



*Wellstart International*  
*Expanded Promotion of Breastfeeding Program* ■ 3333 K Street, N.W., Suite 101 ■ Washington, DC 20007  
Phone (202) 298-7979 ■ Fax (202) 298-7988

## TRIP REPORT

**AUTHORS:** Martha Holley Newsome, Wellstart Program Associate  
Adwoa Steel, Wellstart Consultant

**WHERE:** Nigeria

**WHEN:** January 31 - February 24, 1994

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### BACKGROUND

Recognizing the critical problems related to malnutrition in Nigeria, USAID has added a focus on nutrition and the improvement of child feeding practices (including breastfeeding and complementary feeding promotion) within the Nigeria Combatting Childhood Communicable Diseases Project (NCCCD). The NCCCD Project goals for improved child nutrition practices are:

- exclusively breastfed infants from 0-4 months of age increases from 1% in 1990 to 10% in 2000;
- mothers feeding nutritious food to infants 6-9 of age months increases from 70% in 1990 to 90% in the year 2000.<sup>1</sup>

In order to develop appropriate interventions to reach these targets, Martha Holley Newsome, Wellstart Program Associate and Dr. Adwoa Steel, Wellstart Consultant traveled to Nigeria from January 31-February 24, 1994 to work with Dr. Adenike Grange, NCCCD Nutrition Advisor. The purpose of this planning activity was to develop a breastfeeding and complementary feeding promotion component of NCCCD Project and propose Wellstart technical assistance and support in up to four NCCCD Focus States and Local Government Areas (LGAs).

This assessment trip was originally planned during discussions initiated during a June 1993 visit by Dr. Mary Ann Anderson, Cognizant Technical Officer for Wellstart's EPB Program and MotherCare, and Dr. Martita Marx, Wellstart's EPB Deputy Director. The timing of the assessment was planned to coincide with a MotherCare evaluation trip in order to examine areas for coordination with MotherCare's program.

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<sup>1</sup> The outputs are from the NCCCD project paper but according to the 1990 DHS Report, 52% of infants 6-9 months were fed appropriate complementary foods.

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## OBJECTIVES OF THIS TRIP

- Meet with NCCCD, Family Health Services (FHS), and the Federal Ministry of Health and Social Services (FMOH/SS), and MotherCare staff to plan national level actions for updating policies, procedures, training, information, education and communication (IEC) materials. Develop draft workplan which outlines specific steps, human and financial resources needed, and responsibilities.
- Together with Dr. Grange, visit up to four NCCCD Focus States and LGAs to select two initial states and LGAs and two to be added in two years for intensive breastfeeding and complementary feeding promotion.
- Assess three levels of services (hospital and maternity, primary health care, and community) to determine broad interventions for promoting optimal infant feeding and integrating them within NCCCD, MotherCare, and UNICEF Baby Friendly Hospital Initiative.
- Develop Memoranda of Understanding with the two selected States/LGAs.
- Make recommendations for level of Wellstart input needed to assist in carrying out the national and state/LGA plans (e.g. resident advisor, technical staff and consultants required).
- Prepare brief report of assessment findings from states/LGAs visited.

## OUTCOMES

The assessment team visited the NCCCD Focus States and LGAs of Plateau/Barkin-Ladi, Oyo/Egbeda, and Osun/Ife Central to examine the infant feeding situation and to select two initial states and LGAs for infant feeding promotion.

The predominant criteria for selection were the existence of a strong and functioning primary health care system, successful track record with NCCCD, and committed State and Local Governments. Evaluations of some of the best known and recognized nutrition programs such as the "The Iringa Joint Nutrition Support Project (JNSP), Tanzania" and "The Integrated Child Development Services Scheme, India" have identified political commitment, community mobilization and participation, development of a trained resource base, and monitoring and management information systems as some of the critical elements for program success.<sup>2</sup> Both Plateau State/Barkin-Ladi and Osun/Ife Central have these critical elements to help assure program success. Program components and lessons learned from these initial states and LGAs will then form the basis for expanding the breastfeeding and complementary feeding promotion to **all** NCCCD Focus States and LGAs. Since delays from the political turmoil have reduced the period of Wellstart assistance to a little over two years, the team strongly recommends that the initial breastfeeding and complementary feeding promotion be initially implemented in these two "best-case scenario" states and LGAs.

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<sup>2</sup> "Crucial Elements of Successful Community Nutrition Programs," Report of the Fifth International Conference of the International Nutrition Planners Forum, August 15-18, 1989, Seoul, Korea, Sponsored by USAID Bureau for Science and Technology, Office of Nutrition, pg. 3 & 4.

Based on these comprehensive visits, the Wellstart/NCCCD team has developed a strategy for Plateau/Barkin-Ladi and Osun/Ife Central which includes:

- development of policies and health facility standing orders;
- training in breastfeeding and complementary feeding within hospitals, maternities, and primary health care facilities;
- information, education and communication activities;<sup>3</sup>
- community-based initiatives (e.g., develop cadre of infant feeding counselors);
- monitoring and evaluation.

Detailed program plans for the two selected States/LGAs are attached.

In discussions with USAID and NCCCD, the team decided not to develop separate Memoranda of Understanding (MOUs) with the states and local governments since NCCCD is in the process of developing MOUs with the states. The proposed breastfeeding and complementary feeding component and Wellstart's assistance will need to be incorporated in NCCCD's MOU.

A second outcome of the visit is the identification of federal-level actions and policies which will help to foster a supportive and consistent environment at all levels of the health care system for mothers to optimally feed their infants. Initiatives proposed at the Federal level include strengthening policies, procedures, and curricula; sensitizing policy makers; monitoring of the Code of Marketing of Breastmilk Substitutes; and improving monitoring and evaluation of breastfeeding and complementary feeding promotion.

Finally, the assessment team (Grange, Newsome, and Steel) developed draft workplans for activities at the Federal, State, and Local Government levels. The draft budget for Wellstart assistance in FY'94 and FY'95 is \$525,039. An additional \$203,062 is needed to cover the last six months of Wellstart assistance in FY'96 (see proposed FY'96 activities in Annex III). Cost estimates for NCCCD's contribution need to be estimated with NCCCD staff. The draft workplans also include timing of activities, proposed technical assistance from Wellstart, and responsible parties for each activity.<sup>4</sup>

Based on the intensive level of Wellstart assistance, the team recommended that a country global Wellstart advisor be housed within NCCCD to assist the NCCCD Nutrition Advisor with implementing the program and to manage and handle Wellstart financial and reporting requirements. The team collected a list of potential names for future reference.

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<sup>3</sup> Wellstart's EPB Program has in-house technical expertise in social marketing. EPB is providing assistance for a number of IEC/social marketing campaigns for infant feeding in other countries (including Cameroon, Rwanda and Guatemala). Given the short time frame and the particular expertise needed for infant feeding IEC/social marketing, we strongly recommend that Wellstart provide the technical assistance for this piece. Wellstart has already begun to work closely with Kathy Parker and PCS and hopes to maintain a close collaboration in assisting with the IEC for infant feeding within NCCCD.

<sup>4</sup> Tasks will need to be divided between the NCCCD advisor and Wellstart's country representative.

Trip products include this brief trip report, "Proposed Infant Feeding Promotion Component within NCCCD" (Annex 2), and "An Assessment of Infant Feeding in Oyo, Osun, and Plateau States" (Annex 4).

## OBSERVATIONS

- The necessity of giving water to infants is a very strong belief at all levels of the community and health care system.
- Due to the varying backgrounds of the NCCCD State-Based Epidemiologists (SBEs), closer coordination with the NCCCD Nutrition Advisor is needed, as well as some additional sensitization and training, to successfully integrate nutrition within NCCCD.
- UNICEF is willing to coordinate and jointly sponsor national training and policy actions as part of the Baby Friendly Hospital Initiative (zonal policy actions and training of trainers are two specific areas of interest).
- Implementation of the 10th Step of the BFHI, "Foster the establishment of breastfeeding support groups and refer mothers to them upon discharge from the hospital or clinic," is not being implemented as there is no system of referral and follow-up for mothers in their community.
- Wellstart Associates appear to have made some changes in their institutions but have not been able to make *overall* changes in breastfeeding promotion in Nigeria. A whole host of factors mitigate their ability to change the existing system. A core of committed policy makers and a larger cadre of trainers are needed to make sustainable changes. Consequently, NCCCD staff, leading experts, and donors recommended a cost effective approach of sending a limited number of persons (two or three) to Wellstart's Lactation Management Education (LME) Course in San Diego and that Wellstart assist NCCCD and UNICEF in developing an intensive course to develop trainers within Nigeria.
- Counterparts for the IEC activities in Osun and Plateau will need to be decided pending developments of the NCCCD IEC component that is currently under review (with assistance from Kathy Parker).
- Breastfeeding has been placed under the FMOH/SS Department of Hospital Services and complementary feeding and infant nutrition are handled by various personnel under the FMOH Department of Primary Health and Disease Control, and the National Primary Health Care (PHC) Agency. Consequently, creation and adoption of appropriate policies for infant feeding at the Federal level are very difficult. Recent and frequent changes in the ministry personnel have also slowed the pace of policy adoption and change.
- Although Decree 41 is a very strong code of marketing for breastmilk substitutes (including cereals) the team found substantial evidence of Nestle infractions to the code, including: Nestle sponsored "breastfeeding seminars," free samples of Similac and Infant Cereals, infant pictures featured on cans in advertisements, free calendars and posters. A review of the monitoring of the code was carried out in 1991 but it appears that little enforcement is taking place.

- The USAID-funded Family Health Services (FHS) Project does not appear to be providing the mini-pill or education about the Lactational Amenorrhea Method (LAM) to breastfeeding women. Provision of appropriate methods for breastfeeding women is needed as well as updated training for family planning providers. More extensive strengthening and coordination with family planning services in Osun could be developed since Osun is a Resource Intensification Strategy (RIS) state within the FHS project.
- The sale of essential drugs is a powerful incentive for Village Based Health Workers and the development of incentives for infant feeding promotion is essential.
- Logistics and travel constraints did not enable the team to visit four states, instead three states were covered in more depth.

### **RECOMMENDATIONS**

The team recommends that USAID and NCCCD accept the proposed component for integrating infant feeding in two select states and LGAs with technical assistance from Wellstart.

To support this proposal, the team requests that USAID, NCCCD, and Wellstart agree to the institutional responsibilities outlined below. **Wellstart agrees to:**

- Provide technical assistance for policy, training, IEC, community-based initiatives, and monitoring and evaluation activities as specified in the draft plans summarized below.
- Provide limited financial support for specific activities as determined in the annual plans and budget (see Annex 3).
- Assign a full-time Technical Advisor to coordinate and organize infant feeding promotion activities, under the direction of the NCCCD Nutrition Advisor, and handle all of Wellstart's reporting, funding, and management requirements.<sup>5</sup>
- Provide additional support to the NCCCD Nutrition Advisor, SBEs, State Ministries of Health, and LGA PHC Staff to further breastfeeding and complementary feeding promotion according to the workplans and the technical requirements of this component.
- Provide limited technical assistance to the Federal Ministry of Health and PHC Agency to help foster national policy changes and actions to support breastfeeding and child nutrition.
- Conduct an assessment of Wellstart's support to NCCCD by Sept. 30, 1996.

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<sup>5</sup> Wellstart and NCCCD should consider sharing the costs of a secretary for the Wellstart Country and NCCCD Nutrition Advisor.

To facilitate coordination for the implementation of this nutrition component, **USAID and NCCCD agree to:**

- Provide technical assistance and management to guide this component through the NCCCD Nutrition Advisor.
- Continue to foster awareness and commitment to breastfeeding and complementary feeding within the NCCCD Project to ensure that adequate support and attention is paid to this important component.<sup>6</sup>
- Facilitate and administer transfer of NCCCD funds to the Ministries of Health and the LGA for breastfeeding and complementary feeding promotion according to NCCCD procedures and SBE's approved budgets.
- Negotiate with Ministries of Health and LGA's through the SBE's to obtain support and counterpart funding for the agreed upon breastfeeding and complementary feeding activities.
- Provide transportation to NCCCD Nutrition Advisor and Wellstart Country Advisor for infant feeding activities.
- Provide office space within the NCCCD premises for the Wellstart Technical Advisor, including access to phones, faxes, and photocopy machines on a cost reimbursable basis.
- Provide additional USAID funds to Wellstart for program design and implementation for FY'94 and FY'95 (\$125,039).
- Provide additional USAID funds for the expansion and replication of the infant feeding component in other states in FY'96 (\$203,062).

### **IMMEDIATE STEPS**

As discussed in the debriefing, Wellstart/NCCCD recommends that initial training and qualitative research activities be undertaken while negotiations between Wellstart, NCCCD, and USAID are being worked out.

- 1) Wellstart will provide technical assistance to NCCCD Nutrition Advisor for initial training activities including: developing the Continuing Education Unit (CEU) module, pre-testing and piloting the module with SBEs, and developing training strategies in Osun and Plateau (April or May 1994).
- 2) Wellstart will provide technical assistance and funds to initiate qualitative research in Plateau/Barkin-Ladi and Osun/Ife Central (May/June 1994).

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<sup>6</sup> Since Wellstart/NCCCD are planning new training, monitoring, research, and evaluation activities for nutrition, the SBEs may need to delay implementation of certain activities within the nutrition component of their 1994 workplans.

## **FOLLOW-UP**

- 1) Finalize agreements and budgets for Wellstart's support to the NCCCD Project with USAID and NCCCD (March 1994).
  - 2) Provide input to the FMOH PHC Agency for the PHC Guidelines and Curricula (by March 15, 1994).
  - 3) Hire Wellstart Resident Advisor and open office in Lagos (June 1994).
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## **ANNEXES**

1. List of Contacts: Lagos, Oyo, Osun, and Plateau States
2. "Infant Feeding Promotion Component Within the Nigeria Combatting Childhood Diseases Project"
3. Workplans & Budgets
4. Assessment Report
5. Federal Ministry of Health Organogram Highlighting Nutrition Services Components

**ANNEX I  
LIST OF CONTACTS**

**Lagos**

**USAID**

Gene Chiavaroli      USAID Affairs Officer, USAID Nigeria  
Felix Awangtang      Health and Population Officer, USAID  
Sandy Ojikutu      NCCCD Project Officer

**Nigeria Combatting Childhood Communicable Diseases Project (NCCCD)**

Jason Weisfeld      Acting NCCCD Interim Project Coordinator  
Barbara Maciak      NCCCD Technical Officer  
Doyin Fagbule      NCCCD State-Based Epidemiologist, Lagos

Anu Adegrooye      Training Consultant, NCCCD

**CDC Technical Consultants**

Kathy Parker      Chief, Social and Behavioral Science Branch, Int'l Health Programs Office  
(Developing NCCCD Health Ed.\IEC Strategy)

George Stroh      TSD, International Health Program Office (Strengthening this component of  
NCCCD)

**FHS**

Dr. Akin Akinyemi      Deputy Project Administrator<sup>7</sup>

**PCS Contracted to do IEC under Family Health Services Project**

Bola Kusemiju      Country Representative for PCS  
Data Phido      PCS Staff Assigned to MotherCare

**Federal Ministry of Health and Social Services (FMOH/SS)**

**Dept. of Medical Services**

Dr. Ngozi Njepuome      BFHI Coordinator (doesn't have an office yet)

**Dept. of Primary Health Care and Disease Control**

Dr. K. Kitae      Director of Community Health

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<sup>7</sup> Due to the timing of field visits, we missed a meeting with John McWilliam, Project Administrator.

Division of PHC Services

Dr. A.A. Adeyemi                      Asst. Director (MCH\FP)  
Mrs. Eunice Balogun                MCH\FP Section (Nutrition focus)  
Dr. Omojokun                        Head of Nutrition Section (under MCH\FP)  
Mrs. B.N. Elmaka                    Principal Nutrition Officer, Nutrition Section

J.A. Ola                                Chief Health Educator, Health Ed. Branch  
Mrs. C.C. Nwagunu                 Asst. Chief Health Educator

PHC Agency

Dr. Sorungbe                         Executive Director of PHC Agency  
Dr. Olubago                         Asst. to Sorungbe, Responsible for Nutrition  
Dr. Lewis                             Asst. Director of PHC Services  
Mrs. Kila                             PHC Consultant (responsible for revising standing orders, PHC  
guidelines and training curricula)

Pakoto Institute

Dr. Abosede                         Consultant at Primary Health Care, Lagos University Teaching Hospital  
(LUTH)  
Mrs. O. Odunlami                 Chief Community Health Officer  
Mr. L.T. Arole                      Administrator Officer  
  
Mrs. Abosina                        VHW/TBA at Ogun Village in Ifo LGA (training site of Pakoto Institute)

World Health Organization

Dr. S. Brew-Graves                WHO Representative

Quality Assurance

Dr. Stella Goings                 Quality Assurance Advisor

UNICEF

Dr. Nimal Hetteriatchy            Chief, Nutrition Section, UNICEF  
Dr. Kalu                              BFHI Consultant

## Plateau State

Dr. Parakoyi - NCCCD State-Based Epidemiologist

### State Ministry of Health

Dr. Durfa - Director General

Mrs. Shemu - Director of PHC and FP

Mrs. Susan Ayina - Asst. Dir. of Population

Mr. Stephen Anzaku - HIS Coordinator

### School of Health Tech

Mr. Christopher Ubugadu

### Continuing Education Unit (housed at School of Health Tech)

Mr. Peter Gokir - Continuing Ed. Unit (CEU Coordinator)

John Aku - Asst. Chief PHC Coordinator

Godmin Loko - Asst. Chief Community Health Officer (CHO)

Hadjim Lubera Ahmed - Public Health Midwifery Tutor

### State Hospital Management Board

Dr. Jebwi - Director General

### State Nutrition Unit (under EPI)

Abigail Nyan - Nutrition Officer

### Health Education Coordinator for SMOH

Mr. Avu - Health Ed. Coordinator

Bode Kayode - Health Ed. Officer<sup>8</sup>

### Jos University Teaching Hospital (JUTH)

Dr. Okolo - Department of Pediatrics (Director of BFHI)

### Plateau State General Hospital and Maternity

Mr. Jerome Seyil - Statistician (in charge of hospital records and data)

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<sup>8</sup> Shows promise for training in nutrition IEC.

Maternal and Child Health Care Clinic in Jos North, Plateau

Mrs. Mogaji - Senior Nursing Sister (Matron)

Barkin-Ladi

Mrs. Monica Gotip - PHC Coordinator

Mr. Chaleb Gotip - Asst. Coord. of M&E

Mrs. Vou I. Mwanti - Asst. Coord. of MCH\FP\NUT

Mr. Luka G. Chuwang - District Supervisor for Ropp District

Mrs. Martina Yohanna Fom - Senior Community Health Supervisor

Mrs. Deborah Pam - Chairman of "Women in Health of Heipang"

CHAN

Rev. Moses Thliza - Primary Health Care Coordinator for CHAN

Church of Christ in Nigeria (COCIN) - Panyam LGA

Luther Micah Vulchi - CHO, Rural Nutrition Program

Chungyang Yakubu - Statistics Officer

Oyo State

Dr. Adesina, State-based Epidemiologist

Dr. Mrs. Segigola Williams

Mrs. Ayo Alao, PHC Coordinator, Ebgeda LGA

Dr. I.O. Adigun, Director, PHC/Disease Control

Dr. Ogundeji, Zonal Director PHC

Dr. W.G. Lawal, Sole Administrator, Oyo State Hospital Management Board

Dr. Aderoju, Director, Secondary Health Care and Training, Oyo State

Dr. Mrs. Maleriode Idahoga, Deputy Director of Medical Services

Mrs. Rachael Ajaiye-Oba, CEU Coordinator

Mrs. Abidemi Durodola, Assistant Coordinator for CEU

Community-based distribution system

Mrs. Nubi, Nurse-midwife, Public/Community Health Supervisor, Market-based Distribution Officer

Mrs. F.E. Adedoyin, Women in Health, State Coordinator, General Nursing/Midwifery/Public Health/  
Nursing/Community Health Officer

Mrs. E.F. Adegbola, State TBA Coordinator and Trainer of Trainers

Nutrition Rehabilitation Center

Dr. Ogundiran, State Nutrition Program Officer

Mr. Titilope Bashir Kolamle, Senior Nursing Officer  
Oldejo Emmanuel Kunle, Senior Nursing Officer

Alesinloye Market, Ibadan

Mrs. O.F. Olayaju, Staff Nurse-midwife, Alesinloye Market Medical Clinic  
Mrs. Akanmu, Community Health Extension Officer  
Mrs. Okusatu, Market-based Distribution Agent

University College Hospital (UCH)

Mr. S.O. Ogungini, Healthcare Administrator

FHS Zonal Office, Ibadan

Mr. Lere Onigbinde, Zonal Manager  
Mrs. Bummi Akinwande, Commodity Logistics Officer  
Ms. Bummi Salako, Program Officer

Egbeda Local Government Area (LGA)

Mr. A.O. Awoade, Finance Officer  
Mrs. Ayo Alao, PHC Coordinator  
Mrs. Yusuff, Assistant Coordinator for CBD-TBA  
Mrs. Ajao, Volunteer Health Worker, Erunmu Village

Dr. Kike Osinusi, Consultant Pediatrician, University College Hospital, Ibadan

Osun State

Dr. Tunde Adeyafa, PHC Director  
Mrs. A.O. Omojowolo, Senior Health Sister/CHO, NGO Coordinator, MOH, Osogbo  
Mrs. D.M. Gbenjo, Principal Health Sister, Nutrition Clinic, Osogbo State Hospital

Dr. Mrs. Petunde Oyekemu, CEU Coordinator, School of Health Technology, Ilesha

Ife Central

Mrs. M.O. Durodola, Asst. PHC Coordinator/Monitoring and Evaluation  
Mr. G.A. Awotidebe, PHC Coordinator  
Mrs. J.T. Olasoji, Assistant PHC Coordinator MCH/FP/Nutrition

Mr. A. O. Daramfa, Agriculture Officer

Mrs. Esther Eniola Adeleoye, Rep. NGO. Nigeria Girl Guides Association

Dr. Roger Makanjuola, Chief Medical Director, Obafemi Awolowo University Teaching Hospital  
Dr. Anita A. Adutugbo, Department of Community Health

**ANNEX 2**  
**"INFANT FEEDING PROMOTION COMPONENT**  
**WITHIN THE**  
**NIGERIA COMBATTING CHILDHOOD DISEASES PROJECT"**

**DRAFT**

**PROPOSED INFANT FEEDING PROMOTION COMPONENT  
OF THE NIGERIAN COMBATTING CHILDHOOD  
COMMUNICABLE DISEASES (NCCCD) PROJECT**

**April 8, 1994**

**Adenike O. Grange, FMC Paed. FWACP, NCCCD Project  
Adwoa Steel, M.B.Ch.B., MPH, Wellstart International  
Martha Holley Newsome, MPH, Wellstart International**

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## ACRONYMS

CDD	Control of Diarrheal Diseases
CEU	Continuing Education Unit
CHAN	Christian Health Association of Nigeria
DHS	Demographic and Health Survey
EPB	Expanded Promotion of Breastfeeding Program (Wellstart International)
EPI	Expanded Program of Immunization
FHS	Family Health Services
FMOH/SS	Federal Ministry of Health/Social Security
HIS	Health Information System
IEC	Information, Education and Communication
JUTH	Jos University Teaching Hospital
KAP	Knowledge, Attitudes and Practices
LAM	Lactational Amenorrhea Method
LGA	Local Government Area
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
NCCCD	Nigerian Combatting Childhood Communicable Diseases Project
NGO	Non-Governmental Organization
OAU	Obafemi Awolowo University
OYB	Over-the-Year Budget Transfer (?)
PHC	Primary Health Care
SBE	State-Based Epidemiologist
SMOH	State Ministry of Health
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VHW	Village Health Worker
WHO	World Health Organization

## INTRODUCTION

To support the new Nigerian Combatting Childhood Communicable Diseases Project (NCCCD) focus on "improving child nutritional practices, including promotion of breastfeeding and use of proper complementary foods," Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program will assist selected NCCCD-assisted States and LGAs to improve infant feeding practices.

## BACKGROUND

The nutritional situation of infants and young children in Nigeria has caused alarm in the public health community. The 1990 Demographic and Health Survey revealed that nearly half of children under five years of age are chronically undernourished, one-third are underweight for age, and one-tenth are severely malnourished or wasted.<sup>1</sup> Among the ten sub-Saharan countries participating in the DHS, Nigeria has the third highest proportion of children whose growth is stunted and is second only to Mali in level of malnutrition.

The interaction of patterns of feeding and levels of illness in Nigeria have produced this situation. The practice of exclusive breastfeeding among infants zero to four months of age is nearly non-existent (2%).<sup>2</sup> Water, teas, glucose water, other milks and liquids are given frequently, and 36% of infants zero to one month are given a bottle. Nearly two-thirds of Nigerian women with children under five years of age are employed outside the home. Supplements and weaning foods are generally of very poor nutritional quality and are introduced either too early or too late, depending on the region of the country. Only 50% of infants aged six to nine months are fed solid food.

Although feeding practices are immediate determinants of nutritional status of the child, other influential factors include disease burden; quality of health care; food availability; socio-economic status; beliefs, attitudes and cultural practices of the family; knowledge of appropriate infant feeding practices; and quality of child care. A successful nutritional intervention will need to work with communities to address some of these factors or seek policy changes to help remove barriers to successful adoption of optimal practices.

## GOAL

Reduction of the malnutrition rate in children 0-12 months<sup>3</sup> of age through improvement in breastfeeding and complementary feeding practices in two LGAs (by September 30, 1996).

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<sup>1</sup>"Nutrition of Infants and Young Children in Nigeria" 1993, African Nutrition Chartbooks. Findings for the 1990 Nigerian DHS survey, pg. 2.

<sup>2</sup>Data is taken from 1990 DHS unless otherwise specified.

<sup>3</sup>Positive nutritional status reached during the first 12 months of life can be maintained with continued breastfeeding and appropriate complementary feeding during the second year of life (12-14 months).

## **OBJECTIVES**

In correspondence with the USAID benchmark indicators for improved child nutrition practices, the objectives of the component are to:

- Increase the proportion of children who are breastfed exclusively from birth until four months of age in the focus LGAs (from 2% in 1990 to 10% in 1996);
- Increase the proportion of infants six to nine months of age who are fed complementary nutritious foods in the focus LGAs (by 52% in 1990 to 70% by 1996);
- Decrease the proportion of children who are ever bottlefed from zero to twelve months of age in Focus LGAs (by 31% in 1990 to 15% in 1996).

## **OUTPUTS BY SEPTEMBER 1996**

- Train at least 75% of public health workers (midwives, community health officers, nurses, physicians, health educators) in Focus LGAs to educate and support mothers to practice optimal breastfeeding and complementary feeding.
- Train staff in 50% of the (public and private) health facilities in each Focus State to support optimal breastfeeding practices.
- Develop cadre of infant feeding promotion trainers in Focus States and within Nigeria by sending select team to Wellstart's Lactation Management Education (LME) Program and developing an intensive course within Nigeria.
- Establish one state-level general hospital or maternity hospital as a model for upgraded maternal care and breastfeeding (in collaboration with MotherCare) in each of the two selected Focus States.
- Declare one major private sector health facility "Baby Friendly" in each of the two selected states.
- Train community-based counselors to support mothers to breastfeed optimally and feed appropriate weaning foods in each of the health districts in the two Focus LGAs.
- Increase knowledge and support for optimal infant feeding practices in the two states and Focus LGAs through effective information, education, and communication (IEC) campaign.
- Expand infant feeding component interventions to other NCCCD States and LGAs.

## **STRATEGY**

The improved child feeding component will be integrated within the NCCCD-assisted primary health care system. The strategic approach will be to: a) develop the skills needed within health facilities and communities to support mothers to optimally feed their children; (b) promote creation of appropriate policies at all levels of health care delivery (Federal, State and Local Government) to

raise awareness and facilitate adoption of recommended practices; and (c) create demand and a supportive environment for behavior change through an IEC and social marketing approach.

The general elements of the infant feeding component include:

### **Training**

- A principal activity will be to send a select team to LME in San Diego and develop an intensive course for breastfeeding trainers in Nigeria.
- Train relevant health workers within hospitals, maternities, and primary health care facilities to be able to support **optimal** breastfeeding and complementary feeding.
- At the community level, train traditional birth attendants (TBAs)<sup>4</sup> and selected mothers in the community to provide support to other mothers for optimal breastfeeding and complementary feeding.

### **Policy Development**

- Promote the development, adoption and dissemination of policies to guide project implementors at the Federal, State, and LGA levels.
- Test a system to monitor adherence to policy guidelines within Focus States and LGAs--in collaboration with the United Nations Children's Fund (UNICEF).

### **Information, Education, and Communication (IEC)**

- Conduct qualitative research on beliefs, practices, attitudes, and constraints to optimal feeding of infants which addresses gaps in the existing literature.
- Work with community members to use results in designing an IEC/social marketing package to raise awareness and promote behavior change.
- Implement the IEC package, developing messages, materials, media, and training.

### **Community-Based Initiatives**

- Design an effective approach to raise community awareness about infant malnutrition and to motivate community support for change<sup>5</sup>.
- Mobilize communities to participate in the diagnosis, design, and implementation of community-based initiatives.<sup>6</sup>

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<sup>4</sup>In collaboration with the MotherCare Project.

<sup>5</sup>Research shows that many mothers are not aware of the poor nutritional status of their children.

<sup>6</sup>Initiatives could include interventions such as mother-to-mother support, use of women's groups, community-based growth monitoring, dry season farming.

## **Monitoring and Evaluation**

- Monitor optimal feeding and nutrition indicators.
- Develop a system for measuring the impact of the infant feeding promotion component.

## **FEDERAL, STATE, AND LGA LEVEL ACTIVITIES**

To create a supportive and consistent environment for behavior change within communities and LGAs, certain actions at the Federal and State levels are essential. Policies need to be enacted at the Federal level and disseminated through the States. The development and dissemination of a National Breastfeeding Policy is needed to alert health workers of the need to focus on breastfeeding. Guidelines for breastfeeding, complementary feeding, and child nutrition need to be strengthened and instituted through the Federal Ministry of Health and Social Services. Other policies will also minimize existing constraints to optimal breastfeeding (e.g., provision of mini-pill and Lactational Amenorrhea Method (LAM) within family planning and extension of maternity leave to four months for mothers in the formal employment sector).

Federal training curricula need to be revised to include updated information on breastfeeding, complementary feeding, and child nutrition. Enforcement and attention to Nigeria's existing code of marketing, Decree 41, is urgently needed as well as coordination with UNICEF regarding the Baby Friendly Hospital Initiative (BFHI). Policy issues and monitoring the code of marketing of breastmilk substitutes will also be handled in the Focus States.

At the State level, training of health workers within the State-controlled health facilities is necessary to ensure that mothers receive consistent messages and support at all levels of the health care system. (Currently mothers who deliver at the Baby Friendly Teaching Hospitals do not receive support for exclusive breastfeeding at nearby health centers where the health workers have not been trained.) Wellstart and NCCCD will work to upgrade the capacity of State Continuing Education Units (CEUs) and Schools of Health Technology to provide training in optimal infant feeding and nutrition for primary health care providers through training of trainers, curriculum development, and supervision.

Midwives and TBAs will be trained in optimal breastfeeding by training MotherCare's Master Trainers and developing breastfeeding module for inclusion within MotherCare's Life Saving Skills courses at State and LGA facilities. Model "Mother and Baby Friendly" training centers will be developed within selected Focus States in collaboration with MotherCare.

An IEC program including formative research, message and materials development, and other communication activities will be introduced at both the State and LGA levels.

Finally, at the LGA level comprehensive community based initiatives will be developed in concert with community leaders and Primary Health Care (PHC) staff. Alternative models of support for women to optimally feed their infants will be tested. Activities will include:

- raising community awareness about the extent of "unseen" undernutrition within their communities;
- training of PHC health workers and community counselors;
- enhancing or improving the promotion of existing weaning foods;
- developing an integrated IEC approach;

- improving counseling of mothers associated with weighing in health facilities;
- monitoring and evaluation.

## **SELECTION OF FOCUS LGAs**

With the limited resources and time (two and a half years) currently available, Wellstart will initially focus on two LGAs within two NCCCD-assisted States. Since the causes of malnutrition are complex and often require fundamental changes in infant feeding behaviors based on long-held traditions, mothers and families must be motivated, encouraged, and supported to make needed behavior changes. Within the PHC system, health workers provide this support. Consequently, the infant feeding component must build on a strong existing PHC system where health workers have a close working relationship with their community. If the component has such a foundation, real and sustainable results in the two Focus States and LGAs will be possible in the short time available. This experience will enable NCCCD to expand nutrition promotion to other less developed NCCCD-assisted LGAs.

Ife Central and Barkin-Ladi LGAs were selected based on these selected criteria:

- focus LGA in the NCCCD-assisted Project;
- existence of strong and functioning PHC infrastructure which allows for continuous assessment, action and feedback between health services and community;
- existence of community based activities (e.g., women's groups, village development committees, and village health workers) which can be utilized to develop community initiatives to improve child feeding;
- ability to test operational approaches and determine which program elements are successful to enable expansion to other LGAs;
- MotherCare Project plans to expand beyond the State Level (Osun, Plateau) to the NCCCD Focus LGAs (Ife Central, Barkin-Ladi).

## **POTENTIAL FOR EXPANSION**

### **Other LGAs**

While Wellstart will initially focus on two States and LGAs, parallel activities are planned for other NCCCD-assisted LGAs through the assistance of the Nutrition Advisor and the State-Based Epidemiologist's (SBE). Policies, guidelines, standing orders, training curricula, and the research methodologies that are developed in the selected LGAs will be utilized in other LGAs.

### **Private Sector**

The component will foster cooperation between the public and private health sectors. In addition, the private sector will benefit by:

- sensitization to issues of optimal breastfeeding;
- training of trainers in breastfeeding and complementary feeding issues;
- training of public and private health workers;
- working with organizations such as the Christian Health Association of Nigeria (CHAN) to provide community education and mobilization;
- establishment of two private BFHI institutions.

Proposed component elements, workplans, and draft budgets for National, State (Plateau and Osun), and LGA (Barkin-Ladi and Ife Central) levels are attached.

### **ADMINISTRATIVE STRUCTURE**

Wellstart plans to hire a Technical Advisor who will provide technical assistance to the infant feeding component and also administer Wellstart funds in accordance with USAID requirements and Wellstart financial procedures. The person hired will preferably be a Nigerian who has technical knowledge of infant nutrition and also has administrative skills. He/she will be expected to work closely with NCCCCD Project Staff and the NCCCCD Nutrition Advisor in the two selected Focus States. (The Nutrition Advisor's duties extend beyond infant nutrition and she also has also the responsibility of guiding the nutrition program in all the NCCCCD-assisted States). The Technical Advisor will liaise between Wellstart and NCCCCD, assisting in organizing the policy and sensitization workshop, providing necessary documents to Wellstart, and reporting to Wellstart on the progress of the project.

At the State level NCCCCD and Wellstart will encourage the State Ministry of Health (SMOH) to designate a person who will coordinate the activities within the state to improve infant feeding. This person will work closely with the SBEs and also be the point person in the Ministry.

### **Time frame**

Wellstart plans to provide assistance until September 30, 1996. The assistance may be extended beyond this date at the discretion of USAID and with agreement of NCCCCD and Wellstart International, and depending on the availability of funds.

### **Funding Arrangements**

Wellstart has an OYB transfer from the USAID/Washington Africa Bureau to support the incorporation of breastfeeding and complementary feeding promotion within the NCCCCD Project. The workplans attached for FY '94, FY '95 and FY '96 require roughly \$728,101 to support Wellstart's assistance and costs in two States and two LGA's. Wellstart has an OYB transfer for \$400,000; the remaining \$328,101 is needed to support the infant feeding component. Therefore, an additional \$125,039 is needed to support program costs in FY'94 and FY'95 while \$203,062 is needed to cover Wellstart's assistance for FY'96 (see section below entitled FY '96 Program Plan). Wellstart and the NCCCCD Nutrition Advisor expect that once the program has been developed for these two states, breastfeeding and complementary feeding promotion will be easily incorporated into other NCCCCD Focus states and LGA's for a much lower cost to NCCCCD. Wellstart expects that NCCCCD will support salary costs for NCCCCD Nutrition Advisor and SBEs (and possibly half-time secretarial support) will provide other in-kind contributions to the program as specified below.

The detailed workplan and budget for the first year will be prepared collaboratively by NCCCD, State and LGA counterparts and Wellstart, and approved by USAID, Wellstart and NCCCD. Workplan and budget development will be conducted annually in coordination with the NCCCD State-Based Epidemiologist and the NCCCD Nutrition Advisor. Wellstart's financial contributions will be managed by Wellstart with assistance from Personnel, Administration and Finance (PAF) Contractor for NCCCD Project, according to the workplans mutually agreed upon by all parties.

## **INSTITUTIONAL RESPONSIBILITIES**

In support of the breastfeeding and complementary feeding component of the NCCCD Project, **Wellstart will:**

- Provide technical assistance for policy, training, IEC/social marketing, community-based initiatives, and monitoring and evaluation activities as specified in the plans summarized below.
- Provide limited financial support for specific activities as determined in the annual work plans and budget (attached).
- Assign a full-time Technical Advisor to coordinate component activities, under the direction of the NCCCD Nutrition Advisor, and handle all of Wellstart's reporting, funding, and management requirements.
- Provide additional support to the NCCCD Nutrition Advisor, SBEs, State Ministries of Health, and LGA PHC Staff to further breastfeeding and complementary feeding promotion according to the workplans and the technical requirements of the Project.
- Provide limited technical assistance to the Federal Ministry of Health/Social Security (FMOH/SS) and National PHC Agency to help foster national-based policy changes and actions to support breastfeeding and child nutrition.
- Conduct an assessment of Wellstart's support to NCCCD by Sept. 30, 1996.

To facilitate coordination for the implementation of this nutrition component, **USAID and NCCCD will:**

- Provide technical assistance, management, and coordination to guide this component through the NCCCD Nutrition Advisor.
- Foster awareness and commitment to breastfeeding and complementary feeding within the NCCCD Project to ensure that adequate support and attention is paid to this important component of the program.
- Facilitate and administer transfer of NCCCD funds to the Ministries of Health and the LGA for breastfeeding and complementary feeding promotion according to NCCCD procedures and SBE's approved budgets.
- Negotiate with Ministries of Health and LGAs through the SBEs to obtain support and counterpart funding for the agreed-upon breastfeeding and complementary feeding activities.

- Provide transportation to Wellstart Technical Advisor for program activities.
- Provide office space within the NCCCD premises for the Wellstart Technical Advisor, including access to phones, faxes, and photocopy machines.
- Provide additional USAID funds to Wellstart for program design and implementation for FY'94 and '95 (\$125,039).
- Provide additional USAID funds for the expansion and replication of the infant feeding component in other states in FY'96 (\$203,062).

## **FEDERAL PROGRAM**

Breastfeeding and complementary feeding promotion actions are needed across all NCCCD States and within the Federal system. The proposed strategy consists of support for updating policies, procedures or standing orders, and federal modules and curricula; and sensitization of policy makers and decision makers to the problems and to possible actions for improving the situation.

### **Strengthen Policies, Procedures, Curricula**

#### Develop Guidelines for Breastfeeding and Complementary Feeding Management and Promotion

- Review protocols for maternal and child health (MCH) care and recommend updated guidelines for breastfeeding and complementary feeding within relevant programs, such as sick child initiative, family planning<sup>7</sup>, Control of Diarrheal Diseases (CDD), Expanded Program of Immunization (EPI), etc.

#### Develop and Recommend Revisions to Federal Primary Health Care Curricula

- Foster FMOH/SS adoption of the breastfeeding, complementary feeding, nutrition module that will be developed for the Continuing Education Units within NCCCD Focus State Schools of Health Technology.
- Work with MotherCare to provide updated information on lactation management to the Council of Nurse/Mid-wives. Foster the addition of the in-service breastfeeding midwifery module (to be developed) as a requirement for licensure.
- Review pre-service and in-service curricula for primary health care workers and update information on breastfeeding and complementary feeding (e.g., growth monitoring curriculum, Village Health Workers and Traditional Birth Attendants Curricula, etc.).
- In collaboration with UNICEF, FMOH/SS, and National PHC Agency, review and revise, as necessary, the three-day Baby Friendly Hospital Initiative (BFHI) curriculum being used to train health workers throughout Nigeria.

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<sup>7</sup> NCCCD Nutrition Advisor and Wellstart will dialogue with FHS staff to develop appropriate guidelines for breastfeeding women.

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### Strengthen Monitoring and Evaluation (M&E) of Breastfeeding and Complementary Feeding

- Work with NCCCD and FMOH/SS to adapt M&E forms for breastfeeding and complementary feeding and simplify data reported and growth monitoring forms.
- Within NCCCD, revise health facility and community knowledge, attitudes and practices (KAP) questionnaire sections on nutrition.

### Assist in the Monitoring of Decree 41, the Nigerian Code of Marketing of Breastmilk Substitutes<sup>8</sup>

- Provide technical assistance to FMOH/SS, in coordination with UNICEF and the World Health Organization (WHO), in developing an instrument for monitoring the Code.

### **Sensitization of Policy Makers and Decision Makers**

#### Organize Zonal Workshops for Key Policy Makers

- In collaboration with UNICEF, Wellstart will provide technical assistance and funds to hold infant feeding sensitization workshops for key policy makers in the four PHC zones.

## **PLATEAU STATE AND BARKIN-LADI PROPOSED PROGRAM**

This section describes the infant feeding and nutrition component activities in Plateau State and Barkin-Ladi.

Wellstart will provide technical assistance to the SMOH and LGA for the activities outlined. Funds for in-country costs will be borne by NCCCD, Wellstart, SMOH, and LGA as agreed in developing annual workplans.

### **A. Policy**

#### State Policy Meeting

Wellstart will work with the SBE and NCCCD Nutrition Advisor to educate and sensitize state policy makers to the need for greater breastfeeding and complementary feeding promotion and support (review policies, definitions, economic benefits, existing policies). During the workshop, participants will be encouraged to elect a small technical policy sub-committee to plan policy actions needed to support breastfeeding and complementary feeding in Plateau.<sup>9</sup>

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<sup>8</sup>The FMOH BFHI representative reported that breastmilk substitute manufacturers are currently members of the committee responsible for monitoring the Code.

<sup>9</sup>Technical subcommittee members could include: the SBE, State PHC Coordinator, Pediatrician at Plateau State General Hospital.

### Develop State-Level Policy Workplan

SBE will work with the sub-committee to organize and carry out policy activities which ensure the support of breastfeeding and complementary feeding.<sup>10</sup>

### Review and Formulation of Policies Governing Employers of Working Women

Wellstart will assist the SBE and Policy Sub-Committee to review the work environment for women in both informal and formal sectors and will explore policy options concerning breastfeeding for working mothers.

### Barkin-Ladi (LGA) Policy Meeting

See community and mother-to-mother support under section D.

## **B. Training**

### Develop Training Strategies for Three Levels of Health Care

#### *Primary Health Care*

The SMOH Director of Secondary Care and Training, School of Health Technology, SBE, and the CEU Training Coordinator will develop a strategy for in-service training for PHC level staff in breastfeeding and complementary feeding.

#### *Public and Private Maternity Services*

With State Hospital Management Board and MotherCare, Wellstart will work with MotherCare State Coordinator and Midwifery Tutors and the CEU Midwife Tutor to develop a CEU/in-service strategy for training public and private midwives and nurse tutors at a model "Baby and Mother Friendly" training facility in Plateau.<sup>11</sup>

#### *State Hospital Services*

In collaboration with UNICEF, the SBE will assist Jos University Teaching Hospital (JUTH), a Baby Friendly Hospital and the SMOH, to implement training of trainers courses needed for selected physicians, nurses and midwives within the State Hospitals in Plateau.<sup>12</sup>

### Develop a Model Maternity

With State Hospital Board and MotherCare, Wellstart will identify a State Hospital and Maternity to carry out intensive training in breastfeeding promotion and support and Life

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<sup>10</sup>Policy issues to be considered: development of breastfeeding policy, enforcement of code of marketing, review of maternity leave, develop standard protocols for breastfeeding and weaning promotion in health facilities.

<sup>11</sup>Pre-service curricula will be adapted in an informal manner through the training of nurse tutors.

<sup>12</sup>Political problems between JUTH and SMOH may hamper this strategy.

Saving Skills Training and will work with matron and administrative staff to make the facility a model site for training.<sup>13</sup>

#### Adapt and Develop Curricula

- Wellstart and NCCCD will develop a CEU module for optimal infant feeding to incorporate into the current series of 11 modules for primary health care in-service training being implemented through CEUs.
- Wellstart will pretest the curricula and train the NCCCD consultant trainers and the State-Based Epidemiologist in optimal infant feeding.
- Wellstart will work with MotherCare to develop a breastfeeding module within the Life Saving Skills Training for Midwives. Wellstart will negotiate with MotherCare to ensure that funds are available to support the addition of the breastfeeding module within all of MotherCare's training.

#### Develop Master Level Trainers

- Assist the SMOH to develop master trainers in breastfeeding by sending one CEU Master Trainer (Mrs. Hadjim Kubura Ahmed) from the CEU and one of the Midwifery Tutors (among those trained in Life Saving Skills by MotherCare) to intensive Lactation Management Education (LME) course at Pakato Institute or Wellstart's LME Program in San Diego. Investigate training courses on infant nutrition and complementary feeding for a second CEU Master Trainer.<sup>14</sup>
- Assist Master Trainers to carry out a Training of Trainers course for the other CEU trainers and for MotherCare's Midwifery Tutors in Bauchi.
- Work with the School of Health Technology and the SBE to incorporate the module on optimal infant feeding into pre-service curricula at the School.

#### **C. IEC/Social Marketing**

- Within the overall IEC strategy to be developed by NCCCD, Wellstart will provide technical assistance to the SMOH to carry out qualitative research on breastfeeding and complementary feeding practices; strengths of existing beliefs and practices; mothers' work and time constraints; utilization of growth monitoring and exploration of communication channels within communities to facilitate changes in infant feeding practices.<sup>15</sup>
- Based on the qualitative research, Wellstart will also provide technical assistance to design and launch a social marketing intervention which includes:

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<sup>13</sup> JUTH "Baby Friendly Hospital Initiative" trainers could be used to carry out the breastfeeding training.

<sup>14</sup> If funds allow, all CEU and MotherCare trainers could attend a course in Nigeria.

<sup>15</sup> Make final determination of the appropriate counterparts within Plateau State or Barkin-Ladi needed to implement social marketing activities in Plateau and Barkin-Ladi.

- 1) Behavioral trials;<sup>16</sup>
- 2) Strategy planning;<sup>17</sup>
- 3) Strategy implementation including training, materials development;
- 4) Program launch.

- As appropriate within the NCCCD IEC strategy, negotiate with SMOH to second a health education officer<sup>18</sup> to manage the social marketing activities in the Barkin-Ladi.

**D. Community and Mother-to-Mother Support for Breastfeeding and Complementary Feeding**

- Wellstart will assist the SBE and the PHC Coordinator and other relevant personnel to carry out community policy and sensitization meetings to determine needs and mobilize the community to address breastfeeding and complementary feeding problems in their community.
- Using data gathered from community meetings and the qualitative research, design an appropriate community-based support program for breastfeeding and complementary feeding promotion. Wellstart recommends that at a minimum such an initiative begin by working with the Heipang District "Women In Health" Group in Barkin-Ladi. (See "An Assessment of Infant Feeding in Oyo, Osun, and Plateau for more details".)
- Together with the community, work to develop a system of incentives for community health workers and other volunteer breastfeeding and growth promotion counselors. Investigate further the Lactation Support Group at "Baby Friendly" University Teaching Hospital in Jos (JUTH).
- Strengthen counseling given during facility-based weighing of infants.

**E. Monitoring and Evaluation (M&E)**

- Baseline target nutrition indicators are needed to determine the impact of infant feeding component activities. Wellstart, in consultation with NCCCD, will develop an evaluation

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<sup>16</sup>Wellstart will provide technical assistance to carry out participatory operations research to develop and utilize complementary food. Examine the use of a simplified protocol based on the Dietary Management of Diarrhea Project ("eko-ilera"). Research should also explore various methods for producing and distributing the complementary food (including the market system).

<sup>17</sup>Investigate the use of newsletter articles on breastfeeding and nutrition which can be incorporated within the "Continuing Education Unit NEWS" produced by the CEU in Plateau.

<sup>18</sup>If this officer is seconded, Bode Kwyode is a good candidate.

strategy to measure the process, output and impact indicators for the optimal feeding component.<sup>19</sup>

- Wellstart will also work with NCCCD to revise the nutrition portion of the health facility and community KAP survey questionnaires used in all NCCCD States and LGAs.
- Wellstart will work with NCCCD (Lagos) to adapt the existing Health Information System (HIS) to include the USAID target nutrition indicators (exclusive breastfeeding until four to six months of age and appropriate complementary feeding from six to nine months of age). When the nutrition indicators are adopted, Wellstart will assist State and LGA HIS Staff to use the new system and to collect, analyze, and interpret new nutrition indicators.
- Wellstart will provide technical assistance to the SMOH HIS coordinator to produce a nutrition edition or section of "Health News" (the quarterly newsletter produced by the SMOH HIS Division).

#### **F. Operations Research**

- Carry out operations research examining the use of various community-based mechanisms to promote breastfeeding and improved complementary feeding.

#### **G. Administrative Structure**

- At the State Level, NCCCD and Wellstart will encourage the SMOH to appoint a person to coordinate the improved infant feeding activities within the State and LGA in collaboration with the SBE.

### **OSUN STATE AND IFE CENTRAL PROPOSED PROGRAM**

This section describes the infant feeding and nutrition component of the Nigeria Combatting Childhood Communicable Diseases (NCCCD) Program in Osun State and Ife Central LGA.

Wellstart will provide technical assistance to the SMOH and LGA for the activities outlined. Funds for in-country costs will be borne by NCCCD, Wellstart, State Ministry of Health (SMOH), and Local Government Area (LGA) as agreed in developing annual workplans.

#### **A. Policy**

##### State Coordinator(s) for Breastfeeding and Complementary Feeding

SBE and NCCCD Nutrition Advisor will monitor the proposed appointment of a state-based BFHI coordinator from the State Hospital Management Board, recommended by Obafemi Awolowo University (OAU), and assess the need for a state coordinator for infant nutrition and complementary feeding.

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<sup>19</sup>Review Demographic and Health Survey planned in early '95 and/or carry-out a simple, rapid baseline survey for Barkin-Ladi if necessary.

### State Policy Meeting

Wellstart will provide assistance to the OAU, SBE, and SMOH Director of PHC to organize and hold a breastfeeding policy meeting. Wellstart/NCCCD will review policies drafted by OAU and revise them for various levels of health facilities in Osun State. Work with counterparts to identify future policy actions needed to adopt breastfeeding policy and to address the issue of working women and complementary feeding/nutrition.

### Ife Central (LGA) Policy and Sensitization Meeting

See Community and Mother-to-Mother Support under section D.

### **B. Training**

#### Develop Training Strategy for Hospitals, Maternities, and PHC Facilities

Wellstart will provide support and assistance to the SMOH, State Hospital Management Board, SMOH Director of Secondary Care and Training, SBE, OAU Teaching Hospital, CEU, MotherCare, and a Representative of Private Facilities to develop a training strategy for various levels of the private and public health cadre, including:

- 1) physicians and midwives in hospitals and maternities;
- 2) primary health care staff and midwives in comprehensive health clinics and other PHC facilities;
- 3) traditional birth attendants.

#### Strengthen Institutional Capability

Assist the State to develop master trainers in breastfeeding and complementary feeding promotion by sending one trainer from the CEU, one representative from OAU and one trainer from MotherCare to an intensive lactation course in Lagos (to be developed with Wellstart assistance) or the Wellstart LME Course in San Diego.

#### Adapt and Develop Curricula

- Wellstart and NCCCD will develop a CEU module for optimal infant feeding to incorporate into the current series of 11 modules for the primary health care in-service training being implemented through CEUs.
- Wellstart will pretest the curricula and train the NCCCD consultant trainers and the NCCCD SBEs.
- Wellstart will work with MotherCare to develop a breastfeeding module within the Life Saving Skills Training for Midwives. Wellstart will negotiate with MotherCare to ensure that adequate funds are available to support the addition of a breastfeeding module within all of MotherCare's training.
- In coordination with UNICEF, Wellstart will assist the OAU to review the three-day course being used for BFHI training to assess whether modifications or additions are needed to

ensure that trained physicians and midwives have the skills to make changes and counsel mothers.

#### Provide Support and Monitoring for the Implementation of the Training Strategy

- Negotiate with NCCCD, SBEs, SMOH, and UNICEF to ensure that appropriate funds are available to implement training program.
- The NCCCD Nutrition Advisor will request assistance from the Quality Assurance Initiative to develop simple systems to ensure that the skills of trainers and trainees are acquired and maintained (Quality Assurance program is pretesting materials in Ife Central).

#### **C. Social Marketing/IEC**

- Within the overall IEC strategy being developed by NCCCD, Wellstart will provide technical assistance and support to the SMOH, SBE, NCCCD Nutrition Advisor to carry out qualitative research on breastfeeding and complementary feeding practices, strengths of existing beliefs and practices, mothers' work and time constraints, fathers' influence, utilization of growth monitoring and promotion, exploration of key informants and communication channels within the community to facilitate changes in infant feeding practices.<sup>20 21</sup>
- Based on the qualitative research, Wellstart will also provide technical assistance to design and launch a social marketing intervention which includes:
  - 1) Behavioral trials;<sup>22</sup>
  - 2) Strategy Planning;
  - 3) Strategy implementation including training, materials development;
  - 4) Program launch.

#### **D. Community and Mother-to-Mother Support for Breastfeeding and Complementary Feeding**

- Develop a careful approach to make the under-nutrition issue real to community leaders. Train the LGA PCH coordinator and other relevant personnel to carry out community sensitization meetings through village development committees to determine needs and priorities related to breastfeeding and complementary feeding problems in their community.

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<sup>20</sup> Wellstart and NCCCD Nutrition Advisor will review the qualitative research undertaken among the Yoruba in Kwara State as well as the more limited qualitative research carried out by Anita Odebtugbo at OAU. Wellstart recommends that she be included on the research team.

<sup>21</sup> In collaboration with the Director of PHC, NCCCD Advisor and SBE, choose IEC counterparts needed to imprint social marketing activities in Osun State.

<sup>22</sup> In collaboration with SMOH and SBE, Wellstart and NCCCD Nutrition Advisor will seek to determine the lasting impact of the "eko-ilera" study and carry out a mini-trial of a simplified version of "eko-ilera" in this Yoruba community.

- Using data gathered from community meetings and the qualitative research, design an appropriate community-based support program for breastfeeding and complementary feeding promotion.<sup>23 24</sup>
- Together with the community, work to develop a system of incentives for community health workers and other volunteer breastfeeding and growth promotion counselors.<sup>25</sup>
- Strengthen counseling given during facility-based weighing of infants and develop a community-based tracking system for the identified at-risk children utilizing the large cadre of community-based workers in Ife Central.

#### **E. Monitoring and Evaluation**

- Wellstart and NCCCD Nutrition Advisor will provide technical assistance to the Oyo/Osun States for the nutrition survey.<sup>26</sup> If possible, data from the survey will be used as baseline indicators. Wellstart, in consultation with NCCCD, will develop an evaluation strategy to measure the process, output and impact indicators for the optimal feeding component.
- Wellstart will also work with NCCCD to revise the nutrition portion of the health facility and community KAP survey questionnaires used in all NCCCD States and LGAs.
- Wellstart will work with NCCCD (Lagos) to adapt the existing HIS to include the USAID target nutrition indicators (exclusive breastfeeding until four to six months of age and appropriate complementary feeding from six to nine months of age). When the nutrition indicators are adopted, Wellstart will assist State and LGA HIS Staff to use the new system and to collect, analyze, and interpret new nutrition indicators.

#### **F. Operations Research**

- Carry out operations research examining the use of various community-based initiatives (different cadre of community-based workers) to promote breastfeeding and improved complementary feeding.

### **FY'96 PROGRAM PLAN**

The infant feeding promotion component developed and implemented in Osun and Plateau States and Barkin-Ladi and Ife Central LGA's during FY'94-95, will be modified and replicated in other NCCCD Focus States and LGA's in FY'96. Wellstart will assist NCCCD to institutionalize this

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<sup>23</sup>Wellstart recommends that at a minimum such an initiative begin by working with the Omitoku Cowad Better Life Cooperative (Mrs. Fawole) in Ife (see Ife Central Community Based Activities in "An Assessment of Infant Feeding in Oyo, Osun, and Plateau States").

<sup>24</sup>The non-governmental organization (NGO) representative on the Ife PHC committee has a list of local NGOs and groups which could be utilized.

<sup>25</sup> Explore methods of linking community-based support for breastfeeding mothers with BFHI institutions.

<sup>26</sup> It may not be possible to provide input since the survey was due to start on Feb. 21.

component within **all** of the NCCCD Focus States and LGA's in order to benefit from the initial investments and lessons learned during the trial phase from FY'94-95. In addition, Wellstart will provide assistance to carefully evaluate the impact of infant feeding promotion carried out in Osun/Ife Central and Plateau/Barkir-Ladi. A tentative plan for integrating the infant feeding component during FY'96 is outlined below, and a draft FY'96 budget is attached.

## **PROPOSED ACTIVITIES, FY'96**

### **Federal**

#### **Social Marketing:**

- Work with the FMOH/SS and PHC Agency Departments to air appropriate radio and TV spots developed in Osun and Plateau on national media.
- Provide copies of materials to FMOH Health Education & PHC Agency Departments for production and distribution nationally (obtain funds from UNICEF or other donors for additional production).

#### **Community Initiatives:**

- Review MTM and community based activities utilized in Osun and Plateau with PHC Agency and train PHC Agency staff to train PHC staff in community infant feeding promotion.

### **M&E**

- Final Evaluation to determine impact of NCCCD\Wellstart coordination.

### **State**

- Assist SBE's from other NCCCD Focus States to expand the infant feeding components in the states.

#### **Training:**

- TOT for CEU trainers - Train one representative from the remaining NCCCD Focus States.
- Organize a zonal workshop for CEU trainers and BFHI teaching hospitals to develop infant feeding training strategy for their states.
- Hold two refresher infant feeding training workshops for CEU and MotherCare trainers in Osun, Plateau (include MotherCare Bauchi trainers).
- Develop and hold training workshop for FHS trainers for Lactational Amenorrhea Method (LAM) and use of mini-pill to support breastfeeding mothers, immediately post-partum.

### Social Marketing:

- Hold workshops for NCCCD IEC counterparts from all NCCCD States (other than Osun and Plateau) to develop a pared down social marketing strategy for the States. Train IEC counterparts to use materials/media developed in Osun/Plateau.

### Policy:

- Review breastmilk and infant formula marketing practices to determine effectiveness of breastfeeding policy and breastmilk substitutes code enforcement in Plateau and Osun.
- Hold joint evaluation and graduation meetings for Plateau and Osun and Barkin-Ladi and Ife Central (and other LGAs that have been added in FY'95).

### LGA

- Assist SBE's from other NCCCD Focus States to expand the infant feeding components in the NCCCD Focus LGA's.
- Organize Workshop for all PHC Coordinators in NCCCD LGAs to train them in community sensitization and mobilization techniques for nutrition awareness raising. Assist PHC coordinators to develop a strategy for training community counselors in their LGA.
- Collaborate with NCCCD LGA's and local groups to explore strategies to improve or fortify existing weaning foods (building on strategies developed in Osun and Plateau).

### M&E

- Evaluate impact of infant feeding component in Barkin-Ladi and Ife Central.
- See Policy under State Activities, above.

**ANNEX 3**  
**DRAFT WORKPLANS AND PROPOSED BUDGET**

### BUDGET SUMMARY

FY '94 and FY '95	\$ 525,039
less	
Existing Wellstart OYB transfer funds	400,000
results in	
Additional USAID funds requested for	
FY'94 and FY'95	125,039
Additional USAID funds for FY '96	203,062
Total requested from USAID *	328,101
Grand total for FY '94, '95, '96	\$728,101

\* Does not include travel costs and rent for Wellstart Resident Advisor.

DRAFT WORKPLAN FOR INFANT FEEDING COMPONENT - FY'94 and '95

Activities	Quarters (FY '94 & '95)						Wellstart TA	NCCCD	Wellstart
	3	4	1	2	3	4			
<b>FEDERAL</b>									
<b>Infrastructure and Administrative Support</b>									
Planning Assessment (Completed 3/1/94)							Technical Assistance	Nut. Advisor/Transport	\$30,000
Wellstart Country Advisor & Program Assistance in Washington, DC		X	X	X	X	X	Country Advisor and 1/2 time project asst. in DC	provide office space (rent) and transport	\$126,766
<b>Policy</b>									
Develop Guidelines for Infant Feeding Management and Promotion at All Levels of MCH	X						Wellstart to review, as needed	Nut. Advisor will provide TA	
Develop and Recommend Revisions to Federal Primary Health Care Curricula	X							Nut. Advisor will provide TA	
Assist FMOHSS in Monitoring Decree 41		X	X	X	X		Wellstart advise and review, as needed.	Nut. Advisor will foster coordination	
Sensitization of Policy-Makers/Decision-Makers through Zonal Workshops in Collaboration with UNICEF				X			TA for two expert consultants	transport for NCCCD staff and Wellstart	\$18,750 <sup>1</sup>
<b>Monitoring and Evaluation</b>									
Integrate infant feeding indicators into the HIS system and develop evaluation strategy		X	X					transport costs	\$12,000
<b>Training</b>									
Lactation Management Education Training <sup>2</sup>			X						\$19,000

<sup>1</sup> Assumes that UNICEF will pay for in-country costs and that NCCCD will pay for transport costs for NCCCD staff.

<sup>2</sup> For Wellstart Resident Advisor and NCCCD Nutrition Advisor (two weeks).

STATE AND LGA's (Osun, Plateau, Ife Central Barkin-Ladi)									
<b>Training</b>									
Develop State Training Strategies for Hospitals, Maternities, and PHC Facilities			X				Resident Advisor		In-country costs to be budgeted within State Budgets
Develop CEU Infant Feeding/Nut. Module and Train Consultant Trainers & SBE's		X	X				TA	Nut. Advisor & Transport	\$11,000
Develop BF Module for MotherCare LSS Training and TOT for LSS Trainers		X	X				TA working with ACNM	Transport	\$15,000
Assist OAU to Review Course for BFHI Training				X			Resident Advisor		
Provide Support for Training and On-going Monitoring <sup>3</sup>				X	X	X	Resident Advisor	Nut. Advisor/SBE	\$15,000
Develop QA System for Trainers and Trainees			X		X			Nut. Advisor	TA from Stella Goings
<b>Policy</b>									
Appoint State Coordinator(s)									
Hold State Policy Meeting <sup>4</sup>	X	X					Wellstart Program Associate	Nut. Advisor/SBE	\$8,900
<b>IEC/Social Marketing</b>									
Choose IEC Counterparts		X					Resident Advisor	Nut. Advisor and SBE	-
Qualitative Research	X	X					Wellstart TA (10 wks)	Team from States/SBE and Nut. Advisor (2 vehicles)	\$80,700
Behavioral Trials		X	X				Wellstart TA (4 wks)	Team from States/2 vehicles	\$50,640
Strategy Planning & Implementation			X				Wellstart TA (2 wks), 2 mtgs. in States	Teams/SBE/Nut. Advisor	\$15,080

<sup>3</sup> In collaboration with UNICEF, Wellstart and NCCCD will determine the need for an intensive training lactation management course in Nigeria to expand the core of trainers within health institutions in NCCCD Focus States and LGA's.

<sup>4</sup> Review need for policies governing working women at the State level. TDY combined with trip to interview for Resident Advisor.

Program Launch & Monitoring				X	X	X	Resident Advisor & TA	Nut. Advisor, SBE, counterparts	\$44,000
<b>Monitoring and Evaluation</b>									
Provide Technical Assistance to the States for Nutrition Survey	X	X					Resident Advisor & TA (see Fed. M&E)	Nut. Advisor	
Revise Nutrition Portions of Survey Questionnaires	X						Assessment Team	Nut. Advisor	
Adapt Existing State & LGA HIS (see Federal Level)	X	X					Resident Advisor & TA (see Fed. M&E)	Nut. Advisor	
<b>LGA's</b>									
<b>Policy</b>									
LGA Policy and Sensitization Meetings			X				Res. Advisor	\$'s from NCCCD LGA budgets	
<b>Community and Mother-to-Mother Support</b>									
Design & Implementation of Community-Based Support Program			X	X	X	X	TA & Res. Advisor	Nut. Advisor	\$15,000
Develop System of Incentives and Support for CBD Workers			X	X			Res. Advisor	SBE & LGA PHC Coordinator	\$2,000
Strengthen Current NCCCD Weighing and Counseling			X	X			Res. Advisor	SBE & LGA PHC Coordinator	\$2,000
<b>Operations Research</b>									
Research Examining Effectiveness of Various Community-Based Workers							Res. Advisor	Nut. Advisor/SBE	\$10,000
<b>Sub-Total</b>									<b>\$475,836</b>
<b>Overhead</b>									<b>\$ 49,203.15</b>
<b>TOTAL</b>									<b>\$525,039.15</b>

\* Wellstart requests NCCCD to include transport and rent costs.

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**DRAFT WORKPLAN FOR INFANT FEEDING COMPONENT - FY'96**

Activities	Quarters				Wellstart TA	NCCCD	Wellstart
	1	2	3	4			
<b>FEDERAL</b>							
Wellstart Country Advisor	X	X	X	X			\$82,000
<b>Social Marketing</b>							
Incorporate Social Marketing Materials or Media within National IEC Program	X						\$15,000
Print Extra Copies of Materials for Distribution by FMOH/SS and Nat'l PHC Agency	X						\$10,000
TOT for National PHC trainers and CEU trainers from remaining NCCCD Focus States in community infant feeding promotion		X			Master Trainer i.e. Wellstart Advisor or NCCCD Nutrition Advisor	travel costs	\$10,000
<b>STATE</b>							
Assist SBE's from remaining NCCCD Focus States to expand the infant feeding component within their state.	X				Wellstart Advisor or NCCCD Advisor	travel costs	
<b>Training</b>							
Refresher workshops for trainers in Osun and Plateau (CEU, MotherCare, BFHI)		X			TA to develop seminar - Wellstart Advisor	travel costs	\$2,000
Assist FHS to develop curriculum FHS trainers in LAM and use of mini-pill		X	X		TA to develop curricula		\$15,000
<b>Social Marketing</b>							
Develop social marketing strategies and training for remaining NCCCD states with IEC counterparts	X					travel costs	\$7,000
<b>Policy</b>							

Assess breastmilk substitutes marketing to determine effectiveness of breastfeeding policy and code of marketing			X		TA to design rapid assessment instrument	travel and salary costs	\$5,000 <sup>1</sup>	
Hold joint policy evaluation meetings to review lessons learned (Osun, Plateau, Ife Central, Barkin-Ladi)				X			\$3,000	
<b>LOCAL GOVERNMENT AREA</b>								
Assist SBE's from remaining NCCCCD Focus States to expand infant feeding component	X				Wellstart or NCCCCD Nut. Advisor	travel and salary costs	\$1,000	
Zonal Workshop for PHC Coordinators in community mobilization and training techniques for community counselors program		X						
Develop strategy utilizing existing women's groups to produce and market weaning foods in remaining NCCCCD Focus LGA's	X	X						
Evaluate impact of infant feeding component in Barkin-Ladi and Ife Central				X			\$30,000	
							<b>Subtotal</b>	<b>\$180,000</b>
							<b>Overhead</b>	<b>\$ 23,062</b>
							<b>TOTAL</b>	<b>\$203,062</b>

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<sup>1</sup> Costs combined with evaluation trip.

**ANNEX 4**  
**"AN ASSESSMENT OF INFANT FEEDING**  
**IN OYO, OSUN, AND PLATEAU STATES"**

**DRAFT**

**AN ASSESSMENT  
OF  
INFANT FEEDING IN OYO, OSUN, AND PLATEAU STATES**

Adenike O. Grange, FMC Paed. FWACP, NCCCD Project  
Adwoa Steel, M.B.Ch.B., MPH, Wellstart International  
Martha Holley Newsome, MPH, Wellstart International

February 23, 1994

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### ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARHEC	African Regional Health Education Center
ARI	Acute Respiratory Infections
BFHI	Baby Friendly Hospital Initiative
CBA	Church-Based Attendant
CDC	Center for Disease Control
CDD	Control of Diarrheal Disease
CHAN	Christian Health Association of Nigeria
CHEO	Community Health Extension Officer
CHEW	Community Health Extension Worker
CHO	Community Health Officer
CEU	Continuing Education Unit
COCIN	Church of Christ in Nigeria
EPB	Expanded Promotion of Breastfeeding Program (Wellstart International)
EPI	Expanded Program of Immunization
FMOH	Federal Ministry of Health
GM/P	Growth Monitoring and Promotion
HIS	Health Information System
IEC	Information, Education and Communication
JUTH	Jos University Teaching Hospital
KAP	Knowledge, Attitudes, and Practices
LGA	Local Government Area
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health



NCCCD	Nigerian Combatting Childhood Communicable Diseases Project
NDHS	Nigerian Demographic and Health Survey
NGO	Non-Governmental Organization
OAUTHC	Obafemi Awolowo Teaching Hospitals Complex
PHC	Primary Health Care
SBE	State-Based Epidemiologist
SD	Standard Deviation
SMOH	State Ministry of Health
SSS	Oral Rehydration Solution
TALC	Teaching Aids at a Low Cost
TBA	Traditional Birth Attendant
VHW	Village Health Worker
UCH	University Teaching Hospital
UNFPA	United Nations Family Planning Agency
UNICEF	United Nations Children's Fund
WHO	World Health Organization



## I. INTRODUCTION

Since 1991, the Nigerian Combatting Childhood Communicable Diseases (NCCCD) Project has been assisting nine States in Nigeria to strengthen their Primary Health Care (PHC) programs. NCCCD builds on the earlier CCC project (1986-1991) and includes an expanded focus on nutrition. To assist in the development of technical components, the NCCCD project plans to draw upon USAID contractors with expertise in varied areas including exclusive breastfeeding and weaning promotion, maternal nutrition, and micro-nutrients. Consequently, Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program joined the NCCCD Nutrition Advisor to assess breastfeeding and weaning in selected states and to design a program for improving infant feeding in two NCCCD focus Local Government Areas (LGAs). From January 31-February 24, 1994, the team visited Oyo, Osun, Plateau and Lagos States. Information on infant feeding was obtained through a literature review, interviews with health care administrators and providers in the States and NCCCD focus LGAs, observations at health facilities and within communities. In Lagos, the team mainly met with key policy makers within the Federal Ministry of Health and Social Services and the National Primary Health Care Agency and with other donor agencies including United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). The team's major findings are described in this report. General findings are followed by specific observations from the States visited. The results provided the basis for designing a program for improving infant feeding for Osun and Plateau States with the corresponding NCCCD Focus Local Government Areas (LGAs) of Ife-Central and Barkin Ladi. A description of the proposed program, and workplans for the two States are attached.

## II. BACKGROUND

### Socio-Demographic Characteristics

Nigeria, with a population of 88.5 million (1991 census), is the most populous country in Africa. The more than 300 ethnic groups have significant differences in culture, beliefs and practices which influence feeding practices. Predominant ethnic groups are Edo, Efik, Fulani, Hausa, Igbo, Kanuri, Tiv, Urhobo, and Yoruba who tend to be concentrated in different parts of the country. More than 70% of the population live in the rural areas where social amenities, educational and income levels tend to be lower than in the urban areas. The literacy level is low, especially among females (39% females, 51% males)<sup>1</sup> and adversely influences health-seeking behaviors. Administratively the country is divided into three tiers--30 Federal and State areas, and 593 local government areas (LGAs).

### Fertility, Infant Morbidity and Mortality

Information provided by the 1990 Nigerian Demographic and Health Survey (NDHS) on fertility, infant mortality, child morbidity and nutritional status of children under five years revealed high levels of child malnutrition, diarrhea, and mortality in association with suboptimal breastfeeding practices. The infant mortality rate was 87/1000 among live births occurring five years before the survey, having fallen from 98/1000 in 15 years. Eighteen percent of children under five had had diarrhea in the previous two weeks, including a high prevalence of cases in children under six months (12%). The diarrhea rate was highest in children 12-23 months (29%). With a total fertility rate for women 15-49 years at 6.0, and current contraceptive use for married women at only 6% (13% for non-married women). These levels of diarrhea, fertility and modern contraception all suggest that

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<sup>1</sup>World Bank. World Development Report, 1993.



*optimal* breastfeeding could enhance further the role breastfeeding plays in improving maternal and child health.

### **Women's Work**

Women's work patterns have an impact on the time they have available for child care and feeding. There is little information on labor patterns in the country. A 1985/86 (reference to be provided in final version) survey conducted by the Federal Office of Statistics showed that most females worked outside of the formal economic sector. In the urban areas 17% of females were employed in the civilian labor force (compared to 36% of males), in sales (48.4%), production, transportation and related work (17%), service (14%), and professional and technical areas (10.7%). In the rural areas, the 16% of females employed in the labor force (46%), sales (27%), and service (9%). Twenty-eight percent of urban women and 36% in the rural area were reported to be home makers spending most of their time providing child care and doing domestic work.<sup>2</sup> This information would suggest that most women are engaged in some economic activity outside the home. The formal work environment is typically inhospitable to child care and breastfeeding (beyond the three months paid maternity leave that women are allowed). Even in the informal sector where women can usually have their babies with them, the work environment, such as a market, does not offer convenient or healthy surroundings for proper child care.

### **Infant Feeding Practices**

The NDHS shows that while almost all women initiate breastfeeding (97%), optimal breastfeeding is rare. Exclusive breastfeeding is almost non-existent since mothers routinely give water to babies. Supplements are started early (38% of children zero to one month of age are already receiving supplements other than water). At the same time 17% of children 12-13 months of age are reported to be fed breastmilk and water only. Colostrum is widely discarded and prelacteal feeding of water, glucose and other concoctions are common. By one month of age 36% of the children were being bottle fed. The mean duration of breastfeeding is 19.5 months, 24.0 months in rural areas, 15.3 months in urban areas.

The weaning period is also hazardous for an infant's health in Nigeria. In general, the weaning process is initiated far too early by many mothers and the foods offered are inadequate to support the children's growth. The most common weaning food is a watery pap made from corn or millet (in the north), which many mothers feed until the infant is a year old. In Kwara State, researchers found that mothers believe children should not be given solid foods within the first year of life because this would retard their development and make them "heavy".<sup>3</sup> Instead they give very watery cereal porridges or "pap" which has an extremely low nutrient density (approximately 20 kcals per 100 grams).<sup>4</sup> Most mothers prefer to hand feed, which is easier and quicker to do with a watery pap.

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<sup>2</sup>Children and Women in Nigeria. A Situation Analysis 1990.

<sup>3</sup>Bentley, M.E. et al, "Development of a Nutritionally Adequate and Culturally Appropriate Weaning Food in Kwara State, Nigeria: An Interdisciplinary Approach." Social Science Medicine (1991) 33, vol 10:1105.

<sup>4</sup>Ibid.

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### **Food Availability and Consumption**

The amount and type of food available has an obvious influence on feeding practices. Different climatic patterns and soil types also influence food production and consumption patterns. The southern savannah and rainforest zones generally rely on root and tuber crops such as cassava and yam, while the northern drier zones depend mostly on cereals, such as sorghum, millet and pulses. In recent years corn and rice have been gaining in popularity all across the country.<sup>5</sup>

Food supplies are reported to have fallen in the last two decades, although up to 75% of Nigerians are said to work in agriculture.<sup>6</sup> Daily per capita energy intake is estimated to be 89.6% of requirements. Population pressure, soil depletion, and over-grazing are reportedly affecting food production in many areas. Inadequate food storage and preservation facilities are unable to cope with seasonality of food supplies. In areas such as the northern part of the country where rainfall is concentrated in one season, food shortages are marked in the preharvest season. Unfortunately, young children are often not fed all of the food available in the home for fear that they are not ready for the foods.<sup>7</sup> At one residential Nutrition Rehabilitation Center the team visited in Plateau State, the attendant said the center is often filled to capacity with malnourished children during the preharvest period.

### **Child Nutritional Status**

Poor feeding habits and frequent illnesses are reflected in the very poor nutritional status of the preschool child. Overall the NDHS found that 43% of children under five are stunted (fall 2 standard deviations (SD) below the mean NCHS/CDC/WHO for height-for age), 9% wasted (-2SD weight-for-height) and 36% underweight (-2SD weight-for-age). To reduce such high levels of child malnutrition, programs need to motivate caretakers to make changes in long ingrained habits of child care and feeding.

## **III. HEALTH SERVICES**

The health services are organized into a three-tier system similar to the civil administrative structure - Federal, State, and Local Governments. The Federal Ministry is responsible mainly for policy formulation, some national level training, and oversight of the tertiary hospital centers; the States are responsible for training, supervision, and monitoring and managing a secondary tier of district hospitals; and the LGAs provide primary health care services.

The PHC health facilities include comprehensive health centers, health centers clinics, and health posts. Primary health care staff include: midwives, nurses, community health officers (CHOs), Community Health Extension Officers (CHEOs), Junior CHEOs, Health Assistants, and Community Based Workers (village health workers (VHWs), traditional birth attendants (TBAs), and market based distributors). PHC services include the major child survival interventions (CDD, Expanded Program of Immunization (EPI), Acute Respiratory Infections (ARI), prevention and management of malaria,

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<sup>5</sup>International Conference on Nutrition: Country Report Nigeria, December 1992.

<sup>6</sup>International Conference on Nutrition. Country Report Nigeria, December. (Reference to be elaborated in final version.)

<sup>7</sup>DMD, Bentley.



growth monitoring, family planning) as well as the essential drugs program through the Bamako Initiative.

Referral systems between the different levels of health services are generally poor, except where special donor inputs have provided resources and training for communication between the different levels of health services.

Health care is also provided by traditional health providers in the community and only 31% of deliveries occur in a health facility. A cadre of village health workers, including TBAs, have been trained in various States to extend health care into the community. In some localities these VHWs are very active and functioning well, and are probably motivated by the opportunity to keep a percentage of the profits on the drugs they sell to patients. When the PHC infrastructure is established and functioning, it provides an opportunity to work with communities and to closely follow children who are at risk or are already malnourished, using VHWs who can be monitored and supervised.

#### IV. POLICY

Since PHC is recognized as the cornerstone of health policy in the country, the National Nutrition Policy-Health Sector is designed to fit in the PHC framework and includes "the mobilization and empowerment of communities to be able to assess their own food and nutrition situation, as well as take appropriate remedial actions."<sup>8</sup> National actions to address problems of nutrition have focused on nutrition education and activities to promote breastfeeding and proper weaning. Major policy actions taken at the national level include:

Formulation in 1986 of a draft proposal for a National Breastfeeding Program for breastfeeding promotion at all levels of health care.

Household food security activities in five pilot LGAs, commenced in 1986 in collaboration with UNICEF.

In 1986, the formulation of a National Code of Ethics of marketing on Breastmilk Substitutes.

Launching of a National Growth Chart and the development of Guidelines for Growth Monitoring and Promotion and the organization of the first national training course in 1987.

Promulgation of a Decree on the Code of Ethics on Marketing of Breastmilk Substitutes in 1990.

In 1991, the selection of Nigeria as one of 12 countries selected to lead in the UNICEF-led Baby Friendly Hospital Initiative (BFHI).

While these actions demonstrate a national desire for tackling the problem of child malnutrition, policies have not always been enforced and acted upon, sometimes due to forces health policy makers cannot control. There are several examples of this lack of follow-through:

In June 1992, a national workshop was convened to draft a National Breastfeeding Policy. This policy has not yet been finalized and passed.

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<sup>8</sup>National Nutrition Programme Health Sector. FMOHHS, 1992.



The series of training courses on growth monitoring and promotion that was launched in 1987 has not been completed. Many of the thousands of scales that were ordered are still in storage pending the training of health workers.

Many of the health personnel interviewed during this assessment, some of whom were in influential positions, were not aware of the 1990 Decree on the Marketing of Breastmilk Substitutes.

In 1991, WHO provided a consultant to review the monitoring of the Code of Ethics on the marketing of Breastmilk Substitutes.<sup>9</sup> Most of the recommendations from that review have not been implemented and they include dissemination of the Code to the mass media, all tertiary, secondary and primary health care facilities, NGOs, or the strengthening of the monitoring of the Code.

### **Monitoring of the Code on Marketing of Breastmilk Substitutes**

Although the Nigerian Code on the Marketing of Breastmilk Substitutes was written in 1986 and a Federal Decree from it enacted in 1990, there are no provisions for the monitoring of the Code. As a result there appears to be a gradual erosion of the articles and spirit of the code. The team came across instances where a baby food manufacturing company has been offering seminars on breastfeeding to health workers. At the end of the seminar the company's products were distributed to the health workers. Calendars adorned with pictures of the company's numerous brands of baby cereals and their logo were also given out. In one instance the team was told that the give-aways include cans of infant formula. On some walls, the only posters visible were those provided by the company. Health workers did not appear to recognize the subtle pressures being placed on them to recommend the company's products or that the display of pictures of infant formula on their walls could weaken the breastfeeding practices of their clients. An important element to strengthen breastfeeding practices is finalizing a National Breastfeeding Policy to be distributed to the States. A second critical need is monitoring of the Code and pursuing infractions against it.

### **Maternal and Child Health Policy**

In the maternal and child health (MCH) policy currently under preparation, breastfeeding promotion is one of the priority activities. The draft policy, yet to be adopted, proposes four months maternity leave with one hour off during the work day for breastfeeding until the baby is one year old. Promotion of the BFHI, creches and community-based breastfeeding support are all among the strategies suggested for improving breastfeeding practices. These actions would support exclusive breastfeeding for at least four months for women in the formal sector.

## **V. CURRENT ACTIVITIES TO IMPROVE INFANT FEEDING**

Interventions to improve child nutritional status are being implemented within both the public and private health systems (such as the Church-based health services) but efforts are fragmented. National policy actions have taken place but there has been no focused national program. Since the launching of the BFHI, there has been very limited promotion through the mass media. Clinic-based health education is the common method for passing information to mothers, yet most health workers do not

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<sup>9</sup>Nigeria Country Report on A Common review and Evaluation Framework For the Assessment of national Action Taken to Give Effect to the AIM and Principles of the International Code of marketing of Breastmilk Substitutes, 1991.



have updated information on infant feeding nor the skills to help mothers when they have problems or questions about breastfeeding or complementary feeding.

Nigerians have recognized that there is a need for a locally formulated nutritious weaning food that is acceptable to the people. There have been many formulations for enriching the local pap with high protein food such as legumes and fish. One such food was formulated in the late 1980s, through the USAID-supported Dietary Management of Diarrhea project in Ilorin in Kwara State. The ingredients of this food were corn paste, cowpea flour, palm oil, sugar, water and malt flour. The resulting weaning food, called "eko-ilera" was developed with input from mothers. Other mothers were recruited to teach the recipe in their community. The rates of adoption varied from 16.6% and 62.5% (depending on the number of criteria used to measure acquisition of the new behavior).<sup>10</sup> Reportedly, eko-ilera is reportedly still well-known and utilized in the State (Fagbule, informal interview).<sup>11</sup> Lessons learned from this research will be used to design appropriate community-based weaning food promotion.

#### IV. TRAINING

The State is responsible for both pre-service and in-service training of paramedical personnel. Each State has a School of Health Technology which trains CHOs; Environmental Health Officers, Pharmacy Assistants, Medical Laboratory Technicians, Medical Laboratory Assistants, Community Health Extension Workers (CHEWs), and Assistant Health Records Officers. The curricula needs to be strengthened with updated information on infant feeding, especially on breastfeeding. In the States currently assisted by NCCCD, Continuing Education Units (CEUs) have been established for in-service training of LGA level trainers in the primary health care system. Currently, the CEU uses an 11-module training scheme developed by the Federal Ministry of Health. Another module will be prepared on breastfeeding and weaning to support the proposed program.

#### **The Baby Friendly Hospital Initiative (BFHI)**

Since launching in 1991, eight Teaching Hospitals out of 13 have been declared Baby Friendly AND a BFHI coordinator has been appointed. The team visited three out of the eight hospitals and encountered hospital administrators and practitioners who are very enthusiastic about the concept, and are working to maintain the activities they have put in place. With financial support from UNICEF the hospitals have drawn up programs to train health workers outside of their own institutions. UNICEF hopes to extend the program beyond the teaching hospital level. BFHI activities are described below under the various States.

Unfortunately, there was evidence that lack of national action to publicize the Initiative and lack of in-service training have resulted in many health workers being unaware even of the term "BFHI", even when there is a BFHI hospital within their own city. Wherever possible, the trainers at the BFHI hospitals need to be utilized as a training resource for other parts of the health service.

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<sup>10</sup>Guptill, K. S., "Dietary Management of Diarrhea Pilot Intervention Evaluation: A Summary of Findings", July 17, 1989.

<sup>11</sup>Bentley, M.E. et al, "Development of a Nutritionally Adequate and Culturally Appropriate Weaning Food in Kwara State, Nigeria: An Interdisciplinary Approach." Social Science Medicine (1991) 33, vol 10:1109.

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### **Integrating breastfeeding into other health care services**

Although infant and young child feeding intervention activities are conducted at the clinic level within the integrated primary health care services, there are some "nutrition clinics" where the emphasis is on growth monitoring and nutrition education or some days are set aside for those activities, but these appear to be few in number. Within the diarrheal diseases control program, the emphasis is on combatting dehydration through the use of home-made salt-sugar solutions. Mothers are also encouraged to continue breastfeeding and giving other appropriate foods during diarrhea, but this component of the counseling is not always carried out. In other relevant programs such as family planning and immunization, the role of breastfeeding is not generally discussed. In the Family Health Services (FHS) Project, a family planning project funded by USAID, optimal breastfeeding as a family planning method is not discussed, and the mini-pill is not even available for breastfeeding mothers to minimize the inhibiting effect of oral contraceptives on breastfeeding.

The USAID-funded MotherCare project, which during the past eighteen months has been upgrading midwifery services in three States (Oyo, Osun and Bauchi) through midwife training in Life Savings Skills, has not addressed optimal breastfeeding issues in the program. There are plans to develop and add a breastfeeding component in the next phase of the project.

### **Information, education, and communication**

National-level multi-media IEC activities on maternal and child health have concentrated mostly on immunization, control of diarrheal diseases and family planning. Infant and young child feeding has not been the specific focus of a major IEC effort. Breastfeeding and weaning education (together with other maternal and child health issues) is communicated during talks to groups of mothers waiting to be seen at the health facilities. Most health facilities select a topic to cover each day and provide health education on that topic alone, rather than providing health education on a number of important topics each day. The information on child feeding thus reaches mostly clinic users, and even then only if the day's health topic deals with child feeding. There is a need for appropriate research to help develop wider-reaching IEC programs for infant and young child feeding.

### **Monitoring and evaluation**

As part of the national Health Information System (HIS), health providers at clinics are required to collect statistics and complete forms on a large number of diseases (such as malaria, anemia), symptoms (cough, diarrhea) and on specific services such as family planning and immunization. Monthly records of growth monitoring activity, where performed, are among those compiled; and include the total number of children weighed by age group. The number of children gaining, losing, or not changing in weight is also tallied but not by age group (Annex). While much of the information is interesting, it is not all useful and the form could be redesigned and shortened to help guide public educational needs. Breastfeeding is not included in the HIS.

## **VII. OYO STATE**

### **Background for Southwest Region (Oyo and Osun States)**

#### **A. Socio-economic status**

Oyo and Osun States are located in the Southwest region of Nigeria, the most urbanized region of the country. Many of the personnel found in Osun State therefore used to work for the combined State.



The two States are located in the Southwest region of Nigeria, the most urbanized region of the country. In the NDHS, 56% of the mothers in the southwest lived in an urban setting while only 12-14% of the mothers from the other three zones lived in urban areas.<sup>12</sup> Even within this urban environment, 22% of the mothers had had no formal education, 36% have had primary education, and 42% have had secondary education. In the rural areas, the corresponding figures were 44%, 31%, 19%.<sup>13</sup> The majority of mothers (73%) work away from home in both the urban and rural areas.<sup>14</sup>

#### B. Nutritional status, breastfeeding and complementary feeding practices

In spite of the relatively higher levels of urbanization and education among women in the southwest region, the nutritional status of children from 0-59 months is poor with 33% stunted, 3% wasted and 3% both stunted and wasted.<sup>15</sup> The 1990 NDHS showed that stunting and wasting begins early in the first year of life and 17.3% are stunted or wasted from zero to five months. Among children 6-12 months, 31.4% are stunted or wasted and 2% are both stunted and wasted.

This early decline in nutritional status is probably linked to suboptimal breastfeeding practices. Forty-one percent of the mothers do not feed colostrum and exclusive breastfeeding is rare. Although almost all mothers do initiate breastfeeding, timing of initiation is delayed. Seventeen percent of infants are put to the breast within an hour of birth and only an additional 43% begin within the first 24 hours.<sup>16</sup> Less than 2% of infants are exclusively breastfed even in the first four months, and 14% receive only breastmilk and water.<sup>17</sup> The early introduction of supplements may be related to the fact that three quarters of women work outside the home in both urban and rural areas of the Southwest.

The NDHS data show that the nutritional status of infants begins to more sharply deteriorate as they enter the weaning period at four to six months. The international recommendation is that infants be introduced to complementary solid foods from four to six months. In the southwest region, only half (52%) of the infants are receiving appropriate complementary solid foods from six to nine months of age.

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<sup>12</sup>"Nutrition and Health Status of Young Children in Nigeria, Findings from the 1990 Nigeria Demographic and Health Survey", Atinmo et al, Sept. 1993, pg. 56.

<sup>13</sup>Ibid, pg. 59.

<sup>14</sup>Ibid, pg. 61.

<sup>16</sup>Ibid, pg. 5.

<sup>16</sup> Nigeria Demographic and Health Survey 1990, Federal Office of Statistics, Lagos, Nigeria, IRD Macro Int'l, April 1992.

<sup>17</sup>Ibid, pgs. 14-16.



### C. Childhood morbidity

The poor nutritional status of infants is related to the relatively high rates of morbidity in the southwest. In the NDHS 12% of children 0-24 months had had diarrhea in the past two weeks.<sup>18</sup> Among children 0-59 months in the Southwest, 20% had fever and 17% had cough. Use of tertiary health facilities in the Southwest is higher than other regions of Nigeria, as over half (53.5%) of the children 0-59 months with fever or cough were taken to a hospital.<sup>19</sup>

### D. Health care facilities

In Oyo State there are 28 general hospitals and five district hospitals as well as numerous private hospitals. The State is split into 11 health zones and 25 LGAs. The NCCCD focus LGA is Egbeda.

#### **Maternity Services**

The team visited Adeoyo State Hospital and an LGA Maternity Center in Ibadan to assess current lactation management practices and attitudes within Oyo. In collaboration with the State Ministry of Health (SMOH), the MotherCare program has upgraded the maternal delivery services and supported a program of Life Savings Skills Training for midwives at Adeoyo.

While the maternity staff at all levels were supportive of breastfeeding, they were ill prepared to promote breastfeeding. Initiation of breastfeeding was delayed for a minimum of six hours and they believed that glucose prelacteal feeds were needed. Babies were sleeping in cots at the base of the mothers' beds because midwives thought that "bedding-in" would be dangerous. The staff had not heard of the BFHI or the "Ten Steps." They reported that they had not been trained in breastfeeding promotion and did not know the definition of exclusive breastfeeding nor the rationale for eliminating prelacteals and water.

During antenatal care, some midwives reported that they taught mothers "breastcare" during sessions and recommended prelacteal feeds of glucose water.

#### **BFHI-Ibadan University Teaching Hospital (UCH)**

The Ibadan University Teaching Hospital is one of the eight "Baby Friendly" Hospitals in Nigeria and one of the first four declared Baby Friendly. The team met with Dr. Ogunjumi, Hospital Administrator and the secretary of the BFHI committee, at the hospital to find out about their training activities in Oyo State. The hospital has six trainers who were trained by Helen Armstrong from UNICEF during a two-week course held in Jos in 1992. To date, the hospital has mainly trained their own staff but plan to conduct training in all of the public and private hospitals in Ibadan as well as two adjacent health centers. UNICEF provided 100,000 Naira and a vehicle to support the BFHI Initiative in Oyo and 59,000 Naira remains for additional BFHI training.

The hospital has a day-care for staff which has been in existence for six to seven years. The UCH BFHI Committee reported that they have urged the Federal Ministry of Health (FMOH) to extend maternity leave to four months. The secretary also reported that the BFHI staff have formed a "pressure group" which meets and reportedly follows-up with women at home who are considered at-

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<sup>18</sup> Atinmo, T., et al., Sept. 1993, pg. 32.

<sup>19</sup> Ibid, Atinmo, T. et al, 1993, pg. 27.



risk. Due to time constraints, the team was not able to visit a maternity ward or lying-in ward or document the activities of the "pressure group."

### **Nutrition Promotion, Services and Rehabilitation**

Oyo State started a nutrition program in 1993 and has seven zonal nutrition officers. Four of the nutrition officers are posted out in LGAs and it appears that they are working with UNICEF's food security program in six LGAs. The other three zonal officers work at the State Nutrition Rehabilitation Center in Ibadan. The role of the posted zonal officers was not clarified. The team visited the rehabilitation unit and met with two of the nutrition officers who are young men and former nurses who have received three additional years of university education. They left nursing in search of a more satisfying career and now find themselves giving food demonstrations once a week and counseling mothers with malnourished children who have been referred from the well child clinic at the hospital.

The officers also produce soya flour or a soya/corn mix. UNICEF donated the supply of corn (which is now depleted) and the mill was donated by another external donor. The nutrition officers prepare the flour and sell it to mothers for a nominal fee. They do not have plans to acquire additional soya and corn when their supply ends but hope to get another shipment from UNICEF. The corn/soya flour is prepared in a 3:1 ratio. Nutrition counseling is didactic. Nutritionists felt that their training at the university had prepared them for a more prestigious role than as nutrition educators and food demonstrators. This nutrition program is mostly curative and reaches only a handful of the State's population. While demonstrations are open to all mothers, they are mainly attended by mothers of malnourished children. Having men teach mothers to cook seemed odd in a culture where men traditionally have nothing to do with cooking.

### **Training**

The State trains PHC staff at the Schools of Hygiene (usually called the School of Health Technology in other States). All levels of PHC staff receive their pre-service training here. NCCCD Project has established the CEU within the school. The CEU trainers are in the middle of the 11 module training cycle, developed for training PHC staff in focus LGAs, Egbeda. Other LGAs in the state are included whenever a training session is held to broaden the impact of the CEU. The State-Based Epidemiologist and CEU staff have a good relationship with the Director of Training and Secondary Care.

Within the SMOH PHC Department, there are four persons who are responsible for training the four types of voluntary health workers which include: market based distributors, village health workers, "women in health volunteers" (sponsored through UNFPA), and traditional and church birth attendants. Each of the trainers uses the standard three-week course adapted from the Federal model at Ibadan and does not adapt the curricula for different cadres of workers. The training content is extensive and is not competency based. The breastfeeding section does not include exclusive breastfeeding. It does include a section on managing breastfeeding problems but includes erroneous information, e.g., "stop breastfeeding when breasts are infected."

### **Policy**

There are no state policies or laws for breastfeeding, working women or regulating the Federal Code of Marketing. Policy makers tend to take breastfeeding for granted and are not necessarily aware that it needs to be promoted.



Policy makers within the SMOH are also not actively involved in BFHI and are unaware of the Ten Steps. Consequently there are no standing orders to promote the Ten Steps in state run hospitals and maternities.

Regulation of the Code of Marketing is urgently needed, as the evidence of Nestle marketing is everywhere.

### **Information, Education and Communication/Social Marketing**

The SMOH PHC division has a health educator who is responsible for information, education and communication (IEC) activities in Oyo. The IEC component of the Ministry has been strengthened through the Family Health Services IEC component being implemented by PCS. PCS has signed subcontracts with several states, including Oyo, to implement IEC activities in their state. States are required to form a multi-disciplinary committee which formulates an IEC strategy and approves all IEC activities in their state. With this assistance, the unit has developed the capability to design and produce posters and carry out other IEC activities. Most activities have focused on Family Planning.

### **Monitoring and Evaluation**

With support from NCCCD, the Health Information System (HIS) unit in the SMOH has been strengthened. This unit is actually temporarily housed in the SBE office because the SMOH has not had electricity for an extended period (approximately six months). Data from the LGAs is compiled at the SMOH office but the team did not see compiled returns.

### **Egbeda Local Government Area**

#### **A. Background**

Egbeda became a NCCCD focus LGA in 1989 but most program activities were initiated in 1992. The LGA is semi-urban and is located northeast of Ibadan. The population of Egbeda is 128,998 and there are several large population centers including: Erunmu (18,143), Osegere (6,704), Owobale (3,937), and Egbeda (3,931). These urban areas have piped water and electricity. Most of the people are farmers or traders. According to the 1991 census, Egbeda has 5,495 children under one year, 29,733 children under five years, and 32,706 women of childbearing age (15-44 years).

NCCCD has supported the development of the PHC management system which has included: reorientation and management training for the senior PHC team, creation of ten health districts and numbering of households (75% completed), mobilization of the LGA PHC Management Committee, creation of 20 village development committees, initiation of monitoring and education (M&E) system. Egbeda has also completed a health facility assessment survey and community knowledge, attitudes and practices (KAP) survey.

The LGA has seven maternities, seven dispensaries, and one health center. The private sector has another 15 facilities, including eight maternity homes, five clinics, and two hospitals.

#### **B. Health and nutrition indicators and services**

Preliminary nutritional status data from the Egbeda KAP survey indicate that among children 0-59 months, 25.9% are moderately underweight and 26.9% are severely underweight (definition of



underweight not specified).<sup>20</sup> Among children zero to six months, 35% were moderately underweight and 25% were severely underweight. Severe undernutrition was highest (46%) among children 7-12 months as and 37% were reported to be severely and moderately underweight. Severe malnutrition appeared to lessen (26%) among children 13-18 months. If data are accurate, breastfeeding and weaning promotion is urgently needed in Egbeda since malnutrition appears to start among very young infants and reaches an acute state during the weaning period.

Data on exclusive breastfeeding are unclear because the team was not able to determine if interviewers specifically probed about water use. In Egbeda, 30% of the children 0-59 months had been given a bottle.

NCCCCD assisted the LGA to carry out a health facility assessment of health workers' performance in Egbeda. The assessment concluded that the overall performance of health workers was not exceptional, drugs and equipment were not available in many facilities, and health workers were under-utilized.

The health facility assessment included only a few indicators related to breastfeeding and nutrition.<sup>21</sup> With respect to nutritional status, 38% of the health workers determined the child's weight. About half of the health facilities actually had a weighing scale for growth monitoring. Information was not collected about the health workers' determination of children's nutritional status or growth and diet (breastfeeding, complementary foods). In the case management of children with diarrhea three quarters of the health workers did not stress the need for mothers to continue breastfeeding.

When health workers assessed their need for training they indicated that they wanted growth monitoring (20%), nutrition (7%), and health education (7%).

The NCCCCD/Wellstart visit to PHC facilities in Egbeda indicated that they are not counseling women to exclusively breastfeed but they do appear to be giving some nutritional education although it was difficult to determine if the messages were appropriate.

The Assistant Coordinator of Voluntary Health Workers and Nutrition carries out mobile growth monitoring sessions. Malnourished children are then referred to health centers. The women in the community are reported to like the mobile weighing. The Assistant Coordinator plans to carry out nutrition demonstrations but it was unclear whether these are being carried out now.

### C. Monitoring and evaluation

The SBE in Oyo has been working with Egbeda to establish an M&E system. The SBE has reported that the system is still not functioning efficiently because of a number of problems including shortage of drugs and low usage of health facilities making LGA aggregate numbers too small, and competence of the officers (need additional training). Antenatal care and birth recording is one example of the deficiencies in the system. The SBE reported that among 28,000 women of child-bearing age only 1,309 births were recorded in 1992 and only 1,337 antenatal new attenders were recorded. Of the total births recorded 7% were under 2,500 grams (low birth weight).

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<sup>20</sup>The questionnaire used indicated that both weight-for-age and arm circumference measures were collected.

<sup>21</sup>"Health Facility-Based Assessment Survey Egbeda Local Government Area Oyo State", 1993, conducted by Egbeda LGA PHC Dept. with assistance from NCCCCD, USAID.



The annual record on growth monitoring for Egbeda indicated that only a total of 394 children were weighed (118 first time). Among the total weighed, 5% were under the third percentile. The SBE is working to improve the system and to work with the LGA to encourage better utilization of health facilities.<sup>22</sup>

#### D. Community-based activities

The LGA provides training and supervision for VHWs, TBAs (50), and community based distributors. Originally Egbeda had 66 VHWs and with support from NCCCD, 84 additional VHWs and TBAs have been trained. The VHWs provide essential drugs for minor ailments (malaria, cough, worms, etc.), prepare oral rehydration solution (SSS) and motivate, counsel and distribute family planning commodities. VHWs have been provided with bikes to facilitate their work and to get drugs and supplies.

Some of the VHWs are in urban areas and report that they have difficulty getting their drug stocks supplied. The VHWs visited were not using their pink registers (reporting forms) and reported that they were not provided with forms. VHWs in Egbeda are not equipped to counsel women on infant feeding and would need additional training and supervision to effectively do this. Motivation to carry out counseling activities needs to be assessed before developing a training program for infant feeding counseling because VHWs distinguish between providing simple and routine drugs at a low cost to the community and providing counseling as a "charity."

The team attempted to find a community-based women's group and visited a community mill for palm oil, gueri, and groundnut oil. The mills were provided through "Better Life" and the palm oil mill was being extensively used by women. Unfortunately, the women work on a consignment basis and process the oil for others. The owner gets the palm oil and the women get the palm kernels to make other products. In actuality the enterprise was not truly community based but provided a community service to individuals.

### VIII. OSUN STATE

#### Health and Maternal Facilities

In Osun State there are two teaching hospitals, five general hospitals, 40 private hospitals, 96 public maternities, and 74 private maternities. The state is divided into 23 LGAs and 22 of these have functioning community health services. Ife-Central is the NCCCD focus LGA in Osun State.

There are over 2,000 CHEWs and 550 Health Assistants in Osun State. The SMOH has trained over 500 church based attendants (CBAs) using the standard three-week FMOH training manual. MotherCare has been working in Osun State, in addition to Oyo State, and over 405 midwives have received LSS training in both States.

The SMOH Director of PHC has also been active in registering "quacks" (unauthorized drug dispensers) in an attempt to curb some of their dangerous practices and educate them about Acquired Immune Deficiency Syndrome (AIDS). Quacks have posed a real problem to the implementation of PHC because they compete with the VHWs for clientele. To date, the SMOH has trained 400 of

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<sup>22</sup>"Establishment of Primary Health Care Infrastructure in Egbeda LGA, A Report, November 1993", NCCCD in collaboration with Egbeda LGA PHC Dept with support from USAID.



them in AIDS prevention. The Director of PHC faces opposition from others in the SMOH who do not believe in trying to work with the quacks at all.

### **BFHI-Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC)**

The Obafemi Awolowo University Teaching Hospital has a very active BFHI Program. The Chief Medical Director is chairman of the OAUTHC Steering Committee that is responsible for organizing, coordinating, and supervising the Baby Friendly Activities. There are six BFHI trainers who were trained in Jos by Helen Armstrong. Last year over 100 staff were trained from facilities associated with the University as were 60 additional health professionals from other institutions in their state. OAU also carried out a community-based KAP study in Ile-Ife and a KAP among 426 health professionals in Osun State.

This training program exhausted the original 100,000 Naira provided by UNICEF as well as an additional 50,000 Naira that OAU has put into the program. The OAU BFHI Program would like to have two additional master trainers for the BFHI and sent in a request to Wellstart's LME Program for two additional staff persons last year but these candidates were unable to meet the deadline because the invitation from Wellstart arrived late.

The OAU has adopted a breastfeeding policy for their institution and a state policy for both hospitals and primary health care institutions has been drafted. Currently the OAU BFHI program is pressuring the SMOH to move forward in adopting state policies. In addition, the OAU BFHI program prints and distributes a one page handout for mothers in English and Yoruba. Their plans for 1994 include: expanding the training to all of the secondary care institutions in Osun, holding one day workshops for PHC coordinators from each of the LGAs, holding workshops for PHC staff in five LGAs, initiating breastfeeding publicity week, and conducting assessments of institutions. The program is soliciting funds for some of the 1994 activities.

Given the strength of the program, the NCCCD/Wellstart infant feeding promotion can work to develop a training strategy with the OAUTHC that identifies who will be responsible for training in breastfeeding at various levels.

### **Nutrition Indicators and Promotion Activities**

NCCCD provided support to Osun to carry out a nutritional assessment in 1993. Six LGAs were included in the sample (did not include Ife-Central). Using weight-for-age (from the "Road to Health" card), 33% of children 0-59 months were undernourished.<sup>23</sup> Among infants under six months, 11% were malnourished and 22.9% were malnourished among children six to eleven months. Mean duration of breastfeeding was 21.1 months. Rates of exclusive breastfeeding from zero to four months was 4.5% but it is unclear how carefully interviewers probed for water use.<sup>24</sup>

The SMOH Director of PHC reported that ten LGAs are carrying out growth monitoring in health facilities. The SMOH would like to have a more simplified growth monitoring and promotion (GM/P) form and thinks that they are collecting too much data. He would like to start growth

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<sup>23</sup>Unclear what standard was used to classify children as malnourished.

<sup>24</sup>"An Assessment of Nutritional Status of Children in Osun State, Nov. 1993, Osun State Ministry of Health, Osogbo.



monitoring activities in other LGAs. The SMOH reported that World Vision has successfully used village health workers to do growth monitoring in one LGA in Osun.

The team visited the outpatient pediatrics unit at Osogbo State Hospital and met with the Senior Nurse and the Nutritionist at the unit. Nutrition activities consisted of food demonstration sessions given once a week as well as growth monitoring sessions. Counseling on breastfeeding and follow-up of malnourished children identified during growth monitoring appeared weak and there were no guidelines for growth monitoring. A Nestle poster was prominently displayed in the unit and advised "continued breastfeeding," suggested that milk could be added to local pap, and that "ready-made" cereals should be made by carefully following the directions on the tin. The poster also included the four classic food groups (including milk).

The staff had not received training in exclusive breastfeeding and had not heard of the BFHI Initiative.

### **Training**

The CEU was started in 1992 and recently held the first training of trainers for Ife-Central PHC staff. The CEU has four trainers who are supported by the SMOH. Two tutors from the School of Health Technology also participate on a part-time basis. The coordinator of the CEU unit, Dr. Yetunde Oyeilemu, has a background in community health and was recently posted to Osun from Oyo. The School of Health Technology uses the health facilities in Elasia LGA as a practice site for the school. Consequently, the CEU includes Elasia LGA staff in the training cycle for the Ife-Central Staff (11 modules).

### **Policy**

OAU staff have drafted a breastfeeding policy which they are actively pursuing with the SMOH Director of PHC. This policy is more appropriate for individual health institutions rather than as a comprehensive state policy. Wellstart could assist the OAU staff to broaden their policy for adoption at the state level.

There is no policy for complementary feeding or growth monitoring.

### **Monitoring and Evaluation**

The team visited the SMOH M&E unit which started in 1992 with NCCCD support. The unit appeared to be functioning well and reported that they had their first complete set of data from 1993. The team noted that staff were using zeros and dashes indiscriminately and once data were compiled it was impossible to determine if data were missing or whether the rates reported should be zero. The staff also indicated that they had pin-pointed problems in the data being returned but did not have a system for marking these data. No exclusive breastfeeding or complementary feeding data is being collected.

### **Ife-Central**

#### **A. Background**

In 1986, Ife-Central was chosen as one of the 56 PHC model LGAs by the Federal Ministry of Health. The local monitoring system developed in Ife-Central became the model for the M&E system that is currently being used in all LGAs in Nigeria. NCCCD began providing support to Ife-Central



in 1991. Ife-Central is also participating in the Bamako Initiative which provided the initial set of drugs to begin a drug revolving fund. A vehicle and four motorcycles were also provided as part of the Bamako Initiative.

Ife-Central has one general hospital, six PHC centers and two teaching hospitals. In the private sector, there are two hospitals, nine maternities, two clinics, and two combined clinics/maternal homes. These health institutions serve a population of 185,256, according to 1991 Census figures. Ife-Central has 7,892 children under twelve months, 39,460 children under five years, and 43,406 women of child bearing age (15-44 years).<sup>25</sup>

Overall direction to the PHC system is carried out by the LGA PHC Management Committee. Ife-central is divided into 12 health districts and 56 wards. Each district has a District Development committee that includes representatives from the village development committees. There are 112 Village Development Committees. The team witnessed the meeting of the District Development Committees and their enthusiasm and motivation were impressive.

Out of the original 108 village health workers trained in 1989, Ife-Central has 64 acting VHWs and TBSs as well as approximately 15 market based distributors. The CHEWs use the motorcycles to carry out supervisory visits to the VHWs once a month. The three-page Bamako supervisory sheet does not include information on infant feeding or malnutrition education, counseling, or referrals.

#### B. Health and nutrition services

The Oyo/Osun SBE is working with the LGA PHC Coordinator to carry out a nutrition survey during the week of Feb. 21. The team wanted to provide input to the nutrition section of the survey but learned that the forms had already been created. The SBE agreed to attach the WHO questionnaire which uses 24-hour dietary recall for last-born children to obtain information about specific foods and liquids fed to the child.

The PHC coordinator is also anxious to start BFHI in the five health facilities in Ife-Central. Nestle reportedly carried out a "breastfeeding seminar" at the comprehensive PHC clinic after assuring the PHC Coordinator that they were supporting the BFHI program. Calendars displaying Nestle products and samples of weaning foods were given to the health workers following the "breastfeeding seminar." PHC staff were aware of the need for exclusive breastfeeding but had only received the Nestle "training."

Growth monitoring is being carried out in the five health facilities. The LGA was given a number of scales in 1991 from the FMOH and these scales have been "locked up" awaiting training in growth monitoring promised by the FMOH. Nutrition is included in health education "talks" given at the health facilities.

#### C. Information, education and communication

The LGA has one health educator, formerly an environmental health officer, who completed the year-long training at African Regional Health Education Center (ARHEC) in Ibadan. He organizes health education sessions and assists in mobilizing the community to deal with disease outbreaks. He has

<sup>25</sup>Data provided by the PHC B-zone Coordinator who supervises PHC in the eight states in the southwest region.



trained 200 food vendors in sanitation and started a malaria control project in one village. The health educator has not been given special training in infant feeding or nutrition promotion.

**D. Monitoring and evaluation**

The LGA M&E unit is functioning well and is collecting data from public and private facilities.

**E. Community-based activities**

The LGA PHC Committee includes a representative from the NGO community. The representative has a complete list of all of the NGOs that are active in Ife-Central. Further investigation is needed to determine if some of these groups may be useful for community-based promotion activities.

The team also met with the Director of the Omitota Better Life Women's group in Ilode District. The group is extremely active and has a number of income generating activities, including: raising pigs and fowl, making soap, and growing vegetables in a community garden. The chairman of the group, Mrs. Fawole, is also the chairman of another village women's group. She hopes to open a daycare and is working on constructing an appropriate building.

The team talked with her about the possibility of using her group to improve exclusive breastfeeding and weaning practices. Mrs. Fawole reported that the biggest constraint to appropriate feeding is time. She said that women do not have time to make special food and do not like using soya to fortify weaning foods. Other constraints include the common belief that teething causes diarrhea and that the child cannot receive family food until he can sit upright without assistance. She thought that women could be used as counselors if their messages were backed up by health workers. She also recommended that women could be trained as infant feeding counselors, but should not also be trained as family planning counselors.

## **IX. BACKGROUND PLATEAU STATE**

Plateau State, is so-named because of its position on a high plateau. Its population is estimated at almost four million. Its dry climate is quite mild and even cold in the drier months between December and February. The population is made up of about 50 different ethnic groups.

Most of the people are farmers, who grow a large variety of food crops including guinea corn, maize, millet, groundnuts and yam. In the Northeast, where Plateau is located, the NDHS sample showed that 82% of females had had no formal education (compared to 66% of males) compared to the overall 58% of women and 43% of men in Nigeria who have had no formal education.

### **Health Services**

In addition to services provided by the public sector, a large percentage of health care is provided by Voluntary Health Service Providers, including CHAN. There is a University Teaching Hospital in Jos, the capital city. Among primary health care facilities there are three Health Centers, 23 Basic Health Clinics, 43 Maternal and Child Welfare Clinics and 29 Government Health Clinics.

The team visited the University Teaching Hospital, a maternity hospital in Jos Township which provided prenatal services, delivery and postnatal services and child welfare clinics, a nutrition clinic in Jos and rural health centers. In all the facilities visited, nutrition programs are provided in the form of nutrition talks and growth monitoring.



At a health facility run by the Church of Christ in Nigeria (COCIN), the team observed a residential facility set up for a six-week treatment for malnourished children. The main diet used is a cereal/soya bean mixture. The center follows up on the patients once they are released from the center.

### **BFHI - Jos University Teaching Hospital (JUTH)**

The Jos University Teaching Hospital (JUTH) was awarded the BFHI certificate 18 months ago. To support and maintain the Initiative, the hospital has: (1) a Steering Committee chaired by the Chief Medical Director, with representatives from Pediatrics, Obstetrics, Community Health and Nursing; (2) an Implementation Committee, which includes members of the Steering Committee plus all matrons from relevant units such as antenatal, postnatal, outpatient department and the secretary of (3) a Lactation Support Group which includes hospital staff and community volunteers; and (4) a nurse who was reported to have been hired specifically to follow up with mothers after they are discharged from the hospital in order to help them with exclusive breastfeeding.

In connection with the BFHI, six persons at JUTH were trained as master trainers for breastfeeding. These trainers have extended their training to Bauchi and Maiduguri States. Unfortunately they have been unable to reach an agreement with the Jos State Hospital Management Board to extend training into hospitals in Plateau State itself. Consequently even in the largest State Maternity Hospital, midwives interviewed have not even heard the term "BFHI." Unless further negotiations are successful, it appears that JUTH cannot at this time be counted on as a resource for training hospital staff in Plateau State.

### **Child Nutritional Status**

The northeastern part of the country recorded the highest rate of malnutrition reported by the NDHS. Thirty percent of the children under five years were severely stunted (below -3SD; 52% were below -2SD for height-for-age.) Almost all the mothers initiate breastfeeding (99.8%) and breastfeed longer than most other parts of the country (20.8 months compared to an overall rate of 19.5 months). However, they are most likely to discard colostrum and least likely to begin appropriate feeding of complementary foods. Only 34% of infants six to nine months are fed complementary foods compared to 52% nationally and 67% in the Southeast.

### **Nutrition Improvement Activities**

The most common activity conducted to improve nutrition is interpersonal nutrition education, which is usually offered in talks given by health workers to groups of women waiting to be attended to at health facilities. Reportedly, some individual counseling of mothers occurs when children are judged to be malnourished or manifest growth faltering. When resources allow, cooking demonstrations of weaning foods are also carried out at some health facilities. There are also some reported initiatives in farming (such as dry season farming), and income generation activities for women.

Growth monitoring is conducted at child welfare clinics in hospitals, maternity centers, and health centers across the State. The weights are charted on the nationally-designed growth charts. No growth monitoring session was actually observed but in interviews it was evident that the counseling needs to be improved. Many of the health workers have not been exposed to the principles of optimal breastfeeding and are unable to help the few mothers who come to them after delivery in the Baby Friendly Hospital in Jos University Teaching Hospital.



## **Information, Education and Communication**

There is a State Health Education unit staffed by 11 health educators, seven of whom are at the central state office and four of whom are in satellite offices. Four of the health educators are assigned to specific interventions such as EPI. None is currently assigned specifically to nutrition. The two health educators interviewed at the central office complained that they are not able to do much nutrition education because they have no transportation to go into the communities to give health talks.

The Chairman of Pediatrics at JUTH said that the BFHI has broadcast some breastfeeding educational materials by radio.

## **Barkin-Ladi Local Government Area**

### **A. Background**

The Barkin-Ladi Local Government Area (LGA) has an estimated population of 152,808 (1991 census) and is located about 42 kilometers from Jos, the capital city of Plateau State. The LGA, mostly rural, is grouped into eight districts, seven of which are predominantly of the Berom ethnic group. Almost all the residents speak Hausa.

Since 1986, when Barkin-Ladi was one of 52 LGAs in the country selected to be developed as "Model LGAs" in Primary Health Care delivery, it has made steady progress according to guidelines set by the Federal Ministry of Health. A structure for PHC delivery has been developed that involves the participation of both health workers and the people of the LGA. There is an LGA PHC coordinator who supervises and meets monthly with the District Supervisors from the eight districts in the LGA. These health workers are members of PHC committees formed at LGA, district, and village levels. Supervision is facilitated by the provision of motorcycles to the District Supervisors by the NCCCD project.

Each of the PHC program's five sections (Immunization/Diarrheal Disease Control, Essential Drugs, Maternal Child Health/Nutrition, Health Education/Women in Health, and Monitoring and Evaluation) is headed by an Assistant PHC Coordinator. The implementation of the activities at the health facility level is strengthened by the use of VHWs and TBAs who have been trained to provide basic health care in the villages. VHWs have been trained in 56 villages to dispense drugs in treating minor ailments. The VHWs are allowed to keep 25% of the mark-up on the drugs and the rest of the funds constitute a revolving drug fund regarded to be especially successful in the Barkin-Ladi LGA.

There are about twenty public health facilities in the LGA, including a general hospital, basic and rural primary health care clinics. There are also a large number of private health institutions, including those run by CHAN, which has its headquarters in Plateau State.

Since mid-1991, Barkin-Ladi has also been one of the focus LGAs of NCCCD, which until now has focused on strengthening the infrastructure and support of technical interventions, immunization, control of diarrheal diseases, malaria, and acute respiratory infections. The material assistance from NCCCD, establishment of continued education and improved training, have all strengthened the primary health care delivery in the LGA. There now exists an infrastructure for training, referral, supervision and community participation on which the improved infant and child feeding initiative will be piloted.



## B. Infant feeding practices

Initiation of breastfeeding is near universal (99.6% in a community survey conducted by the Barkin-Ladi Local Government Health Department),<sup>26</sup> with almost all mothers who initiate breastfeeding continuing for 12-23 months. Exclusive breastfeeding is thought to be rare. Unfortunately the community survey was not structured to clearly measure the level, if there is any, of exclusive breastfeeding. Information from the NDHS of 1990 shows that exclusive breastfeeding is rare throughout Nigeria. The general belief that breastfed infants should also receive water was substantiated during interviews with a few mothers and health workers interviewed during this planning trip. There is a need to explore the beliefs regarding giving water to infants, in order to develop IEC programs that address the issue.

In spite of the rural nature of the LGA, in the Community Survey, about one-half of the mothers reported having bottlefed their infants at some time. Watery pap from maize was the most common weaning food introduced at four to five months of age by 61% of mothers. Twenty-five percent of mothers introduce it before four months and 12% introduced it between six and eleven months of age. "Kunu," a millet porridge, is the most common weaning food.

## C. Nutrition-related services and information, education and communication

Growth monitoring is systematically practiced in the LGA at the PHC health facilities, although the team later found out from the FMOH that the LGA is one of those where training in growth monitoring has not been done and the LG trainer was supposed to be trained in about a month. The Health Facility Assessment Survey in 1991 showed that all thirteen facilities sampled had functioning scales. However only a small minority (15%) of sick children who presented at the clinics were weighed, including those who presented with diarrhea. It appeared that weighing of children was reserved for when they were brought in for immunization. The need to feed children who have diarrhea was discussed only in about half the cases. Mothers reportedly are counseled after the children are weighed.

In one health center that the team visited, the staff at the center take turns giving health talks to the groups of mothers attending the clinic. Infant feeding was one of the several topics discussed on different days. They knew about exclusive breastfeeding and advised that complementary feeding start at four months. None of them had been trained to support mothers to breastfeed.

The health workers teach mothers to improve weaning foods by enriching the traditional maize or millet pap with such local high protein foods as soya bean and groundnuts. There are also demonstrations of the weaning food preparation in some clinics.

## D. Community-based activities

### *Community-based growth monitoring*

The team learned that some simple hanging TALC scales have been distributed to willing VHWs. Some of the VHWs were reportedly very enthusiastic and excited about participating in that program. Unfortunately, information was not immediately available on the status of this approach. Because of the possibilities for closer follow-up that this approach offers, this issue will be further explored, an

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<sup>26</sup>Barkin-Ladi Community Survey. Final Report, May 1992.



inventory taken of where these scales are, and a decision made on whether to pilot this form of community-based growth monitoring in selected communities.

*Other community-level activities*

Women's groups offer opportunities for sensitization and education on infant and young child feeding. There are existing women's groups already engaged in nutrition related activities such as dry season farming or poultry farming. These offer an entry into community-based nutrition education and monitoring. One such group is described in the following section.

*Women in Health of Heipang*

The wife of the political head of the Heipang District, Mrs. Deborah Pam, has started a women's group in Barkin Ladi which they call the "Women in Health of Heipang." The group is self-generated and has not received any outside assistance or support. Both the Barkin Ladi PHC Coordinator and our team were impressed with the motivation and accomplishments of this group of women of about 50. The bulk of their activities have centered around cooperative activities including gardening, poultry and pig raising. They have pooled their resources and raised chickens and pigs to sell back to each other at low cost with the sole intention of improving their families' diets and do not sell to people outside their group. An LGA water pump is on loan to them and this has facilitated their dry season gardening. The pump is rotated between the eight districts in Barkin Ladi.

In addition to raising food, Mrs. Pam has taught the women to make a fortified weaning food with the food staple "ogi" (a fermented corn paste). She recommends that women prepare groundnut and soya flour to enrich the traditional pap made of "ogi." She reportedly learned about enriched pap from the "Better Life" Women's Group set up by the former First Lady. She is convinced of the efficacy of this fortified food and recommends that women begin using it when their infants reach four months of age. She claims to have taken care of malnourished children with this mixture. She also recommends that women breastfeed exclusively (although we are not sure about whether this is full or exclusive breastfeeding) until the infant is four months of age and she believes that most women's milk is adequate unless they are malnourished. Membership requires that women pay 10 Naira to join and 100 Naira after three months to add to their fund. Proceeds from the sale of the poultry and pigs are returned to the fund. They reportedly have been approached by other women who want to join their group but they are encouraging others to start groups in their own villages.

Mrs. Pam seems to be an **ideal** candidate for additional training in breastfeeding and weaning promotion. She is committed and believes in the importance of caring for children's nutrition. Perhaps she and additional members could be trained to be "child feeding counselors" in their district. Other "counselor" candidates could be chosen from among the other women's groups in Barkin Ladi.

**ANNEX**

**MONTHLY RECORD OF STATE GROWTH MONITORING  
AND PROMOTION IN THE DISTRICT/LGA**



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## WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

### **International Programs**

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multidisciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health, broadens the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts include assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expands biomedical, social, and programmatic knowledge about breastfeeding.

### **National Programs**

Nineteen multidisciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences and consultation on programmatic, policy and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

*Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.*

For information on corporate matters, the LME or National Programs, contact:

Wellstart International Corporate Headquarters  
4062 First Avenue tel: (619) 295-5192  
San Diego, California 92103 USA fax: (619) 294-7787

For information about the EPB Program contact:

Wellstart International  
3333 K Street NW, Suite 101 tel: (202) 298-7979  
Washington, DC 20007 USA fax: (202) 298-7988

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**ANNEX 5**  
**FEDERAL MINISTRY OF HEALTH ORGANOGRAM**  
**HIGHLIGHTING NUTRITION SERVICES COMPONENTS**

