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Recommendations for a Bolivian breastfeeding  
promotion program

by

Judy Canahuati, INCS Consultant

Prepared by Education Development Center, Inc.  
55 Chapel Street, Newton, MA 02160 USA

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## INTRODUCTION

In August 1985 INCS consultant Judy Canahuati traveled to Bolivia to assist the Bolivian Pediatric Society in developing recommendations for a program to promote breastfeeding within the country. She found that the need to promote improved breastfeeding practices in Bolivia was indeed great. She also noted that, although there was interest and willingness to change practices among many physicians, the hospital-based activities that had already been implemented were having little real impact upon the overall health care system.

Thus, based upon her experience with the PROALMA breastfeeding promotion program in Honduras, Ms. Canahuati proposed a potential strategy of coordinated and related activities to the Bolivian pediatric society. As with the PROALMA program, the proposed Bolivian strategy concentrates on training, hospital-based intervention, and community education efforts. The project will directly involve public health care institutions and community outreach groups in order to develop and establish appropriate structures and norms for breastfeeding promotion, support, and evaluation.

The Bolivian Pediatric Society expects to base their proposal for a breastfeeding promotion program upon the recommendations included in this report. If funded, this program will stand as yet another effort to find effective means of promoting breastfeeding and stemming the decline of its practice in many Third World countries.

Christine Hollis  
Staff Communications Specialist, INCS  
December 1985

## EXECUTIVE SUMMARY

There is a definite need for intervention to stop the decline of breastfeeding in Bolivia. Urban studies indicate that this decline has probably been in effect for quite some time, and there is evidence that indicates that the duration of breastfeeding in rural areas has shortened as well. The Bolivian government shows little understanding of a need for intervention as well as of the kinds of support that can be given. The government tends to think of "technological" solutions, such as local production of infant formula, as a means of dealing with the scarcity of currency for its importation. UNICEF has supported the MOH in limited activities that motivate people positively towards breastfeeding but has not provided practical training that would allow health personnel to give effective support to mothers. Although such training would be helpful for all health institution personnel, as well as promoters working in primary health care projects, the consciousness of the importance of such training is missing. Activities that are taking place in hospitals are not having enough impact on the health system, and in many cases no transferal of learning has been made from those activities to the rest of MCH.

A project is recommended to the Bolivian Pediatric Society that would combine various elements of breastfeeding promotion that have proven capable of changing this situation. This model project would work directly within several public health institutions and with the community outreach groups working in primary health care in Bolivia in order to develop model activities and norms for breastfeeding promotion and support and its allied activities. The major emphasis would be on training and its supportive activities because there are already some financial resources available for public and community education. However, technical resource persons in these areas need training in theory and management aspects of breastfeeding.

Physicians and nurses would form the major part of the project staff. Together with some experienced breastfeeding lay counselors, provided by La Leche League of Bolivia, the medical team would undertake the training of counterparts in health institutions and community agencies. They would also help develop in-hospital and community breastfeeding support programs. National norms would be written and implemented during the course of the

project. A wealth of experience would be built up within the medical sector, while the project could provide counseling services for mothers, and would develop educational materials for mothers, health professionals, and community workers. After experience has been accumulated, project staff would assist regional hospitals and community-level primary health care groups with establishing their own breastfeeding support activities and provide them with both training and educational materials for this purpose.

At the conclusion of the project, it is expected that the health workers would be reabsorbed into their institutions, to continue the work of the project. As a permanent legacy, counseling activities should be absorbed by the institutions offering primary and maternal health care support and education. Breastfeeding support activities should be institutionalized within the national health system. The Documentation Center should receive continuing local support.

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## I. PROJECT BACKGROUND

### HEALTH AND SOCIAL CONSIDERATIONS RELATED TO THE DECLINE OF BREASTFEEDING IN BOLIVIA

To a casual observer in La Paz, the capital of Bolivia, there would seem to be no cause for alarm about the status of breastfeeding in that country. Women carry babies in colorful shawls and can be observed nursing them in public. However, as one delves beneath the surface, it becomes obvious that most of the classic characteristics associated with the decline of breastfeeding are to be found. It is also clear that awareness of the problem is limited and that the lack of understanding of the situation prevents positive preventive and corrective interventions.

The factors associated with the worldwide decline in breastfeeding have been amply documented. Factors such as: increasing urbanization, the spread of Western medical practices, an elite class oriented toward Western cultural practices, and the influence of advertising for breastmilk substitutes have all been associated with the increase of bottlefeeding and the associated decline in duration and frequency of breastfeeding. The consequences of these changes in poor communities, especially the increase in diarrheal disease and malnutrition, have also been widely documented. (See Jelliffe and Jelliffe, 1978, for the most complete summary of these reports.)

In 1976, the Bolivian population was estimated to be growing at a moderate rate of 2.4% (U.S. AID, 1973, p. 47). According to recent demographic reports, the present growth rate is an average of 2.85% with an urban population growth rate of 4.15% and a rural increase of 1.54%. The rural areas are losing population at the rate of 10.98/1000, and the urban areas are increasing their share at 12.03/1000 (I.N.E., 1985, p. 4). In 1976, an estimated 33.8% lived in "urban" areas of 2,000 or more persons (U.S.AID, 1978, p. 25), and in 1984, 50% were estimated as living in these same "urban" areas (de la G. Murillo, 1984, p. 7). The population of the capital, La Paz, was 267,000 in 1950 and increased by almost 2 1/2 times, to 654,713, in 1976. Only eight years later, in 1984, due partly to a drought that brought many people into La Paz from the Altiplano, the city had more than doubled, to an estimated 992,592 (U.S.AID, 1978, p. 33; I.N.E., 1985, p. 4).

Although there is some disagreement about the infant mortality rate, there does seem to have been a decline since 1950, at least in the urban areas. U.N. statistics indicate a moderate decline of about 26% from 175.7/1000 in 1950 to an estimated 124.4/1000 in 1985 (Bogue, 1985, p. 22). Some studies, however, have estimated rural infant mortality rates to be as high as 250/1000 (I.N.C.S., 1983, p. 6) and do not show any real decline in this rate. Intestinal infections have been the prime cause of death of children between 0 and 5 years during at least the last 25 years. In a recent study of acute diarrheal syndrome it was noted that 32.6% of the children from 0-5 years and 25.8% of the infants who died had perished from intestinal infections (de la G., 1984, p. 51). While the death rate for children from 0-5 years from diarrheal disease was 7.0/1000, the rate for infants under 1 years of age was 40.4/1000 in the urban areas included in this study. The average age of death declined from 25 months, for diarrheal disease, in 1980 to 9 months, then to 6 and 5 months in the period 1981-1983 (de la G., 1984, pp. 49-50).

This period coincided with the beginning of a serious and protracted economic crisis in Bolivia, complicated by a drought in 1982 and part of 1983 in the Altiplano and the valley sections of the country. Certainly, these factors would be related to an increase in the numbers of deaths from diarrhea. However, the decline of the average age of death points to earlier introduction of breastmilk substitutes and earlier weaning from the breast. The average number of attacks for children from 0 to 5 was 6/year, but children from 0 to 6 months still had an average of 5 attacks/year and children in the 7 to 11 month group suffered an average of 7 attacks/year (de la G., 1985, p. 4). The number of cases of diarrhea in infants under one year indicates that these children are probably not receiving breastmilk for a sufficient time or in sufficient quantity to benefit from its protective effects. In fact, in the same study, the investigators found that in three of the communities studied, including La Paz, 43% of the children surveyed had received bottles before the sixth month of life. Information collected on 4,250 children in 7 urban areas in 1982 indicated that only 46% had breastfed exclusively and the rest had received bottles, with 19% being solely bottlefed at the time of the interview (de la G., 1982, p. 20).

There is not a great deal of direct information available on the early introduction of breastmilk substitutes in Bolivia. Most feeding practices studies seem to study whether babies were ever breastfed rather than looking at how much breastfeeding took place in combination with bottle feeding. Wherever such data have been collected, it has shown that other substances are being introduced to infants in Bolivia fairly early during the first year of life. A 1980 study of breastfeeding in three urban communities showed that an average of 51% of the women had started to give juices by the third month of life and 43.7% had introduced milk during that same period (INAN, 1981, pp. 55-56). Unfortunately there is no data that indicates the exact point during the first trimester in life when complimentary foods are introduced. The questionnaire used did not give mothers an opportunity to indicate the introduction of water (Bertrand, 1981, p. 8), but an average of 46% of the mothers surveyed indicated that they had given their infants some kind of tea as a first food. Only an average of 18.2% indicated breastmilk as the first food for their newborns (INAN, 1981, p. 50). Even in La Paz, the most conservative of the three communities studied, only 29% of the mothers had introduced breastmilk as a first food.

In this study, it was clearly shown that women in the urban areas were breastfeeding for shorter periods of time. The average duration of breastfeeding for lower-class women in the three cities studied was 10.5 months. Even in La Paz, there was an average duration of breastfeeding for this group of only 11.5 months. The average length of breastfeeding in "urban" areas of Bolivia in 1983 was found to be 9.1 months for all socio-economic groups (de la G., 1984, p. 7).

While it is clear that breastfeeding is on the decline in urban areas, it is not quite as evident that the situation is changing in less developed rural districts of the country. Some data available, however, seem to indicate that the lactation period is briefer there as well. A study done of 14 communities in the three geographic areas of Bolivia (Altiplano, Lowlands, and Valleys) in 1982 and one carried out in 9 communities in 1983 show only 2 communities with an average duration of breastfeeding longer than 1 year. The average for both of these studies was 8.5 months. The 1983 study showed an average of 9.8 months, while the one done in 1982 yielded an average of 7.7 months. There is

some question as to whether the differences in these two studies were due to a real increment in breastfeeding in 1983 or whether these differences were the result of the use of a different methodology (de la G., 1984, p. 8).

Furthermore, the 1982 study indicated an average lapse of 1.7 months between the addition of semi-solids and the suppression of lactation (de la G., 1984, p. 12). Although these studies were done in "urban" areas of over 2,000 population, many of the communities were relatively small. With a short weaning period, an increasingly shorter duration of overall breastfeeding, and with relatively early introduction of breastmilk substitutes or complements, it is not surprising to find the high incidence of diarrhea referred to above.

Along with increasing urbanization and shorter lactation, it is necessary to examine at least one other factor to have a clear picture of the problem facing Bolivia with regard to breastfeeding. That factor is the medical profession. It is important to take into account, while examining information on the health professions, that contact between women and the medical establishment in Bolivia is not universal. In the 1980 urban breastfeeding study, only an average of 67% of the women interviewed indicated that they had attended prenatal clinics, and about the same percentage reported that they had given birth in a medical facility (INAN, 1981, pp. 49-50). Among this group, the women who breastfed the shortest period of time were those who had most contact with the medical establishment. For example, women who consulted with a physician about weaning nursed an average of 7.8 months when compared with 12.6 months for those who consulted with a relative or friend. The women who received no prenatal care nursed, on the average, for 11.2 months, while those who received education on the advantages of breastfeeding nursed only an average of 7.9 months (Vera, R., et al., 1982, p. 10).

In 1976, there were only 39,417 births attended in the entire public health sector (U.S.AID, 1978, p. 178) which probably corresponded to about 25% of the births in that year. The 1980 study indicated that slightly over 50% of the births had occurred in public hospitals among the women surveyed (INAN, 1981, p. 50). All signs point to increasing numbers of hospital births. There are more maternity clinics, and the Ministry of Health inaugurated a "Free Birth" (Parto Gratuito) program in October, 1984, that ostensibly allows women to

come to MOH hospitals for childbirth without paying. While this system only covers women who have "normal" childbirth with no surgical intervention, it has probably begun to bring more women into public hospitals. The 20 de Octubre hospital, the only MOH hospital serving the large Altiplano population living on the fringes of La Paz has more than doubled the number of births attended in the last year (Sandoval, 1985).

This hospital, like every public hospital in Bolivia, practices "Western" obstetrics, and that custom probably limits the number of women who use its facilities, because recent urban migrants may often choose traditional birth methods over a hospital birth. Although there are no recent anthropological studies of breastfeeding in Bolivia, it is likely that women who deliver in this and other public hospitals probably have their "normal" patterns of breastfeeding altered by the experience. In all of the MOH hospitals visited in La Paz, although rooming-in is practiced, there is at least a four- to six-hour delay in its initiation. The 1980 study indicated a progressive decline in the duration of lactation depending on time elapsed between birth and initiation of breastfeeding. Babies nursed in the first four hours after birth weaned at the average age of 11.4 months, while those that began between 5 and 6 hours nursed almost one month less. In La Paz, the difference was even more dramatic, with the average duration of breastfeeding being 14.1 months for those babies who started to nurse within four hours of birth and 11.4 months (a difference of 2.7 months) for those who waited until the fifth or sixth hour. There was a 1.6-month shorter duration for children who began nursing between 5 and 12 hours, and the duration of lactation for those babies who waited over 24 hours was more than 2 months shorter, on the average, than for those who began to nurse during the first four hours after birth (Vera et al., 1982, p. 11).

Various physicians in Bolivia have indicated their belief that the breastfeeding situation in the urban and rural areas may have improved during the last few years as a result of the increasing cost of breastmilk substitutes. A one-pound can of formula, priced at the end of August, cost 3,000,000 Bolivian pesos (about \$2.77 at the exchange rates current at the time). This was about the equivalent of 1/3 of the monthly minimum salary of 10,000,000 pesos (\$5.55 at then current exchange rates). If this were true, then any

improvement in the economic situation would only accelerate a decline that has already become manifest. However, a deteriorating economic situation may, in fact, deal further blows to infants whose mothers have already introduced breastmilk substitutes because they have been faced with problems that they cannot resolve and now cannot afford to keep supplementing them adequately.

For example, a "chola" (Indian woman, living in an urban area, but conserving dress and many indigenous customs) attended a recent La Leche League meeting in La Paz to consult about what to do in order to have enough milk for her 8-month-old baby to whom she had been giving mixed feedings. Upon questioning, it was found that her baby was only nursing on one side, having developed a preference for the more developed nipple on the side that her other 6 children had also favored, and that she was completely ignorant of the basic principle of breastfeeding that the more one nurses, the more milk is available for the baby. It was obvious that, in spite of having partially nursed 7 children, this mother had no knowledge of breastfeeding and had been incorporated into the group of urban women who gave their babies powdered milk at an early date because this ignorance had converted a relatively minor problem into a major one. Her child now has become part of an extremely vulnerable population susceptible to malnutrition, because she can no longer afford powdered milk and now finds that her own milk supply has decreased.

Furthermore, in visits to the MOH hospitals, it was obvious that, in spite of rooming-in, women had very little real breastfeeding support and were using many techniques that would make their breastfeeding experiences more difficult and uncomfortable. This unsupported initiation may contribute to a shorter duration of nursing and an earlier introduction of complementary foods which, given the present economic crisis, will probably be even more inappropriate than the formula and powdered milks that were being used hitherto.

There are many other factors that are contributing to a decline in breastfeeding in Bolivia. Women who work are separated from their babies. Labor codes giving women time off to breastfeed are not honored, and most women do not even request such time, probably for fear that they will lose their jobs. Therefore, working women nurse less than all other women in the urban areas,

an average of 5.4 months as against 9.8 for housewives and women who work independently (Vera et al., 1982, p. 10). The urban breastfeeding study indicated that middle- and upper-class women nursed less than women in poorer economic circumstances. They also do not tend to conserve the indigenous custom of carrying their babies with them and see carrying as "old-fashioned." These indicators of the lack of knowledge involved in the decision to breastfeed show that women tend to nurse because of custom rather than because of any real understanding of its advantages. This makes them extremely vulnerable to social pressure against the custom, to advertising for breastmilk substitutes, and to being affected by any forces in their environment (such as the need to enter the labor force) that work against breastfeeding.

All of these factors point to the need for the initiation of a program that will educate ALL strata of society, reinforce the positive practices that do exist, initiate changes in institutional practices that are detrimental to breastfeeding, and promote changes in attitudes and behavior among those people who can affect the incidence of breastfeeding (such as medical practitioners, businessmen, government officials, and educators).

Consciousness of the need to develop such a program is not widespread. Most people in and out of government feel that no problem exists. Since there is little consciousness of the problem, there tends to be little urgency about the necessity of any intervention to attempt to change what shows all the signs of becoming the same decline in breastfeeding seen in so many other Third World countries.

#### EXISTING STRATEGY AND RESPONSE

This lack of consciousness is not universal. There are a handful of dedicated doctors who are attempting, within the context of an extremely resource-poor health system, to confront this situation and to change both consciousness and actual practice. These doctors are supported by the mothers of La Liga de La Leche Materna de Bolivia, a La Leche League International affiliate, who have experienced the difficulties of trying to breastfeed with no medical and very little social support and have begun, in a limited way, to try to change situation.

Although neither the MOH nor any of the international organizations working in Bolivia has designated breastfeeding as a priority area, there is some interest in promotion of breastfeeding. In 1980, UNICEF and the MOH sponsored a national breastfeeding seminar. In that same year, the National Nutrition and Food Institute (INAN), set up under the auspices of U.S.AID, undertook the investigation of breastfeeding practices in the urban areas referred to above.

These two actions were sufficient to awaken interest in breastfeeding among some Bolivian obstetricians and pediatricians, who have continued to develop their awareness of the importance of this issue. In 1984, there was a national workshop on rooming-in, and the MOH set up a National Breastfeeding Program in the Nutrition Division of the Ministry.

As a result of all of these activities, several extremely interesting projects have developed in the major public and some private hospitals in La Paz. The Maternity Clinica Natalio Aramayo, the MOH hospital with the largest number of births in the country, set up a rooming-in project and has begun to work toward having premature babies put to breast as early as possible. The 18 de Mayo Maternity Clinica of the Social Security Institute has developed a similar program as has the Clinica San Gabriel, a private hospital, catering to lower- and middle-income women. UNICEF funded training in Colombia for two doctors working in the latter hospital in a project developed there to have premature babies "incubate" next to their mothers, to begin breastfeeding immediately, and to discharge them at much lower weights than the five pounds that is the usual custom. At present, San Gabriel is constructing the facilities necessary for adequate follow-up of these babies after early discharge. In 1984, the 20 de Octubre hospital on the Altiplano began a "Free Birth" project, and they also offer rooming-in to the mothers who deliver at their facility.

Although all of these projects face problems in their hospitals (lack of support, lack of training of physicians and nurses, lack of materials, etc.), it is obvious that the physicians involved are dedicated and committed to breastfeeding promotion and are aware of the need for modifying hospital practices, training personnel, and setting up a formal program to support and promote breastfeeding.

UNICEF has supported the MOH in the development of some mass-media-oriented materials with the help of some local La Leche League leaders. There are now some radio and TV spots and a poster that have been instrumental in focusing public attention on breastfeeding. At the same time, these materials only highlight the lack of knowledge of health personnel. UNICEF also developed a booklet for mothers which could be useful for the education of nursing auxiliaries and other potential breastfeeding promoters.

The Division of Nutrition of the MOH has been charged with the development of a National Breastfeeding Program, and, in conjunction with this program, a National Committee for Breastfeeding has been formed with the participation of almost 20 different governmental and private organizations. The workshop on rooming-in, the UNICEF-sponsored materials, a course for the nursing auxiliaries at the Natalio Aramayo Maternity hospital, the publication of 1,500 copies of the proposed National Regulations for the Marketing of Breastmilk Substitutes, 300 flipcharts on breastfeeding, and a national seminar were all activities developed as a part of this national program.

La Leche League of Bolivia is involved in mother-support activities in the Natalio Aramayo Maternity Hospital. They counsel members of a program that gives powdered milk donated by the Red Cross to pregnant and breastfeeding women.

Although U.S.AID in Bolivia is involved in many programs that include activities in the area of health education or are explicitly oriented toward such education, there are no formal breastfeeding components in these programs, nor are community workers at present receiving special training in breastfeeding promotion and support. There are several programs where such training would be useful, such as the soon-to-be-initiated project for training Mothers' Clubs promoters in growth monitoring and oral rehydration.

There are many voluntary agencies in Bolivia working in rural development such as CARE, Save the Children, Foster Parents Plan, and Caritas. Most of these agencies carry out health education as a component of their work, but none has promoters trained in breastfeeding support activities.

Several physicians working in public hospitals and with private voluntary agencies, as well as all pediatricians and obstetricians actively supporting breastfeeding, have expressed the need for learning more about the techniques necessary for such support. They have also indicated the necessity for the development of a center where women could receive help with breastfeeding problems that they may encounter.

It is with all of these factors in mind that the following recommendations have been developed for the setting-up of a pilot project for breastfeeding support and promotion.

## 2. BREASTFEEDING SUPPORT PROJECT FOR BOLIVIA

### OVERVIEW

The members of the Bolivian Pediatric Society (BPS) have indicated their interest in setting up a Breastfeeding Support Center that would provide information on breastfeeding to the public and to health personnel. Their interest results from observation of the problems in the hospital rooming-in programs as well as from their physicians' contacts with nursing mothers. They see this center as a joint responsibility of the Pediatric Society and La Leche League of Bolivia, with the participation of the Obstetrical Society, the professors of pediatrics and obstetrics at the Medical School, and the Children's and Maternity Hospitals in La Paz.

The center would offer breastfeeding support, education, and information to nursing mothers, to members of the medical profession, and the public. The proposed center would include four full-time paid staff members, 20 volunteer counselors, consulting offices, a combined waiting room and library, and a telephone for phone consultation. The Children's Hospital has offered the BPS a part of its hospital grounds for construction of offices for the project. The pediatricians feel that this center they provide a place to assist mothers with breastfeeding problems. They could also inform other health professionals about breastfeeding there.

While it is extremely important for breastfeeding mothers to have a center, or various centers, that would give them help in breastfeeding, the establishment of such a center should be seen as only a first step in the development of an effective breastfeeding support program in Bolivia. It is training that is of primary importance. It is expected that this training would bring about changes in hospital practices and norms as a result of changes in the attitudes and behavior of the re-trained health institution staff.

Experience indicates that the quickest and most effective means of achieving the desired changes is by working directly within several hospitals, with a formal commitment by the MOH to adopt changes in norms and practices arising out of those project activities (Zeldin, 1985). This is in contrast to the development of a single consultation center that offers medical education but would not include any agreement between the government and the funding or administering agencies to utilize its educational resources.

Although maternal-infant separation time has diminished in several Bolivian public hospitals as a result of two medical seminars, it has still not been possible to introduce other hospital procedures related to breastfeeding support. Furthermore, although rooming-in is practiced, the effect is far from optimal since it has not been accompanied by any systematic staff training, nor is this procedure a part of any structured program.

Thus, while rooming-in is encouraged, no hospital goes further by carrying out such activities as prenatal breastfeeding education, immediate post-partum bonding, or offering post-partum instruction in breastfeeding. On the contrary, many physicians resist change by claiming that breastfeeding practices are culturally ingrained and, therefore, highly resistant to modification. This, despite the fact that experience in other projects has shown inappropriate "cultural" beliefs to be easily discarded by mothers, once they receive the proper breastfeeding information or a demonstration of ideas and/or practices that are more useful for them.

One of the biggest obstacles to change are the views of the health personnel themselves. It is extremely difficult for medical staff to lay aside the attitudes that work against breastfeeding. Those attitudes have developed

throughout their personal experience and are also a direct result of their professional training. One of the most effective ways of bringing about changes in their attitudes and behavior is to set up a model project that would include training as well as a whole range of other breastfeeding support activities in enough hospitals so that the impact of the new practices can be widely felt.

The final section of this report proposes that just such a model project be established in three La Paz hospitals. A fourth component of this project includes a country-wide training program. This project, if successful, could then be used as a guide by medical and administrative personnel for developing a wide-spread breastfeeding support program in Bolivia. However, if it is not possible to adopt the entire model project, there are certain activities that can be undertaken on a more limited scale in order to create smaller-scale, but effective breastfeeding support programs within certain Bolivian health institutions. The first steps can be taken almost immediately.

The following proposal takes into account the goals of the Pediatric Society as described in their draft proposal (Appendix D). It also contemplates various aspects of these goals which could be developed separately by the Bolivian Pediatric Society, depending on funding. These are:

- (1) Collection of baseline data
- (2) Intensive training in breastfeeding support for 10-12 physician-nurse/nutritionist teams both in-country and at a specialized lactation training center in San Diego, California
- (3) Development of a lactation center staffed by a physician-nurse-education team (for the development of staff, institutional training, design of educational materials, parent consultation, documentation clearinghouse)
- (4) One to three health institution- and health program-based sub-components with in-place project staff supervising, coordinating, and consulting in in-service training and modification of hospital routines, norms, and the development of parent and professional educational materials

- (5) Possibility of expanding training on a nationwide scale to include other health-oriented institutions
- (6) Seminars and workshops as informational vehicles
- (7) Monitoring and final evaluation.

## MODEL BREASTFEEDING SUPPORT PROJECT FOR BOLIVIA

### Introduction

Although the MOH of Bolivia and all the organizations that work in the country have MCH components in which breastfeeding support is contemplated, none has included as a formal activity either the training or the hospital programs that are needed to develop such support. However, the Bolivian MOH has indicated that its MCH programs are part of an integrated approach to primary health care. Thus, the basic strategy of a support project would be to provide assistance to all activities related to breastfeeding. One major Ministry concern is diarrhea control; therefore, one of the most important activities of the model Breastfeeding Support Project (hereinafter called BSP) would be in training personnel and developing educational materials that relate breastfeeding promotion to diarrhea prevention and control. Another major need the Ministry wishes to address is the promotion of adequate weaning practices. Much of the BSP's training and materials production would thus relate to this theme.

The Ministry is also interested in extending prenatal care, improving maternal nutrition, and identifying high-risk pregnant mothers in an attempt to improve birth weights and reduce perinatal mortality. The MCH division supports a training program for lay midwives in the hope of improving birthing practices. However, the MOH has only limited resources necessary for training and development of program materials in breastfeeding and childbirth support. For example, although the Nutrition Division of the MOH is expected to develop a National Breastfeeding Program, it has neither trained personnel nor resources to carry out the necessary activities.

It is within this context that the model Breastfeeding Support Project would concentrate its efforts--developing appropriate strategies, necessary materials and the training needed for health workers in order to achieve the goal of promoting appropriate breastfeeding and weaning practices. The following guidelines for the development of a model breastfeeding support project are presented in the form of activities and programatic goals that could take place. It is understood that these are recommendations that, if adopted and incorporated into the Bolivian Pediatric Society's request for funding, would form a part of their model breastfeeding support project.

### Operating Strategy

During the first year of the BSP, activities would be centered in La Paz. Although urban studies indicate that the prevalence and duration of breastfeeding is greater in the capital than in other urban areas, the concentration of medical resources and hospitals in that city make it the appropriate area to begin the project's activities. It is expected that in the second and third years of the project, activities would be extended to the other 10 health regions in Bolivia. At the conclusion of the project, every regional hospital would have had a chance for some staff to receive at least basic training in breastfeeding support.

Prompt initiation of breastfeeding support activities is essential in Bolivia. An analyst of the INAN urban breastfeeding study in 1981 observed that "it is possible for preventive measures to be implemented in order to stop the developing patterns of shorter lactation periods associated with socio-economic position and higher education" (Bertrand, 1981, p. 4). By and large, these activities have not as yet been initiated. There has certainly not been any structured effort to offer medical personnel or mothers practical knowledge of these "preventive measures." Most of the international agencies involved have concentrated on promotion and motivation of mothers, in the belief that this would be sufficient for stopping the decline. However, the experience of the PROALMA and other breastfeeding projects indicates that motivation and promotion are not sufficient, in and of themselves, to stop this decline. Rather, an organized program in which health professionals learn and practice new

behaviors and attitudes that support breastfeeding can contribute to a reversal of this decline.

Therefore, the emphasis of this entire project will be on training, initially of project personnel, followed by health personnel in the counterpart institutions. Finally, regional health workers, health educators (professors of medicine and nursing, as well as education and health teachers), government personnel, and voluntary health promoters (counseling mothers, midwives, Mothers' Club health promoters, voluntary agency personnel, etc.) would be trained in a chain reaction that should have the effect of changing practices all over the country.

The project would proceed in stages to take maximum advantage of all of the potential support that outside agencies could give. The first stage would be to conduct a base-line survey to provide information on both the knowledge, practices, and attitudes of health personnel and mothers. This study should be carried out as soon as possible. The survey should include observation and surveys carried out in hospitals, clinics, and ideally in the community to compare changes in practices from pre- to post-intervention. This study should be under the direction of researchers knowledgeable in breastfeeding. Such a study could receive both technical and financial support from INCS, U.S.AID, UNICEF, PAHO, CLAP, or other relevant international support organizations.

At the same time that the base-line studies are being carried out, it would be possible to begin the intensive training of project and counterpart personnel. The ideal training program would take place in several phases. First, a two-week lactation management course, under the joint direction of the Bolivian Pediatric Society, the MOH Nutrition Department, and La Leche League of Bolivia, would give both project personnel and counterparts an introduction to the Bolivian and world breastfeeding situation. It would also provide a thorough knowledge of the advantages of breastfeeding, the composition and advantages of breastmilk, a basic understanding of the anatomy and physiology of lactation, the theoretical understanding of the techniques necessary for success at breastfeeding (including nutrition, birth practices, hospital routines, etc.), and the handling of common problems faced by the breastfeeding mother.

Once this basic training has taken place, the health personnel involved should go for specialized training at the San Diego Lactation Program directed by Dr. Audrey Naylor. Here, medical teams from Third World countries receive basic theoretical and practical training in lactation management techniques. It also provides these teams with the basic educational materials needed to return to their countries and reproduce training for their own health system.

Upon returning from the training course, project personnel and counterparts should take responsibility for reproducing their training within the hospitals participating in the project. Eventually, they would extend their training to include all of those groups that could be incorporated into a breastfeeding support network. Hospital courses would be the first project activity.

Upon conclusion of the hospital courses, project personnel would assist component hospital institutions in implementing all of the changes in routine that are deemed necessary to give real support to breastfeeding. Among these changes would be the establishment of milk banks in the hospitals, pre- and post-natal education and counseling, early bonding for term and premature newborns and their mothers, etc. Project staff may also assist health institutions in setting up breastfeeding support centers so that mothers will have a place to consult when they have problems.

In order to achieve the full educational impact of the BSP, the staff would work not only within the component hospitals but with all other interested health, educational, government, and international institutions to train personnel and/or set up support projects whenever requested. The purpose is to instill enough awareness of the importance of breastfeeding that it will be included as part of any MCH support activities, instead of being left without any established program, as is presently the case.

Along with training, technical assistance in the hospitals and the provision of support to mothers, project personnel could work on the development of promotional and educational materials. At present, materials that have been produced do not fill the educational needs of mothers or health professionals. In order to accumulate the necessary information, as well as to assure adequate materials for training, the project would set up a Resource Center on

breastfeeding. A photocopier would be necessary for the accomplishment of this goal.

Finally, because the need for breastfeeding support is immediate and involves people not in contact with any particular hospital, the BSP would develop a lactation Counseling Center open to any mother who needs to use its services. This center would utilize the services of members of La Leche League of Bolivia in its initial stages, as the League mothers are really the only experienced breastfeeding counselors in the country. La Leche mothers could work as telephone counselors and would also aid the medical members of the breastfeeding support project in giving practical training to health workers and in the development of additional counselors.

### Project Purpose—Objectives and Measurable Results

#### Purpose

To assist in the development, execution, and evaluation of a national breastfeeding program intended to improve the health and welfare of Bolivian children.

#### Objectives

- o Reduce infant morbidity and mortality through diarrhea prevention.
- o Improve nutritional status of infants through support for early initiation of breastfeeding and the development of appropriate, gradual weaning practices.
- o Encourage the recommendation of breastmilk as the optimal food during the entire period of infancy including the period of weaning.
- o Promote correct information, positive attitudes, and practices re maternal and infant nutrition.

- o Promote correct information, positive attitudes, and practices re maternal-infant bonding.

#### Measurable Outcomes

- o National breastfeeding promotion policy established by MOH.
- o National norms on maternal and infant nutrition, breastfeeding, and maternal-infant bonding developed and implemented.
- o Health workers trained in the theory and practice of maternal-infant nutrition (including breastfeeding) and bonding.
- o Educational materials on maternal-infant nutrition and bonding produced and disseminated for health workers and the public.
- o National seminars and regional workshops held on breastfeeding and maternal-infant bonding.
- o Birthing practices supportive of breastfeeding developed within the component hospitals.
- o Educational curricula and modules developed in coordination with the University, Ministry of Education, and schools of education, medicine, and nursing to assure the continuation of breastfeeding training after the end of the project.
- o A Documentation Center for Breastfeeding Information established and materials distributed.
- o Counseling system for breastfeeding problems established.
- o Strategies developed for the institutionalization of breastfeeding support activities and the counseling and documentation aspects of the project.

### Target Population

The immediate target population would be the health and para-health professionals at all levels and the institutions involved in MCH and its promotion. The ultimate target population for the project would be the general public, specifically pregnant and nursing mothers.

It is expected that the intensive training, the changes in health practices, and the materials developed during the project would be the main source of impact upon health workers and the general public.

### Details of the Project Description

The project would be carried out under the auspices of the Bolivian Pediatric Society. Each institutional sub-component, of which three are planned initially, would have its own office in-hospital. If a fourth component were added during the second year, it would also have its own office. Thus, daily administration of the project would be decentralized, and each component would be expected to respond to its own hospital situation.

### Administration

The project as a whole, as well as each institutional component, would have a governing board, and each of these boards would meet monthly to receive reports on project activities and to discuss problems that might develop. The Project Board should be formed of representatives from all component organizations including the Ministry of Health, the participating hospitals, the Breastfeeding Promotion Committee, the Bolivian Pediatric Society, La Leche League of Bolivia, community outreach groups included in the project, and the funding organization(s). The hospital committees might be formed by the physicians and nurses who are heads of the services involved in the project (Prenatal, Labor & Delivery, Newborn, Maternity, Pediatric, etc.). The community group executive committees could be formed by the representatives of the groups, the project team, and at least one group of administrators.

The BSP Director should be a Bolivian citizen, preferably a pediatrician, with at least five years experience in appropriate activities. There should also be a full-time Assistant Director/Educator with at least one to three years of experience. These two people should have experience in health education. An additional Educator and a Coordinator of Volunteer Counselors could make up the rest of the professional team at Headquarters (HQ). If there were an additional Educator, this person could be a nurse or nutritionist, but should have some experience in designing educational messages and materials. The Volunteer Counselor Coordinator, at least initially, should be an experienced breastfeeding mother, and this latter position should also be full-time. Additionally, there should be a bookkeeper/administrator, a bilingual (English/Spanish) secretary, and a driver. The project HQ would need a vehicle as this would be the only feasible way to maintain contact, control, and supervision of the various components and especially in the second and third years, during the implementation of the national phase of this project.

The institutional counterparts of these staff members would be the representatives of the MCH and Nutrition Divisions of the Ministry of Health as well as any medical and nursing school faculty with whom they would be working.

### Responsibilities

The major responsibilities of the HQ staff would be to assume the technical and administrative responsibility for the project.

The Director and Assistant Director would carry out training and supervision of medical and nursing personnel (both members of the project and counterparts). The Director would also supervise (with the help of the Assistant Director) the staff in the component institutions. The Educators would work with auxiliary personnel and community outreach groups, while the Coordinator of Volunteers would train and supervise those counselors handling telephone counseling and giving breastfeeding support. The Director would be responsible for the submission of progress, technical, and financial reports to the Board and the funding agencies.

The Director, with the help of the Assistant Director, would coordinate activities with all the participating institutions. The Director would also be responsible for supervision of any extra-component training activities that might be required, such as training of Mothers' Club promoters and working with voluntary organizations.

The administrator/bookkeeper would be responsible for the daily financial and administrative management of the project and would prepare financial reports required by the funding agencies. The secretary would be prepared to translate documents as needed into Spanish, in order to distribute them more widely, and will be also responsible for the Documentation Center. The driver would transport staff members at the request of the Director and assist in daily office duties.

#### Administration/Personnel Options

The model project proposal envisions one full center with additional teaching personnel and three mini-centers with a total of 14 full-time staff members. The number of full-time staff would, of course, depend on the alternative adopted. The number of volunteers could remain constant except that they would be distributed among the various centers if more than one center were developed (or some centers could depend almost solely on volunteers, such as the 20 de Octubre hospital).

This section of the project contains the largest budget item and probably the one that is most flexible. There are many alternatives in this area.

a. Central staff would remain as is. Hospital components would have only one member paid for by the project. Each hospital sub-component would then be required to provide one counterpart staff person, such as a nurse or doctor, at least half time to the project on a permanent basis. The community outreach component could be increased with auxiliary personnel at a lower cost.

b. The number of components could be cut down. For example, the project could have only three subcomponents: Hospital de Niños, Natalio Aramayo, and

a community outreach component that could coordinate with other health programs in both the private and public sector.

c. HQ staff could be reduced. For example, the Assistant Director or the Educator could be the coordinator of volunteers. A driver would be necessary for any project larger than one confined to the Hospital de Niños and Natalio Aramayo. Transportation in Bolivia is not very reliable, and project staff will always move around because of the needs for education, home visits, and coordination with government officers.

d. Salaries may be varied. Probably, the indicated salaries are higher than need be by Bolivian salary scales. The correct salaries would have to be determined by the funding agency.

By changing the personnel inputs slightly and adjusting the salaries to local scale, it would probably be possible to carry out a project for at least \$100,000 less than indicated on the draft budget recommendations sheet, and it may still be possible to adhere to most of the Bolivian Pediatric Society's goals.

#### Baseline Research

Hospital and health center observations, which ought to be part of the baseline survey, should be conducted in La Paz as well as in some selected health regions (if funding and resources are available) so that comparisons at the end of the project can be made on a national level. The base-line study relevant to a final evaluation of impact could be developed in various ways. A house-to-house survey should be carried out in La Paz, as this would be the area of major project impact. However, if it is decided that not enough women in La Paz are users of hospital services or if there are not sufficient funds for a community survey, the baseline evaluation could be carried out among post-natal service users and/or members of Mothers' Clubs. Surveys implemented in other areas might need to be limited to hospital KAP surveys, observations, and several post-partum mothers' surveys or some low-cost mechanism might be found to do a community survey.

\$50,000 has been proposed for both base-line and evaluation studies. This is assuming that a study would be funded that would be carried out entirely by outside investigators. However, hospital surveys could be carried out under the supervision of project personnel. In Honduras, the first hospital observations were carried out by a specially trained auxiliary nurse. Bolivia has several institutions dedicated to investigation, and both the INAN and MOH could carry out surveys to give base-line data. The main problem of such investigations would be the formulating of the questionnaire. Existing studies do not give much information on the type of breastfeeding that has been carried out, but mainly give data on babies ever-breastfed.

Other possibilities for developing questionnaires would be to request help from institutions such as Stanford University's Food and Research Institute or the Cornell University Program in International Nutrition. If there are plans in the near future to do a contraceptive prevalence survey in Bolivia, certainly it should be possible to include more detailed questions about breastfeeding than are usually included in these studies, since without this information it is difficult to assess the real impact of breastfeeding on fertility, and it could give national baseline data on breastfeeding.

The necessity for base-line data is evident, but the form for collecting this data ought to be flexible enough to be able to take advantage of all available resources.

### Education and Information

One major activity of the project would be education; it would be the Director's responsibility to coordinate the development of all medical and other educational materials. The Director would be expected to develop expertise in the relevant areas of education and will need practical experience in breastfeeding support in order to carry out this function.

The HQ staff would also have the responsibility of preparing whatever educational materials the project developed for its training courses and should use technical assistance in this area when necessary. Local sources of this assistance might include La Leche League leaders. The project Director

should also be able to request outside assistance from such centers as INCS, CLAP, PAHO, UNICEF, etc. in order to develop needed materials, as well as communication strategies. CALMA (Centro de Apoyo de la Lactancia Materna) has designed and tested manuals and other materials that might be adapted for use in Bolivia, for example.

It is expected that the project would assist the Faculties of Medicine and Nursing and other schools allied to the health professions to develop their own materials and curricula. This would ensure the schools being able to continue the education the project initiates. Project staff would also work with the Ministry of Education to include appropriate materials in primary and secondary education and teacher training, to help to assure the proper understanding of breastfeeding and promote its practice among more educated women. This is in contrast to the present situation in which the most educated women breastfeed for the shortest period of time.

Because part of the educational activities of the project would include the dissemination of professional materials, the HQ staff would have the responsibility of developing a Documentation Center. In securing this information for the Center, they should tap the resources of INCS, APHA, INCAP, PROALMA, CALMA, and any other breastfeeding information center that can provide necessary materials.

#### Documentation Center

Health personnel and the public at large need a place where they can receive the latest information on breastfeeding and have their questions answered with facts based on research. There is no one place in La Paz where it is possible to secure national information available on breastfeeding, nor information published based on experiences in other countries. In order to be able to teach physicians and nurses, it is absolutely essential to have access to scientific information about breastfeeding. At the university level, this information is perhaps even more vital because it provides the opportunity for medical and nursing students to carry out investigations in the field.

In order for this center to be potentially effective, it would need not only the documents but also a means of reproducing and distributing them as well. This goal can be achieved through the use of a photocopier. Initially documents could be secured from the INCS Clearinghouse, the Lactation Clinic in San Diego, from the American Public Health Association, from the Documentation Center on Breastfeeding set up at INCAP in Guatemala, from CLAP, etc. Subsequently, the Center would keep adding to its basic collection. Such a center would also need to distribute books to different health institutions and health personnel who had been trained.

The center's major expenses would be the purchase of the photocopy machine, its maintenance, and the paper for it, as well as the furnishings for the shelving of the library, card catalogs, and books. Some books would need to be purchased, and certainly reproduction costs for some journals would need to be reimbursed. The center should also subscribe to some of the journals in the field.

The cost for this aspect of the project is estimated at about \$10,000. This would include a photocopier, bookshelves, card catalog and cards, paper, purchase of books, etc. It would be appropriate to approach UNICEF or U.S.AID for the photocopy machine and perhaps Project Hope for the donation of the books. The documents mentioned as being furnished by the other documentation centers can probably be obtained at a minimum cost or no fee at all.

#### Consultation Center

One of the strongest felt needs of the health professionals who are interested in developing a BSP in Bolivia has been to give assistance to mothers who have problems. Personal and telephone consultations will be one of the most important activities of the center. In this activity, the project will have the help of volunteers from La Leche League of Bolivia. An important part of the Center's work, starting in the second year, will be the development of Breastfeeding Mothers' Support Groups. These can probably be implemented in conjunction with the Mother's Clubs.

In order for mothers best to use the information available on breastfeeding, it is important that they have a physical site that they can visit or phone. It is important that this office have personnel available during the working day and also that mothers have a number that they can call in an emergency. For administrative purposes, it would be most convenient to locate the Documentation Center in the same place as the Consultation Center.

The Pediatrics Society has suggested that the institutional home for the center be the Hospital del Niños in La Paz where they have been offered ground for the construction of offices. However, considering the importance of prenatal and immediate post-partum attention to the mother in the establishment of the successful breastfeeding relationship and, assuming that a pilot project might begin in only one hospital, it would be preferable to consider an alternative offer of space in the Natalio Aramayo Maternity Hospital, which is only a block away from the Children's Hospital. This hospital has also expressed an interest in supporting the project and has already offered office space for a breastfeeding support clinic that is already functioning in the hospital as a volunteer service to mothers.

If only one choice were possible, the Natalio Aramayo Hospital would be preferable because it offers more facilities to the project, as it has offered offices and not just land for construction. Also it has maternity facilities, while the Children's Hospital does not. This would be preferable to renting offices outside of both hospitals because that option makes the facilities far less accessible to both public and health workers.

### Training

The most important activity of the project and the area where it should emphasize most of its efforts is in health personnel training. The ideal strategy would be to train project staff first and then counterparts. These two groups would then train health workers in the component institutions. Training of workers in the health regions could also be carried out in the second and third years. Volunteer counsellors in the Consultation Center and/or sub-components should also be trained. This effort would be carried out jointly with La Leche League of Bolivia. This should produce a network of

trained people that could foster changes throughout the health institutions in the country. The project staff would also help to prepare volunteer counselors, such as the Mothers' Club promoters because this is one way in which a network of Mothers' Support Groups could be developed in the country.

In order to carry out this training, it would be necessary to combine several types of activities, including in-country training courses, out-of-country specialization for project staff and counterparts, national seminars, and regional workshops. By the beginning of the second year, trained project staff and counterparts could have sufficient practical experience to be able to initiate training of the regional health personnel.

At that time, the project staff, in coordination with MOH, would organize the First National Breastfeeding Training Courses. These courses would include trainee teams from each regional hospital. The courses would last a week and at the end of that time, the basic training for each regional team would be concluded. These courses could be scheduled consecutively.

The community outreach component would work in conjunction with the private sector community development program training their health promoters. Their members would also respond to any training needs expressed from the community at large, in collaboration with headquarters staff. The training component would help each regional hospital implement its own staff training course and put into practice the national norms that have been written during the first year. Volunteer counselors for the consultation center and/or sub-components would also be trained. This effort would be carried out jointly with LLL.

An important decision which ought to be made early by the Board of the BSP relates to basic staffing. While there is much experience to be gained by several years of working on the same project, there is also an advantage to intensive training of more people. There are also decisions which must be made about the institutionalization of the project. Perhaps the best way to handle all of these aspects of staffing would be by training two doctor-nurse teams in each component during the life of the program and using health workers who are already employed in the system. These workers would receive temporary leave from their jobs, and at the end of the training period, which

could last up to 18 months, the doctors and nurses would be reincorporated into the health system as specialized Lactation Counselors. The National Project Staff would remain in place during the whole period of the project. In this way, both continuity and the accumulation of experience can be combined with the need to educate as widely as possible and ensure the institutionalization of the knowledge and experience gained.

By the end of the second year, enough experience would be accumulated on a national level for the organization of a National Breastfeeding Seminar at which all of the health institutions will be able to report their experiences and plan future activities.

#### Training Program Options

This is the most important component of the project, and a total of \$100,000 was allocated for training. While it is difficult to overemphasize the importance of training, there are several alternatives available, if the ideal program is not feasible:

- a. Instead of training 30 people, half that number could be trained outside Bolivia. The training of project staff, once the initial tuition and travel expenses are paid, is not that much more expensive if the stay is one month than if it is two weeks. If 15 or 16 people were well trained, they, in turn, would be able to carry out in-country training with an occasional visit from an outside consultant to assist them.
- b. There is a post-graduate training course at the Faculty of Medicine at the University of Campinas in Brazil. The course is four months long, but traveling, living expenses, and tuition are extremely reduced. It might be possible to work with the professors of pediatrics involved in this course to condense it somewhat, so that the course would be shorter in length. Also, it is possible that UNICEF could assume some of the training costs and fund this aspect of the program jointly with U.S.AID.
- c. National training courses should ideally come from the National Breastfeeding Program, which receives support from UNICEF. They have already

supported two such seminars and have expressed interest in further training. The same strategy could be followed for the regional training courses.

d. Training in childbirth could be supported by PAHO through its program of support for training at the Centro Latino-americano de Perinatologia (CLAP) in Montevideo, Uruguay.

While the expenses for training could be shared among several institutions, it is not possible to overemphasize the importance of such training. The basic difference between a program that will be successful in changing behavior and one that will concentrate mainly on public education lies in the development of health personnel who are trained in the basic skills necessary to be able to give breastfeeding support and resolve the usual problems that can arise during the course of the breastfeeding experience. If physicians and nurses are not trained, then mass media campaigns will have little impact.

#### Breastmilk Banks

All of the rooming-in projects that are already functioning in the La Paz hospitals contemplate the provision of breastmilk for sick or premature newborns. At the moment, however, none of the hospitals have any means of extracting or conserving this breastmilk in an efficient, organized manner. The development of breastmilk banks is, therefore, important for the achievement of a goal of providing milk for high-risk newborns.

The development of such banks implies the provision of pumps and the training of the auxiliary nurses to operate the bank. It also implies their training in the handling of at least some problems related to breastfeeding, such as lack of sufficient milk, plethora, or difficulty in sucking. Some of this information would be imparted during the institutional training, but the banks would also require the supervision of trained personnel. There are several alternatives for the development of such banks.

a. Instead of all being furnished at the same time, they could be developed one at a time, over a period of three or four years. This would cut down initial expense, but perhaps not final expense.

b. UNICEF could be approached for some of the electric pumps. Project Hope might be a possible source for both the equipment for the banks and the training in breastmilk bank management. The project might start out with manual extractors. Six to twelve manual pumps could start a bank working well, and the cost would be under \$250/dozen. Perhaps the Government of Japan could be approached for a donation of some of the manual pumps they produce.

### Evaluation

The evaluation of the project should take place at the beginning of the third year, and project activities would continue simultaneously. Basically, the evaluation would consist of a comparison between the base-line study and a similar investigation at the end of the project. These investigations include hospital practice observations, KAP surveys of health personnel, a mother's post-partum survey, and data either in the community and/or among hospital users that will give an indication of the impact of the project. The type of impact data to be collected would depend on a careful analysis of the percentage of births that are expected to occur in hospitals. If it is considered that there are enough to warrant a community survey, this could be undertaken. If, however, it is considered that the percentage is very small, another mechanism will have to be found for assessing impact, for example, among hospital users.

It is recommended that formative evaluation be carried on so that the component institutions can receive information on progress and problem areas before the end of any formal agreement. This strategy should reinforce the steps taken for institutionalization of breastfeeding support in the component institutions. Both the base-line survey and the evaluation should be carried out by outside investigators, but they should be able to call on project personnel during the course of the evaluation.

### Institutionalization

The HQ staff will be charged, in coordination with the Board and component institutions, with drawing up a plan for institutionalization of breastfeeding support activities and continuation of the program within each component of

the project with appropriate supervision and monitoring activities. A commitment to continue to support the breastfeeding promotion activities of trained personnel should be contained in any formal agreement signed between the target institution (MOH), the donors (AID, UNICEF, etc.), and the implementing organization (Bolivian Pediatric Society).

### Project Sub-Components

It is proposed that three hospital and one community outreach sub-component projects be carried out. These include:

#### Clinica de Maternidad Natalio Aramayo

##### Project Background

This hospital is the largest MOH hospital in La Paz and has had more births than any other single hospital in the country. It is also the teaching hospital for the Medical School and, as such, an essential component for the educational strategy of the project.

At the present time, La Leche League of Bolivia, in conjunction with a group of hospital volunteers, runs a weekly breastfeeding clinic for pregnant and lactating mothers. This clinic meets in the Prenatal Clinic, and any pregnant or nursing woman who is interested can come and sign up for free powdered milk. The volunteers in this clinic emphasize that the milk is for the mother. They also give the mother information about and support in breastfeeding.

The hospital allows rooming-in beginning at 4-6 hours after birth. There is no breastfeeding at birth or immediately afterwards ("apego precoz"), and the babies receive a trial bottle of glucose solution before they are taken to their mothers. There is no formal system for initiating a mother to breastfeeding; the baby is simply taken to her. Mothers are not encouraged to have any skin-to-skin contact with their babies, although such contact is encouraged for mothers of premature babies in the same hospital. Normal newborns in the hospitals are wrapped up and separated from their mothers by many layers of cloth and blankets. Mothers are not shown how to hold their babies.

In spite of a complete lack of any equipment, hospital staff is encouraging the mothers of premature and low birth weight babies to come to the hospital, put their babies to breast, and extract milk for the hours that they are not present. They are working with a borrowed electric pump that had been reported to "draw blood" from mothers' nipples. An adequate electric pump and accessory equipment for a breast milk bank are urgently needed.

#### Purpose of the sub-component

- o Reinforce existing activities, improve the service, and help the sub-component to develop a model for maternity services for the whole country.
- o Design a model for the teaching of doctors and nurses about the practical aspects of breastfeeding support.
- o Develop model norms for all of the national maternity services for breastfeeding support activities in prenatal, labor and delivery, post-partum, surgical and infected puerperal services, and all post-natal pediatric and maternal consultation services.
- o Develop supervisory criteria for the continuous monitoring and follow-up of breastfeeding activities.
- o Develop educational materials for patients on breastfeeding, nutrition, and maternal-infant bonding.
- o Help mothers with support and information on breastfeeding and childcare.
- o Provide breastmilk for all premature, low birth weight, and sick newborns.

#### Measurable Results

- o Development of norms at the end of the first year of the program.
- o All norms implemented by 18 months after the beginning of the program.

- o Mother-infant bonding in the first hour after birth for all normal newborns six months after the beginning of the program.
- o Daily educational talks on breastfeeding and other related topics in all relevant services by 18 months after the initiation of the program.
- o Monitoring and supervision system in place by 24 months after initiation of the project. Information collection system established and containing data on first trimester's activities.
- o Coordinate and provide at least one annual breastfeeding training course for personnel involved in all services related to mothers and children.
- o Milk bank personnel trained and bank formed and functioning by end of first year of project.
- o A program for the identification and follow-up of mothers at "high-risk" for abandoning breastfeeding at an early date either because of present or previous problems.
- o Strategy developed and implemented for the institutionalization of breastfeeding support activities 30 months after initiation of the project.

### Strategy

A committee of doctors and nurses in charge of the relevant services would be established. This committee would meet monthly to hear reports of project activities and to resolve problems. Project personnel would coordinate activities with hospital staff and will work with counterparts to develop courses, write norms, supervise activities on a daily basis, counsel mothers, and supervise hospital personnel in these activities. They would meet monthly with each service to work on problems that come up. They would assist auxiliary personnel in developing educational and counseling skills.

The project would provide the hospital with two staff members (a physician-nurse team) to carry out all of these activities and would give that staff the

educational materials, office furnishings, and other items needed. The project would also provide the hospital with basic training, electric and manual pumps for an adequate breast milk bank, and refrigerators and other accessory items if they are needed.

The hospital would provide at least two counterparts to work half-time daily in the development of the breastfeeding program. It would also provide office space, a place for the breast milk bank, and all accessory items such as sterilizers, gowns, etc., as well as the staff to run the bank.

The strategy of this component is designed to develop professionals who have the attitudes and the abilities necessary to give practical support in breastfeeding to the mothers they will see in their professional capacity. Activities of the project staff would include (but not be limited to) daily ward visits, in-service training, classes for interns and nurses rotating through the services, monthly meetings with different services, monitoring of activities related to breastfeeding, setting up prenatal and post-partum support groups and assisting in their implementation, counseling for mothers, and supervision of the breast milk bank activities.

The director of the project would be responsible for overall supervision, but within the hospital the project staff would work closely with the counterparts and hospital committee.

### Hospital de Niños

#### Project Background

This is a children's hospital, and mothers are not seen post-partum. Sick newborns and small babies are often hospitalized here. Mothers have often abandoned breastfeeding, and the nurses and physicians do not know how to go about helping mothers relactate, other than to tell them to put the babies to breast.

This hospital has developed a very interesting pilot project called the "Participating Mother Project." Mothers are encouraged to accompany their

hospitalized children. In August, 1985, a preliminary evaluation of the first year's progress of this project was presented, and it was found that hospital stays had shortened and mortality had decreased somewhat. This evaluation was carried out where the presence of the mother was the only variable. The physician in charge made no special effort to educate mothers or fathers. The encouragement of open participation by the parents of the child who has been hospitalized is a very salutary development, and when it is combined with breastfeeding promotion, the situation should improve even more. There are some limitations to this program, as the hospital has no means of providing food to the accompanying family members, who may often be very poor and come great distances.

The implementation of the BSP would give aid in relactation, help set up a breastmilk bank, provide breastmilk and thereby decrease the amount of money needed for the purchase of formula, help mothers relactate, and give support in breastfeeding and childcare to the mothers of discharged patients. At present, the only support they receive is through the Growth and Development clinic, and the staff there could benefit from training and materials.

#### Purpose of the sub-component

- o Assist staff of the Children's Hospital in designing a model for pediatric services for the whole country.
- o Reinforce "open participation project" that permits family members to accompany hospitalized children.
- o Design model norms for the promotion of breastfeeding in hospital and outpatient services.
- o Design supervision and monitoring system for pediatric support activities.
- o Assist outpatient services in developing a model for the inclusion of breastfeeding promotion and support in Growth & Development Clinics.

- o Provide breastmilk for all premature, low birthweight, and sick hospitalized infants.
- o Train staff in support for relactation in order to improve nutritional status and shorten hospital stay times for infants.
- o Develop educational materials on pediatric support for breastfeeding and on relactation.

#### Measurable Results

- o Development of norms at the end of the first year of the project.
- o All norms implemented by 18 months after initiation of project.
- o Data collected from first trimester.
- o Milk bank personnel trained and bank formed and functioning by end of first year of project.
- o Supervision and monitoring system for all breastfeeding and relactation activities developed and implemented by 24 months after initiation of the project.
- o Coordinate and provide at least one annual breastfeeding training course for personnel involved in all pediatric services related to breastfeeding infants and children.
- o Breastfeeding support groups for nursing mothers formed in coordination with the Growth & Development Clinic 18 months after initiation of the program.
- o A system for follow-up of mothers at "high risk" for abandoning breastfeeding set up 24 months after the initiation of project.

- o At least one pamphlet for parents developed during the life of the project.
- o Strategy developed and implemented for the institutionalization of breastfeeding support activities 30 months after the initiation of the project.

### Strategy

Strategy for this component would be similar to that of the Maternity Clinic. A committee composed of physicians and nurses from the relevant services would be developed to consider problems and receive reports.

If the HQ for the project is located in the space adjacent to the Children's Hospital, only one person, a nurse, would be provided for this component. HQ project staff could collaborate in medical training courses, and courses for nurses would be under the responsibility of the BSP nurse. Along with the nurse, the project would provide furnishings for the project office in the hospital, basic equipment such as electric pumps for the breastmilk bank, other basic materials for breastmilk bank as needed (refrigerator, etc.), necessary educational materials, training for counterparts, the milk bank staff, and the rest of the hospital staff.

If the project HQ were located at a distance from the hospital, the project would provide both a nurse and a physician who would work at least half time in the hospital. The other half time could be given to the national office for medical education.

The hospital would donate the space for the main project offices and the space for the project office within the hospital. The hospital would also provide at least three counterparts, one in intensive care, one in inpatient services, and one from outpatient services. The hospital would staff the breastmilk bank and provide accessory materials such as sterilizer, gowns, storage bottles, etc.

Activities of the project staff would include (but not be limited to) daily ward visits, in-service training, classes for interns and nurses rotating through the services, monthly meetings with the different services, monitoring of activities related to breastfeeding, assisting in the development of support groups, counseling of mothers, supervision of breastmilk bank activities, and assistance in writing norms.

#### Hospital 20 de Octubre

(This sub-component could be a separate one if funds are available, or it could be incorporated into the community outreach component, if necessary.)

This hospital is located in the Altiplano and is the only MOH maternity hospital serving the more than 400,000 people living in that area. This hospital, although it is new, does not have a large number of births. However, in the last year, the MOH has inaugurated a program called "Parto Gratuito" (Free Birth) in which women who are having normal childbirth can come to one of the MOH hospitals in La Paz and have a baby without paying. The 20 de Octubre Hospital has more than doubled the numbers of babies born there in the last year (Sandoval, 1985). Statistics for the Natalio Aramayo Clinic indicate that the number of low birthweight babies has increased (de la G., 1985a). This probably means that more high risk and poorer mothers are coming into these hospitals since the "Free Birth" program was instituted.

In the "Alto," as the area around metropolitan La Paz is called, the MOH has implemented a program for training lay midwives (but this training has no component that contemplates breastfeeding support). It is quite likely that, given the present critical economic situation, more mothers may come to the hospital because they cannot pay the modest fee that midwives may charge, or midwives may be referring more women to the hospital. It is highly unlikely that women are coming to these hospitals by choice because childbirth is "Western," in that the lithotomy position is used and there is a great deal of medical intervention. This, by itself, can interfere with the establishment of successful breastfeeding behavior. Also, recent urban migrants accustomed to traditional childbirth traditions would probably not find the hospital style of childbirth appealing.

Women in the hospital receive no breastfeeding support during their stay, other than having their babies with them. All of the personnel involved in the provision of childbirth support, both in-hospital and in the midwifery program, have urgent need of training in breastfeeding support and promotion. Conversations with staff of both programs indicated a tremendous gap in knowledge of breastfeeding and the childbirth practices most helpful for the development of a positive and successful breastfeeding experience.

This hospital has been largely abandoned by MOH and did not even have a working incubator. Therefore, any babies that have respiratory problems at birth are at high risk if they are born in this hospital. UNICEF has been giving materials to this hospital, and its support could probably be increased in terms of educational and breastfeeding support materials. "Medical" birth is expensive due to the use of materials such as sutures and medicines and because in-hospital stays are often longer than necessary (increased risk of infection, etc.) than if the traditional physiological position for childbirth is respected.

This hospital would be an ideal location to develop a component which would provide "humanized childbirth" for poor women who must come into the hospital. The contiguous Labor and Delivery rooms could easily be turned into "Birthing Rooms" where family members (especially fathers) could accompany women in childbirth. A woman having a normal labor, with no episiotomy, with a normal newborn, could certainly leave the hospital and return home after a six- to eight-hour observation period. During this time, it is possible to promote breastfeeding tremendously in the first few hours after birth.

Such a development could cut costs considerably at this hospital and permit already scarce health resources to work more effectively for members of the Altiplano community. At present there is not much interaction between the midwifery program and the hospital, but the implementation of a project in this hospital should help to forge links between these two services for women in the Altiplano.

This sub-component could develop a full range of services, from prenatal education up to and including nutrition for the preschool child. Hopefully,

the changes in attitudes of the health personnel engendered by the BSP as well as the practical information it will provide to mothers will help to increase the community outreach possibilities of this hospital.

Purpose of the sub-component

- o develop a model for humanized, family-centered hospital childbirth practices that give support to breastfeeding.
- o Develop norms for humanized, low-cost, low-intervention child birth that is supportive of breastfeeding.
- o Coordinate, with Clinica Natalio Aramayo, the development of norms for supporting breastfeeding in high-risk, surgical, or septic childbirth.
- o Develop norms that will systemize the relationship of lay midwives to a referral hospital.
- o provide a model for training in breastfeeding support and counseling of midwives, Mothers' Club promoters, workers in Milk Centers, and other private health para-professionals.
- o Provide breastmilk for all low birth weight, sick, and premature newborns.

Measurable Results

- o Development of norms supporting breastfeeding and humanized childbirth at the end of the first year of the project.
- o All norms implemented by 18 months after initiation of the project.
- o Mother-infant bonding in the first hour after birth for all normal newborns six months after the beginning of the project.

- o Daily educational talks on breastfeeding and other related topics in all relevant in-patient and out-patient services by 18 months after the initiation of the project.
- o Coordinate and provide at least one annual breastfeeding and childbirth support training course for all personnel.
- o Milk bank personnel trained and bank formed and functioning by the end of the first year.
- o Breastfeeding Support Groups set up in conjunction with Mothers' Clubs, "Milk Centers," and/or lay midwives program (through Metropolitan Health Region-MOH) 24 months after initiation of program.
- o One annual course for para-professionals working in the Altiplano through government and private agency health outreach programs (Mothers' Clubs, PLAN, Save the Children, CARE, etc.)
- o At least one type of educational material developed in Aymara on breastfeeding during the life of the program (radio programs, flip charts, etc.)
- o Strategy developed and implemented for the institutionalization of BSP activities 30 months after initiation of the project.

### Strategy

As this hospital is working with so few resources for the development of adequate prenatal, birthing, and post-partum services, one of the principal foci of the project will be help in securing the support services the hospital needs. If Birthing Rooms are to be developed, they need furnishings, heaters, equipment, etc. Education programs need to be developed, staff needs, to be trained, etc. Mothers should have the option of eating during labor and to feel comfortable post-partum. They need basic education in childcare as much as they need information on nutrition and breastfeeding. This component should focus especially on recent immigrant mothers who are at extreme "high

risk" for abandoning breastfeeding as they become incorporated into city life and lose their traditional support system for breastfeeding.

In order to implement this project, the MOH would have to commit some additional resources to this hospital, and the project staff will need to work very closely with hospital personnel. It is anticipated that La Leche League of Bolivia could play a very strong supportive role in this component, especially in the preparation of community workers.

For this component, the project would provide 3 staff members. One should be a physician, preferably an obstetrician, who would be trained in the techniques of humanized childbirth. It would be preferable for this physician to have some experience in teaching health education or working in primary health care programs. Possibly, this job could be a half-time position. The needs of the component will dictate this decision. Perhaps an Ob/Gyn hired by the project office could dedicate half time to 20 de Octubre and half time to medical teaching in other areas. This component would have a full-time nurse and a full-time nursing auxiliary working as a counselor and with para-professional health promoters. It would be preferable for these women to be breastfeeding mothers, and at least one of the team members ought to be bi-lingual in Aymara and Spanish.

The project would provide basic furnishings for the office, training for counterparts and hospital staff, training for birthing support personnel, equipment for the breastmilk bank (including electric and manual pumps, gowns, refrigerators, etc.). It might be necessary for the project to provide furnishings for Birthing Rooms and to help secure support for the desired activities.

The hospital would provide office space, at least two counterparts, one of whom would be involved in childbirth, one of whom would be involved in patient education. The hospital would provide staff for the breastmilk bank and as many accessory items as possible. As in the other hospitals, a committee would be set up to oversee the actual functioning of the project in the hospital. As this component would include various community organizations (Mothers' Clubs, midwives, etc.), it would be convenient to invite representatives of these groups to form part of the committee.

Project staff activities would include (but not be limited to) daily ward visits, in-service training, supervision for project support practices in childbirth, monthly meetings with services, monitoring of all activities related to breastfeeding support, setting up Mothers' Support Groups and assisting in their implementation, counseling for mothers, and supervision of breastmilk bank activities.

The project director would be responsible for over-all supervision, but within the hospital, project staff would work closely with the counterparts and hospital committee.

### Community Outreach

If it were possible to set up a fourth sub-component to deal specifically with community outreach, this would enhance the community-level education activities of the 20 de Octubre sub-component and of the headquarters staff. It would also facilitate national-level training. This sub-component could start by providing a nurse and a nursing auxiliary to work in conjunction with the physician responsible for primary health care activities in at least two major community programs in Bolivia: CARITAS' mothers' club program and Save the Children's community development work. If possible, these teams should train health promoters in some of the other primary health-care-oriented programs, such as Foster Parents Plan, CARE, etc.

The sub-component would have backup from headquarters technical staff, such as the Director and educator. In turn, the outreach team would support this staff in its community education efforts at the government or NGO levels. This component could also respond to community requests for assistance from other government health institutions. It could serve as the prime team to assist regional hospitals in the implementation of their own breastfeeding support programs.

### III. CONCLUSION

There is no question that the provision of trained personnel working in the hospitals and primary health care institutions can shorten immensely the time

necessary for the staff to learn new behaviors and attitudes. It also accelerates the process of training community-level health promoters. A comparison of Bolivia, El Salvador, and Honduras will show this clearly.

Bolivia has some hospital projects that incorporate many of the latest findings in relation to breastfeeding support. The results of programs that are promoting open participation by mothers as well as early contact and breastfeeding of prematures are extremely impressive. Yet the impact on the health system is negligible. MOH has not become conscious of the importance of breastfeeding promotion. Instead of looking for ways to cut down the use of formula, the government is gearing up to make its own. The physicians involved face tremendous obstacles in carrying through their ideas. Indeed, they and the hospital staff with which they work have not been able to transfer their experience in this limited area to the rest of their work in MCH.

El Salvador provides a similar experience. The CALMA project was to have developed ties with the health system and to have been a means of providing breastfeeding education for the health professionals along with providing support for breastfeeding mothers. Once again, the program was carried out separately from government institutions, and after five years of work, its impact is still to be felt.

In contrast, in Honduras, the PROALMA project was set up to work inside of the existing health system but remain independent of that system. Although there was almost no awareness of the importance of training in breastfeeding support at the beginning of the program and only one Social Security hospital had any kind of a rooming-in program when the project began, after fewer than three years of work, there has been a complete transformation of the attitudes and practices of the health professionals in the target institutions, a national program has begun to be implemented with norms for breastfeeding support, the program has spread to outside institutions, and an impact on the urban population has been clearly demonstrated (Zeldin, 1985).

The model developed in Honduras seems to be effective. Verbal and written reports of projects going on in other Third World countries indicate that the

successful ones are all based in hospitals and are working to transform the attitudes of health professionals from the "top down."

The success of this type of approach strongly supports the recommendation for the implementation of the type of project outlined above. If the project can be funded in its entirety, it would speed up the process of change. If this is not possible, it should certainly be possible to fund training for several teams of Bolivian physicians and nurses as a first step and to begin to support a series of regional workshops afterwards for practical training of health professionals in the regions. In the long run this approach will be more expensive because it would take longer to implement.

The most appropriate funding agency for this project would be U.S.AID because it has the mechanisms to be able to handle the entire project. Also, AID is involved in various primary health care support projects in Bolivia, and it would be most desirable for the promoters in these projects to be trained in the practical support of breastfeeding.

UNICEF could certainly play an important role in this project, both in the provision of support for educational materials and the securing of technical assistance. PAHO, with the assistance of CLAP, could also give technical assistance, especially in the area of childbirth education. Most of these services can be provided to the MOH upon request, but, once again, everything will take more time than if a funded project requests these services.

All of the health and nutrition workers consulted in Bolivia were tremendously interested in the power of the proposed model for the development of a breastfeeding support program, and there seems to be no doubt that such a program would receive a great deal of support at all levels of government.

A list of the people consulted is appended (Appendix A). There are also some budget suggestions and alternatives included. It is difficult to be precise about administrative costs, as the situation of hyperinflation in Bolivia makes all estimates of costs very rough. However, some of the input costs are known, and it is possible to have a general idea of the expenses involved.

IV. BUDGET RECOMMENDATIONS AND ALTERNATIVES

The project that has been presented is a complete package, developed for funding from one major source. As mentioned above, U.S.AID is the ideal source for this funding, as it seems to be the international agency that could best handle this type of project which includes so many different elements, such as: training, the development of educational materials, inter-institutional coordination, changing of hospital practices, development and publication of educational materials, etc.

However, if the entire package is not feasible, it would still be possible to support the majority of the activities indicated with a combination of funding sources. Some of these alternatives are presented in a section following the original budget recommendations.

Budget Recommendations

<u>Line Item</u>	<u>Yearly/Amt. (US\$)</u>	<u>T1/3 yrs. (US\$)</u>
I. Personnel*		
HQ Component		
1. Director (FT-Physician)	12,000	36,000
2. Asst. Dir/Ed.	8,000	24,000
3. Educator	6,000	18,000
4. Coordinator V/C	6,000	18,000
5. Secreatry (bi-ling.)	4,000	12,000
6. Chauffeur	2,000	6,000
		<u>114,000</u>
Hospital Components		
1. Physician-N.A.	10,000	30,000
Nurse	6,000	18,000
2. Nurse H.N.	6,000	18,000
3. Physician-20/Oct.	10,000	30,000
Nurse	6,000	18,000
Auxiliary	3,000	9,000
4. Nurse	6,000	18,000
Auxiliary	3,000	9,000
		<u>150,000</u>
<u>Total</u> for salaries for 3 years		264,000

## II. Training\*\*

3 National Training courses	2,000	6,000
Training for 3 groups of 7-8 people, (San Diego Lactation program @\$3,500/ea.)		78,000
Training in childbirth		5,000
Regional training (2nd & 3rd year)		<u>11,000</u>
<u>Total</u> training costs		100,000

## III. Breastmilk Bank\*\*\*

8 electric pumps for 4 or more components		8,000
Manual pumps and other equipment (refrigerators, etc.)		<u>5,000</u>
<u>Total</u>		13,000

## IV. Office\*

Office Supplies	900	2,700
Furnishings all components	10,000	18,000
Telephone	2,000	6,000
Office materials	2,000	6,000
Postage	500	<u>500</u>
<u>Total</u>		33,200

## V. Transport\*

Vehicle	15,000	15,000
Maintenance	2,000	6,000
Gasoline	2,000	18,000
Taxis, buses, etc.	1,000	<u>3,000</u>
<u>Total</u>		32,000

## VI. Education\*\*\*

Photocopier	3,000	3,000
Maintenance	500	1,500
Paper @ \$7/rm./100/yr.	500	1,500
Card file and cards		300
Paper for mimeo. for courses @ \$5/rm.100/yr.	500	1,500
National Breastfeeding Seminar (possibly 2 in course of project)	2,000	4,000
Books & publications	1,000	3,000
Audiovisual materials (slide projector, slides, etc.)		3,000
Educational printing	4,000	<u>12,000</u>
<u>Total</u>		30,300

VII. Evaluation and Base-Line Study\*\*\* 50,000

VIII. Miscellaneous Administration Expenses

Rent	7,200	21,600
Technical assistance	5,000	15,000
Contingency	10,000	<u>30,000</u>
<u>Total</u>		66,600
<u>GRAND TOTAL FOR PROJECT</u>		\$589,100

Notes

\*These are rough estimates, based on what would be reasonable to pay and an assessment of the amount of use articles such as telephones, etc. would have.

\*\*Estimates here made of expenses for per diem, transport, etc. Training course in San Diego estimated including round-trip air fare and per diem for two weeks.

\*\*\*Electric pumps, photocopier, evaluation, quantity of paper, etc. based on current costs for PROALMA and quotes in La Paz.

SUMMARY OF BUDGET ALTERNATIVES

<u>Line Item</u>	<u>Cost</u>	<u>Funding Alternatives</u>
Personnel	\$279,000	cut 1 person from each component/cut 1 component/adjust salaires/cut one year off project/cut back number of salaried physicians and increase auxiliary personnel
Training	100,000	cut group in half/share with UNICEF/CLAP/train in Brazil
Breastmilk Bank	13,000	UNICEF/donation from governments/use manual pumps
Transport	32,000	donation through MOH/Germany/Japan, etc.
Education	38,000	UNICEF/donations/Project Hope
Base-line and Evaluation Studies	50,000	MOH/INAN/UNICEF/Westinghouse/USAID
Misc.	70,000	find rent-free project home/tech. assist. donated
TOTAL	\$582,000	difference of \$22,100 from original budget

## I. Personnel:

This is the largest budget item and probably the one that is most flexible. There are many alternatives in this area.

a. Central staff would remain as is. Hospital components would have only one member paid by the project. Each hospital component would provide one staff person, such as a nurse or doctor at least half time to the project on a permanent basis. Community outreach personnel could be nurses. Physicians could be trained, but permanent project staff could be composed mainly of nurses.

b. The number of sub-components could be cut down. For example, the project might have only two sub-components from among the three hospitals: Hospital de Niños, Natalio Aramayo, or community outreach.

c. HQ staff could be reduced. For example, the Assistant Director or the Educator could also serve as the volunteer coordinator.

d. Salaries may be varied. The indicated salaries are probably higher than estimated by Bolivian salary scales. The correct salaries would have to be determined by the funding agency.

By changing the personnel inputs slightly and adjusting the salaries to the local scale, it would be possible to carry out a three-year project for at least \$100,000 less than is indicated on the budget recommendations sheet.

## II. Training:

This is the most important component of the project, and a total of \$100,000 is allocated. While it is difficult to overemphasize the importance of training, there are several alternatives available:

a. Instead of training 30 people, half that number could be trained outside Bolivia. The training of project staff, once the initial tuition and travel expenses are paid, is not that much more expensive if the stay is one month rather than two weeks. If 15 or 16 people are well trained, they, in turn, will be able to carry out in-country training with occasional technical assistance from an outside consultant.

b. There is a post-graduate training course at the Faculty of Medicine at the University of Campinas in Brazil. The course is four months long, but traveling, living expenses, and tuition are extremely reduced. It might be possible to work with the professors of pediatrics to condense it somewhat, so that the course would be shorter. (Also, it is possible that UNICEF could assume some of the training costs and fund this aspect of the program jointly with U.S. AID.)

c. National training courses should ideally come from the National Breast-feeding Program which receives support from UNICEF. They have already supported two such seminars and have expressed interest in further training. The same strategy could be followed for the regional training courses.

d. Training in childbirth could be supported by PAHO through its program of training at the Centro Latino-americano de Perinatologia (CLAP) in Montevideo, Uruguay.

While the expenses could be shared among several institutions, it is not possible to overemphasize the importance of such training. The basic difference between a program that will be successful in changing behavior and one that will concentrate mainly on promoting public awareness lies in the development of health personnel who are trained in the basic skills necessary to give breastfeeding support and resolve the usual problems involved in the breastfeeding experience. If physicians and nurses are not trained, then mass media campaigns will have little impact.

### III. Breastmilk Bank:

UNICEF could be approached for some of the electric pumps. Project Hope might be a possible source for both the equipment for the banks and the training in breastmilk bank management. If the project could start out with manual extractors, there are two on the market that work with batteries. Six to twelve battery-operated manual pumps could contribute to establishment of a bank, and the cost would be under \$350/dozen. Perhaps the government of Japan could be approached for a donation.

### IV. Transport:

A vehicle is a basic necessity; however, it might be possible for the MOH to approach a cooperating government, such as that of Germany or Japan, for a donated vehicle. This vehicle would be assigned to the project for its duration and then revert to the MOH for use in its MCH programs.

The vehicle should be a station wagon capable of withstanding unmaintained and unpaved roads. The present cost of gasoline is about \$1/gallon; this estimate is based on about 20,000 miles/yr.

### V. Education:

It is really difficult to indicate cuts here. The alternatives would be to induce greater involvement on the part of other agencies such as UNICEF. Perhaps UNICEF could supply a photocopier and some of the paper. Project Hope might be approached for the books.

### VI. Base-line and Evaluation Studies:

\$50,000 has been proposed for both base-line and evaluation studies. This is assuming a study to be carried out entirely by outside investigators. However, hospital surveys could be carried out under the supervision of project personnel. In Honduras, the first hospital observations were carried out by a specially trained auxiliary nurse. Bolivia has several institutions dedicated to investigation, and both the INAN and MOH could carry out surveys to give base-line data.

UNICEF is about to undertake a study of breastfeeding among working mothers, and it would be relatively easy to increase the sample size and include housewives living in low-income areas in La Paz. What would be extremely

important would be the inclusion of productive questions related to breastfeeding. It might be possible to utilize the revised versions of the Honduran questionnaires and adapt them for Bolivia's.

Other possibilities for developing questionnaires would be through a request for help from such places as Stanford University's Food and Research Institute or the Cornell University Program in International Nutrition. If there are plans in the near future to do a contraceptive prevalence survey in Bolivia, certainly it should be possible to include more detailed questions about breastfeeding than are usually included in these studies, since without this information it is difficult to assess the real impact of breastfeeding on fertility.

The necessity for base-line data is evident, but the form for collecting this data ought to be flexible enough to be able to take advantage of all available resources.

#### VII. Misc. Expenses:

a. Eliminating rent (or office construction) is probably one of the most feasible cuts. If the target institutions would assign office space as part of their counterpart activities, this line could be eliminated completely.

b. Technical Assistance could be funded by the organizations involved. During the third year only central staff would work, while the Bolivian MOH would assume responsibility for all national hospital components with technical assistance from the BSP.

This project could feasibly be funded for about \$355,000, with most of its elements. This is not the ideal way of funding such an undertaking, but it could be done this way.

Alternatively, the project could remain as is, but the funding could be shared with UNICEF and other appropriate international agencies.

Note: The budget items are definitely rough quotes and have been included mainly for the purposes of summarizing the line items that would be necessary for such a program.

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Appendix A

LIST OF CONTACTS

CLINICA SAN GABRIEL

1. Dr. Saul Ruata  
Pediatrician

CLINICA DE MATERNIDAD NATALIO ABANAYO

1. Dr. Delgado, Director
2. Dr. Carlos Parejas,  
Director of Resident Teaching.
3. Dr. Nancy Villana  
Newborn Pediatric Services
4. Dr. Marcela Rodriguez  
OB/Gyn

HOSPITAL DE NIÑOS

1. Dr. Oscar Sandoval  
Head of Outpatient Services

INSTITUTO NACIONAL DE ALIMENTACION Y NUTRICION

1. Lic. Ruth Vera, Director de Investigaciones  
Nutritionist.

LA LECHE LEAGUE OF BOLIVIA

1. Ms. Ann Johnson  
Leader
2. Dr. Carole Beck, Pediatrician  
Leader

MATERNIDAD 16 DE MAYO

1. Dr. Ramon Rico A.  
Pediatrician

MATERNIDAD 20 DE OCTUBRE

1. Dr. Javier Sandoval  
Director

Best Available Document

## MINISTRY OF HEALTH

1. Lic. Jenny Salcedo - in charge of National Breastfeeding Program  
Nutritionist.
2. Dr. Alberto de la G. Murillo - Ob/Gyn  
Division Materno-Infantil.
3. Dr. Cecilio Abele - Director  
Division de Nutricion.
4. Dr. Freddy Calderon - Director  
Division Materno-Infantil.
5. Dr. Federico Gomez Sanchez  
Division Materno-Infantil.
6. Dr. Manuel Nassif  
Sub-secretario de Salud.
7. Dr. Selim Afcha  
Division de Farmacias y Laboratorios.
8. Dr. Salvatio Laura  
Chief of Midwifery Program

## PAHO

1. Dr. Carlos Perez Hidalgo  
Nutrition Consultant.

## SOCIEDAD BOLIVIANA DE PEDIATRIA

1. Dr. Ana Maria Aguilar

## UNICEF

1. Lic. Magali de Yale  
Consultant in Nutrition
2. Lic. Nsario Tinado  
Social Communications
3. Lic. Margarita F. de Oquendo  
Consultant in Education.

## U.S. AID

1. Mr. Gerard Bowers

# DRAFT OF IDEA FOR BREAST- FEEDING CENTER - SOC. BOLIVIANA DE PEDIATRIA

## OBJETIVO GENERAL

Educación sobre aspectos de lactancia materna a:

## OBJETIVOS ESPECIFICOS

- 1 - Mejorar la prevalencia actual de la alimentación al seno.
- 2 - Aumentar el tiempo de lactancia.
- 3 - Combatir la desnutrición.
- 4 - Favorecer la relactación.
- 5 - Favorecer el inicio temprano de lactancia.
- 6 - Resolver medicamente los problemas que interfieren con la lactancia en madres que consultan a la Clínica de Lactancia.
- 7 - Actualización y estímulo a la investigación de aspectos relacionados con lactancia materna y alimentación de niños menores.
- 8 - Integración de los hospitales pediátrico y la maternidad y las cátedras de PEDIATRIA GINECOLOGIA y OBSTETRICIA.
- 9 - Favorecer la consulta de niño sano.

## METODO

Iniciar un consultorio destinado a resolver los problemas y dudas que interfieren con la lactancia materna y una Biblioteca destinada a recopilar material sobre el tema, ambos constituirán el CENTRO DE LACTANCIA MATERNA, que será organizado bajo la responsabilidad de la Sociedad Boliviana de Pediatría y la Liga La leche -filial Bolivia, con participación de la Sociedad de Ginecología y Obstetricia, las cátedras de Pediatría, Obstetricia y Ginecología de la UMSA y los hospitales del Niño e IMNA, de la ciudad de La Paz.

La ubicación del centro será la parte anterior del Hospital del Niño de La Paz, y se contará:

- Un consultorio (con equipo para atender niño sano)
- Una sala de espera/biblioteca.
- Un teléfono para atender consultas.

Personal:

- ? Un médico, tiempo completo
- Una enfermera, tiempo completo
- Una secretaria, tiempo completo
- Un auxiliar de campo ( )
- 20 voluntarios de las distintas organizaciones mencionadas.

Actividades:

- Atención de consultorio (7-12) (14-17)
- Atención de preguntas telefónicas (durante horario de trabajo)
- Acopio de bibliografía.
- Organización de charlas a médicos, enfermeras, madres de diferentes organizaciones.
- Incentivo a la investigación sobre Lactancia Materna (canalizar fondos destinados a esta actividad)
- Coordinación con: Maternidades
  - Hospitales pediátricos
  - Universidad (carreras de Salud)
  - Comité Nacional de Fomento a la lactancia materna
  - Clubes de Madres
  - UNICEF
- Elaborar material de difusión, enseñanza destinados a cada una de las áreas de trabajo.
- Organización de talleres anuales de evaluación.

# DRAFT OF BOLIVIAN BSP IN SPANISH

Appendix D

**DRAFT**

~~El Proyecto~~

Estrategia del proyecto.

El MSP de Bolivia ha indicado que sus programas son parte de una estrategia integrada para mejorar la salud materno-infantil. Los objetivos de este programa integrado son una reducción en la morbi-mortalidad relacionada con la enfermedad diarreica, la universalización de vacunación (casi logrado para la polio y el sarampio), el control de crecimiento y desarrollo y apoyo para planificación familiar utilizando métodos naturales. Se ha considerado a la lactancia materna como parte de su programa de nutrición que enfatiza actividades relacionadas con alimentación complementaria, vigilancia de las embarazadas de alto riesgo, erradicación del bocio, etc.

Es adentro de este contexto que se desarrollará un proyecto de apoyo a la lactancia materna. El Depto. de Nutrición tiene un programa que pide el desarrollo de un programa nacional de desarrollo de la lactancia, pero le falta recursos para desarrollar este programa. Los trabajadores de materno-infantil y nutrición adentro del Ministerio son conscientes de la potencialidad de un programa de promoción de la lactancia materna para la disminución de morbi-mortalidad debido a la diarrea y la malnutrición durante los primeros dos años de la vida, pero al mismo tiempo están muy conscientes de la necesidad, al mismo tiempo, de implementar un programa adecuado de prácticas del destete.

## PROGRAMA

El ~~Programa~~ de Apoyo a la Lactancia (nombre ) concentrará sus esfuerzos en ayudar a proveer una estrategia adecuada, los materiales necesarios y el entrenamiento apropiado a los trabajadores en salud para poder adelantar hacia la meta del desarrollo de prácticas apropiadas e informadas de lactancia materna y el destete.

Una segunda estrategia será concentrar los esfuerzos en La Paz durante el primer

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año. Aunque La Paz tiene una prevalencia y duración de lactancia mas alto que las otras areas urbanas importantes del país, la concentración de recursos y hospitales hace de La Paz una area apropiada para el proyecto piloto y acumulación de experiencia durante el primer año, que entonces se podrá diseminar al resto de las instituciones de salud durante el segundo y tercer año del proyecto. La Paz tiene una concentración interesante de mujeres urbanas con una incidencia más baja de lactancia materna y un grupo de migrantes urbanas recientes en el Altiplano (quienes han venido a la ciudad más como consecuencia de una sequia en 1982) quienes traen con ellas la tendencia hacía una duración mayor de la lactancia, pero quienes se exponen cada vez más a las presiones de vivir una una sociedad urbanizada.) La Paz es buena area para empezar el intento a dar vuelta a lo que es claramente el principio de la declinación clásica de lactancia materna.

Bolivia contiene los elementos de esta declinación. Tiene una población urbanizandose rapidamente, más mujeres en la fuerza laboral, un establecimiento médico en su mayoría inconsciente de las presiones que el vivir en la ciudad ejerce sobre las madres, sin entrenamiento en técnicas y practicas que apoyan a la lactancia, una estructura de salud que piensa que no hay problema, conocimientos inadecuados de madres y trabajadores de salud sobre practicas adecuadas de destete, etc., etc. Sin embargo, si se hace el esfuerzo para reeducar a los trabajadores de salud en todos los niveles, aumentar sus conocimientos y compreseión de ls necesidad de apoyar a la lactancia, modifican a las practicas de salud que van en detrimento de la l.m. y empezar a educar al publico para que la lactancia se lleve a cabo con más conocimiento, existe una buena posibilidad de evitar esta declinación clasica que ha llevada a tanto tragedia humana en muchos países en desarrollo.

En todo este proyecto, el énfasis básica del Centro de Apoyo será en entrenamiento, inicialmente su propio personal, después el personal de las instituciones contrapartes y eventualmente, trabajadores regionales de salud y consejeras voluntarias quienes

van a poder proveer a las madres con la información y apoyo ellas necesitan para poder amamantar adecuadamente y destetar correctamente a sus niños.

La primera actividad será un entrenamiento intensivo para el personal del proyecto, médicos y otras consejeras potenciales. parte de este entrenamiento tendrá lugar en Bolivia y será un esfuerzo cooperativo entre la Sociedad Boliviana de Pediatría, la división M-I del M S P, el Depto. de Nutrición del Ministerio y la ayuda de las consejeras de La Liga de La Leche Materna de Bolivia para tecnicas e información practicas. Después de esto, por lo menos 5 equipos de médico y enfermera se mandará para entrenamiento intensivo en la Clínica de Lactancia de San Diego, California, una clínica especialmente preparada para el entrenamiento de equipos de médicos y enfermeras del Tercer Mundo en programas de apoyo de la Lactancia materna y los consejos prácticos que se puede dar a la madre lactante. Este entrenamiento incluirá conocimientos sobre bancos de leche materna y parto humanizado.

Después del regreso de los equipos al país, los estudios de línea base del proyecto se deben haber completado. Estos estudios incluirán una encuesta CAP del personal médico, observación de rutinas hospitalarias desde cuidados prenatales hasta los cuidados que se dan al binomio madre-hijo durante los primeros dos años de vida, encuesta pos-parto de madres en los tres hospitales de maternidad que forman componentes del proyecto y madres de la Clínica de Crecimiento y desarrollo del Hospital del Niño, el cuarto componente y una encuesta limitada casa a casa para enfocar sobre lactancia materna y practicas de destete y morbi-mortalidad en areas marginadas que forman parte de la población servida por las instituciones componentes. Esta encuesta casa a casa, complementará otros materiales de línea base que estarán disponibles de un estudio que se llevará a cabo al final de 1985 para recolectar información sobre practicas de lactancias entre madres trabajadoras.

La primera tarea del personal del proyecto va a ser el entrenamiento del personal contraparte de las instituciones y esto se hará en tres etapas.

Primera se hará un curso de entrenamiento para las contrapartes seleccionadas del personal y las contrapartes principales con las instituciones gubernamentales con las cuales se coordinará el proyecto. Después el personal del proyecto, junto con sus contrapartes en cada institución desarrollarán cursos de entrenamiento para todo el personal pertinente de las varias salas adentro de las instituciones. Por último, después del primer año del proyecto, se hará un Taller con el personal del proyecto, el personal contraparte y un experto invitado, para que todos intercambian experiencias y el consultor les ayude con los problemas encontrados.

#### PROPOSITO DEL PROYECTO -- OBJETIVOS Y RESULTADOS MENSURABLES:

##### 1. Proposito

Un programa nacional del apoyo a la lactancia materna se desarrollará, ejecutará e evaluará con el proposito de promover la salud y bienestar de la niñez en Bolivia.

##### 2. Objetivos

Animar la recomendación de la leche materna como el alimento optimo durante todo el período de la infancia.

Animar la filosofia que la crianza de los niños con lactancia materna es una parte básica e importante del crecimiento y desarrollo normal.

Mejorar estadísticas de morbi-mortalidad infantil previniendo las diarreas y mejorando el estatus nutricional infantil a traves de la iniciación temprana y duración y frecuencia aumentada de la lactancia materna.

Mejorar ~~el~~ el estatus nutricional de los infantes a traves de la lactancia materna exclusiva durante los ~~primeros~~ primeros 4-6 meses de la vida extra-uterina y prácticas adecuadas de destete después.

Promover, conocimientos, actitudes y practicas positivias en cuanto a la lactancia

materna y apego materno-infantil.

Resultados Mensurables.

1. Establacer una politica nacional de promoción de la lactancia materna'
2. Desarrollar y ejectutar normas de nutrición materna-infantil.
3. Desarrollar y proveer materiales educacionales para profesionales de salud y el público en general sobre nutrición materna-infantil y apego.
4. Entrenar a los trabajadores en salud en la teoria y práctica de nutrición materna-infantil.
5. Desarrollar y implementar seminarios y talleres sobre lactancia materna.
6. Desarrollar estrategias con instituciones pertinentes para promover y facilitar la lactancia materna para las mujeres que trabajen.
7. Establacer curricula con las instituciones pertinentes para que incluyen modulos pertinentes sobre lactancia materna en educación primaria, secundaria, universitaria y médica.
8. Establacer un Centro de Recursos para información sobre lactancia materna y apego materno-infantil.
9. Trabjar para desarrollar prácticas de parto adentro de las instituciones de salud que apoyen a la l.m.
10. Dar asistencia a madres lactantes cuando la pidan.
11. Dearrollar estrategias para la institucionalizacion del programa.

POPULACION META

1. Al nivel inmediato, la población meta del trabajo del proyecto serán los profesionales de salud y para-profesionales a todo nivel y las instituciones involucradas en la salud materna-infantil y su promoción.

La meta final del Proyecto será el público en general y especialment madres embarazadas y lactantes, infantes y niños pre-escolares.

2. Por medio de educación y propaganda intensiva, se espera que el Centro llegará a todos los niveles de trabajadores en salud y profesiones aliadas, tanto como al público en general durante la vida del proyecto.

### Descripción del Proyecto.

El proyecto, bajo el auspicio de la Sociedad Boliviana de Pediatría, tendrá su jefatura en el Hospital del Niño en oficinas que se contruirarán especialmente para este propósito. Los componentes tendrán un equipo cada uno y se logrará la posibilidad de trabajar adentro de cada institución por medio de un convenio firmado entre la Organización donadora, la Sociedad Boliviana de Pediatría, el Ministerio de ~~sa~~ Salud Pública de Bolivia y la Caja del ~~EGM~~ Seguro Social. Estas organizaciones, junto con el Dept. de Nutrición del Ministerio, el Comité de Fomento a la Lactancia Materna y La Liga de La Leche Materna de Bolivia, formarán una Junta Directiva del Proyecto, junto con cualquier otra organización que cree necesaria la Junta. Esta junta se reunirá mensualmente para dirigirse a problemas de ejecución, coordinación planificación y desarrollo de las políticas nacionales. El director del Centro será un(a) ciudadano(a) boliviano(a) y médico (preferible pediatra) con por lo menos dos años de experiencia en promoción de la lactancia materna y actividades relacionadas. Este trabajo será de tiempo completo, si fuera posible. La asistente al (a) director(a) debería ser enfermera quien tiene también 2-3 años de actividades en l.m. o profesionalmente o personalmente. Idealment todo el personal del proyecto serán personas actualmente trabajando en instituciones de salud quienes pueden pedir permiso temporal y después regresar a las instituciones, dando al gobierno un núcleo de personas con entrenamiento y experiencia en l.m. quienes entonces podrán llevar a cabo las actividades necesarias al apoyo y promoción de l.m. adentro de sus instituciones. No es necesario que las personas vengan precisamente de las instituciones donde van a trabajar. En realidad, sería bueno traer <sup>algunas</sup> personas de afuera quienes pueden después regresar a sus regiones, después de concluir el proyecto, así dando beneficio a areas fuera de la capital de consejeras de lactancia bien entrenadas. Puede ser difícil cumplir esto porque personas que viven en una area tal vez no sean anuentes a dejar su area por 2-3 años para después regresar, pero es una estrategia que vale la pena considerar cuando se empieza a contratar personal.

El centro debería de tener los servicios de <sup>2</sup> ~~una~~ educadora<sup>s</sup> que <sup>podan</sup> ~~podia~~ ser nutricionista o una <sup>infirmers</sup> ~~especialista~~s en educación médica y que también de preferencia tendría experiencia con .m x l.m. Un(a) administrador(a), x secretaria bi-lingue en español e ingles y un chofer-concerje, completarán la oficina central.

Las responsabilidades del personal serán:

Administrativa: El(la) director(a), con la ayuda del administrador(a) y secretaria serán los responsables para el manejo diario del proyecto. Ellos serán los responsables del manejo financiero y en proveer a la Sociedad Bolivian de Pediatría con todos los reportes trimestrales de actividades y finanzas que pueden ser requeridos por la Agencia Donadora.

El(la) director(a) será directamente responsable para reportes de actividades y el(la) administrador(a) para los reportes financieros. Evaluadoras externas serán responsables para la evaluación del proyecto y el estudio de línea base.

Coordinación: El personal de la jefatura coordinará con los proyectos sub-componentes, ~~planificación y ejecución~~ su planificación y ejecución, su supervisión, consultaciones y las evaluaciones. <sup>Tambien coordinar</sup> El Centro también ofrecerá estos servicios al MSP (por medio de un convenio) y ~~cualquier~~ cualquier otro organización gubernamental o no-gubernamental como grupos privados de la comunidad que pudiera pedir sus servicios en planeamiento y ejecución de un proyecto de apoyo a la l.m. (como Hospital San Gabriel, COMIBOL, Clubes de Madres, CARE, CARITAS, PLAN, etc.)

Información : Una actividad importante del personal de la jefatura será recolectar y empezar a diseminar los muchos materiales educativos para profesionales que hay disponible sobre apoyo y promoción de l.m. El desarrollo de un Centro de Documentación de auto-sostenimiento es uno de las metas del proyecto.

Asistencia: Esta es una de las necesidades sentidas más fuertes de los profesionales de salud quienes tenían interés en desarrollar al proyecto y la meta de asistencia directa a madres por telefono y con consultas personales será una de las actividades más importantes del Centro. En esta actividad tendrán la asistencia de madres

voluntarias de La Liga de La Leche de Bolivia.

Educación y Entrenamiento: La actividad primaria de todo el personal será su propio entrenamiento, el entrenamiento de sus contrapartes, del personal de salud en las instituciones componentes y después el entrenamiento de trabajadores de salud en las diferentes regiones de salud en el país (empezando en el segundo año). También tendrán la responsabilidad de educar a madres consejeras de madres lactantes (como parteras y consejeras voluntarias) en conjunto con La Liga de La Leche Materna de Bolivia.

Para hacer este entrenamiento tendrían que combinar una serie de cursos para las instituciones componentes, talleres nacionales y cursos regionales. También tendrían que preparar los materiales para estos cursos en coordinación con del Programa Nacional de L. M.

Al principio del segundo año del proyecto, el personal del proyecto, junto con el Depto. de Nutrición organizará el primer Curso Nacional de Promoción de Lactancia Materna, un curso de 3 días por lo menos, Los asistentes en este curso serán los oficiales regionales de las 11 unidades sanitarias en el país (incluyendo toda la unidad de La Paz) incluyendo gineco-obstetras, pediatras, PIAS y enfermeras trabajando en el área de salud materno-infantil. Este curso será manejado y dictado por el personal del proyecto en conjunto con un profesor invitado, preferentemente de un país como Brasil donde ya han implementado un programa nacional (la Universidad de Campinas, por ejemplo, tiene un pos-grado en lactancia materna).

El director(a) del proyecto, junto con la Junta Directiva, decidirán sobre la Facultad Invitada apropiada.

Después de este curso, el personal del proyecto asistirá al MSP en el desarrollo de cursos regionales para el personal de los hospitales de las unidades sanitarias,

con enfoque especial en los hospitales de entrenamiento y el desarrollo de modulos apropiados de apoyo a la lactancia materna adentro de la educación médica.

Se espera que el proyecto ayudará a todas las facultades de medicina e enfermería, trabajo social, etc. a desarrollar materiales educativos apropiados y curricula para el entrenamiento de estudiantes porque a largo plazo es la ~~xxxx~~ manera básica por la cual se asegurará la continuidad de actividades en apoyo a la lactancia materna una vez que el proyecto se termine.

También se espera que el personal del Centro coordinará con el Ministerio en el desarrollo de materiales educativos para distribución masiva y para los medios masivos de comunicación.

Una parte importante del trabajo del Centro, empezando en el segundo año también será el desarrollo de una red de grupos de apoyo a la madre lactante. Se anticipa que esta actividad se llevará a cabo con la ayuda de La Liga de La Leche Materna de Bolivia, un grupo ideal para esta tarea de trabajar directamente con madres que se espera va a dar mucho apoyo de contrapartes al proyecto.

Al principio del tercer año se debería llevar a cabo un Taller Nacional en lo cual participen todas las instituciones de salud y otras aliadas como la Universidad, Ministerio de Trabajo, Ministerio de Educación, etc. para intercambiar experiencias y planificar la institucionalización del programa nacional. Si el proyecto siente la necesidad de asistencia técnica para esta actividad desde el exterior en este momento, debería de ser disponible.

Evaluación: Evaluación será básicamente una comparación entre la línea base y el impacto final y consistirá de una repetición de las observaciones de prácticas hospitalarias, CAP del personal médico, encuesta pos-parto y una encuesta limitada

casa a casa para evaluar el impacto final sobre las poblaciones metas, y también ayudar a todas las instituciones involucradas poder ver que nuevas estrategias deberían desarrollarse para la fase de institucionalización. Esta evaluación se iniciará en el segundo trimestre del tercer año y probablemente tomará seis meses para concluirse y presentar. De esta manera el personal del proyecto va a poder reunirse con las agencias gubernamentales e internacionales y informarles de los adelantos logrados y las áreas indicadas en la evaluación necesitadas de más énfasis. La evaluación final se llevará a cabo por una evaluadora externa con la asistencia, cuando sea necesario, del personal del proyecto .

El final del período del proyecto, se habrá desarrollado un plan de institucionalización de las actividades y de las mismas personas del personal. Cualquier mobiliario que se haya adquirido en cada componente (equipo, etc.) se quedará adentro de la institución componente para uso del proyecto institucional de lactancia materna. Las instalaciones de la oficina central más todo el centro de recursos se quedará a cargo de la Sociedad Boliviana de Pediatría quien habrá desarrollado un mecanismo para la función del Centro de Asistencia y Educación después del final del financiamiento externo.

Sub-Componentes del Proyecto:

CLÍNICA DE MATERNIDAD NATALIO ARAMAYO:

Este hospital es el hospital más grande del MSP en La Paz y ha tenido más partos que cualquier otro hospital en el país. El último año por lo cual se dispone datos es 1982 y tuvo                      partos en este año. También es el hospital de enseñanza para la Facultad de Medicina, y como tal, un componente esencial para la estrategia educativa del proyecto.

Actualmente, La Liga de La Leche, en conjunto con un grupo de voluntarias del hospital administran una clinica seminal sobre l.m. para mujeres embarazadas y lactantes. Esta clínica se reúne en la Clínica Prenatal (?) Cualquier mujer que llega a la Clínica puede afiliarse a un programa para recibir leche en polvo y las voluntarias hacen hincapié en que los suplementos son para ella, no para su "wawa" quien está por nacer o recién nacido y la sugieren que utilice la leche en la cocina familiar para poder compartirla más facil con el resto de la familia.

El hospital inicia alojamiento conjunto para recién nacidos normales a los 4-6 horas deespues del parto. No hay apego precoz, ni tampoco hay un sistema formal para iniciar a la madre en la lactancia. Simplemente le llevan el niño. No se hace énfasis en ninguna parte sobre el contacto piel a piel, ni se animan a las madres a tener los niños al lado de sus cuerpos así que todos los niños en todos los hospitales siempre están muy envueltos y las madres tambien y hay varias capas de tela entre madre y niño. No hay programa sistemática de educación pos-parto, pero hay consciencia que se necesita. R.N. enfermos y prematuros están puestos en el pecho de la madre lo más pronto posible después del parto y se anima a la madre ir a la Sala de Prematuros y darles pecho y tener mucho contacto piel a piel(aquí si hay consciencia sobre esto debido al seminario en 1984 sobre el "metodo Kanguru" del Dr. Edgar Rey de Colombia de incubar a los prematuros, pero no se hace la extensión al recién nacido normal).El equipo del banco de leche es muy rudimentario y básicamente la leche se obtiene por extracción manual y una bomba eléctrica pequeña prestada por La Liga de La leche.

## PROPOSITO DEL SUB-COMPONENTE

1. Reforzar las actividades ya existentes, mejorar servicio y ayudar a este sub-componente desarrollar UN MODELO para servicios de maternidad para todo el país.
2. Desarrollar un modelo para la enseñanza de médicos e enfermeras sobre los aspectos prácticos del apoyo a la lactancia materna.
3. Desarrollar normas modelos para todas los servicios nacionales de maternidad para actividades de apoyo a la lactancia materna en los servicios de prenatal, labor y partos, puerperio normal, quirúrgica y séptica, y todos los servicios pos-parto. Estos incluirán normas para educación prenatal y atención, parto humanizado, apego precoz para recién nacidos normales, enfermos y prematuros, alojamiento conjunto y la provisión de guías para ayudar al personal del hospital con problemas especiales de cualquier miembro del binomio madre-hijo. También incluye todos los servicios pos-partos a la madre que se atienden en las maternidades.
4. Desarrollar materiales educativos para pacientes sobre l.m. nutrición y apego materno-infantil.
5. Dar asistencia y apoyo a la madre sobre l.m. y crianza de los niños.
6. Proveer l.m. para todos los niños ~~de bajo~~ r.n. de bajo peso, enfermos o prematuros.

## Resultados Mensurales:

1. Desarrollo de normas al final del primer año del programa.
2. Todas las normas en ejecución 18 meses después del inicio del programa.
3. Banco de Leche Materna formado y funcionando al final del primer año del programa.
4. Apego madre-niño en la primera hora después del parto en todo caso de niño con Apgar mayor de 6 ~~XXXXXXXXXX~~ al primer minuto (supervisado y enseñado) 6 meses después del inicio del programa.
5. Charlas diarias (7 días de la semana) con madres llevado a cabo por personal entrenado al final de 18 meses del programa.
6. Coordinar y proveer por lo menos un curso anual en servicio para el personal trabajando el labor y partos, puerperio, prenatal y servicios pos-partos y de Sala Cuna de prem. y Niños enfermos en la Clínica y de todas las clínicas perifericas a las cuales se refieren madres en el area urbana (esto en conjunto con Ofician Central). otal de 3 cursos en los tres años para todo el personal.
7. Desarrollar y ejecutar un programa de identificación de madres de "alto riesgo para el abandono de la lac. 24 meses después del inicio del programa (mujeres con problemas de lm..m anteriores o problemas actuales que las dejan al riesgo de abandonar demasiado temprano la lactancia.
8. Desarrollar estrategia para la continuación de actividades de lactancia materna 28 meses después de haber iniciado el programa.

## Estrategia

Desarrollar un Comité de los médicos y enfermeras involucrados en los diferentes servicios: prenatal, labor y partos, perperio, servicios de r.n. para coordinar programa. Este comité se reunirá mensual para tratar asuntos del programa.

Después de iniciar el trabajo y ejecutar actividades, reuniones mensuales con cada servicio entero (médicos, enfermeras y e.a.)pa ra tratar problemas de cada servicio.

Hospital dará espacio adecuado para oficina del proyecto adentro del componente, que incluye suficiente espacio para tener pequeñas reuniones y un lava-manos si fuera posible. Hospital proveerá servicios de secretario cuando sea necesario. Hospital dará mobiliario básico: escritorios, estantes para libros, archivo, etc. Hospital proveerá por lo menos dos contrapartes asignados 2 horas diario como mínimo para trabajar con personal del proyecto.

Proyecto proveerá: 2 personas entrenado por el programa (médico y enfermera??? enfermera y enfermera auxiliar???) ; educación para contrapartes y personal del hospital, materiales para enseñanza y materiales de oficina (papel, etc.) y parte del equipo para un Banco de Leche Materna como bombas electricas. Entrenamiento del personal en el manejo de Banco de Leche.

La estrategia de este componente está diseñada para desarrollar profesionales que tienen los conocimientos y actitudes necesarias para dar apoyo práctica en l.m. a las madres con quienes van a tratar como profesionales.

Actividades del personal incluirán (pero no se limitan a:) entrenamiento en-servicio, clases para internos en medicina y enfermería en rotación sobre apego materno-infantil, l.m. y prácticas de parto que apoyan a la l.m. Rondas diarias por una consejera del proyecto; reuniones con los diferentes servicios periodicamente;

Bharlas periódicas con madres (grupos mensuales) en prenatal. Monitoreo de la ejecu ción de normas y procedimientos; dar asistencia de madres con problemas; Monitoreo de actividades de B.L.M. y ayuda en el desarrollo de l banco.

## Supervisión:

Director(a) será responsable por supervisión total, pero adentro del hospital, los médicos involucrados en ~~en~~ los servicios trabajarán de cerca con el personal para desarrollar, ejecutar y supervisar programas y normas.

Presupuesto	1	2	3
Coordinador(Médico? Enf.?)			
Consejera (Enf. ? Enf. Aux.?)			
Equipo			
Audio-visual			
Banco de Leche			
Materiales			

## Caja del Seguro Social:

Como La Caja del Seguro Social es el segundo servicio de Maternidad en el país, se cree conveniente involucrarla desde el inicio del proyecto. Un componente <sup>como modelo</sup> aquí servirá para todo el sistema de Seguridad Social que incluye además a COMIBOL, Caja Petrolera , Caja de Choferes, Caja Ferroviaria, ~~Sega~~ del Banco de Fomento y el Seguro Universitario.

El pediatría encargado de los servicios de R.N. en la Maternidad de la Caja del seguro social de La Paz ha iniciado un programa de A.C. que incluye apego precoz y el intento de mantener junto a la madre y el niño sano y también enfermo o prematuro. Las madres de niños prematuros o r.n. enfermos, se animan a regresar al hospital para amamantar o sacar su leche. Aunque este hospital dispone de algunos recursos que no tienen los del MSP, no hay banco de leche materna ni hay sistema de seguimiento de los niños porque no hay Clínica de Crecimiento y

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Desarrollo. Los R.N. dado de alto en el hospital se refieren al programa de Medicina Familiar con Medicos Generales quienes carecen de toda preparación sobre l.m. o nutrición en general. La respuesta general a todo problema de la madre o el niño relacionado con la lactancia (y muchas veces no relacionado) es recetar formula. La Caja tiene subsidios tanto para la madre como para el niño, así que se facilita esta acción.

Estrategía en este componente sería apoyar el desarrollo del Servicio de Crecimiento y Desarrollo para poder dar seguimiento tanto a los niños sanos como a los niños enfermos y enseñar a los médicos como llevar a cabo actividades que apoyan Crec. y Desarrollo y lactancia materna en las Clínicas de Morbilidad de Medicina Familiar. Ya que los problemas principales de este componente son extra-hospitalarios, se localiza a la Oficina del Componente en la Clínica Periferica de la Caja (Nombre donde hay más médicos familiares?????)

El compromiso de la Caja será de entrenar todos sus médicos Familiares y Especialistas, tanto como enfermeras en las tecnicas y conocimientos apropiados para el apoyo a la l.m. y como resultado de este entrenamiento incorporar actividades de Crec. y Desarrollo y l.m. adentro del grupo de servicios que ofrece.

Incialmente solo habrá una Clínica de Lactancia, pero mediante se entrena contrapartes y encuentra candidatos adecuados y médicos interesados se puede asignar actividades ~~de apoyo~~ de apoyo y promoción de la l.m. en todas las Clínicas perifericas de la Caja.

En este componente también se empezará a llevar a cabo actividades de conscientización a las empresas privadas (empezando con la Caja misma) para que apoye a sus empleadas quienes sean madres lactantes.

## RESULTADOS MENSURABLES:

1. Desarrollo de normas escritas para todos los servicios pre-natales, hospitalarias y pos-partos y servicios pos-natales de madre-niño relacionado con la nutrición, la lactancia materna, parto humanizado y apego precoz y su apoyo al final del primer año del proyecto.
2. Todas las normas en ejecución 18 meses después del inicio del programa.
3. Banco de Leche Materna formada y funcionando al final del primer año del proyecto.
4. Apego precoz en la primera hora después del parto /o en la mesa de partos para todo niño con Apgar mayor de 6 al primer minuto (supervisado y enseñado) 6 meses después del programa.
5. Desarrollar "Tecnología Apropiado del Parto" según la señalización del CLAP para poder tener madre en mejores condiciones para la lactancia 24 meses después del inicio del programa.
6. Charlas diarias en los servicios de puerperio (7 días de la semana) con madres llevado a cabo por personal entrenado después de 18 meses del programa.
7. Coordinar y proveer (con ayuda de contrapartes) 1 curso anual en servicio para el personal hospitalario y el personal del programa de Medicina Familiar de cada Clínica Periférica de la Caja sobre l.m., nutrición, apego materno-infantil, Crec. y Desarrollo, etc.
8. Ayudar a las Clínicas periféricas a desarrollar un sistema de identificación y seguimiento de la madre a "alto riesgo" para el abandono temprano de la lactancia.
9. Desarrollar sistemas de monitoreo para clínicas periféricas y hospital para poder supervisar y evaluar actividades en el area de apoyo a la lactancia. (Esto incluye números de charlas educacionales, número de participantes, materiales educacionales usados y distribuidos, tipos de parto (normal, episiotomía, inducido, Cesarea, desgarre, O.F., etc.), apego precoz, cantidad de charlas pos-parto y tema, problemas consultados, cantidad de charlas en Medicina Familiar, tema, problemas solucionados, etc.)
10. Programas de apoyo a la lactancia materna organizados en servicios prenatal y en Medicina Familiar por personal entrenado y asignado 24 meses después del inicio del

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### Hospital de Niños:

Este componente es un poco distinto a lo demás ya que el Hospital de Niños no tiene maternidad. Se refieren r.n., lactantes y pre-escolares enfermos a este hospital y actualmente hay entrada libre para los padres del enfermo en un solo piso del hospital.

Actividades del proyecto en este hospital estarían más enfocados sobre problemas del pos-parto. Como mantener la lactancia con el niño hospitalizado; como relactar a la madre del niño hospitalizado r.n. quien la haya abandonado; como dar seguimiento a los niños cuando salen del hospital a través de la Clínica de Crecimiento y Desarrollo que ya existe. No hay Banco de Leche Materna y el desarrollo de este Banco para .R.N. y lactantes necesitados sería uno de los propósitos del componentes. Puesto que la oficina nacional del proyecto se encontrará en el patio exterior del hospital, con los recursos de esta oficina, se contempla solamente 1 miembro del proyecto tiempo completo en el hospital para reforzar al personal del hospital y ayudar con las actividades del Banco de Leche Materna. Se entrenará al personal a ayudar a las madres a re-lactar y como resolver los problemas que lleguen a la Clínica de Crecimiento y Desarrollo. La oficina central del proyecto siempre estará a disposición para cualquier madre referida.

### RESULTADOS MENSURABLES:

1. Extensión de entrada libre por madres a todos los servicios del hospital al final del primer año del proyecto.
2. Desarrollo de normas escritas para estos servicios al final del primer año del proyecto
3. Todas normas en ejecución 18 meses después del inicio del proyecto.
4. Banco de L.M. funcionando al final del primer año del proyecto.
5. Estrategias desarrolladas y en ejecución para la provisión de leche materna a todo r.n. y lactante hospitalizado que tenga necesidad 2 años después del inicio del proyecto.
6. Super...

6. Sistema de supervisión de las actividades de apoyo a la lactancia materna y relactación desarrollado y en ejecución 24 meses después del inicio del programa.
7. Coordinar y proveer un curso de entrenamiento en servicio para enfermeras y cada año del proyecto y cursos para médicos en conjunto con médicos contrapartes y oficina central por lo menos en el primer y segundo año del proyecto.
8. ~~Ayudar~~ Desarrollar un sistema de seguimiento para madres de "alto riesgo" de abandonar la lactancia demasiado temprano a los 24 meses de haber iniciado el programa.
9. Un grupo de apoyo a la madre lactante semanal formado en conjunto con la Clínica de Crecimiento y Desarrollo a los 18 meses del programa.
10. Desarrollar ~~materiales~~ por lo menos un folleto para orientación para la madre durante la vida del programa.

#### ESTRATEGIA:

Desarrollar Comité incluyendo jefes de servicios internos y externos con médicos y enfermeras. Este comité coordinará actividades y preparará las normas.

Proyecto proveerá 1 persona: enfermera profesional y hospital dará espacio para esta persona y mobiliario básico, escritorio, estantes, archivos, lava-manos, etc.

Ademas, Hospital donará espacio del patio contiguo al hospital al Proyecto para las oficinas centrales del proyecto. Hospital dará una contraparte en servicio interno y una en consulta externa por lo menos 2 horas diarias y personal para Banco de Leche.

Proyecto dará bombas para B.L.M. incluyendo bombas manuales y electricas y otros artículos necesarios.

Proyecto dará entrenamiento para personal contraparte y personal del ~~phxxx~~ hospital al principio del proyecto.

Actividades incluyen pero no se limitan a: entrenameitno en servicio, clases para internos en rotación (igual a otros componentes.)

rondas diarias en las salas para supervisar actividades de apoyo a la madre y relectación y implementación y normas para apoyo de l.m. y B.L.M.

Supervisión (igual a los otros)

PRESUPUESTO (en dolares	1	2	3
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Coordinadora (E.P.

Equipo

Audio-visual

Banco de L.

Materiales Educativos

Hospital 20 de octubre

Este hospital localizado en el Altiplano (el Alto) es el hospital principal donde las personas que viven en el Alto pueden llegar para servicios de maternidad y pos-parto. En el Alto hay un programa de "parteros adiestrados" que apoya partos normales a domicilio. Aunque este hospital es nuevo, ha estado aumentando su cobertura, especialmente desde la inauguración del programa del "Parto Gratuito" en octubre de 1984. Los parteros generalmente cobran aunque sea suma módica. Sin embargo, a pesar de que este año ha aumentado su cobertura a más del doble que anteriormente, una mujer del Alto que todavía conserva sus costumbres tradicionales hesita mucho antes de usar este servicio, ya que el parto es muy "ginecológico" en el sistema tradicional y no respeta en absoluto las costumbres de las usuarias. Además de no ser un sistema de parto deseable por la mujer, es un sistema caro, ya que el tipo de parto "médico" utiliza más tiempo y materiales hospitalarios (suturas, Metergin, etc.) y aumenta el riesgo de intervención Cesárea para la madre normal en relación a la posición fisiológica tradicional del parto. El tipo de parto que se lleva a cabo y la política de mantener a la madre normal 3 días internado también limitan el interés en este hospital. Apoyo por UNICEF a este hospital es más bien en material y equipo y no en entrenamiento sobre parto humanizado.

Sin embargo, este hospital sería un lugar ideal para el desarrollo de "Tecnología Apropriado para el Parto" que combina los mejores concimientos de obstet. moderna con el parto humanizado con el desarrollo de un sistema de apoyo a la lactancia materna. El sistema que se desarrolla en este hospital, aunque hasta cierto punto sería orientado a madres de alto riesgo (refiridas por parteras o bien pobres que no pueden pagar a l partero) podía llegar a ser un modelo para el servicio a una población marginada. El desarrollo de servicios apropiados prenatales, practicas adecuadas del parto y servicios pos-natales y pos-partos adecuados disminuiría el costo de operar este hospital y lo daría el potencial para aumentar dramaticamente su capacidad de suplir servicios de maternidad a una población que necesite mucho de este servicio. (Por ejemplo, no hay ningun motivo por lo cual una madre bien educada en pequeño grupo durante el prenatal, con un parto normal y un r.n. normal a termino tenga que permanecer en un hospital por 3 días., etc.) El espacio físico del hospital es excelente para poder proveer parto individualizado, humano y no hay motivo porque no se puede preparar al personal médico y para-médico para dar una educación prenatal correcta y adecuada a la madre dandole información que la permitiría amamantar correctamente y destetar de forma adecuada y en general aprender como ser una cuidadora experta de su niño. Todos los elementos ~~xxxxxxx~~ existen y solo hay que integrarlos, desarrollar un programa y dar un buen entrenamiento para que se lleve a cabo.

#### PROPOSITO DEL SUB-COMPONENTE

1. Desarrollar un modelo para prácticas de parto humanizados y de bajo costo, combinando tecnología apropiado para el parto y educación en l.m. y ~~xxx~~ apego, y nutrición materno-infantil.
2. Desarrollar normas para la relación de servicios hospitalarios a metodos tradicionales de parto.
3. Proveer un Centro donde parteros pueden llegar para ayuda con practicas de parto y actividades de apoyo a la l.m. y donde pueden llevar a madres con confianza cuando

sienten que necesita ayuda o supervisión hospitalaria.

4. Proveer un modelos para profesionales y para-profesionales para la enseñanza de apoyo a la lactancia materna a madres a traves de organizaciones de la comunidad como Clubes de Madres, Centros de Leche, etc.

5. Proveer un modelo para parto enfocado en la familia adentro del hospital, utilizando las salas actuales de L & P y dos salas privadas convertidas en una, como 3 salas para L & P privadas donde la mujer puede tener su trabajo de parto y dar a luz sin tener que salir del servicio y donde miembros familiares pueden estar presentes, especialmente los esposos.

6. Proveer l.m. para todo niño de bajo peso, prematuro y r.n. enfermo y desarrollar sistema para apego temprano de estos niños con su mddres.

7. Desarrollar normas para apego precoz inmediatamente después del parto y apego del r.n. con su madre y cuando sea posible, su padre.

#### RESULTADOS MENSURABLES

1. Desarrollo de normas que apoyan a practicas humanizados del parto y apoyo a la l.m. al final del primer año del proyecto.

2. Todas normas en ejecución a los 18 meses del inicio del proyecto.

3. B.L.M. funcionando al final del primer año despues del inicio del proyecto.

4. Apego al nacer con todo niño con Apgar mayor de 6 al primer minuto después del parto o en la primera hora o tan pronto sea posible después a los 6 meses del incio del proyecto.

5. Sistema desarrollado para apego precoz en madres Cesareas 6 mese despues del inicio del proyecto.

6. Charlas diarias prenatales sobre el parto, l.m., nutrición, apego y cuidados del niño por personal entrenado al 18 meses del inicio.

7. Rondas diarias por personal del hospital para identificar y solucionar cualquier problema potencial de la l.m. a los 18 meses del proyecto.

8. 1 Curso anual en servicio para personal del hospital y personal comunitario sobre l.m. parto y apoyo a la l.m. , nutrición, apego, etc.

9. Reuniones mensuales con para-profesionales y personal comunitario para ayudarles a desarrollar sus capacidades para dar apoyo a la madres lactante como consejos sobre problemas, identificación de problemas, como integrar otras estrategias con consejos sobre l.m., etc. al final de 18 meses de haber iniciado el proyecto.

10. Desarrollar de un plan para institucionalizar el proyecto a los 28 meses de haber iniciado el proyecto.

11. Haber desarrollado por lo menos 1 folleto informativo para madres durante el tiempo del proyecto.  
Estrategia

Como este hospital le hace falta tantas cosas para el desarrollo de servicios adecuados prenatales, de parto y pos-parto, uno de los focos principales del proyecto será la ayuda al hospital en captar los recursos necesarios.

Si se va a hacer más que un cuarto para labor y parto, se necesite mobiliario. Materiales educativos hay que desarrollarse. Las camas se necesitan adecuar, etc. etc.

Las madres necesitan poder comer durante labor y durante su tiempo de permanencia pos-parto. Las madres necesitan información básica sobre cuidados del niño, tanto como información sobre lactancia y nutrición.

Este componente debería enfocarse especialmente hacia las madres recién inmigradas que necesitan su apoyo.

El personal del proyecto va a tener que trabajar bastante de cerca con el personal del hospital para poder llevar a cabo estas actividades y el MSP va a necesitar comprometerse a mejorar algo los recursos del hospital. Se anticipe que La Liga de La Leche Materna de Bolivia pueda jugar un papel de apoyo muy fuerte especialmente con la preparación del personal comunitario.

El proyecto proveerá 3 miembros del equipo: Un(a) Médico(a), una enfermera profesional (preferentemente bi-lingüe en español y Aymara) y enfermera auxiliar también bi-lingüe en español y aymara. El hospital proveerá una oficina para este equipo con lava-manos, escritorios, archivos, estantes. El proyecto dará el equipo para

el Banco de L.M. y entrenará al personal en su uso. El hospital proveerá personal para el Banco. El proyecto puede ayudar con amueblar en parte cuartos privados para los partos para que la madre puede dar a luz en la cama o cualquier otra posición que desea. El proyecto proveerá entrenamiento para estas actividades de apoyo al parto para el parto normal y ayudará al hospital a desarrollar un modelo de enlace con los parteros.

Proyecto proveerá materiales educativos y entrenamiento para todo el personal del hospital, tanto como las contrapartes. El hospital dará 3 contrapartes con 2 horas diarias asignadas. al proyecto.

Actividades del personal incluyen, pero no se quedan limitados a: entrenamiento en servicio, clases para profesionales en rotación y para-profesionales necesitando ~~ayuda~~ entrenamiento práctico en l.m. y apoyo al parto; sesiones regulares con el personal del hospital y personal comunitario sobre planificación, coordinación y ejecución de programas, servicios de consultas para madres referidas; ~~ayuda~~ ayuda en la preparación, ejecución y supervisión de normas relacionadas con l.m. y apego, parto, etc.; respuesta a pedidos para servicios de entrenamiento y preparación para organizaciones en el Altiplano

Supervisión (igual a los otros\_

PRESUPUESTO

1

2

2

Coordinador (Medico(a))

Enfermera Profesional

Consejera (Enf.Aux.

Mobilizador

Equipo audio visual

B.L.M.

Materiales educativos.

DRAFT

FALTAN CRONOGRAMA, Presupuesto componente central y Introducción al proyecto.

INFORME DEL DESARROLLO DE ACTIVIDADES  
DEL PROGRAMA DE LACTANCIA MATERNA CON  
APOYO DEL UNICEF

- Responsable: Lic. Jenny Salcedo

I) Antecedentes - Justificación.-

Conscientes de que la Lactancia Materna realmente constituye un recurso importante de promoción de la salud, se diseñó el Programa de Lactancia Materna con objeto de desarrollar acciones sistemáticas para promover, fomentar y proteger el recurso alimentario natural del niño hasta sus dos años de vida.

En países en desarrollo ha habido una tendencia a disminuir el período de Lactancia Materna, especialmente en zonas urbanas, como se demuestra en un reciente estudio realizado en las ciudades de La Paz, Trinidad y Sucre. Esta tendencia se debe a muchos factores socio-económicos y demográficos que estadísticamente están relacionados con la Lactancia Materna; además la influencia de la propaganda comercial a través de los medios de comunicación masiva.

La disminución de la práctica de la Lactancia Materna y su repercusión en las altas tasas de mortalidad infantil, hacen necesarias acciones agresivas en apoyo de la Lactancia Materna.

De ahí la importancia de considerar un amplio plan de promoción y fomento de este hábito que, además, incluye información sobre la alimentación que requiere la madre en el período de la lactancia y la alimentación complementaria del niño a partir del cuarto mes de vida.

Las principales áreas para la realización de las actividades se considerarán: investigación, educación y promoción por medio de la elaboración de normas y manuales para uso de la comunidad, con el propósito de realizar esfuerzos multisectoriales dirigidos al fomento de la Lactancia Materna.

La División Nacional de Nutrición dependiente del Ministerio de Previsión Social y Salud Pública, asume la función de coordinar las diversas actividades de Lactancia Materna, por medio del Comité Multidisciplinario e interministerial, a nivel nacional, creado para el efecto.

### Objetivos

#### Objetivo General

Fortalecer la práctica de lactancia materna y la alimentación complementaria oportuna en la comunidad, como medio para mejorar la salud y la nutrición de las madres, lactantes y niños de corta edad.

#### Objetivos específicos

1. Informar a la población, sobre las ventajas de la lactancia materna e incentivar a las madres a mantener esta práctica y hacerla renacer donde tiende a desaparecer.
2. Capacitar y proporcionar al personal de salud información básica para la promoción de la lactancia materna.
3. Orientar a los futuros profesionales en salud sobre la importancia del mantenimiento de este hábito a través de la introducción en el Currículum de las carreras de Medicina, Nutrición y Enfermería, contenidos sobre la importancia de esta práctica.
4. Informar a la población escolar sobre la importancia de la lactancia materna
5. Reglamentar la comercialización y propaganda de los sucedáneos de la Leche Materna.
6. Promover la adopción paulatina del sistema de Alojamiento Conjunto madre-niño en las maternidades públicas y privadas.
7. Elaboración de indicadores sobre la situación de la lactancia materna como medio para la evaluación del Programa.

Estrategia

Para la operatividad del Programa, como se mencionó anteriormente, a nivel nacional, se creó un Comité Nacional de Lactancia Materna, a fin de lograr la coordinación del Programa y la dirección general:

- Ministerio de Previsión Social y Salud Pública
- División Nacional de Nutrición
- División Nacional de Materno Infantil
- Ministerio de Planeamiento y Coordinación
- Dirección de Planeamiento Social
- Instituto Nacional de Alimentación y Nutrición
- Caja Nacional de Seguridad Social
- Corporación Boliviana de Fomento
- Ministerio de Industria y Comercio
- Instituto Boliviano de Seguridad Social
- Ministerio de Trabajo y Desarrollo Laboral
- Universidad Mayor de San Andrés
- Carrera de Nutrición
- Carrera de Medicina
- Carrera de Enfermería
- Sociedad Boliviana de Pediatría
- Colegio de Nutricionistas
- Colegio de Enfermería
- Sociedad de Ginecología

Apoyo de los Organismos Internacionales de:

- OPS/OMS
- UNICEF

Esencialmente el plan de trabajo se diseñó para la implantación de Comisiones dentro del Comité Nacional de Lactancia Materna, a fin de que cada una de ellas trabaje según sus objetivos.

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En cada departamento se organizarán los Comités de Lactancia Materna los cuales trabajarán bajo el temario general del Programa Nacional, adaptando su contenido a cada realidad regional.

Evaluación

El Programa Nacional de Lactancia Materna, evaluará 2 aspectos fundamentales:

- 1) Evaluación de impacto, tomando en cuenta la situación actual de la lactancia materna en Bolivia.
- 2) Evaluación de la ejecución operativa del Programa.

II. Recursos de Cooperación Utilizados (UNICEF)

El presupuesto inicialmente asignado al Programa para el año 1984 fue de 12.000 \$us., distribuidos de la siguiente manera:

<u>Lactancia Materna</u>	<u>\$us.</u>	<u>M e t a s</u>
- Capacitación	5.000	Realización de dos cursos de capacitación.
- Producción de Material	7.000	4.150 Rotafolios 5.000 Folletos
T o t a l :	<u>12.000</u>	

Sin embargo, debido a razones que se mencionarán más adelante, se efectuó una nueva redistribución del presupuesto total, que se realizó de la siguiente manera:

<u>Actividades</u>	<u>Costo</u>	<u>Fecha</u>
1) Seminario Taller sobre Alojamiento Conjunto 35 participantes		
Lugar: Huatajata	1.900 \$us.	20 - 24 junio

111/85

Actividades	Costo	Fecha
2) Coordinación del viaje de 2 médicos pediatras a Bogotá con el objetivo de capacitarse y entrenarse en el nuevo tratamiento de niños prematuros.	3.800 \$us.	10 Noviembre al 1º Dcbre.
3) Realización del Curso de Capacitación sobre Nutrición y alimentación del recién nacido. Organizado por la Maternidad Natalio Aramayo de La Paz, para enfermeras y auxiliares.	458 \$us.	15 - 19 de Octubre.
4) Preparación e impresión de 1.500 ejemplares del Reglamento de Comercialización de Sucedáneos de la Leche Materna.	2.400 \$us.	Agosto.
5) Realización del II Seminario Nacional de Lactancia Materna y alimentación del niño menor de un año. Duración de 3 días, 150 participantes. Lugar: ciudad de La Paz	6.638 \$us.	13 - 15 Diciembre.
6) Elaboración de 8 spots para radio.	500 \$us.	En actual realización.
7) Elaboración de 8 videos de Lactancia Materna.	1.700 \$us.	En actual realización.
8) Elaboración de 2 afiches con 2 motivos a todo color sobre lactancia materna. 3.000 ejemplares	2.106 \$us.	En actual impresión.

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Actividades	Costo	Fecha
9) Elaboración de Manuales de Lactancia Materna para madres que asisten a centros de madres. (3.000 ejemplares)	1.211 \$us.	En actual impresión.
10) Elaboración de 300 rotafolios sobre Lactancia Materna.	350 \$us.	En actual ejecución.

La solicitud de recursos financieros se realiza directamente a UNICEF, donde después de una previa autorización, se realizan los desembolsos para su administración por UNICEF.

Se debe destacar la designación, por parte de UNICEF, de Nazario Tirado Cuenca comunicador social, quien presta apoyo a los diversos programas de la División Nacional de Nutrición, con énfasis en los programas de Lactancia Materna y Educación Alimentaria Nutricional.

### III. Logros Obtenidos

- a) La actividad realizada como parte del Programa Nacional fue el Seminario de Alojamiento Conjunto de la madre y niño para médicos, pediatras, ginecólogos y enfermeras de las principales maternidades del país.

A este Seminario fue invitado el Dr. Edgar Rey del Hospital del Instituto de la madre y el niño de Bogotá, para dar a conocer la nueva experiencia en salvar la vida a los niños que nacen con bajo peso. Esta nueva medida no precisa tecnología sofisticada y su costo es insignificante, pues, su base fundamental es la lactancia materna.

La conclusión importante del Seminario es la adopción y/o mejoramiento paulatino del alojamiento conjunto madre niño en todas las maternidades del país.

- b) El viaje de 2 médicos pediatras a Bogotá, con el compromiso de aplicar la metodología en sus respectivas instituciones, como una prueba piloto para su posterior difusión a nivel nacional (Hospital San Gabriel y Maternidad de Oruro).

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- c) Aprobación del Reglamento de Comercialización de Sustitutos de la Leche materna por Resolución Ministerial No. 0067.
- d) Un logro importante es la elaboración del material educativo (manuales, videos, spots radiales, rotafolios y afiches) sobre lactancia materna, material que será utilizado durante el año 1985 en diferentes actividades de promoción y capacitación de la población nacional.
- e) Elaboración del Proyecto de Ley del Decreto Supremo de Apoyo a la Lactancia Materna que actualmente se encuentra en proceso de revisión en el Dpto. Jurídico del Ministerio de Salud.
- f) Durante el curso de Capacitación sobre Nutrición y Alimentación del recién nacido, organizado por la Maternidad Natalio Aramayo para enfermeras y auxiliares, se logró la actualización de conocimientos sobre la alimentación del recién nacido, para contribuir a su buen crecimiento y desarrollo.

#### IV. Problemas y Limitaciones

Dentro de los principales problemas y las limitaciones encontradas en la planificación, programación, ejecución y evaluación se consideran los siguientes:

- La falta de continuidad en la participación de los integrantes de cada comisión en las acciones del Comité Nacional de Lactancia Materna.
- Inestabilidad política y económica del país caracterizada por constantes paros y huelgas tanto a nivel sectorial, departamental y nacional, que dificultan y atrasan la ejecución de las actividades programadas. Específicamente se tuvo que reprogramar 2 ó 3 veces la realización del Seminario Taller sobre Alojamiento Conjunto, al igual que el II Seminario Nacional de Lactancia Materna y Alimentación durante el Primer Año de Vida.
- Insuficiente cooperación de las instituciones involucradas.
- Modificaciones en la programación de algunas acciones previstas.

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