting breastfeeding is striking for its universal relevance. The principles affirmed here apply anywhere maternity services are offered, irrespective of such overworked labels as "developed" and "developing", "North" and "South", "modern" and "traditional". And the health professionals and other workers responsible for these services are well placed to apply them by providing the leadership needed to sustain, or if necessary reestablish, a "breastfeeding culture".

While discoveries are still being made about the many benefits of breast milk and breastfeeding, few today would openly contest the maxim 'breast is best'. Yet slogans, however accurate, are no substitute for action. That is why we invite all those concerned with providing maternity services to study this statement to see how they are helping or hindering breastfeeding. Are they encouraging and supporting mothers in every possible way? We urge them, wherever they might be, to ensure that their services are fully mobilized to this end and thereby to bear witness to the unequalled excellence of breastfeeding for infants and mothers alike.

Hiroshi Nakajima, M.D., Ph.D.
Director-General
World Health Organization

James P. Grant
Executive Director
United Nations Children's Fund

Ten steps to successful breastfeeding

Every facility providing maternity services and care for newborn infants should:

- (1) Have a written breastfeeding policy that is routinely communicated to all health care staff.
- (2) Train all health care staff in skills necessary to implement this policy.
- (3) Inform all pregnant women about the benefits and management of breastfeeding.
- (4) Help mothers initiate breastfeeding within a half-hour of birth.
- (5) Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
- (6) Give newborn infants no food or drink other than breast milk unless medically indicated.
- (7) Practise rooming-in — allow mothers and infants to remain together — 24 h a day.
- (8) Encourage breastfeeding on demand.
- (9) Give no artificial teats or pacifiers (also called dummies and soothers) to breastfeeding infants.
- (10) Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Reproduced, by permission, from *Protecting, promoting and supporting breast-feeding: The special role of maternity services. A Joint WHO/UNICEF Statement*. Geneva, World Health Organization, 1989. The Joint Statement has also been published by WHO in Arabic, French and Spanish editions.

Health care practices related to breastfeeding

**NATIONAL BREASTFEEDING STRATEGY
FY 1991 - 1993**

BUDGET

MotherCare shall provide technical assistance to individual components at the level of effort as indicated below.

1. Steering Committee
 - a. International Consultant

Consultant Fee	\$280/day x 66 days (3 pm)	\$ 18,480.00
Per Diem	\$84/day x 90 days	7,560.00
Travel	\$700/round trip x 4 trips	2,800.00
 - b. Local Breastfeeding Coordinator

Coordinator Fee	\$1500/month x 8 pm (132 days)	9,000.00
Per Diem	\$40/day x 30 days	1,200.00
2. Wellstart Training Course

1 Four Person Team	\$7000/person x 4 persons	28,000.00
In-Service Training Courses		18,356.00
3. Family Planning Service/Breastfeeding Promotion
 - a. International Consultant

Consultant Fee	\$280/day x 22 days (1 pm)	6,160.00
Per Diem	\$84/day x 30 days	2,520.00
Travel	\$700/round trip x 1 trip	700.00
 - b. Training Materials

		4,000.00
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4. Assessment & Development of New Messages
 - a. Local/International Consultant

Consultant Fee	\$280/day x 22 days (1 pm)	6,160.00
Overhead		2,464.00
Per Diem	\$84/day x 30 days	2,520.00
 - b. Development of Materials

		6,000.00
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5. Reaching Women

a. International Consultant

Consultant Fee	\$280/day x 22 days (1 pm)	6,160.00
Per Diem	\$84/day x 30 days	2,520.00
Travel	\$700/round trip x 2 trips	1,400.00

b. Development of Materials 8,000.00

c. Training 26,000.00

6. MotherCare Technical Assistance/Management 7.5 pm 20,000.00

TOTAL BUDGET \$ 180,000.00

APPENDIX B

**NATIONAL BREASTFEEDING STRATEGY
USAID MEETING**

AGENDA AND PARTICIPANTS

Agenda for Exclusive Breastfeeding

Goal: Development in Haiti an appropriate teaching/training strategy to enhance the use of colostrum, initiate exclusive breast feeding in the first three-four months of life, and combat bottle-feeding.

1. Discussion of the breastfeeding in Haiti

Brief Overview of Document by Maria Alvarez Murray

Discussion

Reaching a consensus on the problem

2. Strategy Options for discussion:

- o A national committee or coordinating group for breast-feeding promotion with membership from the faculty of medicine and nursing, the ~~M~~SPP, key NGO's and women's groups. Discussion of the function of such a committee, including the writing of a strategy to unify and coordinate efforts to enhance breastfeeding.
- o Teaching/training and "recyclage"
 - a) At the Medical Faculty level
 - b) For Nurses and nurse auxiliaries
 - c) Possible strategies to develop within HUEH an appropriate teaching model:
 - i Development of consensus at faculty level on training needs vis-a-vis the promotion of exclusive breast feeding. Key departments: pediatrics, obstetrics, and community medicine.
 - ii. Introduction of the Wellstart Project
 - Discussion of the well-start concept and their record as a training resource.
 - iii. Formation of a francophone training team for Haiti with or without Wellstart.
 - iv. Development of a "well-baby" clinic and outreach/follow-up for clientele from the HUEH, focussing especially on mothers from a defined geographic area near the HUEH, where home visits can be realized.
- o Curriculum enrichment with demonstration-education techniques for trainers
 - steps would involve a curriculum review to identify gaps include enrichment techniques at all levels including:
 - training for community health workers
 - training for traditional birth attendants
- o Development within other teaching hospitals the same teaching model to promote exclusive breastfeeding and combat bottle feeding.
- o Develop national guidelines for the enhancement of breastfeeding at the hospital and clinic level based on the above; disseminate these to all

hospitals, public and private.

o Review successful strategies for enhancing coverage of antenatal care, where training mothers in use of colostrum and in the importance of putting baby to breast in the first hour of life is most crucial (current estimates are that only ____% of pregnant women receive antenatal care with more than two visits)

example:

--enrollment of mothers by resident home visitors or mothers groups as a part of community health programs

--addition of the initiation of antenatal care and beginning follow-up of pregnant mothers in rally-posts and/or growth monitoring sessions.

o Review and coordinate community based educational techniques; disseminate those most effective to all ngo's and government sponsored projects using using community based approaches

o Collaborate with Konesans Fanmi and the DSPP in developing educational materials for the general public and use of the media.

3. Research needs

4. Role of Women's Groups
in Propagating the message

LIST OF PARTICIPANTS

Dr. Fayla Lamothe	UCPP
Dr. Cadmer Michaud	UCPP
Dr. Jean Audré	UCPP
Dr. Eddy Jn. Baptist	UPE/MSPP
Dr. Michael Léandre	UPE/MSPP
Dr. José Alcide	IEC/UCPP
M. Lucas Spinelli	IEC/UCPP
Dr. Antoine Augustin	IHE
Dr. Frantz Simeon	AOPS
Dr. Gerard Guy Prosper	HUEH

APPENDIX C

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