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TRIP REPORT

AUTHOR: **Judith Aubel, MA, MPH**

WHERE: **Yaoundé, Cameroon**

WHEN: **February 1-21, 1994**

ACKNOWLEDGEMENTS

Throughout this consultancy, there was excellent collaboration with Dr. Martina Baye, Coordinator of the National Breastfeeding Program, and with the Wellstart Associates in the three provinces in which Judith Aubel worked. Aubel is a consultant for Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program. Excellent logistical and administrative support was provided by Denyse Léger, Wellstart International's Administrator in Yaoundé. This support greatly facilitated Aubel's work and allowed her to use the time as efficiently as possible.

BACKGROUND

Wellstart is providing intensive technical assistance to the Ministry of Health in order to institutionalize the support of optimal infant feeding and provide tools for Cameroonians to continue work in this area after the closure of the USAID/Cameroon Mission. The scope of all activities undertaken or planned using add-on funds from USAID/Dakar, has been defined so as to ensure completion by June 1994.

Wellstart is also working withUNICEF and CARE, using funds from the Africa Bureau, to integrate breastfeeding into on-going programs and to help sustain the National Program for the Promotion of Breastfeeding following USAID mission closures.

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OBJECTIVES OF THIS TRIP

The purpose of the trip was to 1) provide assistance with the breastfeeding assessment in Cameroon; 2) participate in a series of meetings with the Health Education Department of the Ministry of Health (MOPH), the United Nations Children's Fund (UNICEF), and CARE to discuss the possibilities of follow-up support from them; 3) move health worker "fact sheets" and poster toward finalization.

Aubel worked closely with Dr. Martina in carrying out all activities. In addition, during the first week of the consultancy, Aubel worked closely with Dr. Carol Baume, Technical Advisor for Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program.

OUTCOMES

Preparation of the breastfeeding assessment on Cameroon

Aubel's primary task was the preparation of the "breastfeeding assessment" document. This task was initiated in-country and was completed by the consultant following her departure.

Based upon the considerable literature which had been assembled by the National Program for the Promotion of Breastfeeding (NPPBF), Aubel worked with Dr. Baye to review the available information and draft the assessment document following the guidelines developed by MotherCare.[1] A major section in the assessment deals with attitudes and practices related to infant feeding in general, and specifically to breastfeeding. In addition to the information found in available studies and reports on the topic, it had been earlier decided that some additional information should be collected on both health workers' and mothers' attitudes and practices related to breastfeeding. For this purpose, field visits were carried out to the Ebolowa area in the South Province, and to the Far North Province. Aubel worked with Dr. Baume and other team members in the South Province, while in the Far North Province she was responsible for coordinating the interviewing and analysis of the information collected. In both of the provinces, the interviewing was carried out in collaboration with Wellstart Associates, health personnel who have been trained in the Wellstart Lactation Management Education (LME) program in San Diego.

In the South Province there was limited time at the conclusion of the field visits to synthesize the information collected and to discuss it with the local MOPH officials. In the Far North Province, on the other hand, at the conclusion of the field work, a half-day session was held with all of the team members and the Provincial Chief of Family and Mental Health to present the findings and to develop recommendations for activities targeting both community clients and health workers.

One section in the assessment addresses "Community Breastfeeding Support Groups for Women." Very little has been done to date in Cameroon in this regard. However, the work of the Cameroon Infant Feeding Association (CIFAS) is noteworthy. The consultant visited one of the CIFAS breastfeeding support group meetings at the Briquetterie Maternal and Child Health (MCH) Center in Yaoundé, which is coordinated by Mme. Mbas, and it appears that Mme. Mbas' work with women's support groups is effective in promoting exclusive breastfeeding and appropriate supplemental feeding practices after four

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[1] Griffiths, M. and Anderson, M.A. Guide for Country Assessment of Breastfeeding Practices and Promotion, published by MotherCare (DPE-5966-z-00-8083-00), 1993.

to six months. Unfortunately, the original plan to write a case study based on CIFAS work with the support groups was not possible because Mme. Mbas was hesitant and/or unable to provide the consultant with detailed information on her methodology before the consultant's departure. She promised that this information would be communicated to Martina Baye.

Given the relatively short duration of the consultancy, there was little time to actually draft the assessment in Cameroon. When Aubel left Yaoundé it was agreed that she would complete the draft document and forward it to the NPPBF within ten days. The assessment was written in French and is to be translated into English once it is reviewed in Yaoundé. Upon completion of the assessment, it was forwarded to Yaoundé and to Dr. Baume at Wellstart for final review.

Meetings with the Health Education Department of the MOPH, UNICEF, and CARE

Given that the USAID mission will close in 1994 and that USAID-funded support for NPPBF activities must be completed by June 1994, Aubel was asked to participate in a number of meetings both with the MOPH and with non-governmental organizations (NGOs) to discuss the scope of the remaining Wellstart-supported activities and possibilities for follow-on support for the program from other organizations. In addition to the meetings held with Department of Family and Mental Health officials in the MOPH, meetings were held with the Health Education Services of the MOPH, UNICEF and CARE.

The aim of the meetings with the Health Education Unit was in part to request that the Department Head assign one or more health education staff members to collaborate with the NPPBF on an on-going basis. Two individuals were identified and subsequently participated in meetings with UNICEF staff.

Two meetings were held with UNICEF in which the outline of NPPBF training and information, education and communication (IEC) strategy recommendations were presented and UNICEF's support for such activities elicited. UNICEF has verbally agreed to provide support for NPPBF training and IEC materials production after June 1994. UNICEF will wait to receive the NPPBF activity plan which should be approved shortly by the MOPH. Further discussions will then be held with UNICEF to discuss in more detail priority NPPBF activities and modalities of collaboration/support from UNICEF.

One of the last activities with which the Wellstart Administrator will provide assistance is in the establishment of a NPPBF advisory committee. In the meetings held with the Health Education Unit and with UNICEF it was agreed that regular periodic meetings should be held with representatives from UNICEF, NPPBF and Health Education to share information on an ongoing basis, to coordinate and monitor the implementation of the NPPBF activities.

A very productive meeting was held with Dr. Eléonore Seumo in which possibilities for collaboration between the NPPBF and CARE were discussed in the regions where CARE is working. Wellstart plans to follow up by providing technical assistance to CARE's nutrition education program.

Finalization of health worker "fact sheets" and poster for use in health worker training

Given that Wellstart-supported activities will be discontinued in June 1994, original plans to assist the NPPBF in the development of a variety of health worker and IEC materials have been significantly scaled-down. However, two simple materials are in the process of being developed for use by health workers, which will be completed prior to the June 1994 deadline. First a set of handouts ("fiches techniques") for use by social sector and health workers are being developed. The content for the

"fiches" was drafted by Dr. Baume. Aubel reviewed and finalized them through discussions with MOPH collaborators. The "fiches" are being translated into French and will be desk-top published and printed in both French and English.

Second, a poster promoting exclusive breastfeeding is being developed. It had been decided that the poster would consist of a photo of a baby along with small pictures of the three behaviors to be discouraged and one of a mother breastfeeding. During Aubel's visit, arrangements were made with a photographer in the Health Education Unit to photograph four to six exclusively breastfed babies. During the field visits in the South and Far North provinces, possible baby pictures and messages regarding "no water," "no bottle" and "no dish" were tested with mothers. Line drawings of a "bottle of water," "baby bottle" and "dish and spoon," each with a cross (X) over it, were shown to mothers both without and with the accompanying words. In the South, virtually all mothers understood the significance of the drawings as well as the meaning of the X. Many could read the words as well. In the Far North, however, where in some areas 95% of the women are illiterate, most mothers understood the significance of the line drawings but many did not understand the significance of the X.

Lengthy discussions were held both with the Health Education Unit and with UNICEF regarding the visual and written content of the posters. Dr. Baye will work closely with the Health Education Unit to pre-test the poster.

Meetings regarding Wellstart consultancy with MOPH/CARE Nutrition Education Project

In addition to the three tasks included in the Terms of Reference, Aubel was asked to meet with both Dr. Eléonore Seumo and Daniel Siebechu to discuss the possible technical assistance to be provided to the MOPH/CARE Nutrition Education project through Wellstart in April.

LESSONS LEARNED

It is unfortunate that Wellstart will not have more time to work with the MOPH and other organizations to promote breastfeeding in Cameroon. During the remaining months of EPB involvement, the program should focus on working with UNICEF, CARE and others to ensure some on-going support for the National Program. Meetings indicate that both of these organizations are interested in collaboration with Wellstart and the MOPH. More information is needed on CIFAS and other community-based organizations to help the MOPH and others to design a community outreach strategy.

RECOMMENDATIONS & FOLLOW-UP

1. Breastfeeding Assessment

   - The Breastfeeding Assessment should be reviewed as soon as possible by both Drs. Baume and Baye in order to make necessary revisions and additions. Once the report is finalized, it should be translated into English for distribution in both French and English.

   - It is recommended that copies of the assessment be provided to Provincial Health Delegates and to the Wellstart Associates in each of the provinces.

2. "Fiches Techniques"

- The Fact Sheets should be finalized in both French and English and printed as soon as possible.

- Once the "exclusive breastfeeding" poster has been pre-tested, it should be printed and disseminated as soon as possible.

3. NPPBF Advisory Committee

Given the fact that Wellstart support for the NPPBF will terminate in June 1994, it is particularly important that the NPPBF Advisory Committee be established not only to coordinate NPPBF activities in the future, but also to develop a strategy for identifying ongoing financial support for the program.

4. CIFAS Breastfeeding Support Groups

The work which CIFAS is carrying out with breastfeeding support groups appears to be very effective in terms of promoting exclusive breastfeeding and appropriate infant feeding after four to six months. To date, however, nothing has been written which systematically describes the methodology used. Further attempts should be made in Yaoundé in collaboration with Mme. Mbas to document the CIFAS methodology and to synthesize the lessons learned which can undoubtedly be useful to others.

ANNEXES

A. Consultancy calendar

B. Persons contacted

C. Discussion Guide for Interviews with mothers and Health Care Personnel (French)

D. National Program for the Promotion of Breastfeeding Assessment: Debriefing Memorandum for the MOPH (French)

Annex A

Consultancy calendar

March 2	Arrival in Yaoundé
March 3-5	Field visits: South Province
March 7	Working sessions with: UNICEF; Health Education Service
March 8-12	Field visits: Far North Province
March 14	Meeting at USAID, Richard Green and Regina Dennis
March 15	Working session with UNICEF
March 16	Drafting of assessment Attend CIFAS Women's Breast-Feeding Support Group Meeting, Briquetterie MCH Center
March 17	Working session with Health Education Service Working session with Dr. Nkodo and Mme. Mpouli, MOH
March 18	Debriefing with Dr. Tsitsol, Directeur, Dept of Family and Mental Health and other MOH staff Working session sith Eleonore Seumo/CARE
March 19	Workign session with Martina Baye/PNPAM
March 20	Working sessions with: Eleonore Seumo/CARE, Daniel Tsibechu/MOH
March 21	Departure from Cameroon

Annex B

Persons contacted

Yaoundé:

Dr. Martina Baye, Coordinator of National Breast-Feeding Program, Dept of Family and Mental Health (DFSM), Yaoundé

Ms. Denyse Léger, WELLSTART Administrator, MOH, Yaoundé

Dr. Louis Philippe Tsitsol, Directeur, Dept of Family and Mental Health (DFSM), Yaoundé

Dr. Andela Assomo Damien, Deputy Director, Dept of Family and Mental Health (DFSM), Yaoundé

Dr. Nkodo Nkodo Emmanuel, Sub-Director, Sub-Directorate of Family Health, MOH, Yaoundé

Dr. David Awasum, Technical Advisor to the Minister of Health, MOH, Yaoundé

Mme. Sarah Mpouli, Chief of Service, Maternal and Infant Health Service, MOH, Yaoundé

Dr. Lowe, Chief of Service, Nutrition Service, DSFM, MOH, Yaoundé

Dr. Edmond Njikeu, Chief of Service, Health Education Service, MOH, Yaoundé

Mr. Daniel Eba, Assistant Chief of Service, Health Education Service

Mme. Rebecca Tietcheu, Health Education Service

Mme. Epetti Lyonga, Health Education Service

Mr. Tah Shadrack, Health Education Service

Mr. Georges Vishio, SEATS Resident Advisor, MOH, Yaoundé

Mr. Daniel Tsibechu, Nutritionist, Nutrition Service, Coordinator MOH/CARE Nutrition Education Project

Mr. Georges Okala, Nutritionist, Nutrition Service, MOH, Yaoundé

Mr. Roger Seukap, Nutritionist, Nutrition Service, MOH, Yaoundé

Ms. Ming Man Hung, Nutritionist, CARE Consultant, Yaoundé

Mr. Richard Greene, HPN Officer, USAID, Yaoundé

Ms. Regina Dennis, Program Officer, HPN Office, USAID, Yaoundé

Dr. Traoré Monique, Health Program Officer, UNICEF, Yaoundé

Dr. Diallo, Health Education Officer, UNICEF, Yaoundé

Mme. Damaris MBas Diam, Midwife In-Charge, Briquetterie MCH Center, yaoundé

Eléonore Seumo, Health Program Coordinator, CARE, Yaoundé

South Province

Dr. Ngufor, Provincial Health Delegate, Ebolowa

Dr. David Mindjot, WELLSTART Associate, Ebolowa

Mme. Marie Moneyang, WELLSTART Associate, Ebolowa

Far North Province

Dr. Moussa Djidda, Provincial Health Delegate, Maroua

Dr. Tebere Nganga, Provincial Chief of Family and Mental Health, Maroua

Dr. Paul Ndoumbe Manga, Pediatrician, Head of Pediatrics Dept., Maroua Hospital WELLSTART Associate

Mme. Martine Ritouandi, Technicien Supérieure en Soins Inférmiers, Nursing School, Maroua, WELLSTART Associate

Dr. Luc Kinsay, Health Project Coordinator, Save the Children USA, Maroua.

Dr. Doumara Tarang, Provincial Delegate, MINASCOF, Maroua

Marily Kniereman, CARE Coordinator, Mokolo

Dr. Ananfa, Medical Officer In Charge of Mora Hospital, Mora

ANNEX C

DISCUSSION GUIDE FOR INTERVIEWS WITH MOTHERS AND HEALTH CARE PERSONNEL (FRENCH)

Cameroun: 2/94 <u>Interviews avec les mères: Thèmes prioritaires</u>

1. Quel est l'alimentation actuelle de l'enfant?

2. Le moment d'introduction de chaque type d'alimentation? Et pourquoi à ce moment?

3. A partir de la naissance, qu'est-ce qu'on donne à l'enfant à boire/manger? Pourquoi? Qui a conseillé?

4. Est-ce que le colostrum est donné ou non? Pourquoi?

5. A partir de quand est-ce qu'on donne le sein? (no. d'heures après l'accouchement) Pourquoi à ce moment plutôt que plus tôt ou plus tard?

6. Fréquence auquel le sein est donné?
   (l'heure/activité/avec ou sans enfant)

7. Comment est-ce que la mère décide quand il faut donner le sein?

8. Comment est-ce qu'elle sait que l'enfant a suffisament tété?

9. Quelle est la durée de l'allaitement et pourquoi cette durée?
   Quand est-ce qu'elle arrête de donner le sein à l'enfant?

10. Pendant la grossesse est-ce qu'il y a des changements dans l'alimentation de la femme par rapport à d'habitude?
   Les aliments à éviter pendant la grossesse?

Après l'accouchement est-ce qu'il y a des aliments spéciaux donnés à la femme?

Pendant l'allaitement est-ce qu'il y a des changements dans l'alimentation de la femme par rapport à d'habitude?
   Les aliments à éviter pendant l'allaitement?

11. Est-ce que suite à l'accouchement il y a des changements dans le travail de la femme? Pendant combien de temps?
   Femme allaitante: est-ce qu'il y a des activités à éviter?

12. La perception de la mère de la croissance/santé de l'enfant. (Perception de l'enqûeteur)

13. Possibilité de continuer à allaiter une fois qu'elle reprend les rapports sexuels?

14. Si tu tombes enceintes est-ce que tu continues à allaiter?

15. Est-ce qu'elle a eu des problèmes avec son lait ou ses seins?
   (type des problèmes, conséquence des problèmes, qui consulté)
   Problème d'insuffisance de lait?

16. La photo del bébé: son âge? son état de santé? son régime alimentaire?
   Possibilité que l'enfant soit allaité exclusivement au sein?
   Possibilité pour elle d'allaiter exclusivement?

INTERVIEWS : Personnel de Santé

* PRÉNATAL

1) Quelles recommandations donnez-vous à une femme enceinte pour la préparer à l'allaitement maternel ?
Si réponse non satisfaisante, incitez l'interviewé à parler de:
- La nutrition de la femme
- Mais surtout la préparation des seins
- Est-ce que vous lui parlez des substituts du LM ?

2) Pendant l'examen physique, lors de la visite prénatale, examinez-vous les seins de la femme ?
Si non pourquoi pas ?
Si oui - Que recherchez-vous ?
Pourquoi ?
(Incitez la personne interviewée à parler de la forme des seins et des mamelons - et les conseils donnés en cas de problème)

* ACCOUCHEMENT

- Utilisez-vous le methergin ?_____ Peut-on éviter le methergin ? dans quelles conditions ?
- Pratique du test de tolérance gastrique ?

3) Combien de temps après la naissance conseillez-vous à une mère de mettre le bébé au sein ? Pourquoi ?
Est-ce que les femmes pratiquent ce que vous conseillez ?
Utilisez-vous le methergin ?
Peut-on se passer du methergin ? Dans quelles conditions ?
(Ici cherchez à comprendre si le répondant sait quand est-ce qu'il faut initier l'allaitement et s'il le pratique. Si non pourquoi ?)

4) Conseillez-vous autre chose que le lait maternel à un nouveau-né?
(Premier aliment) Quoi ? Pourquoi ?
Pour combien de temps ?

5) Recommandez-vous le colostrum ?
Pourquoi ?
Est-ce que les mères l'acceptent sans problèmes ?
Que faites-vous pour les convaincre quand elles n'acceptent pas?

* POST PARTUM

6) Que conseillez-vous aux mères concernant la fréquence, la durée des tétées ? Pourquoi ?

Des soins particuliers à donner aux seins quand elle allaite ?
Lesquels ?
Pourquoi ?

7) Que recommandez-vous pour l'alimentation d'un bébé de 2 mois ? 4 mois ?
Insistez pour avoir des réponses concernant les cas suivants, si le répondant n'est pas spontané
- Lait maternel
- eau
- autre lait (recevez-vous les échantillons ici ?)
- autres liquides - jus de fruits
- aliments

8) Croyez-vous qu'un bébé peut être bien nourri uniquement au lait maternel. Si non pourquoi ?
Si oui pour combien de temps ?

9) Que recommandez-vous pour l'alimentation de bébé en cas de petit poids - prématuré ? pourquoi ?
Naissances multiples ? pourquoi ?
Césarienne pourquoi ?

10) Que conseillez-vous en cas de mamelons douloureux ? de mastite? engorgement ? abcès du sein ? nouvelle grossesse pourquoi ?
(ici il faut chercher à comprendre si l'arrêt de l'allaitement est recommandé systématiquement)

11) Que conseillez-vous lorsqu'une femme se plaint d'insuffisance de lait ? Selon vous quelles sont les causes d'insuffisance de lait ?
(ici cherchez à savoir si le personnel de santé sait que la production du lait dépend beaucoup plus des fréquences des tétées)

12) Dans quelles circonstances conseillez-vous à une femme d'arrêter l'allaitement ? pourquoi ?

13) Les femmes se plaignent-elles chez vous de "lait gâté" ?
Qu'en pensez-vous ?
Que faites-vous ?
Acceptent-elles facilement vos conseils ?

14) Que conseillez-vous à une femme allaitante qui va se séparer de son bébé pour une raison ou une autre ?
(comment alimenter le bébé)
Travail ?
École ?
(ici cherchez à savoir si le personnel de santé est au courant de l'expression et de la conservation du lait maternel - comment le faire et dans quelles conditions le conserver)

15) Existe-t-il une relation entre l'allaitement maternel et la planification familiale ?
Effet contraceptif (les conditions à respecter)
Type de pilule à prescrire
etc..

16) L'allaitement maternel et la diarrhée chez le nourrisson.
a) Quel conseil donneriez-vous à une mère qui a un bébé de 3 mois qui fait une diarrhée peu sévère, sans signes de déshydratation ?
b) Quelles sont les mesures préventives de la diarrhée chez un nourrisson ?
__(ne mentionne pas AM)
__mentionne AM
__mentionne AM exclusif

autre:

* Besoin en formation ?

ANNEX D

NATIONAL PROGRAM FOR THE PROMOTION OF BREASTFEEDING ASSESSMENT: DEBRIEFING MEMORANDUM FOR THE MOPH (FRENCH)

Programme National de Promotion de l'Allaitement Maternel
18 février 1994

Ordre du Jour:

I. Préparation du Rapport de Synthèse de la Situation de l'Allaitement Maternel au Cameroun: but, contenu et usage

II. Situation actuelle et stratégies prioritaires destinées aux agents socio-sanitaires et aux populations dans les provinces du Littoral, Sud et Extrème Nord

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II A. RÉSULTATS DES INTERVIEWS MENÉES DANS LES PROVINCES DU SUD, LITTORAL ET DE L'EXTRÈME NORD

Connaissances/pratiques de la population: A base des interviews avec les mères (zones du Littoral, Sud, Extrème Nord) et peres (Extrème Nord) des constats sont faits concernant:

-Le colostrum
-Les liquides donnés suite à l'accouchement
-L'eau donnée pendant les premiers mois de vie
-L'initiation de l'allaitement maternel
-L'introduction des décoctions/bouillies légères
-L'introduction d'autres aliments
-L'alimentation de la femme pendant la grossesse et l'allaitement
-Les attitudes envers le lait artificiel/biberon
-Relation entre la reprise de la vie sexuelle et l'allaitement

* Il est constaté que la majorité de femmes ne participent pas régulièrement dans les consultations prénatales et n'accouchent pas dans les structures de santé.

Consultations prénatales dans les structures de santé:

79% des femmes font au moins une consultation prénatale lors de la grossesse
21% ne font aucune consultation lors de la grossesse
En milieu rural, 29% des femmes ne font aucune consultation prénatale

Lieux d'accouchement:

Niveau national:
63% de tous les accouchements se font dans les structures formelles de santé
36% de tous les accouchements se font à domicile

En milieu rural 50 % des accouchements se font à domicile
Dans les provinces Adamoua/Nord/Extrème Nord 68% des accouchements se font à domicile
Dans les provinces Centre/Sud/Est 36% des accouchements se font à domicile

Assistance lors de l'accouchement:

Niveau national:
64% des femmes sont assistées par un agent de santé
33% des femmes sont assistées par une accoucheuse traditionnelle ou par un membre de la famille/amie

Dans les provinces Adamoua/Nord/Extrème Nord 33% des femmes sont assistées par un agent de santé
Dans les provinces Centre/Sud/Est 64% des femmes sont assistées par un agent de santé

(Données de l'Enquête Démographique et de Santé Cameroun, 1991)

* Il est constaté que les pratiques des femmes pendant la grossesse et l'allaitement sont généralement influencées par leur entourage (le mari, les femmes agées, les accoucheuses traditionnelles) et d'autres personnes respectées dans la communauté.

Connaissances/conseils donnés par le personnel socio-sanitaire: A base des interviews avec le personnel de santé (zones du Littoral, Sud, Extrème Nord)

-Conseils lors des consultations pré-natales
-Le colostrum
-Les liquides donnés suite à l'accouchement
-L'eau donnée pendant les premiers mois de vie
-L'initiation de l'allaitement maternel
-L'alimentation de la femme pendant la grossesse et l'allaitement
-Les attitudes envers le lait artificiel/biberon
-Conduite devant les problèmes liés à l'allaitement maternel

II B. PRIORITÉS POUR LES STRATÉGIES D'EDUCATION ET DE FORMATION DANS LES 3 REGIONS

Personnel socio-sanitaire: Il est nécéssaire de renforcer les conseils/pratiques au niveau des structures de santé.

* Formation du personnel socio-sanitaire
* Matériel à développer (à introduire lors de la formation)
  - -Fiches techniques (informations clés sur l'allaitement)
  - -Guide technique sur l'allaitement/nutrition
  - -Jeux de photos de beaux bébés allaités exclusivement au sein
  - -Jeux de dessins avec questions pour susciter la discussion (éducation partcipative)

Niveau communauté: En dehors des structures de santé il est important d'éduquer/sensibiliser les personnes qui influencent déja les attitudes/pratiques des mères (les hommes, les femmes agées, les accoucheuses traditionnelles) et d'autres personnes respectées dans la communauté qui peuvent promouvoir la nutrition/allaitement de l'enfant et de la mère (ex: leaders religieux, enseignants, leaders informels).

* Formation/éducation des leaders/personnes influentes
* Matériel à développer
    - L'affiche (Un bébé qui allaite au sein)
    - Spots radios (témoignages des femmes qui fait l'AME; chansons)
    - Chansons (développées par les groupes de mères ou agents socio-sanitaire)
    - Dépliant/brochure

Les actions d'éducation/communication peuvent être menées au niveau de la communauté dans un esprit de "mobilisation sociale" à partir de l'identification des différentes ressources humaines (individus et groupes) qui puissent collaborer avec le personnel socio-sanitaire dans la promotion de bonnes pratiques sanitaires.

ANALYSE DES ACTIVITÉS ET PRATIQUES A L'APPUI DE L'ALLAITEMENT MATERNEL AU CAMEROUN

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MSP/DSFM/PNPALM

WELLSTART INTERNATIONAL
Programme PEAM

Février 1994

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