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WELLSTART

LACTATION MANAGEMENT EDUCATION PROGRAM
SESSION REPORT

November 18 - December 13, 1991

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I. Introduction and Summary

A Lactation Management Education (LME) Program course was held at the Wellstart facilities in San Diego from November 18 - December 13, 1991. Nineteen multidisciplinary health professionals from five countries (Kenya, Mexico, Pakistan, Swaziland and Zimbabwe) attended the four week course.

In addition, two Advanced Study Fellows, a nurse-midwife from Swaziland and a nutritionist from Kenya participated in course activities as part of the Fellowship experience (November 4 - December 20, 1991). The Kenyan Fellow has participated in the Wellstart Program since entering the August-September 1989 LME course. She has been designated as the managing director of the lactation management training center being developed at Kenyatta National Hospital in Nairobi. The Swazi Fellow has participated in the Wellstart Program since entering the October-November 1987 LME course. She is currently the President of SINAN (Swaziland Infant Nutrition Action Network).

Please see Appendix 1 for a list of all participants with professional disciplines and affiliations noted. See Appendix 2 for a description of the Advanced Study Fellowship.

The goal and objectives for the LME Program of which this course is a part are as follows:

Goal

To assist the promotion of breastfeeding in developing countries by improving the knowledge regarding the clinical management of lactation and breastfeeding of current and future perinatal health care providers.

Objectives

- (1) To train teams of physicians, nurses and nutritionists from teaching hospitals as lactation specialists. These teams will be prepared to assume responsibility for breastfeeding programs designed to offer both service and teaching and to function as models for possible replication in other teaching hospitals.
- (2) To assist these teams in developing a model service and teaching program appropriate to their own setting.
- (3) To assist these teams in designing inservice and continuing education activities regarding lactation and breastfeeding for their physician, nurse and nutritionist colleagues.
- (4) To assist the teams in selecting or developing appropriate teaching materials for their own programs.

Methods used to meet the goals and objectives for the most part remain unchanged from previous LME courses. Details of specific course activities can be found in Appendices 3 and 4 (Course Schedule and Faculty and Staff List).

As in all LME courses, three basic methods of evaluation were utilized to assess the success level of the course:

- (1) To determine if the experience in San Diego modified the quantity and/or quality of the participants' knowledge about breastfeeding, short unannounced pre- and post-tests were given. Results of these tests suggest that participants' knowledge base was increased at the completion of the four-week course. (Average scores rose from 56.7% to 69.6% correct answers, Appendix 5).
- (2) Individual session critiques were completed by participants for all 40 of the didactic sessions provided during the course. Participants were asked to rate the usefulness, quality and quantity of the presentation, as well as respond to whether the speaker and/or topic should be included in the future. The tabulated scores reflect a high level of satisfaction with the quality of the material presented as well as with the speakers themselves. The mean scores for both usefulness and quality were 4.7, using a scale of 0 to 5, with 5 being the highest possible score.
- (3) An evaluation form was given to participants at the end of the entire course to allow them an opportunity to comment on all elements of the course experience. The results of these evaluations are summarized by discipline and for the group in Appendix 6.

In general, based upon participant comments, the pre/post tests, session critiques and the overall course evaluations, the course appears to have been very well accepted and a valuable experience for all who attended.

II. Comments on Specific Program Components

Recruitment/Selection

Four of the five countries represented in this course are already participating in the LME Program. The only new comer country is Zimbabwe. However, only two of the five teams are from institutions which are currently participating in the Program (Kenyatta in Nairobi and SINAN in Swaziland). The composition of this course was particularly gratifying in that so many of the teams are working on national or even regional programs to promote and protect breastfeeding (Zimbabwe's National Breastfeeding Program, Mexico's Breastfeeding Support Center for Southeastern Mexico and Central America, Kenya's National Lactation Management Training Center, and Swaziland's Lactation Management Program).

For the most part, the participant teams were appropriate in terms of multidisciplinary mix, commitment and quality. The fact that a relatively large proportion of the group were nutritionists (6 of 21) at least in part made up for the fact that so few were obstetrician-gynecologists (only 1 of 21).

It was unfortunate that the two physicians from Pakistan each came without a full team. Though they appeared to work well together during their stay in San Diego, it will be a challenge for them to continue this process and to identify additional personnel to work with them as they attempt to implement their program activities.

Though there was a last minute change in the team from Swaziland, the replacement of Dr. Stephen Shongwe for Dr. Edmund McGrath brought with it unforeseen benefits. Because the SINAN group had not worked closely with Dr. Shongwe and the Mbabane Public Health Unit prior to the course, going through the intensive course experience and working through

the planning process should be a contributor to the ultimate successful impact of this expanded team's efforts.

Education/Motivation

The LME course was designed to assist the participants in meeting their specific needs for technical information, clinical skills, and program planning and evaluation expertise. Specially selected guest faculty provided a wide variety of state of the art information on the science of lactation, maternal and infant nutrition, lactation management, breastfeeding promotion, appropriate weaning practices and related topics.

In addition to modifications in session content, approach and presenters due to recent additions to the Wellstart core clinical faculty, several additions to the course curriculum were made. For example, a more focussed approach to clinical counselling was taken using role playing and a didactic portion on counselling techniques and theory. In addition, an expanded view of breast pathology was incorporated into the curriculum which is reflected by the change in topic title from Breast Examination to Breast Health. Wellstart's Perinatal Nutritionist contributed information on the role of good nutrition in breast tissue development and health to this presentation.

Besides the formal classroom, clinical and field trip activities (Appendix 3), the LME course also includes several extracurricular experiences which are important components of the team development and educational processes. The fact that two major holidays coincided with this particular course allowed an opportunity for additional intercultural exposure and orientation. The camaraderie formed within and among teams is one reason for the success and sustainability of the teams' programs as they return to their countries using team synergy and motivational momentum to effect and maintain change.

During this particular course several visitors participated in course activities and contributed their experience and expertise to group discussions. Dr. Frank Cummings from Clark Atlanta University's Child Survival Project was able to view first hand the LME course in operation and to discuss with Program staff potential areas of interaction. Dr. Nina Schlossman, Deputy and Technical Director of the Women and Infant Nutrition Support Project made a presentation on Women, Work and Breastfeeding, sat in on the team program plan presentations and farewell banquet, and met with Program staff and LME course participants on possible areas of collaboration and support.

In addition, several of the key staff from the new USAID/R&D/ Health-funded Wellstart project office in Washington, D.C. were able to be in San Diego for the last week of the course. In addition to participating in staff meetings, they sat in on a variety of course activities, including the program plan presentations and farewell banquet. These experienced and expert personnel made an important contribution to group discussions, the program plan development process and the motivational component of the course curriculum. Their exposure to a course in-progress contributed greatly to their orientation as new Wellstart staff and to their understanding of this USAID/R&D/Nutrition-funded project.

As always when Advanced Study Fellows participate in a LME course, the entire group benefitted from the experiences and expertise of Wellstart Associates who have been through the course before, have participated in the LME Program over a period of several years, and are now developing plans and proposals for the development of formal national breastfeeding programs based on accomplishments over a period of time. The Fellowship provides the

opportunity for teaching, leadership in group discussions, and involvement in the provision of technical assistance for program planning. The group and the Fellows both benefit from these experiences. This was particularly the case during this course as both Fellows were accompanied by full teams working on national program plans. They were thus able to provide expert leadership and technical assistance to their respective teams, as well as build upon the broader ideas, enthusiasm and networks made possible through the existence of a full team.

Material Support

The formal course syllabus, including reading lists, was updated and improved for the course. Course participants found the syllabus helpful and easy to use. Each participant received a set of text books and each team received a reprint library of approximately 900 reprints. Reference lists by subject for all 900 articles were included in the course syllabus.

Program participation fees also allow each team to purchase relevant teaching materials such as slides, text books, video tapes, teaching dolls, and breast pumps for use in-country. Participants were also provided, as part of their course syllabus, with information on how to create good teaching slides and handouts, and suggestions on how to organize reprints, slides and related materials. Participants were urged to review and utilize this valuable information as they work on establishing and maintaining their collections of teaching resources.

Program Planning

An essential component of the LME course experience is the preparation and presentation of each team's plans for program implementation. Copies of these plans are included as Appendix 7.

The teams and Fellows formally presented their plans to an audience of Program faculty and staff (from both the San Diego and Washington, D.C. offices) and special guests on the final day of the course. As an important next step, they were urged to share their plans with their supervisors, the USAID Mission, the Ministry of Health and others, as appropriate. Program participants are expected to pursue the implementation of their program plans upon returning home and to keep Wellstart faculty and staff informed of their progress through periodic communication.

The two Advanced Study Fellows were, as part of their Fellowship experience, provided with an opportunity to present a synopsis of their plans to a group of invited guests (USAID personnel and staff of USAID-funded projects) at a meeting held in Washington, D.C. on Tuesday, December 17. This not only gave the Fellows additional experience at presenting their plans before an experienced and interested audience, but it gave them invaluable exposure to many key individuals and agencies working in the field of breastfeeding promotion and protection. The Fellows thus had a chance to incorporate valuable feedback and discuss funding and collaboration possibilities prior to completion of the Fellowship.

III. Recommendations for the Future

Many of these teams have the potential to become powerful resources for national and regional breastfeeding promotion and protection efforts. The professional knowledge and skills, the materials and motivation, and the sense of teamwork acquired in San Diego can create a strong basis for implementing the short and long-range goals they have articulated. Building upon this groundwork of well trained, highly motivated professionals should be a priority so that momentum can be maintained and optimum outcomes achieved.

The process of networking and communication which began between and among the participants in San Diego should also be built upon so that these resources of expertise can be adequately utilized and function as national working groups for the promotion and protection of breastfeeding. These participants, as they join with others who have already entered the Program or with colleagues who will enter the Program in the future, should be encouraged to continue to function as teams, and should be viewed as key resources for further activities in-country.

For example, for both Kenya and Swaziland, the Advanced Study Fellows should help to provide continuity and coordination between already participating team members and these newer additions. The Fellows should continue to play an invaluable role in insuring the implementation of planned activities and the expansion of those activities in scope and quality.

In the case of Mexico and Pakistan, these new Wellstart Associates will need to make a special effort to communicate with other Wellstart Associates from their countries to coordinate efforts and resources. Though this may present a challenge as they are from different regions of the country, it will help to strengthen the national effort of which they are a part.

Though Zimbabwe is a new entry into the LME Program and thus this team does not yet have other Wellstart Associates to link up to, there are several existing breastfeeding promotion and mothers' support groups with which to coordinate. In addition, linkages between Swaziland, Zimbabwe and other countries in southern Africa should be fostered.

Continuing communication and follow-up are important components of the Wellstart Program. It is important that follow-up visits by Wellstart faculty be well coordinated with the teams' plans for program implementation so that maximum advantage of such visits can be achieved.

As these teams work to implement their program plans, it is hoped that agencies with a vested interest in the success of these worthwhile efforts such as the USAID Missions in-country, governmental and non-governmental organizations such as PRITECH, and international funding agencies such as UNICEF, will lend their commitment and support to assure that this important initial investment will develop into long-term, institutionalized teaching and clinical service programs.

APPENDIX 1

Participants

WELLSTART
Lactation Management Education Program
November 18 - December 13, 1991

COURSE PARTICIPANTS

ZIMBABWE

National Breastfeeding Program
Harare, Zimbabwe

Dr. Rose A. Kambarami
Paediatrician
University of Zimbabwe

Mrs. Siyemule A. Nduna
Principal Tutor
Post Basic School of Nursing

Mrs. Rufaro C. Madzima
Chief Nutritionist
Nutrition Department
Ministry of Health

Mrs. Dorothy Chipo Chipfunde
Dietitian
Parirenyatwa Hospital

MEXICO

Breastfeeding Promotion and Support Center (CEPPLAM)
Chiapas, Mexico

Ms. Pilar Torre
Nutritionist
Associate Investigator
National Institute of Nutrition

Ms. Paloma Lerma Bergua
Coordinator/Lactation Consultant
CEPPLAM

Dr. Sandra Beltran Silva
Pediatrician/Infectologist

KENYA

Kenyatta National Hospital
Nairobi, Kenya

Dr. Rose W. Kamenwa
Pediatrician

Mrs. Waithira Mirie
Nutritionist

Mrs. Annie W. Muriu
Registered Nurse-Midwife
Nursing Officer II
Ante-Natal Ward

Mrs. Joyce M. Kiruki
Senior Nursing Officer
Ob/Gyn Department

Medical Training College School of Nursing
Nairobi, Kenya

ADVANCED STUDY FELLOW:
Kenyatta National Hospital
Nairobi, Kenya

Mrs. Anne W. Njenga
Nurse Tutor and MCH Instructor

Ms. Grace Kibua
Nutritionist

1

SWAZILAND

**Swaziland Infant Nutrition Action Network (SINAN)
Mbabane, Swaziland**

Dr. John M. Kunene
Medical Officer
Mbabane Government Hospital

Dr. Steven Shongwe
Medical Officer
Mbabane Public Health Unit

Ms. Ntombi E. Mngomezulu
Nurse-Midwife
Administrator
SINAN

Ms. Juliet M. Aphane
Nutritionist
Ministry of Agriculture

Mrs. Mavis P. Nxumalo
Nurse-Midwife
Manager of Acute Respiratory Infection
Program
Ministry of Health

ADVANCED STUDY FELLOW:
Swaziland Infant Nutrition Action Network
Mbabane, Swaziland

Ms. Nomajcazi Ntombela
Nurse-Midwife
President

PAKISTAN

Quetta, Pakistan

Dr. Rehana Qazi
Obstetrician
Inspectress Health Services Baluchistan
Health Directorate

Dr. Mohammad Rafique
Professor of Pediatrics
Bolan Medical College
Sandeman Provincial Hospital

APPENDIX 2

Description of Advanced Study Fellowship

FELLOWSHIP SCHEDULE: November 4 - December 20, 1991

OVERVIEW:

Week I See attached schedule

Activities of this week will include the following:

1. General orientation to program
2. Meeting with staff and faculty
3. Participation in Clinical Staff Meeting, Management Coordinating Committee, Housestaff Rounds, and clinical services
4. Discussion and selection of topic focus for:
 - a. seminar presentation
 - b. program or project plan
 - c. reference review
5. Instruction in use of ProCite to access Wellstart reference files
6. Review of Course syllabus
7. Preparation for field site visits
8. Review of audio-visual materials

Week II Field site visits [Denver Lactation Program; The Best Beginnings Program, University of Kansas Medical Center, Kansas City; Texas Children's Nutrition Research Center, Houston; and USAID and USAID-funded projects (APHA, MotherCare, PRITECH, etc.), Washington, DC]. This week could also include attending the APHA Annual Meeting in Atlanta and a visit with Wellstart participants at Grady Hospital in Atlanta.

Week III-VI Lactation Management Education Course

Week VII Complete all assignments and prepare for departure

FELLOWSHIP SCHEDULE

WEEK I: November 4 - 8, 1991

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
November 3	November 4	November 5	November 6	November 7	November 8
	<p>9:00 - 10:00 Administrative Orientation J. Schooley/L. Daigle</p> <p>10:00 - 10:30 Welcome by Staff</p> <p>10:30 - 12:00 General Orientation to Fellowship J. Schooley/A. Brownlee</p>	<p>9:30 - 10:30 LME Course Orientation J. Schooley</p> <p>10:30 - 12:30 Self Study and Clinical Services</p>	<p>8:30 - 10:00 Clinical Staff Meeting</p> <p>10:00 - 12:00 Self Study and Clinical Services</p>	<p>9:00 - 12:00 Self Study and Clinical Services</p>	<p>10:00 - 12:00 Self Study and Clinical Services</p>
	<p>12:00 - 1:30 Lunch with clinical faculty and key staff</p>	<p>12:30 - 1:30 Lunch with Janine, Pat, and Lisa</p>	<p>12:00 - 1:30 Lunch with Ruth and Lois</p>	<p>12:15 - 1:30 Lunch with Vicky and Gail</p>	<p>12:00 - 1:30 Lunch with Wendy, Liz, and Mary</p>
	<p>1:30 - 3:00 Review of Documents and Settling into Office</p> <p>3:00 - 4:00 Discussion of Project(s) and Assignment(s) A. Brownlee</p>	<p>1:30 - 5:00 Self Study and Clinical Services</p>	<p>1:30 - 2:00 Fellowship Update R. Wester</p> <p>2:00 - 3:00 ProCite Orientation P. Gage</p> <p>3:00 - 5:00 Self Study and Clinical Services</p>	<p>1:30 - 3:30 Housestaff Rounds (UCSD) with staff <i>(Liz)</i></p> <p>3:30 - 5:00 Further Discussion of Project(s) with Ann Brownlee</p>	<p>1:30 - 4:30 Self Study and Clinical Services</p> <p>4:30 - 5:00 Field Site Visit Orientation J. Schooley/P. Faucher</p>

LACTATION MANAGEMENT ADVANCED STUDY FELLOWSHIP

I. OVERVIEW

Since its inception in 1983, the purpose of Wellstart's Lactation Management Education (LME) program has been to help create sustainable national and/or regional resources of expertise for training health care providers regarding the scientific aspects of human lactation and the application of this information to the provision of sound, scientifically based clinical care for breastfeeding mothers and babies. The basic approach utilized in the program has been to educate multidisciplinary teams of health care professionals from teaching hospitals and governmental health services from selected countries where breastfeeding promotion activities are underway. The teams, in turn, develop programs in their own institutions where further training can be carried out.

In order to strengthen these programs and enhance the probability of becoming a sustainable national resource, Wellstart has designed a two month Advanced Study Fellowship program for selected LME program participants who have already completed the basic four week course and who are moving into key leadership positions in the development of lactation management education programs in their own countries. The fellowship provides a variety of opportunities for in-depth study of the subject matter, for improving clinical skills, for strengthening teaching methods, and for examining issues related to developing lactation centers.

II. GOAL

The goal of the Lactation Management Advanced Study Fellowship is to contribute to the development of leaders for national and regional lactation management education programs in developing countries.

III. GENERAL OBJECTIVES

The fellowship is designed to strengthen the knowledge and skills of selected participants in five areas regarding human milk, lactation, and breastfeeding:

1. scientific fundamentals for the clinical management of successful breastfeeding
2. specific clinical techniques and procedures
3. teaching methods and materials development
4. program management
5. research and/or program evaluation methods

IV. FELLOWSHIP ACTIVITIES

Seven categories of activity will be arranged during the fellowship. These include the following:

1. *LME course participation.* Fellowships are arranged to coincide with a basic course and fellows will attend all seminar sessions. They will be expected to be familiar with the specific suggested readings and to review a minimum of two additional recommended references from the seminar list for each session. Selected sessions will be reviewed with Wellstart faculty assigned to attend that particular session.
2. *Wellstart clinical services.* Fellows will be scheduled to participate in patient care sessions with Wellstart faculty, both in clinic and hospital settings.
3. *Teaching assignments.* Fellows will participate in five types of teaching assignments. Fellows will:
 - a. Provide a presentation to the course participants of the fellow's own current lactation program activity.
 - b. Be the primary presenting speaker for one core topic session. The session will be critiqued by course participants and attending faculty.
 - c. Assist the Wellstart faculty during four group discussion sessions including:
 - case management
 - professional roles and responsibilities
 - twenty questions
 - culture and tradition
 - d. Assist participant teams with:
 - assigned small group clinical self study sessions
 - team program planning
 - materials review and selection
 - e. Participate as a member of the teaching team during the hospital rounds sessions scheduled during the course.
4. *Literature review.* Fellows will be expected to select a specific lactation/breastfeeding topic of particular interest to them and review at least 12 articles related to that topic from the current literature. A brief written review of each article using the Reprint Review form is to be submitted. These will be discussed with the Wellstart Fellowship Advisor.
5. *Development of a project or program plan.* During the fellowship, each fellow is expected to develop a program or special project plan which will be implemented after returning home. The intended program plan should be discussed initially with

the Wellstart Fellowship Advisor and Program Co-Directors and at intervals with the Fellowship Advisor during its preparation. The plan is to be completed and presented to the course participants during the program plan presentation session. A written version is to be submitted to Wellstart.

6. *Field trips.* Arrangements will be made for fellows to visit other agencies or facilities which have programs or activities with relevance to lactation management education. These may include a major human milk banking agency, a community hospital-based lactation support program, a university-based lactation service, and a human milk clinical research institute. Fellows will prepare a brief trip report describing each of these visits using the Fellowship Field Trip Report form.
7. *Special events as available.* Arrangements will be made, if at all possible, to allow fellows to participate in meetings or other events which are directly relevant to LME and occur at an appropriate time. For the February-March 1991 fellowship, for example, arrangements were made for participation in the annual meeting of the American Academy of Pediatrics, which was held in San Diego. A special six-hour session on lactation management was featured.

V. EVALUATION

Several tools will be used to evaluate the participants in this fellowship:

1. Faculty review.
2. Course participants' critique of the fellows' seminar session(s).
3. A review of the written reports prepared by the fellow of their program or project plan and of their field trip experiences.

VI. SUPERVISION

Fellowship participants will have supervision from all Wellstart full time faculty, but will be specifically and most closely guided by an assigned Fellowship Advisor.

APPENDIX 3
Course Schedule

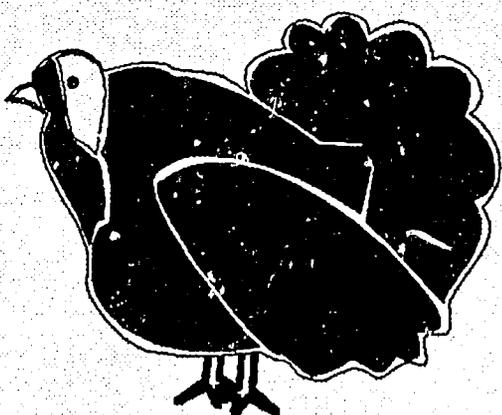
WELLSTART
Lactation Management Education Program
November 18 - December 13, 1991

COURSE SCHEDULE

Week I

11/15/91

Monday 11/18	Tuesday 11/19	Wednesday 11/20	Thursday 11/21	Friday 11/22
<p>8:00 - 8:30 Escort to Wellstart and Tour of Facilities</p> <p>8:30 - 9:45 General Orientation to Program and Overview of Wellstart</p> <p>10:00 - 1:00 Team Presentations</p>	<p>8:30 - 12:30 Breastfeeding and Child Survival -A. Naylor</p>	<p>8:00 - 10:00 Anatomy and Physiology of Lactation -M. Neville</p> <p>11:15 - 1:00 Management of Successful Breastfeeding -R. Wester -M. Kroeger</p>	<p>8:00 - 9:45 Tour of UCSD -Faculty</p> <p>10:00 - 11:30 Orientation to Clinical Experiences -Faculty</p> <p>11:45 - 1:00 Breast Health -M. Kroeger -V. Newman</p>	<p>3:00 - 10:00 Maternal Problems Impacting Successful Lactation and Breastfeeding -E. Creer</p> <p>10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews</p> <p><i>Lactation Clinic (Clinic House)</i> Torre Muriu Madzima Beltran Nxumalo Kambarami</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Nduna Lerma Kamenwa</p> <p><i>Breast Exam Review (Classroom)</i> Kunene Qazi Kibua Chipfunde</p> <p><i>Slide/Tape Set Review (Journal Room)</i> Waithira Ntombela Rafique Shongwe</p> <p><i>Video Tape Review (Library)</i> Njenga Kiruki Aphane Mngomezulu</p>
1:00 - 2:00 LUNCH with Faculty & Staff	12:30 - 1:30 LUNCH	1:00 - 2:00 LUNCH	1:00 - 2:00 LUNCH	1:00 - 2:00 LUNCH
	<p>1:30 - 3:30 Functional Outcomes of Feeding Human Milk -C. Garza</p>	<p>2:00 - 5:00 Maternal Nutrition -V. Newman</p> <p>5:15 - 5:45 Orientation to Program Planning Assignment -J. Schooley</p>	<p>2:00 - 3:30 Infant Problems Impacting Successful Lactation and Breastfeeding -R. Wester -W. Slusser</p> <p>3:45 - 5:15 Oral-Motor Dysfunction in Infants: Assessment and Intervention -K. Bouma</p>	<p>2:00 - 6:00 Curriculum Design -L. Bruce</p>

Monday 11/25	Tuesday 11/26	Wednesday 11/27	Thursday 11/28	Friday 11/29
<p>8:00 - 9:30 Contraindication and Controversies -A. Naylor</p> <p>9:45 - 10:45 Lactation Management Education in Medical Training Programs -N. Powers -E. Creer -V. Newman</p> <p>11:00 - 12:30 Slow Gain/Insufficient Milk Syndrome -N. Powers</p>	<p>8:30 - 9:45 Hospital Rounds (Classroom 8:15) Torre Muriu Kibua Kambarami Shongwe</p> <p>10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews</p> <p><i>Lactation Clinic (Clinic House)</i> Nduna Lerma Qazi Kamenwa Kunene Chipfunde</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Torre Muriu Kambarami</p> <p><i>Breast Exam Review (Classroom)</i> Madzima Beltran Nxumalo Njenga</p> <p><i>Slide/Tape Set Review (Journal Room)</i> Kibua Njenga Aphane Mngomezulu</p> <p><i>Video Tape Review (Library)</i> Waithira Ntombela Rafique Shongwe</p>	<p>8:30 - 9:45 Drugs and Contaminants -P. Anderson</p> <p>10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews</p> <p><i>Lactation Clinic (Clinic House)</i> Kibua Shongwe Rafique Mngomezulu Waithira Ntombela</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Njenga Kiruki Aphane</p> <p><i>Breast Exam Review (Classroom)</i> Torre Muriu Nduna Kambarami</p> <p><i>Slide/Tape Set Review (Journal Room)</i> Madzima Beltran Nxumalo Lerma</p> <p><i>Video Tape Review (Library)</i> Kunene Qazi Chipfunde Kamenwa</p>	<h1>Thanksgiving Holiday</h1>	
<p>12:30 - 2:00 LUNCH</p>	<p>1:00 - 2:00 LUNCH</p>	<p>1:00 - 2:00 LUNCH</p>		
<p>Discussion of Cultural Traditions and Beliefs Related to Infant Feeding (Lunch Provided)</p> <p>2:00 - 3:15 Infant Nutrition and Weaning -V. Newman</p> <p>3:30 - 4:00 Film: "Amazing Newborn"</p> <p>4:00 - 5:30 The Effect of Continuous Social Support During Labor on Perinatal Morbidity -M. Klaus</p>	<p>2:00 - 6:00 Program Planning and Evaluation -A. Brownlee -E. Creer</p>	<p>2:00 - 6:00 Program Planning Workshops -A. Brownlee -E. Creer</p> <p style="text-align: right;"><i>Thanksgiving Dinner at Hob Nob 7:00 p.m.</i></p>		

Monday 12/2	Tuesday 12/3	Wednesday 12/4	Thursday 12/5	Friday 12/6
<p>8:30 - 9:45 Hospital Rounds (Classroom 8:15) Madzima Beltran Nxumalo Waithira Mngomezulu</p> <p>10:00 - 11:00 Breastfeeding and Jaundice -N. Powers</p> <p>11:15 - 1:00 Comparative Lactation -A. Naylor</p>	<p>8:30 - 10:00 Professional Roles and Responsibilities on the Multidisciplinary Team -V. Newman -A. Naylor -R. Wester -E. Creer</p> <p>10:15 - 12:45 Kangaroo Care Method -S. Ludington-Ho</p>	<p>8:30 - 9:45 Hospital Rounds (Classroom 8:15) Nduna Lerma Kamenwa Ntombela Njenga Rafique</p> <p>10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews</p> <p><i>Lactation Clinic (Clinic House)</i> Njenga Kiruki Aphane Kambarami Torre Muriu</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Madzima Beltran Nxumalo</p> <p><i>Breast Exam Review (Classroom)</i> Mngomezulu Kamenwa Waithira Ntombela Rafique Shongwe</p> <p><i>Slide/Tape Set Review (Journal Room)</i> Kunene Qazi Chipfunde</p> <p><i>Video Tape Review (Library)</i> Nduna Lerma Kibua</p>	<p>8:30 - 9:45 Hospital Rounds (Classroom 8:15) Kunene Qazi Chipfunde Kiruki Aphane</p> <p>10:00 - 1:00 Clinical Experiences/ Audiovisual Reviews</p> <p><i>Lactation Clinic (Clinic House)</i> Madzima Beltran Mngomezulu Nxumalo Kibua Shongwe</p> <p><i>Nutrition Counseling (Vicky's Office)</i> Kunene Qazi Chipfunde</p> <p><i>Breast Exam Review (Classroom)</i> Kiruki Aphane Lerma</p> <p><i>Slide/Tape Set Review (Journal Room)</i> Nduna Kamenwa Njenga</p> <p><i>Video Tape Review (Library)</i> Torre Muriu Kambarami</p> <p><i>Independent Study</i> Waithira Ntombela Rafique</p>	<p>8:00 - 11:00 Comparative Lactation Field Trip to the San Diego Wild Animal Park. -L. Killmar</p>
<p>1:00 - 2:00 LUNCH</p>		<p>1:00 - 2:00 LUNCH</p>	<p>1:00 - 2:00 LUNCH</p>	
<p>2:00 - 4:00 Induced and Relactation -E. Jones -A. Naylor</p> <p>4:15 - 5:30 The Infant with Cleft Lip and/or Palate -E. Jones</p>	<p>1:00 - 5:00 Field Trip to ISSSTECALI Hospital, Tijuana, Mexico -E. Jones -G. Chong</p>	<p>2:00 - 3:30 Psychosocial and Cultural Aspects of Infancy: Implications for Breastfeeding -S. Dixon</p> <p>3:45 - 4:30 Growth Monitoring Programs -V. Newman</p> <p>4:45 - 5:30 Orientation to Standardized Patients -E. Creer -L. Scott</p>	<p>2:00 - 6:00 Program Planning Workshops -A. Brownlee -E. Creer</p>	<p>11:00 - 6:00 Intercultural Orientation -Faculty</p> <p>Sunday, December 8 Christmas Party</p>

Monday 12/9	Tuesday 12/10	Wednesday 12/11	Thursday 12/12	Friday 12/13
<p>8:15 - 9:30 Oral-Motor Rounds (Classroom 8:00) Torre Muriu Kambarami Njenga Kunene Qazi Chipfunde</p> <p>9:45 - 12:45 Clinical Experiences/ Standardized Patients</p> <p><i>Lactation Clinic</i> (Clinic House) Nduna Lerma Chipfunde Kamenwa Kunene Qazi</p> <p><i>Standardized Patients</i> (Classroom) Kibua Shongwe Mngomezulu Aphane Njenga Kiruki</p> <p><i>Nutrition Counseling</i> (Vicky's Office) Waithira Ntombela Rafique</p> <p><i>Slide/Tape Set Review</i> (Journal Room) Torre Muriu Kambarami</p> <p><i>Video Tape Review</i> (Library) Madzima Beltran Nxumalo</p>	<p>8:30 - 9:45 Oral-Motor Rounds (Classroom 8:15) Madzima Beltran Nxumalo Kiruki Kibua Shongwe Mngomezulu</p> <p>10:00 - 1:00 Clinical Experiences/ Standardized Patients</p> <p><i>Lactation Clinic</i> (Clinic House) Waithira Ntombela Rafique Aphane Njenga Kiruki</p> <p><i>Standardized Patients</i> (Classroom) Torre Muriu Kambarami Madzima Beltran</p> <p><i>Nutrition Counseling</i> (Vicky's Office) Kibua Shongwe Mngomezulu</p> <p><i>Independent Study</i> Nduna Lerma Kamenwa Nxumalo Kunene Qazi Chipfunde</p>	<p>8:30 - 9:45 Oral-Motor Rounds (Classroom 8:15) Nduna Lerma Kamenwa Aphane Waithira Ntombela Rafique</p> <p>10:00 - 1:00 Standardized Patients</p> <p><i>Standardized Patients</i> (Classroom) Nduna Lerma Kamenwa Nxumalo Chipfunde</p> <p><i>Independent Study</i> Torre Muriu Kambarami Madzima Beltran Kunene Kibua Shongwe Mngomezulu Qazi Waithira Ntombela Rafique Aphane Njenga Kiruki</p>	<p>8:15 - 9:30 AIDS and Breastfeeding -K. Kennedy</p> <p>10:00 - 1:00 Standardized Patients</p> <p><i>Standardized Patients</i> (Classroom) Waithira Ntombela Rafique Kunene Qazi</p> <p><i>Independent Study</i> Torre Muriu Kambarami Chipfunde Madzima Beltran Nxumalo Kamenwa Nduna Lerma Kibua Shongwe Mngomezulu Aphane Njenga Kiruki</p>	<p>9:00 - 12:30 Team Program Plan Presentations -Faculty</p> <p>12:30 - 1:00 Film: "Breastfeeding: Protecting a Natural Resource"</p>
<p>12:45 - 1:30 LUNCH</p>	<p>1:00 - 2:00 LUNCH</p>	<p>1:00 - 2:00 LUNCH</p>	<p>1:00 - 2:00 LUNCH</p>	<p>1:00 - 2:00 LUNCH</p>
<p>1:30 - 3:30 Human Milk for the Preterm Infant -R. Schanler</p> <p>3:45 - 5:30 Lactation Management for Mothers of Preterm Infants -R. Wester -L. Scott</p> <p>5:30 - 8:30 Teaching Resources Review and Selection <i>Mexico, Pakistan, Swaziland</i></p>	<p>2:00 - 3:30 Women, Work, and Breastfeeding -N. Schlossman</p> <p>3:45 - 5:00 Programs to Promote and Protect Breastfeeding -A. Naylor</p> <p>5:30 - 8:30 Teaching Resources Review and Selection <i>Kenya, Zimbabwe</i></p>	<p>2:00 - 3:30 Case Management Review Session -R. Wester -M. Kroeger -W. Slusser</p> <p>3:45 - 5:45 Breastfeeding, Fertility, and Child Spacing -K. Kennedy</p>	<p>2:00 - 3:30 Formula Marketing and the WHO Code -J. Schooley -A. Naylor</p> <p>3:45 - 5:45 Consultant's Report Seminar (Review of 20 Questions Assignment) -A. Naylor -W. Slusser -V. Newman</p>	<p>2:00 - 4:00 Administrative Matters</p> <p>7:00 - 10:00 Closing Ceremonies and Farewell Banquet</p>

APPENDIX 4
Faculty and Staff List

WELLSTART
Lactation Management Education Program
November 18 - December 13, 1992

FACULTY AND STAFF

Wellstart Core Faculty

Ann Brownlee, PhD
Field Services/Evaluation Coordinator

Nancy Powers, MD, FAAP
Director, Professional Services

Elizabeth Creer, FNP, MPH
Family Nurse Practitioner

Wendelin Slusser, MD,MS
Pediatrician

Mary Kroeger, RN, CNM, MPH
Nurse-Midwife

Lois Scott, RN
Lactation Specialist

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

Ruth Wester, RN, BA, CPNP
Co-Director and Vice-President

Vicky Newman, RD, MS
Perinatal Nutritionist

Adjunct Faculty

Philip Anderson, PharmD
Director, Drug Information Service
UCSD Medical Center
San Diego, California

Kathy I. Kennedy, MA
Research Associate
Family Health International
Durham, North Carolina

Katheryn J. Bouma, OTR
Occupational Therapist
UCSD Medical Center
San Diego, California

Lawrence Killmar
Curator of Mammals
San Diego Wild Animal Park
Escondido, California

Linda Bruce, MA, RD
Associate Program Officer
Program for Appropriate Technology in
Health (PATH)
Washington, DC

Marshall Klaus, MD
Adjunct Professor of Pediatrics
University of California, San Francisco
Director of Academic Affairs
Oakland Children's Hospital
Oakland, California

Gabriel Chong, MD
Director
Hospital ISSSTECALI
Tijuana, Mexico

Susan Ludington-Ho, CNM, PhD
Associate Professor, Maternal/Child Health
University of California, Los Angeles
School of Nursing
Los Angeles, California

Cutberto Garza, MD, PhD
Director and Professor
Division of Nutritional Sciences
Cornell University
127 Savage Hall
Ithaca, New York

Margaret C. Neville, PhD
Professor and Acting Chair of Physiology
University of Colorado Health Sciences Center
Denver, Colorado

Elizabeth Jones, RD, MPH, EdD
Pediatric Nutrition Consultant
San Diego, California

Richard Schanler, MD
Associate Professor of Pediatrics
Baylor College of Medicine,
Section of Neonatology and Children's
Nutrition Research Center
Houston, Texas

Nina Schlossman, PhD
Deputy and Technical Director
The Women and Infant Nutrition Support
(WINS) Project
Education Development Center, Inc.
Washington, DC

Administrative Staff

Cynthia Collins
Staff Assistant

Monica King
Education Program Assistant

Lisa Daigle
Financial Manager

Lynn Nelson
Accounting Assistant

Patricia Faucher, MPH
Education Services Coordinator

Janine Schooley, MPH
Director, Education Program Services

Kathleen Finn, MA
Administrative Services Director

Peggy Silva
Receptionist

Ann Fulcher
Program Assistant

Marlene Turpin
Medical Biller/Secretary

Patricia Gage, MA, RD
Staff Assistant

Gail Ugarte, RD, MPH
MCH Project Coordinator

Carol Guenther
Word Processor

Susan Walker
Administrative Assistant

Ingrid Gulve
MCH Project Secretary

Translators

Momy Escalona

Judy McLean

APPENDIX 5

Pre and Post Test Scores Summary

WELLSTART
Lactation Management Education Program

November 18 - December 13, 1991

PRE- AND POST-TEST SUMMARY

Team	Disc.	Name	Pre-Test				Post-Test				Difference Between Pre- and Post-Test Scores (% correct)
			# Incorrect	# Omitted	# Correct	% Correct	# Incorrect	# Omitted	# Correct	% Correct	
Swa	Nutr	*Juliet M. Aphane	3	0	7	46.67					
ChM	Ped	Sandra L. Beltrán Silva	4	0	11	73.33	2	0	13	86.67	+13.34
ChM	Oth	Paloma Lerma Bergua	5	0	10	66.67	1	0	14	93.33	+26.66
Zim	Nutr	Dorothy C. Chipfunde	8	0	7	46.67	8	0	7	46.67	0.00
Zim	Ped	Rose A. Kambarani	3	0	12	80.00	2	0	13	86.67	+6.67
KNH	Ped	Rose W. Kamenwa	3	1	11	73.33	1	0	14	93.33	+20.00
KNH	N	Joyce M. Kiruki	8	0	7	46.67	6	0	9	60.00	+13.33
Swa	OthP	John M. Kunene	9	0	6	40.00	4	0	11	73.33	+33.33
Zim	Nutr	Rufaro C. Madzima	6	4	5	33.33	5	0	10	66.67	+33.34
KNH	Nutr	Waithira Mirie	7	1	8	53.33	5	0	10	66.67	+13.34
Swa	N	Ntombi E. Mngomezulu	3	1	11	73.33	5	1	9	60.00	-13.33
KNH	N	Annie W. Muriu	11	1	3	20.00	6	0	9	60.00	+40.00
Zim	N	Siyemule A. Nduna	4	0	11	73.33	5	0	10	66.67	-6.66
KNH	N	Ann W. Njenga	5	0	10	66.67	3	0	12	80.00	+13.33
Swa	N	Mavis P. Nxumalo	4	2	9	60.00	7	0	8	53.33	-6.67
QuP	Ob	Rehana Qazi	9	1	5	33.33	10	1	4	26.67	-6.66
QuP	Ped	Mohammad Rafique	5	1	9	60.00	6	0	9	60.00	0.00
Swa	OthP	Steven V. Shongwe	6	0	9	60.00	3	0	12	80.00	+20.00
ChM	Nutr	Pilar Torre	6	0	9	60.00	1	0	14	93.33	+33.33
GROUP AVERAGES:			5.89	0.67	8.50	56.67	4.44	0.11	10.44	69.63	+12.96

*Participant departed prior to December 13, when the post-test was administered. Score not included in group averages.

ChM: Breastfeeding Promotion and Support Center (CEPPLAM), Chiapas, Mexico
KNH: Kenyatta National Hospital, Nairobi, Kenya

QuP: Quetta, Pakistan

Swa: Swaziland Infant Nutrition Action Network (SINAN), Mbabane, Swaziland

Zim: National Breastfeeding Program, Harare, Zimbabwe

N: Nurse or Nurse/Midwife (6)
Nutr: Nutritionist or Dietitian (5)
Ob: Obstetrician/Gynecologist (1)
Oth: Other non-physician (1)
OthP: Other Physician (2)
Ped: Pediatrician or Neonatologist (4)

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COMPARISON OF PRE- AND POST-TEST SCORES (% CORRECT) BY TEAM AND DISCIPLINE

Team ⇒ ↓ Disc	Pre-Test						Post-Test						Difference Between Pre- and Post-Test Scores (% correct)						
	ChM	KNH	QuP	Swa	Zim	Disc. Avg.	ChM	KNH	QuP	Swa	Zim	Disc. Avg.	ChM	KNH	QuP	Swa	Zim	Disc. Avg.	
Nurse (6)		46.67 20.00 66.67		73.33 60.00	73.33			60.00 60.00 80.00			60.00 66.67 53.33			13.33 40.00 13.33		-13.33 -6.67	-6.66		6.67
Nutritionist (4)	60.00	53.33			46.67 33.33	48.33	93.33	66.67			46.67 66.67	68.34	33.33	13.34			0	33.34	20.00
Other Non-Phys. (1)	66.67					66.67	93.33				93.33		26.66						26.66
Pediatrician (4)	73.33	73.33	60.00		80.00	71.67	86.67	93.33	60.00		86.67	81.67	13.34	20.00	0.00			6.67	10.00
Obstetrician (1)			33.33			33.33			26.67			26.67			-6.66				-6.66
Oth. Physician (2)				40.0 60.0		50.00				73.33 80.00		76.67				33.33 20.00			26.67
Total Physician Average by Team	73.33	73.33	46.67	50.00	80.00		86.67	93.33	43.34	76.67	86.67		13.33	20.00	-3.33	26.67	6.67		
Total Team Average	66.67	52.00	46.67	58.33	58.33		91.11	72.00	43.34	66.67	66.67		24.44	20.00	-3.33	8.33	8.34		

APPENDIX 6
Course Evaluation Summary

WELLSTART
Lactation Management Education Program
November 18 - December 13, 1991

SUMMARY OF OVERALL COURSE EVALUATION

SCALES USED FOR OVERALL COURSE EVALUATION RATINGS

1 - Usefulness:	5 = very useful 0 = not useful	5 - Ease of Speaking	5 = very easy to speak English 0 = hard to speak English
2 - Ease of Reading	5 = easy to read 0 = hard to read	6 - Hotel Adequacy	5 = very adequate 0 = not adequate
3 - Helpfulness	5 = very helpful 0 = not helpful	7 - Increase in Knowledge	5 = very much 0 = not at all
4 - Understandability	5 = very understandable 0 = not understandable		

A total of eighteen evaluations were completed on the final day of the course with the following breakdown of disciplines indicated: four nutritionists; six nurses and nurse-midwives; four pediatricians or neonatologists; one obstetrician; two other physicians; and one lactation consultant.

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
SEMINARS										
2. Program Planning Workshops										
Usefulness ¹	4.5	4.5	5.0	4.5	5.0	5.0	4.7		4.6	
# of sessions: not enough	2	2	1	1		1		2		7
just right	2	4		2	1	1		4		10
too many				1				1		1
not answered										
CLINICAL EXPERIENCES										
3. Tour of UCSD										
Usefulness ¹	3.0	4.5	3.0	3.0	5.0	4.5	3.7		3.8	
4. Hospital Rounds										
Usefulness ¹	3.3	4.5	3.0	3.3	5.0	5.0	4.0		3.9	
# of sessions: not enough	1	1		2				2		4
just right	3	5	1	2	1	2		5		14
too many										
not answered										
# of patients: not enough	1	2		2		1		3		6
just right	2	3	1	2	1	1		4		10
too many										
not answered	1	1						0		2

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
5. Oral-Motor Assessment Rounds										
Usefulness ¹	4.0	4.8	5.0	3.8	5.0	5.0	4.3		4.4	
# of sessions: not enough				1				1		1
just right	4	5	1	3	1	2		6		16
too many										
not answered		1						0		1
# of patients: not enough				1		1		2		2
just right	4	5	1	3	1			4		14
too many										
not answered		1				1		1		2
6. Lactation Clinic										
Usefulness ¹	4.8	4.2	5.0	4.3	5.0	5.0	4.5		4.5	
# of sessions: not enough	1	1						0		2
just right	3	3	1	4	1	2		7		14
too many										
not answered		2						0		2
# of patients: not enough				1				1		1
just right	3	4		3	1	2		6		13
too many										
not answered	1	2	1					0		4
7. Standardized Patients										
Usefulness ¹	4.3	4.2	5.0	4.8	5.0	5.0	4.8		4.5	
# of sessions: not enough		1		1				1		2
just right	4	5	1	3	1	2		6		16
too many										
not answered										
# of patients: not enough				1		1		2		2
just right	3	4		3	1	1		5		12
too many										
not answered	1	2	1					0		4

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
8. Nutrition Counseling										
Usefulness ¹	5.0	4.2	5.0	4.5	5.0	5.0	4.7		4.6	
# of sessions: not enough	1	2	1	1				1		5
just right	3	4		3	1	2		6		13
too many										
not answered										
# of patients: not enough	1		1	1				1		3
just right	2	3		3	1	2		6		11
too many										
not answered	1	3						0		4
9. Breast Exam Review Session										
Usefulness ¹	4.5	4.5	5.0	5.0	5.0	5.0	5.0		4.7	
AUDIO VISUAL REVIEWS										
10. Video Tape Review Session										
Usefulness ¹	4.5	4.7	5.0	4.5	4.0	5.0	4.6		4.6	
11. Slide Set Review Session										
Usefulness ¹	4.5	4.5	5.0	4.0	4.0	5.0	4.3		4.4	
FIELD TRIPS										
12. Tijuana Children's Hospital, ISSSTECALI										
Usefulness ¹	2.0	3.3	3.0	3.1	5.0	3.0	3.3		3.0	
13. San Diego Wild Animal Park										
Usefulness ¹	4.3	4.8	5.0	19.0	5.0	5.0	4.9		4.7	
VIDEOTAPES SHOWN DURING COURSE										
14. M. Klaus, "Amazing Newborn"										
Usefulness ¹	3.5	4.5	4.0	4.7	4.0	5.0	4.7		4.3	
15. IISNFP, "Breastfeeding: Protecting a Natural Resource"										
Usefulness ¹	5.0	4.7	5.0	4.8	4.0	5.0	4.7		4.8	

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
READING ASSIGNMENTS										
16. Akre (WHO), Infant Feeding — The Physiological Basis										
Did not read	2	5	1	2				2		10
Length: too long										
just right	2	1		2	1	1		4		7
too short										
not answered						1		1		1
Ease of reading ²	4.0	4.2		4.5	4.0	5.0	4.6		4.4	
Usefulness ¹	4.5	4.0		4.5	4.0	4.5	4.4		4.4	
Use in future? yes	2	1		2	1	2		5		8
no										
not answered										
17. APHA, Legislation & Policies to Support Maternal and Child Nutrition, Report No. 6										
Did not read	2	3	1	4				4		10
Length: too long	1							0		1
just right	1	1			1	2		3		5
too short		2						0		2
not answered										
Ease of reading ²	4.0	4.1			4.0	4.5	4.3		4.2	
Usefulness ¹	4.5	4.0			4.0	4.5	4.3		4.3	
Use in future? yes	2	2			1	2		3		7
no										
no answer		1						0		1
18. Huffman and Combest, Breastfeeding — A Prevention and Treatment Necessity for Diarrhea										
Did not read	1	4		2				2		7
Length: too long				1				1		1
just right	1	1	1	1	1	2		4		7
too short	1	1						0		2
not answered	1							0		1
Ease of reading ²	4.3	4.0	5.0	4.5	4.0	4.0	4.2		4.3	
Usefulness ¹	4.3	4.0	4.0	4.5	4.0	4.5	4.4		4.3	
Use in future? yes	3	1	1	2	1	1		4		9
no										
not answered		1				1		1		2

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
19. IISNFP, Guidelines for Breastfeeding in Family Planning and Child Survival Programs										
Did not read	1	1		4				4		6
Length: too long										
just right	3	4	1		1	2		3		11
too short										
not answered		1						0		1
Ease of reading ²	4.0	4.4	5.0		4.0	4.0	4.0		4.3	
Usefulness ¹	4.0	4.4	5.0		4.0	3.5	3.7		4.2	
Use in future? yes	3	4	1		1	1		2		10
no										
not answered		1				1		1		2
20. IISNFP, Breastfeeding— Protecting a Natural Resource										
Did not read	2	1		2				2		5
Length: too long										
just right	2	3	1	2	1	2		5		11
too short		2						0		2
not answered										
Ease of reading ²	4.5	4.3	5.0	4.5	4.0	4.4	4.4		4.4	
Usefulness ¹	4.5	4.0		4.5	4.0	4.4	4.4		4.3	
Use in future? yes	2	4		2	1	2		5		11
no										
not answered		1	1					0		2
21. IRD/Westinghouse, Child Survival: Risks and the Road to Health										
Did not read		2		3				3		5
Length: too long										
just right	2	3	1	1	1	1		3		9
too short	1							0		1
not answered	1	1				1		1		3
Ease of reading ²	3.8	4.3	5.0	4.0	4.0	5.0	4.5		4.2	
Usefulness ¹	4.0	4.3	5.0	4.0	4.0	4.5	4.3		4.2	
Use in future? yes	3	2	1	1	1	2		4		10
no										
not answered	1	2						0		3

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
22. Institute of Medicine, Nutrition During Lactation										
Did not read			1	3				3		4
Length: too long										
just right	4	2				2		2		8
too short		2		1				1		3
not answered		2			1			1		3
Ease of reading ²	4.5	4.3		3.0	4.0	5.0	4.3		4.4	
Usefulness ¹	4.8	4.6		4.0	4.0	5.0	4.5		4.6	
Use in future? yes	4	5		1	1	1		3		12
no										
not answered		1				1		1		2
23. IOCU, Protecting Infant Health: A Health Workers' Guide to the International Code of Marketing of Breastmilk Substitutes										
Did not read		1		2				2		3
Length: too long										
just right	3	5	1	2	1	1		4		13
too short	1									1
not answered						1		1		1
Ease of reading ²	4.5	4.7	5.0	4.0	4.0	4.5	4.2		4.5	
Usefulness ¹	4.8	4.5	5.0	4.5	4.0	4.0	4.2		4.5	
Use in future? yes	3	4	1	2	1	2		5		13
no										
not answered	1	1						0		2
24. IPPF, Breastfeeding, Fertility & Contraception										
Did not read	1			3				3		4
Length: too long										
just right	2	2	1			2		2		7
too short		2		1				1		3
not answered	1	2			1			1		4
Ease of reading ²	4.2	4.7	5.0	5.0	3.0	4.5	4.3		4.5	
Usefulness ¹	4.3	4.8	5.0	5.0	3.0	5.0	4.5		4.6	
Use in future? yes	3	6	1	1	1	2		4		14
no										
not answered										

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
25. Lawrence, Breastfeeding — A Guide for the Medical Profession										
Did not read										
Length: too long	1	1						0		2
just right	3	3	1	3	1	2		6		13
too short		2		1				1		3
not answered										
Ease of reading ²	4.3	4.4	5.0	4.5	4.0	5.0	4.6		4.5	
Usefulness ¹	4.7	4.7	5.0	4.8	4.0	5.0	4.7		4.7	
Use in future? yes	4	6	1	4	1	2		7		18
no										
not answered										
26. NCI, Breast Exams — What You Should Know										
Did not read	2	3		3				3		8
Length: too long		1						0		1
just right	1	1	1	1	1	2		4		7
too short										
not answered	1	1						0		2
Ease of reading ²	4.0	4.3	5.0	5.0	4.0	4.5	4.5		4.4	
Usefulness ¹	4.0	4.7	5.0	5.0	4.0	4.5	4.5		4.5	
Use in future? yes	2	3	1	1	1	1		3		9
no										
not answered						1		1		1
27. The Population Council, Breastfeeding — A Nurse's Guide										
Did not read	3	2	1	3				3		9
Length: too long										
just right	1	2			1	2		3		6
too short		1		1				1		2
not answered		1						0		1
Ease of reading ²	4.0	4.5		4.0	4.0	4.0	4.0		4.2	
Usefulness ¹	4.0	4.3		3.0	4.0	4.0	3.8		4.0	
Use in future? yes	1	3		1	1	2		4		8
no										
not answered		1						0		1

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
28. Royal College of Midwives, Successful Breastfeeding: A Practical Guide for Mothers and Midwives and Others Supporting Breastfeeding Mothers										
Did not read	1	1	1	2	1			3		6
Length: too long										
just right	3	2		2		2		4		9
too short		1						0		1
not answered		2						0		2
Ease of reading ²	3.0	4.4		4.5		5.0	4.8		4.2	
Usefulness ¹	4.0	4.2		4.5		5.0	4.8		4.3	
Use in future? yes	3	3		2		2		4		10
no										
not answered		2						0		2
29. UNICEF, All for Health										
Did not read	1	3		2				2		6
Length: too long										
just right	3	1	1	2	1	2		5		10
too short										
not answered		2						0		2
Ease of reading ²	5.0	4.3	5.0	4.0	5.0	4.5	4.4		4.6	
Usefulness ¹	5.0	4.7	3.0	4.0	5.0	5.0	4.6		4.6	
Use in future? yes	3	2	1	2	1	2		5		11
no										
not answered		1						0		1
30. UNICEF/WHO/UNESCO, Facts for Life										
Did not read		1		2				2		3
Length: too long										
just right	4	3	1	2	1	2		5		13
too short										
not answered		2						0		2
Ease of reading ²	4.3	4.2	5.0	4.5	5.0	4.5	4.6		4.4	
Usefulness ¹	4.5	4.2	3.0	4.5	5.0	4.5	4.6		4.3	
Use in future? yes	4	5	1	2	1	2		5		15
no										
not answered										

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
31. UNICEF, State of the World's Children 1991										
Did not read		3		1				1		4
Length: too long										
just right	3	3	1	3	1	2		6		13
too short										
not answered	1							0		1
Ease of reading ²	4.5	4.3	5.0	4.3	5.0	5.0	4.7		4.6	
Usefulness ¹	4.5	4.3	5.0	4.7	5.0	4.5	4.7		4.6	
Use in future? yes	4	3	1	3	1	2		6		14
no										
not answered										
32. USDHHS, Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation										
Did not read	3	4	1	4	1	1		6		14
Length: too long	1					1		1		2
just right		1						0		1
too short		1						0		1
not answered										
Ease of reading ²	2.0	3.0				2.0	2.0		2.3	
Usefulness ¹	2.0	3.0				3.0	3.0		2.7	
Use in future? yes		1				1		1		2
no										
not answered	1	1						0		2
33. Winikoff, Semeraro & Zimmerman, Contraception During Breastfeeding. A Clinician's Sourcebook										
Did not read	2	2		3				3		7
Length: too long		2						0		2
just right	1	2	1	1	1	1		3		7
too short										
not answered	1				1			1		2
Ease of reading ²	5.0	4.8	5.0	4.0	4.0	5.0	4.3		4.6	
Usefulness ¹	5.0	4.5	5.0	4.0	4.0	5.0	4.3		4.5	
Use in future? yes	2	4	1	1	2	1		4		11
no										
not answered										

35

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
34. WHO, International Code of Marketing of Breastmilk Substitutes										
Did not read						1		1		1
Length: too long										
just right	4	3	1	4		1		5		13
too short		1						0		1
not answered		2			1			1		3
Ease of reading ²	4.8	4.2	5.0	4.5	4.0	3.0	4.2		4.4	
Usefulness ¹	4.8	4.5	5.0	4.5	4.0	5.0	4.5		4.6	
Use in future? yes	3	6	1	4	1	1		6		16
no										
not answered	1							0		1
35. WHO/UNICEF, Protecting, Promoting & Supporting Breastfeeding: the Special Role of Maternity Services										
Did not read		3	1	2				2		6
Length: too long										
just right	4	2		2	1	2		5		11
too short										
not answered		1						0		1
Ease of reading ²	4.5	4.3		4.5	4.0	4.5	4.4		4.4	
Usefulness ¹	4.5	4.3		4.5	4.0	4.5	4.4		4.4	
Use in future? yes	4	3		2	1	2		5		12
no										
not answered										
36. WHO, The Growth Chart — A Tool for Use in Infant and Child Health Care										
Did not read	2	1	1	2		1		3		7
Length: too long	1					1		1		2
just right	1	4		2				2		7
too short										
not answered		1			1			1		2
Ease of reading ²	5.0	4.2		4.5	4.0	5.0	4.5		4.5	
Usefulness ¹	4.5	4.6		5.0	4.0	5.0	4.8		4.6	
Use in future? yes	2	4		2	1	1		4		10
no										
not answered		1						0		1

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
37. WHO, Weaning from Breast Milk to Family Food. A Guide for Health and Community Workers										
Did not read	1	3		3	1			4		8
Length: too long						1		1		1
just right	3	2	1	1		1		2		8
too short		1						0		1
not answered										
Ease of reading ²	4.3	4.0	4.0	5.0		5.0	5.0		4.4	
Usefulness ¹	4.3	4.0	4.0	4.0		5.0	4.7		4.3	
Use in future? yes	2	3	1	1		2		3		9
no										
not answered	1							0		1
38. WHO, Women, Work & Breastfeeding (draft)										
Did not read	1	1	1	3				3		6
Length: too long	1							0		1
just right	1	4				2		2		7
too short		1						0		1
not answered	1			1	1			2		3
Ease of reading ²	4.3	4.1		4.0	4.0	4.0	4.0		4.1	
Usefulness ¹	4.3	4.2		5.0	4.0	4.5	4.5		4.3	
Use in future? yes	3	3		1	1	1		3		9
no										
not answered		2				1		1		3
39. Worthington-Roberts & Williams, Nutrition in Pregnancy & Lactation										
Did not read	1	1	1	2		1		3		6
Length: too long										
just right	3	3		2		1		3		9
too short		1						0		1
not answered		1			1			1		2
Ease of reading ²	4.3	4.0		4.5	4.0	5.0	4.5		4.3	
Usefulness ¹	4.7	4.4		4.5	4.0	5.0	4.5		4.5	
Use in future? yes	3	5		2	1	1		4		12
no										
not answered										

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
40. Team Reprint Collection										
Did not read		3		1				1		4
Length: too long	2	1				1		1		4
just right	1	2	1	2	1	1		4		8
too short	1			1				1		2
not answered										
Ease of reading ²	4.7	3.3	5.0	4.7	4.0	5.0	4.7			4.4
Usefulness ¹	5.0	3.3	5.0	4.7	4.0	5.0	4.7			4.5
Use in future? yes	2	2	1	3	1	2		6		11
no		1						0		1
not answered	2							0		2
MISCELLANEOUS IMPORTANT MATTERS										
41. Course Syllabus										
Ease of reading ²	5.0	4.7	5.0	4.5	4.0	5.0	4.6			4.7
Usefulness ¹	5.0	5.0	5.0	4.5	4.0	5.0	4.6			4.8
42. The English Language										
Understandability ¹	4.8	4.7	5.0	4.3	4.0	5.0	4.4			4.6
Ease of reading ²	4.8	4.7	5.0	4.8	4.0	5.0	4.7			4.7
Ease of Speaking ⁵	4.8	4.5	2.0	3.9	4.0	5.0	3.6			4.3
43. Hotel Accommodations										
Adequacy ⁶	5.0	4.8	5.0	5.0	3.0	5.0	4.7			4.8
Use in future? yes	4	6	1	4	1	2		7		18
no										
not answered										
44. Local transportation										
Buses	adequate		2		2		2		4	6
	not adequate	1			1			1		2
	not answered	3	4	1	1	1			2	10
Taxis	adequate				1		2		3	3
	not adequate				1			1		1
	not answered	4	6	1	2	1		3		14
Hotel van	adequate	4	6	1	4	1	2		7	18
	not adequate									
	not answered									

	Nutr	Nurs	Oth	Ped	Ob	Oth Phys	Physician		Group	
							Avg	Tot	Avg	Tot
OVERALL EVALUATION	5.0	5.0	5.0	4.8	5.0	5.0	4.9		4.9	
45. Usefulness of providing this program to multidisciplinary teams ¹										
46. Increase in knowledge ⁷	5.0	4.7	4.0	4.0	5.0	5.0	4.1		4.5	
47. Recommend this program be provided for other health professionals from developing nations	4	6	1	4	1	2		7		18
yes										
no										
not answered										
General rating										
excellent	2	1	1	3	1	2		6		10
very good	2	4		1				1		7
good										
fair										
poor										
not answered		1						0		1

APPENDIX 7
Team Program Plans

LACTATION MANAGEMENT PROGRAMME

Kenyatta National Hospital

Nairobi, Kenya

Dr. Rose W. Kamenwa, Pediatrician

Ms. Annie W. Muriu, Registered Nurse-Midwife

Mrs. Anne. W. Njenga, Nurse Tutor and MCH Instructor

Mrs. Mirie Waithira, Nutritionist

Mrs. Joyce Kiruki, Senior Nursing Officer

Mrs. Grace Kibua, Nutritionist

Presented December 13, 1991

**Developed in cooperation with Wellstart as part of the Lactation Management Education
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Location

Kenya is located in Eastern Africa and covers an area of 583,000 square kilometers, of which 11,230 square kilometers is water. Kenya is bordered on the north by Ethiopia, on the northwest by Sudan, on the west by Uganda, on the south by Tanzania, and on the east by Somalia.

Kenya is divided into eight provinces (seven rural, one urban), which are divided into 43 districts. The districts are further divided into divisions, locations and sublocations.

The country is divided into 188 parliamentary constituencies, and each constituency is represented in parliament by a member of Parliament. The Parliament is a policy making body of the country.

Kenya is an agricultural country and the people are dependent on it for livelihood. The main cash crops grown are coffee, tea, pyrethrum and maize, etc. Maize is the major staple food.

In 1989, the Kenya population was estimated to be 23.4 million with a growth rate of 3.8%. The projected population for 1993 is 32.1 million. The fertility rate is 7.9 average children per woman and the infant mortality rate is 74/1000. Children between 0-4 years will represent 18.45% of the total population in 1993. The rapid population growth in Kenya arises primarily from the rapid decline in overall mortality particularly, infant mortality rate, improved standards of living. The high fertility rate contributes to rapid population growth, which is a burden to Kenya economy. The most affected areas are the health, education, and labor sectors.

Health services is a function of their availability and accessibility. In 1988, there were 1,801 health facilities. One third of these are run by NGOs. On average, there is one health facility per 12,500 people excluding Nairobi and Mombasa. It is estimated that about 42% of households are within 4 kilometers of rural health facility and about 77% are within 8 kilometers.

Introduction

Human breast milk has been scientifically proved to be superior over other milks available for feeding infants. The milk is nutritionally adequate to promote growth for infants 4-6 months of age (i) has immunological properties that increase an infant's resistance to disease, hence lower morbidity and mortality among infants (iii) it's cheaper than artificial feedings (iv) it is convenient, does not require elaborate preparations. In addition, breastfeeding has a contraceptive effect to the lactating mothers, and the method of breastfeeding provides a psychological bonding between the mother and the child due to prolonged contact between them.

Although the benefits of breastfeeding are well documented, and over 95% of Kenya women initiate breastfeeding, the Kenya Child Nutrition Survey of 1978/79 showed that urban mothers breastfed for a shorter duration of 10 months compared to 14 months duration for rural mothers, weaned them earlier than the recommended 4-6 months, and used more commercial infant preparations. Health workers should take a leading role in emphasizing proper feeding practices. In 1982, a collaborative health worker KAP study coordinated by Kenya's Ministry of Health (MOH), UNICEF, Breastfeeding Information Group (BIG) and Kenya Medical Research Institute (KEMRI) in maternity facilities in Kenya, revealed a low level of knowledge and other detrimental feeding practices on infant feeding, suggesting that health workers needed more post experience training on knowledge and skills about the management of breastfeeding. As a result, the MOH, and other NGOs increased their efforts to promote breastfeeding by developing a code of marketing breastmilk substitutes, distributed circulars on breastfeeding management in hospitals and initiated the development of post training courses for health workers. In 1989, a subsequent KAP study to evaluate changes in health workers KAP in Kenya maternity facilities was conducted. The study showed that in almost all areas of breastfeeding management, their knowledge had improved since 1982.

The lactation management centre is to be established within Kenyatta National Hospital, as a joint venture between the Hospital, Ministry of Health, and the University of Nairobi. This is a teaching referral hospital with a bed capacity of 2,000. The hospital has been active in promoting, protecting and supporting breastfeeding and was chosen as a Baby Friendly Initiative hospital in September 30, 1991, having initiated the WHO/UNICEF "Ten Steps to Successful Breastfeeding" and it is implementing Kenya's Ministry of Health "14 Steps to Successful Breastfeeding."

Every year the hospital offers an average of 200 student from University of Nairobi Medical School, and Kenya Medical Training College support in their clinical experiences. Therefore, the role of the center will be to improve knowledge/curriculum for health professionals, offer continuous education for trainers, health workers, give individual lactation management support to mothers and conduct research.

PROBLEM DIAGRAM

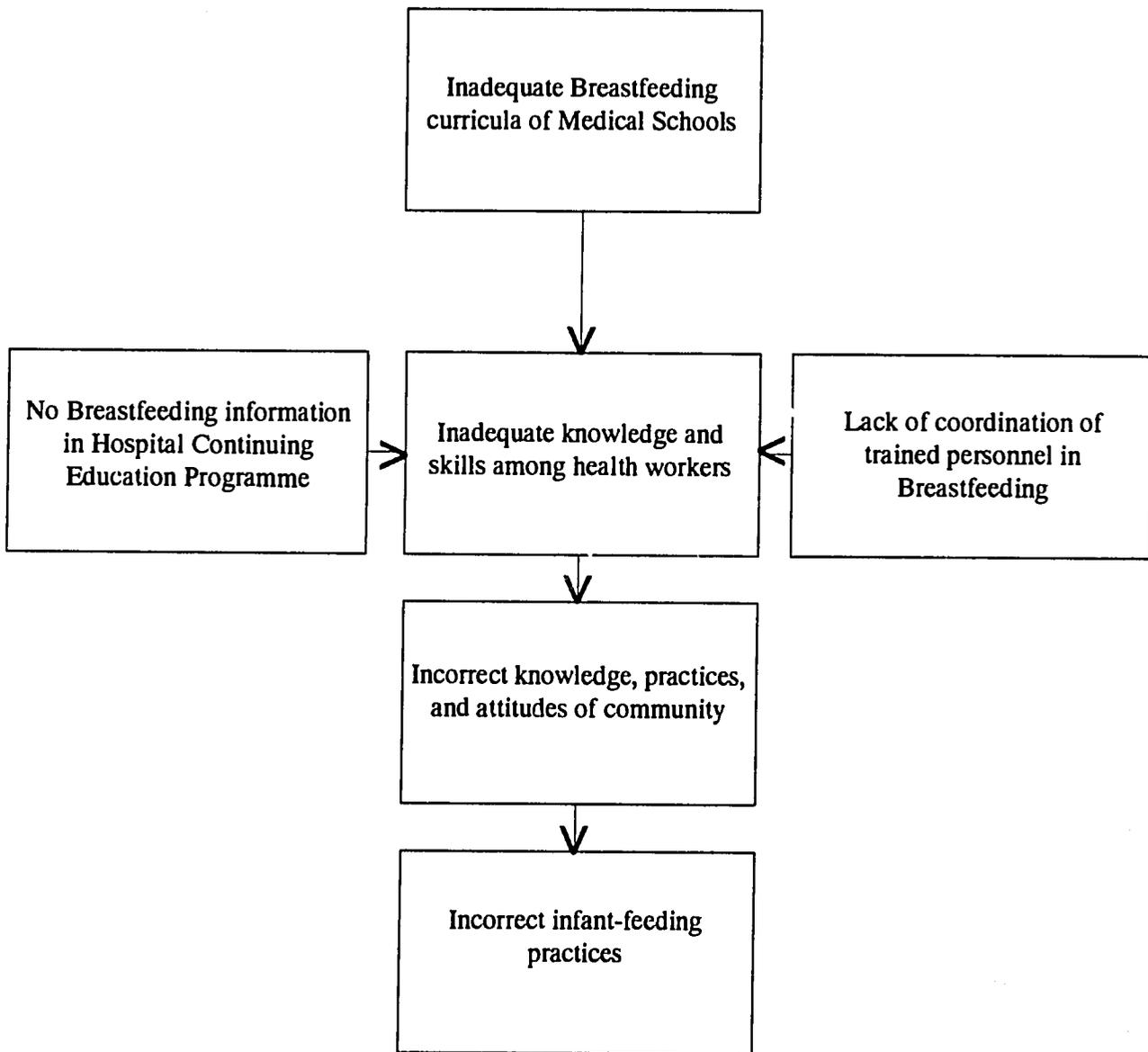


Fig. II

Goal

To improve the knowledge, skills, and attitudes of health workers towards breastfeeding.

1 Objective 1

By the end of 1992, Kenyatta National Hospital (KNH) Lactation Management Training Team (LMTT) will have established a Lactation Management Centre.

1.1 Strategies

- 1.1.1 Presentation of the proposal for establishment of the Lactation Management Centre to KNH Ministry of Health (MOH) and University of Nairobi Officials.
- 1.1.2 Identification of the physical facility.
- 1.1.3 Collaboration with appropriate non-governmental organizations like African Medical and Research Foundation (AMREF) and Private Hospitals and IBFAN.
- 1.1.4 Recruitment of the human resources.
- 1.1.5 Development of resource materials.
- 1.1.6 Preparation of teaching aids.

1.2 Activities

- 1.2.1 The Advisory Committee comprising of representatives from KNH, MOH, and the University of Nairobi will identify the Lactation Management Centre.
- 1.2.2 The coordinator will be responsible for day to day activities of the Centre.
- 1.2.3 The LMTT will hold meetings with the appropriate non-governmental organizations.
- 1.2.4 The Advisory Committee will recruit supportive staff, e.g., driver and messenger/clerk.
- 1.2.5 The Advisory Committee will oversee the purchase of equipment, furniture and stationery for the Lactation Management Centre.
- 1.2.6 The secretary will be responsible for the office work, library, furniture, equipment and supplies.

2 Objective 2

By the end of 1993, the LMTT will have participated in improving the curricula for both medical schools and schools of nursing to incorporate all aspects of breastfeeding lactation management into the existing curricula.

2.1 Strategy

- 2.1.1 The Advisory Committee will consult with the Medical Training Institutions regarding the improvement of the existing curricula.

2.2 Activity

- 2.2.1 The LMTT will participate in improving the curricula for the Medical Training Institutions.

3 Objective 3
By the end of 1993, the Lactation Management Training Centre will have provided training to 30 trainers and 60 health workers at KNH and from other health facilities in Kenya.

3.1 Strategies

- 3.1.1 Training of trainers from all over the country.
- 3.1.2 Providing technical update to the health workers.

3.2 Activities

- 3.2.1 The advisory committee will select the participants, i.e., doctors, nutritionists, and nurses.
- 3.2.2 The LMTT will
 - 3.2.2.1 Prepare teaching schedules
 - 3.2.2.2 Prepare teaching materials and aids.
 - 3.2.2.3 Prepare and pre- and post-test for the trainees.
 - 3.2.2.4 Conduct training for the trainers and other workers.
 - 3.2.2.5 Submit articles on lactation for publication through existing newsletters., e.g. Nutrition Association of Kenya (NAK), National Nurses Association of Kenya (NNAK) and Kenya Medical Women Association of Kenya (KMWA).
- 3.2.3 The Advisory Committee will facilitate further training for the Lactation Management Training Team.

4 Objective 4

By March, 1992, the LMTT will have started providing continuous counseling to expectant and lactating workers in the clinical areas (Paediatric and Obstetric wards, Maternal Child Health and Family Planning and Ante Natal Clinics) of the KNH.

4.1 Strategies

- 4.1.1 Provision of counseling to mothers.
- 4.1.2 Holding group discussions with mothers and conducting demonstrations.

4.2 Activities

- 4.2.1 The LMTT will prepare a needs assessment questionnaire for mothers on admission and on discharge.
- 4.2.2 The LMTT and the service providers will provide to the mothers:
 - 4.2.2.1 Group discussions.
 - 4.2.2.2 Practical demonstrations.
 - 4.2.2.3 Individual counseling.

5 Objective 5

By the beginning of 1993, the LMTT will have provided clinical experience in Lactation Management to both medical student and student nurses.

5.1 Strategy

Teaching the students about lactation management. Exposing the student to practical experiences on lactation management.

5.2 Activity

Teach the medical and nursing students through case discussions and clinical demonstrations.

6

Objective 6

By the end of 1992, the LMTT will provide continuous monitoring and evaluation of the activities.

6.1 Strategies

6.1.1 Monitoring of the activities which will be continuous throughout the project.

6.1.2 Design a KAP study for health workers.

6.2 Activities

6.2.1 The LMTT will carry out the following activities:

6.2.1.1 Analyse and compile

6.2.1.1.1 Pre- and post-tests.

6.2.1.1.2 Needs assessment questionnaire for mothers.

6.2.1.1.3 KAP study for the health workers.

6.2.1.2 Review and analyse annual reports from the training centres and act accordingly.

6.2.1.3 Compile and present the Centre's annual report to KNH, MOH, donor agencies, non-governmental agencies and university of Nairobi.

**Lactation Management Programme
Kenyatta National Hospital
December, 1991**

Objective	Strategies	Activities
<p>By the end of 1992, Kenyatta National Hospital (KNH) Lactation Management Training Team (LMTT) will have established a Lactation Management Centre.</p>	<ul style="list-style-type: none"> • Presentation of the proposal for establishment of the Lactation Management Centre to KNH Ministry of Health (MOH) and University of Nairobi Officials. • Identification of the physical facility. • Collaboration with appropriate non-governmental organizations like African Medical and Research Foundation (AMREF) and Private Hospitals and IBFAN. • Recruitment of the human resources. • Development of resource materials. • Preparation of teaching aids. 	<ul style="list-style-type: none"> • The Advisory Committee comprising of representatives from KNH, MOH, and the University of Nairobi will identify the Lactation Management Centre. • The coordinator will be responsible for day to day activities of the Centre. • The LMTT will hold meetings with the appropriate non-governmental organizations. • The Advisory Committee will recruit supportive staff, e.g., driver and messenger/clerk. • The Advisory Committee will oversee the purchase of equipment, furniture and stationery for the Lactation Management Centre. • The secretary will be responsible for the office work, library, furniture, equipment and supplies.
<p>By the end of 1993, the LMTT will have participated in improving the curricula for both medical schools and schools of nursing to incorporate all aspects of breastfeeding lactation management into the existing curricula.</p>	<ul style="list-style-type: none"> • The Advisory Committee will consult with the Medical Training Institutions regarding the improvement of the existing curricula. 	<ul style="list-style-type: none"> • The LMTT will participate in improving the curricula for the Medical Training Institutions.

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Objective	Strategies	Activities
<p>By the end of 1993, the Lactation Management Training Centre will have provided training to 30 trainers and 60 health workers at KNH and from other health facilities in Kenya.</p>	<ul style="list-style-type: none"> • Training of trainers from all over the country. • Providing technical update to the health workers. 	<ul style="list-style-type: none"> • The advisory committee will select the participants, i.e., doctors, nutritionists, and nurses. • The LMTT will <ul style="list-style-type: none"> • Prepare teaching schedules • Prepare teaching materials and aids. • Prepare and pre- and post-test for the trainees. • Conduct training for the trainers and other workers. • Submit articles on lactation for publication through existing newsletters., e.g. Nutrition Association of Kenya (NAK), National Nurses Association of Kenya (NNAK) and Kenya Medical Women Association of Kenya (KMWA). • The Advisory Committee will facilitate further training for the Lactation Management Training Team.
<p>By March, 1992, the LMTT will have started providing continuous counseling to expectant and lactating workers in the clinical areas (Paediatric and Obstetric wards, Maternal Child Health and Family Planning and Ante Natal Clinics) of the KNH.</p>	<ul style="list-style-type: none"> • Provision of counseling to mothers. • Holding group discussions with mothers and conducting demonstrations. 	<ul style="list-style-type: none"> • The LMTT will prepare a needs assessment questionnaire for mothers on admission and on discharge. <ul style="list-style-type: none"> • The LMTT and the service providers will provide to the mothers: • Group discussions. • Practical demonstrations. • Individual counseling.
<p>By the beginning of 1993, the LMTT will have provided clinical experience in Lactation Management to both medical student and student nurses.</p>	<p>Teaching the students about lactation management. Exposing the student to practical experiences on lactation management.</p>	<p>Teach the medical and nursing students through case discussions and clinical demonstrations.</p>
<p>By the end of 1992, the LMTT will provide continuous monitoring and evaluation of the activities.</p>	<ul style="list-style-type: none"> • Monitoring of the activities which will be continuous throughout the project. • Design a KAP study for health workers. 	<ul style="list-style-type: none"> • The LMTT will carry out the following activities: <ul style="list-style-type: none"> • Analyse and compile <ul style="list-style-type: none"> • Pre- and post-tests. • Needs assessment questionnaire for mothers. • KAP study for the health workers. • Review and analyse annual reports form the training centres and act accordingly. • Compile and present the Centre's annual report to KNH, MOH, donor agencies, non-governmental agencies and university of Nairobi.

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**Time Line
Kenyatta National Hospital
December, 1991**

	1992												1993											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Establish and organise meeting																								
Locate Centre																								
Purchase equipment																								
Recruit staff																								
Teaching materials																								
Counsel mothers																								
Curriculum Development/Review																								
Select participants																								
Train T.O.T.																								
Submit newsletter articles																								
Checklist of year's activities																								
Annual report																								
Continous staff training																								
Monitor activities																								
Fellow training																								
KAP preparation																								
Review workshop for KAP study																								
Lactation workshop																								

	1994												1995											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Establish and organise meeting	■			■					■				■			■					■			
Locate Centre																								
Purchase equipment																								
Recruit staff																								
Teaching materials											■													
Counsel mothers	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Curriculum Development/Review											■											■		
Select participants		■						■						■						■				
Train T.O.T.			■					■						■	■					■				
Submit newsletter articles	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Checklist of year's activities											■													
Annual report												■												
Continous staff training	■				■	■			■				■				■				■			
Monitor activities	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Fellow training																								
KAP preparation																			■	■	■			
Review workshop for KAP study																								
Lactation workshop																■								

	1996											
	J	F	M	A	M	J	J	A	S	O	N	D
Establish and organise meeting	■			■					■			
Locate Centre												
Purchase equipment												
Recruit staff												
Teaching materials												
Counsel mothers	■	■	■	■	■	■	■	■	■	■	■	■
Curriculum Development/Review												■
Select participants		■										
Train T.O.T.			■									
Submit newsletter articles	■	■	■	■	■	■	■	■	■	■	■	■
Checklist of year's activities												
Annual report												
Continous staff training	■				■							
Monitor activities	■	■	■	■	■	■	■	■	■	■	■	■
Fellow training												
KAP preparation												
Review workshop for KAP study												
Lactation workshop												

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ORGANIZATIONAL STRUCTURE

The Lactation Management Centre will be under Kenyatta Hospital Board of Management as illustrated in Fig. I below.

ORGANIZATIONAL STRUCTURE

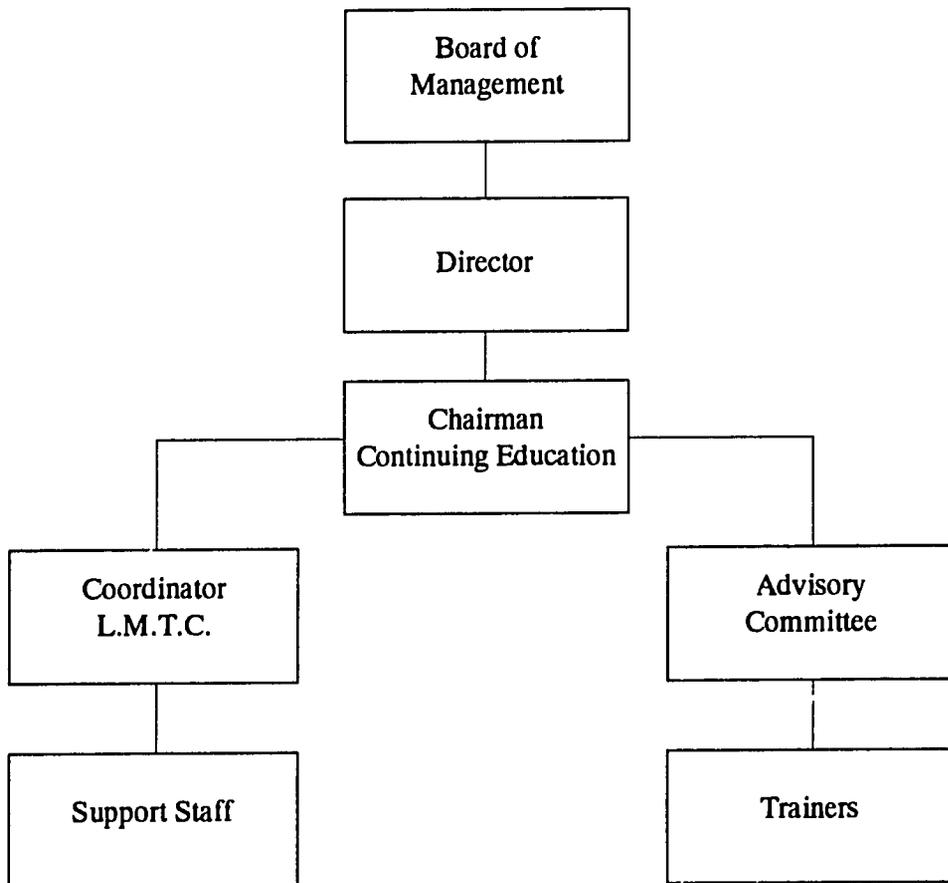


Fig. I

Budget

Item	Cost in US dollars
1. Furniture	1,940.00
5 tables	
29 chairs	
2 cupboards	
3 filing cabinets	
2. Equipment and Material	31,000.00
projector (overheads & slides)	
computer	
typewriter	
video camera	
photocopier machine	
television	
teaching materials	
reference materials	
stationery	
models	
heightometer	
tape measure	
weighing scales	
- mothers	
- children	
Staff	2,600.00
Training (1 year)	36,000.00
Travelling and Accommodations	3,200.00
Vehicle	30,000.00
Seminars/Workshops	700.00
Total	<u>113,440.00</u>
10% contingency	11,344.00
Grand total	<u>124,784.00</u>

Budget

Item	Cost in US dollars
Furniture	743.00
2 office tables	
4 chairs	
File cabinets	
Projectors (overhead and slide)	8,000.00
Staff	2,600.00
Training (1 year)	36,000.00
Training and accommodation	<u>3,200.00</u>
Total	55,540.00
10% contingency	<u>5,554.00</u>
Grand total	<u>61,094.00</u>
Other items required but not budgeted, see Appendix I	

Appendix I Budget

Item	Cost in US dollars
Typewriter	20,000.00
Photocopier machine	
Video camera	
Television	
Teaching Materials	
- Reference materials	
- Stationery	
- Models	
Computer	3,000.00
Classroom Furniture	1,200.00
- 25 chairs	
- 3 tables	
- 2 cupboards	
Vehicle	30,000.00
Seminars/workshop (1 day)	700.00
Weighing scale	3,000.00
Mothers	
Children	
Heightometer (board)	
Tape measure	
Total	57,900.00
10% contingency	<u>5,790.00</u>
Grand total	<u>63,690.00</u>

Evaluation and Monitoring

Evaluation of the centres activities will be conducted periodically in order to assess the progress of the Centre to modify and measure the impact.

- (i) Pre post training test for health workers
- (ii) Pre counselling questionnaire for mothers
- (iii) Comparative KAP study for health workers (3 years)
- (iv) Monitoring reports from other Centres

Appendix II Training Outline

Topic Outline

1. Breast Anatomy and Physiology
2. Milk Production (Biochemical and Immunology)
3. Breastfeeding
 - Advantages and disadvantages
 - Common problems related to breastfeeding

4. Breastfeeding Management
5. Maternal Nutrition and Breastfeeding
6. Breastfeeding and Cultural Norms
7. Breastfeeding and Maternal Disease
8. Breastfeeding and Working Mothers
9. Maternal Problems Impacting Breastfeeding
10. Infant Problems Impacting Breastfeeding
 - Anatomical
 - Delivery
 - Congenital
11. Infant Nutrition and Weaning
12. Growth Monitoring and Child Survival
13. Breastfeeding Low Birth Weight Babies
14. Biology of human milk production and lactation
15. Biological benefits of breastfeeding
16. Psychological development - impact of breastfeeding for mother and baby
17. Lactation dysfunctions
18. Nutrition for mother and baby
19. Immunologic composition of human milk
20. Economic benefits of breast milk
21. Breastfeeding and jaundice
22. Passage of drugs into milk
23. Infant failure to thrive and its management
24. Management of low birth weight babies

Teaching Method

1. Lectures
2. Small group discussion and presentations
3. Role play
4. Case-study presentation
5. Use of real examples of foods models

Training Materials

1. Slides
2. Transparencies
3. Chalkboard
4. Flip Charts

Needs Assessment for Mothers

Name _____	Occupation _____
LD. No. _____	Parity _____
Age _____	Residence _____
Level of education _____	
Marital Status _____	

Maternal Anthropometry

Height _____	Total pregnancy gain _____
Pre-pregnancy weight _____	Recommended weight gain _____
Term Weight _____	

Maternal History

1. Allergy to medication or food? Yes No

If yes, please list _____

2. Have you suffered from any major medical illness

- | | | | |
|---------------------|--------------------------|----------------|--------------------------|
| Asthma | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Heart illness | <input type="checkbox"/> | Liver | <input type="checkbox"/> |
| High blood pressure | <input type="checkbox"/> | Renal diseases | <input type="checkbox"/> |
| Pre-eclampsia | <input type="checkbox"/> | Anemia | <input type="checkbox"/> |
| S.T.D. | <input type="checkbox"/> | Thyroid | <input type="checkbox"/> |

3. Have you suffered from any of the following breast diseases

- | | | | |
|--------------------|--------------------------|---------------|--------------------------|
| Mastitis | <input type="checkbox"/> | _____ nipples | <input type="checkbox"/> |
| Sore nipples | <input type="checkbox"/> | Lumps | <input type="checkbox"/> |
| Any other, specify | <input type="checkbox"/> | | |

4. Have you had any problems with previous pregnancy? Yes No
If yes, which?

- | | | | |
|------------------------|--------------------------|----------------------|--------------------------|
| C/Section | <input type="checkbox"/> | Abortion | <input type="checkbox"/> |
| Excessive bleeding | <input type="checkbox"/> | Premature delivery | <input type="checkbox"/> |
| Ante-partum hemorrhage | <input type="checkbox"/> | Other, specify _____ | |

5. Present delivery was by:

- | | | | |
|--------|--------------------------|-----------|--------------------------|
| SVD | <input type="checkbox"/> | Vaccuum | <input type="checkbox"/> |
| Breech | <input type="checkbox"/> | C/Section | <input type="checkbox"/> |

6. Did the baby have any of the following:

Breathing problems	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>
Fever	<input type="checkbox"/>	Other, specify _____	

7. How soon after delivery did you breast feed?

Within ½ hour	<input type="checkbox"/>	More than 6 hours	<input type="checkbox"/>
1-6 hours	<input type="checkbox"/>	Other, specify _____	

8. How many times in 24 hours did you breast feed the baby:

1-6 times	<input type="checkbox"/>	9-12 times	<input type="checkbox"/>
7-8 times	<input type="checkbox"/>	More than 12 times	<input type="checkbox"/>

9. What is the time interval between the feeds.

Day _____ hours Night _____ hours

10. Do you have any problem when suckling? Yes No
If yes, what problem?

11. Who decides when feeding is over? Mother Baby

12. Have you given anything other than breast milk? Yes No

If yes, what do you give?

Water Glucose water Honey

Other _____

13. Are you on any family planning method? Yes No
If yes, which method?

14. Has anybody talked to you about breastfeeding? Yes No
If yes, who? _____

15. How long do you plan to breastfeed your baby?

16. When do you intend to give the baby anything else rather than breast milk?

17. What do you intend to give?

LACTATION MANAGEMENT PROGRAMME

Breastfeeding Promotion and Support Center (CEPPLAM)

Chiapas, Mexico

Ms. Pilar Torre, Nutritionist

Dr. Sandra Beltran Silva, Pediatrician/Infectologist

Ms. Paloma Lerma Bergua, Coordinator/Breastfeeding Consultant

Presented December 13, 1991

**Developed in cooperation with Wellstart as part of the Lactation Management Education
Program funded by USAID's office of Nutrition, DAN-5117-A-00-9099-00**

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Center for the Promotion and Protection of Lactation

Healthcare Workers Training Program

CEPPLAM is the union between IBFAN and La Liga de la Leche in the state of Chiapas, Mexico. It was established in February, 1991, with initial support from UNICEF, to carry out activities promoting breastfeeding. The objectives of CEPPLAM are to train healthcare workers, prepare materials for instruction and distribution, and become a research center.

In the state of Chiapas, like in the rest of Mexico, the practice of breastfeeding decreases day by day:

On one hand the hospital routines during delivery and newborn care and on the other hand, the influence of the extended family on the relationship between mother and child cause the periods of lactation to become shorter and shorter and exclusive breastfeeding is practically nonexistent.

The goals of CEPPLAM are to train healthcare workers in the correct management of lactation within the hospitals of the state health system.

The first medium range objective in 1992 is to train the personnel in charge of prenatal, delivery, post-partum, and newborn care, so as to carry out successfully the Ten Steps for Successful Breastfeeding proposed by OMS/WHO UNICEF in four of the nine public health hospitals in the state.

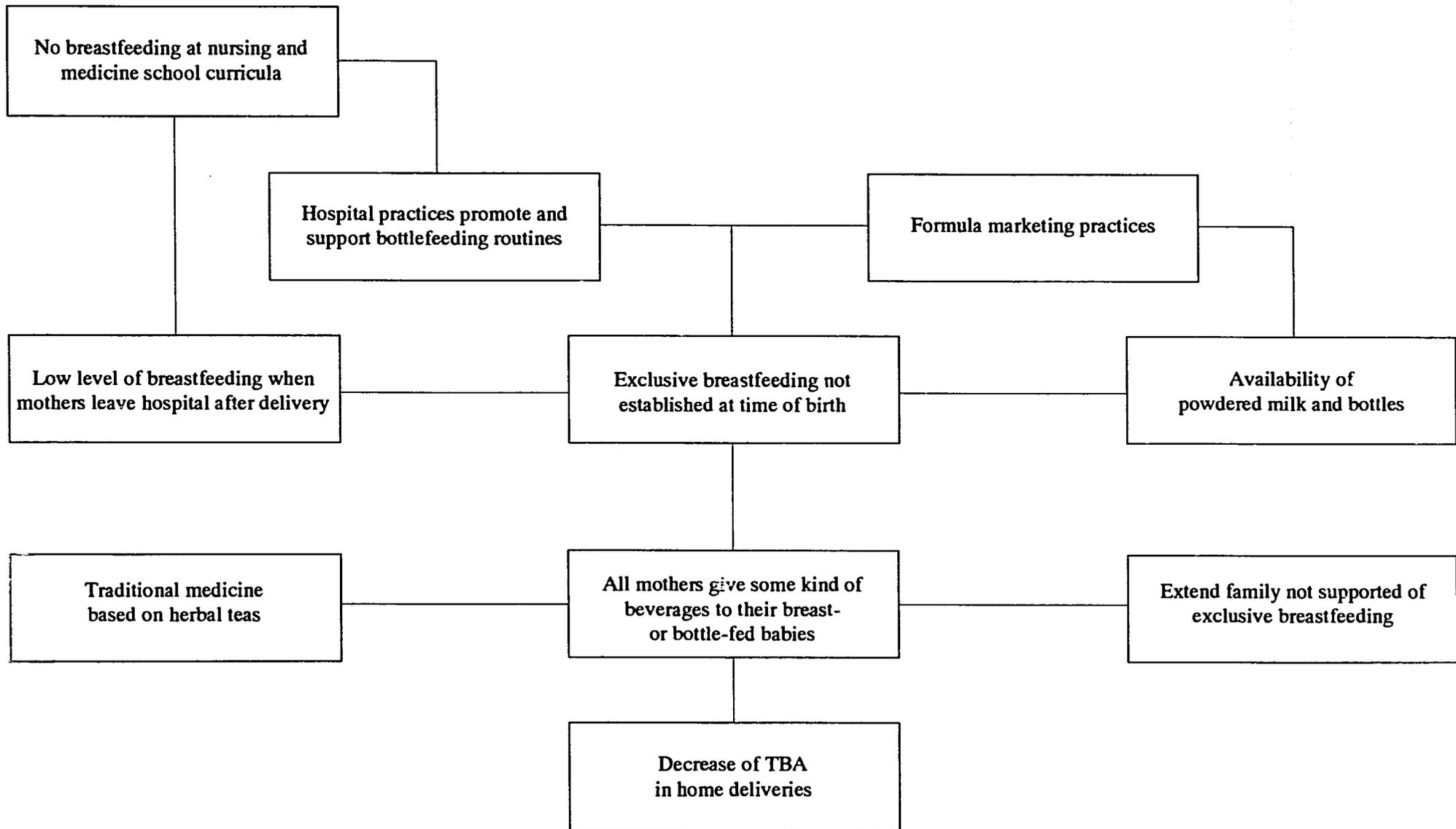
A long range objective, 1993-1996, is to train a team at each one of these hospitals, so that they will be able to train personnel from other healthcare institutions in their region. At the same time we will be able to train teams from other states in Mexico and within Central America.

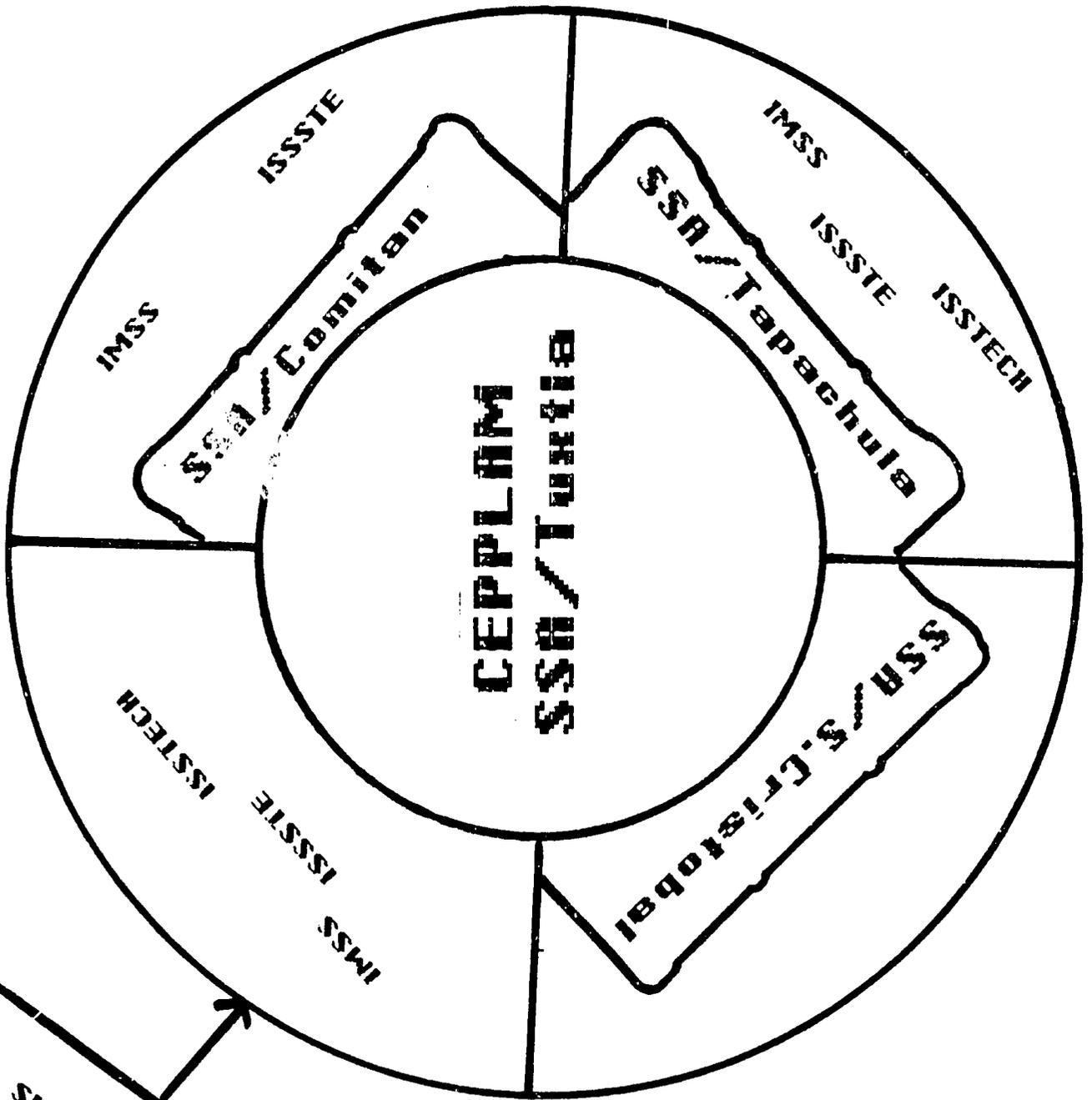
In August of this year CEPPLAM established an agreement with the coordinated health services in the state, to follow "The Ten Steps..." in the state hospital located in Tuxtla Gutierrez.

In September and October, 1991, two training classes were given for nurses and social workers, each one lasting 20 hours.

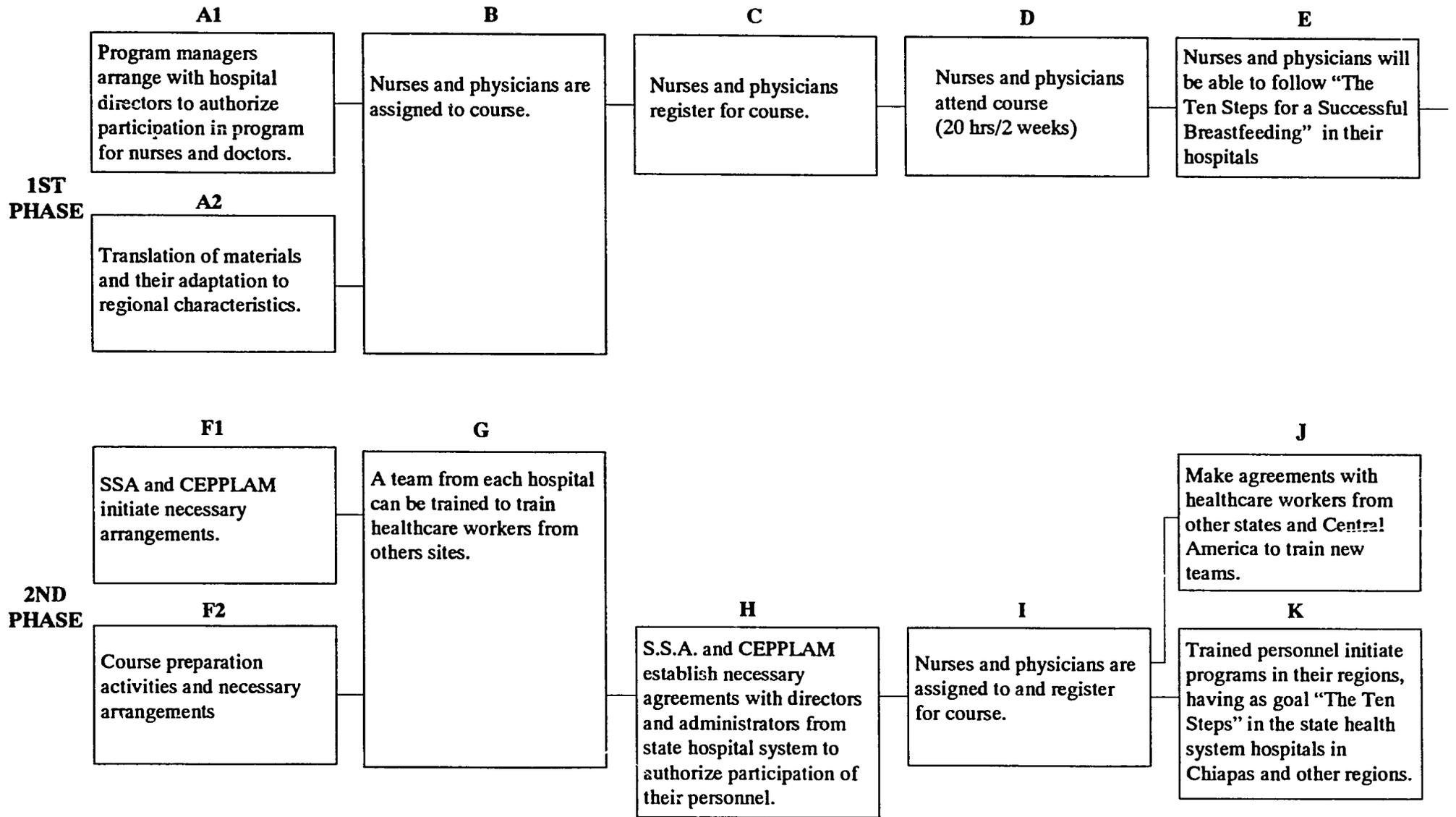
The hospital in Tuxtla Gutierrez has rooming in since 1984, which facilitates putting into practice "The Ten Steps."

The objective of this agreement is to be able to put into practice a hospital pilot program where the practicality of these actions can be observed and allows for the exchange of experiences between healthcare workers from different health institutions. Training and evaluation at the hospital in Tuxtla Gutierrez shows that 60% of the objectives to accomplish "The Ten Steps" have been reached.





REGIONAL AND CENTRAL AMERICAN TERMS



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The staff at CEPPLAM is made up of:

Dr. Marcos Arana, CEPPLAM Director/Hospital

L.C. Paloma Lerman, CEPPLAM Coordinator/Hospital Faculty

L.C. Alicia Miranda, CEPPLAM Assistant/Hospital Faculty

Dr. Armando Servin, CEPPLAM Faculty

Dr. Sandra Beltran, Hospital Representative, CEPPLAM, Hospital Faculty

Dr. Norberto Uazquez, Hospital Faculty

Dr. Rose Aurora Martinez, Hospital Faculty

N.C. Marisa Marin, Hospital Faculty

N.C. Pilar Torre, Research and Translation Assistant, CEPPLAM

N.C. Ma. del Carmen Luna, CEPPLAM Faculty

Laura Garcia, CEPPLAM Secretary

Of the above-mentioned persons only two lactation consultants and one secretary receive financial compensation from CEPPLAM. The rest of the CEPPLAM participants are acquiring training in order to integrate into CEPPLAM's program in its next phase.

In order to continue developing in the next phases CEPPLAM needs to expand its personnel as well as its installations to be able to deliver services to mothers who are breastfeeding and who have been discharged from the hospital, as well as to expand the research center and the areas for production of didactic and diffusion materials.

Evaluation

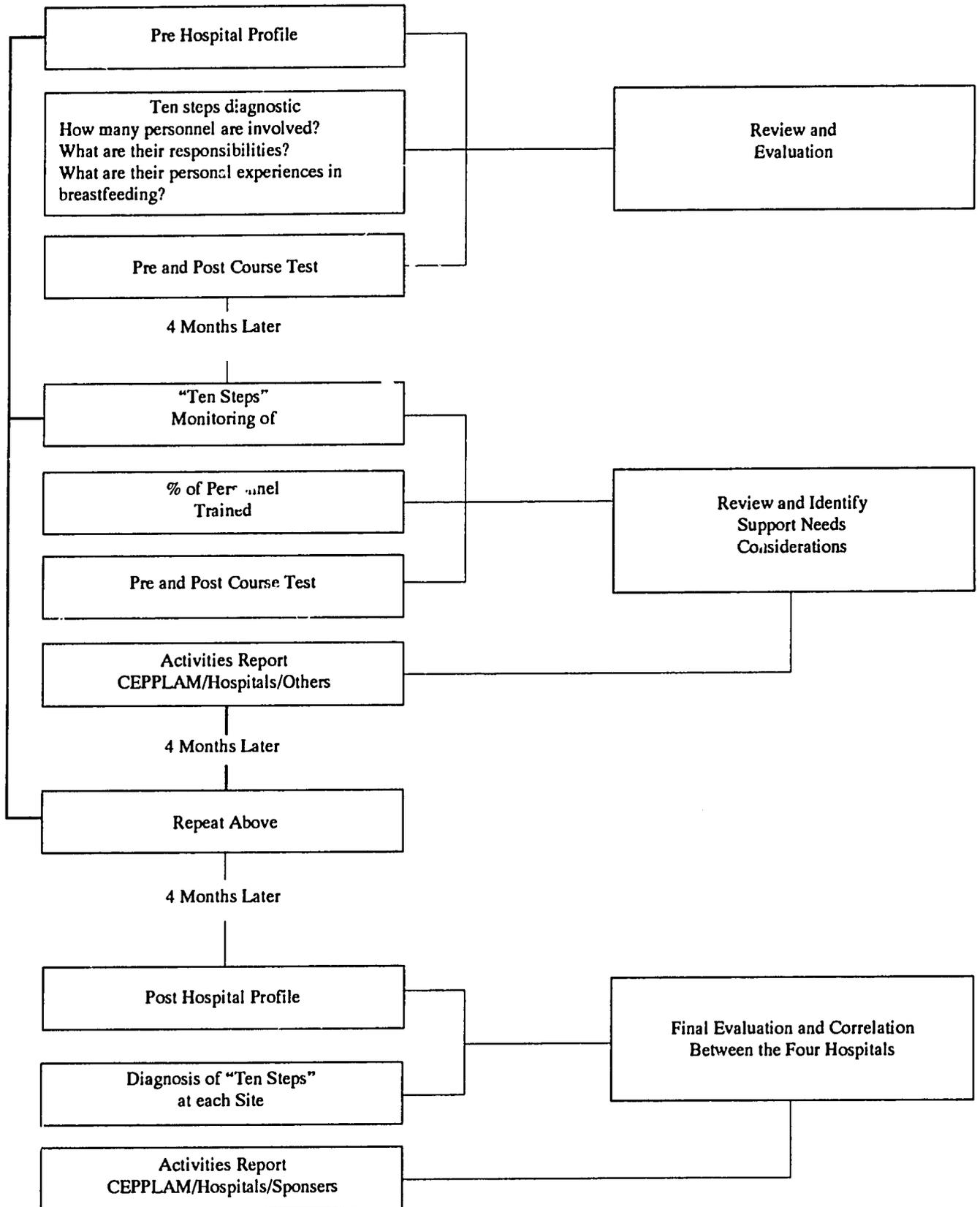
The training courses will be one per month in each hospital, so that by the end of the year each of the four hospitals will have had a total of three courses, having trained at least 90% of the healthcare workers who are involved in lactation management.

The objective of the evaluation is to estimate the impact of our activities and realign objectives when necessary, in the hospitals as well as in CEPPLAM. Another objective of this evaluation is to share experiences and accomplishments with other similar groups and to report these accomplishments to our sponsors.

To do so the following aspects will be evaluated:

1. The pre- and post yearly hospital profile
2. The number of persons involved in mother and child attention and care, and the

EVALUATION



responsibilities of each of them. Personal breastfeeding experiences among these persons will also be identified.

3. The number of steps from "The Ten Steps" that are presently in place in each of the hospitals involved. Pre and post yearly questionnaires will be carried out and every four months we will monitor by hospital the impact of each course.
4. Every three months the percentage of personnel trained will be determined.

Budget (per one year)

SALARIES	
Coordinator	6,000
Assistant	6,000
Faculty	6,000
Secretary	1,500
Secretary	1,500
Worker (cleaner, driver)	1,500
PER DIEM	20,000
ROOM RENTAL	6,000
2 lines of phone	3,100
FURNITURE	7,000
AUDIOVISUAL EQUIPMENT	7,000
(VCR, Cam/corder, overhead projector, screen, photocopier, 35mm camera, electric typewriter)	
Computer System with laser printer	7,000
Editing Equipment	7,000
Miscellaneous	3,400
TOTAL	90,000

PROJECT PLAN FOR LACTATION EDUCATION AND BREASTFEEDING PROMOTION PROGRAMME

**Sandemann Provincial Hospital
Quetta, Pakistan**

**Dr. Mohammad Rafique, Professor of Pediatrics
Bolan Medical College, Quetta**

**Dr. Rehana Kazi, Inspectress Health Services
Health Directorate, Quetta**

Presented December, 1991, San Diego, California

**Developed in cooperation with Wellstart as part of the Lactation Management Education
Program funded by USAID's Office of Nutrition, DAN-5117-A-00-9099-00.**

LACTATION EDUCATION AND BREASTFEEDING PROMOTION PROGRAMME FOR A HOSPITAL

I. BACKGROUND INFORMATION

The Islamic Republic of Pakistan is a developing country situated in mid-south Asia in the Indian Subcontinent. The estimated population in 1991 is about 120 million with population growth of 3.1%. The infant mortality rate is 100 and under 5 mortality is 162. About 45% of the population is under the age of 15. The literacy rate is 43% in males and 18% in females. GNP per capita is US \$350. About 25% of the infants born are low birth weight, with a maternal mortality rate of 500. Total fertility rate was 6.4 in 1989.

About 70% of the population live in rural areas with 44% of the population having access to safe water and 55% to health services. Malnutrition is prevalent and 10% of the under 5 children are severely malnourished. The incidence of mothers breastfeeding their children for 3 months was 87%, for 6 months 74%, and for 12 months 51% during 1980-88.

Balochistan is the biggest province of Pakistan, having 44% of the total area, but the population is only 5 million i.e., only 5% of the total population. The population is scanty, scattered, and migratory. The means of communications are difficult. There is less rainfall and extreme variations in the climate. The provincial data for IMR, CMR, MMR, and female illiteracy is higher than the national figures.

Quetta, the provincial capital, has a population of about 500,000 people. Sandemann Provincial Hospital Quetta is the only teaching and referral hospital in the province, and is attached with the Bolan Medical College. It has 650 total beds with 120 in the Paediatric Department and 100 in Obs/Gyn. The work load of the hospital has increased by about 30% due to the influx of more than one million refugees from Afghanistan in the province over the last 10 years.

In the hospital, about 3,100 infants are born every year in the Obstetric Department, which accounts for only about 16% of the infants born in the city of Quetta. 30% of the neonates born are premature. The patients are admitted in the general wards of 4, 8, and 12-bedded units. There are 4 private rooms. There is no nursery for the newborns, which are roomed-in and only the very sick infants are sent to the Paediatric Department for intensive care. 35% of the maternity patients are high risk and the cesarean section rate is about 15%. Only 25% of the patients admitted have received antenatal care in the hospital and other centres.

Patients with normal deliveries stay for a few hours to one day and those with cesarean sections for one week in the hospital. About 30% of the mothers attend the postnatal clinic. Mothers having vaginal deliveries attend after one week, and those with c-sections after two weeks and 40 days after delivery. There is enough medical staff in the Obstetric and Paediatric Departments, but there is a shortage of female paramedical staff. Mothers or female attendants are allowed to stay with the patients in the hospital. The deliveries are conducted by the resident staff and house officers assisted by the paramedical staff and supervised by Senior Registrars. Consultants are always available in an emergency.

Each and every newborn is examined by the doctor soon after delivery. Breastfeeding is stressed and advised by the medical and paramedical staff within 1-2 hours after delivery. Though more than 90% of the mothers choose to breastfeed their babies, mothers usually delay the initiation of breastfeeding and often give prelacteal feeds in the form of honey, sugar solution, guttees, etc. The colostrum is often discarded. Our Holy Prophet MOHAMMAD (PBUH) in the HOLY BOOK AL-QUR'AN has advised the mothers to breastfeed their children up to 2 years. During their antenatal, delivery room, and postnatal visits, they are advised and stressed by the health staff the importance and benefits of breastfeeding for the baby and the mother through health education, discussions, and posters. The feeding bottle and pacifiers are discouraged by the hospital staff, but still mothers bring bottles and start feeding with them sometimes.

Staff: There are 8 consultants and about 30 other medical staff in the Obs/Gyn Department. The nursing and other paramedical staff is also adequate. Due to our culture, only female staff is allowed to work in the Obstetric Department. The department is also a teaching and training institute for the medical students of Bolan Medical College and for paramedics at all levels.

At present, there is a Breastfeeding Promotion Committee working in the hospital which teaches and educates the mothers about breastfeeding their babies during their antenatal, natal, and postpartum visits according to the Ten Points Breastfeeding Policy for Hospitals framed by the Ministry of Health, Government of Pakistan, but it is not fully practiced and implemented strictly.

II. PROBLEMS

Although the majority of mothers (more than 50%) breastfeed their babies up to 1½-2 years, the inadequate data available shows that thousands of infants and young children die due to acute diarrhea, acute respiratory tract infections and other diseases complicated with malnutrition. Some of the major problems are:

- The high incidence of delay in the initiation of breastfeeding.
- Discarding the colostrum.
- High incidence of prelacteal feeds, especially honey, sugar, water, and guttee.
- Low level of exclusive breastfeeding when leaving the hospital.
- Gross decline in the incidence and duration of exclusive breastfeeding.
- Inadequate antenatal and postnatal care and follow-up, especially in the breastfeeding promotion education in the hospital.
- Late introduction of weaning foods.
- Lack of refresher courses and training for the medical and paramedical staff.

Some of the other major causes and contributory factors of the problems are poverty, high female illiteracy, lack of health education, teenage and repeated short span pregnancies, high incidence of deliveries conducted at home by the untrained dais, and high infant and maternal mortalities, along with cultural beliefs and taboos.

III. GOALS AND OBJECTIVES

A. GOALS

1. To promote and increase the practice of early initiation of breastfeeding within one hour after normal deliveries and within 2-4 hours of complicated deliveries/cesarean sections in the hospital.
2. To promote and increase the incidence of exclusive breastfeeding up to six months of age and gradual introduction of weaning foods with partial breastfeeding up to two years.

B. OBJECTIVES

At the end of two years of the Promotion of Breastfeeding Programme, we hope to:

1. Strengthen the activities of the hospital breastfeeding promotion committee.
2. Establish the Lactation Management unit in the hospital.
3. Teach and train the whole of medical and paramedical staff of the Obs/Gyn and Paediatric Departments, along with concerned Administration and Teaching Institution Staff in the Lactation Management Programme.
4. Initiate breastfeeding within one hour after delivery among 80% of the deliveries in the hospital.
5. Increase the exclusive breastfeeding incidence from 50% to 80% at the time of discharge of the mothers.
6. Increase the incidence of mothers for exclusive breastfeeding during antenatal, natal, and postnatal follow-up.
7. Gradually expand the Program to about 70% of the population of Quetta.
8. Reduce the infant mortality by 25%.

In the beginning of the programme we will collect baseline data and KAP studies in the hospital and will follow up after one year for evaluation.

IV. STRATEGIES AND ACTIVITIES

- A. Within two months after reaching home, the team will arrange a meeting of the Breastfeeding Promotion Committee of the Province. The permission, assistance, and implementation of the programme in the hospital will be discussed and finalised with the administrators.

B. LACTATION EDUCATION AND TRAINING

1. STAFF TO BE TRAINED.

- a. Consultants of Obstetric/Gynaecology and Paediatric Departments (Prof., Associate and Assistant Professors, Senior and Junior Registrars, Medical officers and House Officers.)

The trainers will be the members of the team trained by Wellstart of the Province and other Provinces.

- b. One day's introductory orientation training for senior consultants/administrators.

- c. (i) Three days training for medical staff of Obstetrics/Gynaecology and Paediatric, for

(i) 12-15 participants in one session.

(ii) Two trainings during 1992 and three during 1993 session.

Each group will be given lectures, discussion, clinical sessions with the help of flip charts, transparencies, slides, models, video film, etc., prepared locally and provided by Wellstart on the topics mentioned below after preparation of the curriculum.

- d. Paramedical staff of Obstetrics/Gynaecology and Paediatric.

(i) Two days training for the paramedical staff for 15-20 participants in each batch.

(ii) Three trainings in 1992 and 4 trainings in 1993 session on the same topics as for the medical staff.

- e. Topics for training.

(1) Breastfeeding for maternal and child survival.

(2) Anatomy of physiology of lactation.

(3) Nutritional and immunological benefits of breastfeeding.

(4) Current practices of lactation and associated problems.

(5) Breastfeeding for premature infants.

(6) Breastfeeding and jaundice.

(7) Breastfeeding and drugs.

(8) Proper methods of breastfeeding, in early initiation, colostrum and exclusive breastfeeding.

(9) Breastfeeding policy and code of marketing of infant formula, hazards of bottlefeeding.

(10) Abnormalities and diseases of breast and their management.

(11) Maternal nutrition during pregnancy and breastfeeding.

- f. **MEDICAL STUDENTS**

The medical students have always been taught about the importance of breastfeeding. The medical students spend four weeks each in Obstetrics and Paediatric department during their fourth and final years, now more emphasis will be given in their clinical teaching in early initiation and exclusive breastfeeding along with their attachment in the lactation management unit for full participation.

g. **PARAMEDIC STAFF (NURSES, LHVS, FMTS, DAIS/MIDWIVES)**

Breastfeeding promotion is present in their curriculum. More emphasis will be given on their practical training about the examination of breast promotion of exclusive breastfeeding, early initiation during their clinical duties in the antenatal, natal, labour room, postnatal clinics along with the Lactation Management Unit.

h. **VENUE OF TRAINING**

Training sessions will be given in the demonstration room/lactation management unit of the hospital.

V. EVALUATION

Trainee will be given a pre- and post-training test in written or oral. The evaluation will also be done by day to day observation of persons at work by the team members. Overall assessment will be made after one year of the programme.

APPOINTMENT OF TWO PROGRAMME COORDINATORS

Two medical officers from Gynaecology department will be appointed and assigned the duties of programme medical officer. They will coordinate in the training, teaching, administration and activities of the Lactation Management Programme in the hospital.

VI. Clinical Services in Breastfeeding Promotion

- A. **Antenatal Clinics:** Once a week on Wednesday during antenatal clinic, programme obstetrician and programme medical officer will select five cases at random booked for hospital delivery. Their complete obstetric history and record will be recorded. These women will be taught about the programme of the breastfeeding promotion. Specially prepared charts will be attached to their record, posters will be hung on the wall for educating women about nutrition, promotion protection and support of breastfeeding, advantages of early initiation of lactation, exclusive breastfeeding and partial breastfeeding for two years, information about the Lactation Management Clinic of the hospital, advantages of attending antenatal and postnatal clinics.

Special emphasis will be given to mentally prepare the women for breastfeeding of the newborns and then these patients will be followed up in the postpartum period.

- B. **Labour Room/Recovery Room:** Mothers to be prepared in the first stage of labour, so as to put the babies to the breast on the delivery table or within one hour after normal delivery and within 2-4 hours after complicated labour or C-section. The patient will not leave the labour room before they have put the baby to breast. The paramedical staff should be trained in such a way to keep and watch for not allowing any prelacteal feed, guttee, pacifier, feeding bottle, honey and water in the labour room/recovery room. The babies will be roomed in with the mother as already practiced.

C. **Obstetric Ward:** Babies will be examined by the medical staff on duty and will room in with the mother (already practiced). No prelacteal feed to be given to the neonates. Colostrum should not be discarded. Feeding on demand or on every two hours or at least 8-12 times during 24 hours.

1. **PROTOCOL FOR DISCHARGE**

- a. Detailed instructions for exclusive breastfeeding for six months.
- b. Feeding on demand or every 2-3 hours.
- c. No water or any other fluid to be given.
- d. Advise the mother about the diet and rest during lactation.
- e. Postpartum follow up on the seventh day in the Lactation Management clinic and visit after six weeks in postnatal clinic.

D. **Postnatal Clinic:** The postnatal patients and their infants will be seen after six weeks by the obstetrician and programme medical officer in the postnatal clinic on Saturday and Monday for postpartum examination, immunization and lactation and record will be maintained.

E. **Lactation Management Clinic:** The administrators will be requested to provide a space for the clinic.

The clinic will be established in the Obstetrics/Gynaecology ward within two months after sanction and release of the budget by the authorities. It will work twice a week and will be run by the programme medical officer for three hours. Mothers and babies with lactation problems will be seen. The Paediatrician and Obstetrician will be available to help the programme medical officer. The clinic will also serve the purpose for teaching, training and health education.

F. **Mass Media:** Such as Radio, TV, Newspapers, will be used (in local languages) for Lactation Management programme for the protection, promotion and support of breastfeeding.

G. **Code of Ethics for Substitute Milk:** Breastfeeding policy of Ministry of Health Pakistan

(i) (An I) will be strictly implemented in the hospital.

(ii) Code of ethics for breast milk substitute should be strictly implement by the Government and the formula milk companies should be requested to observe the code strictly in the hospital.

H. **Research:** The research work will be conducted side by side with the progress of the programme. First of all baseline data of the hospital which is inadequate will be collected along with KAP of mothers, the attitude and practices of the medical and paramedical staff and followed up after six months.

I. **Evaluation:** Evaluation will be done after one year of the implementation of the programme according to the following parameters.

1. Percentage of mothers exclusivity breastfeeding on:
 - Discharge from the hospital
 - at 8 weeks
 - at 6 months
2. Assessment of mothers KAP about use of colostrum exclusivity and duration of lactation, weaning foods, importance of maternal diet during pregnancy and lactation.
3. Assessment of the activities in the labour room and obstetrics ward.
 - Number of babies in normal deliveries put to breast within one hour.
 - Use of guttee, water, etc.
 - Use of feeding bottles, pacifiers in the ward.

VII. Organization and Staff

At present there is enough medical and paramedical staff both in the Obstetric and Paediatric Departments.

The team of two members, Dr. Mohammad Rafiqe, Professor of Paediatric, Dr. Rehana Qazi, Inspectress Health Services, have received training in Wellstart. With the permission of the government and USAID, if needed, further staff from obstetric and paediatric department and nurse/midwife will be sent to training at Wellstart. Otherwise we will utilise also the services of the staff from other provinces of Pakistan who have earlier received training at Wellstart. We will also invite the expertise from Wellstart San Diego.

The present staff in the Obstetrics/Gynaecology and Paediatric department who will be responsible for the lactation management and breastfeeding promotion programme after receiving training is as follows:

1. Obstetric and Gynaecological Department
 - a. Consultants 8
 - b. Registrars
Medical Officers Total 30
House Officers
2. Paediatric Department
 - a. Consultants 10
 - b. Registrars
Medical Officers Total 35
House Officers
3. Paramedical staff in both Departments
 - a. Nursing tutors 2
 - b. Staff nurses 25
 - c. LHVs & FMT 30
 - d. Dais 20

VIII. Work Plan

The programme will be launched by the Government of Balochistan with the assistance and cooperation of Federal Ministry of Health. The programme will be initially for two years starting from the date of approval and release of funds by the Government of Balochistan.

The donor agencies, like USAID, UNICEF, WHO and others will be approached for their financial, technical, training and material support for the project and expansion of the programme. Subject to the availability of funds and budget the programme can later on be expanded to the other divisional hospitals of Balochistan so that about 80% of the health staff and community is benefitted. The programme will be integrated either with the Child Survival Project of USAID, UNICEF and WHO or as a separate one.

We will also seek the help of the Education and Social Welfare Department, along with other NGOs and PPA and PMA for the successful implementation and expansion of the programme.

IX. Budget

1	Equipment and Supplies	
	Vehicle, Toyota, Hiace-1	
	Slide projector-1	
	Computer-1	
	TV-1	
	VCR-1	
	Overhead projector-1	
	Screens-2	
	Posters-12	
	Books-100	
	Teaching and training material	
	Models	Total \$60,000/US Dollars
	Software	
	Stationery	
	Electric breast pump-1	
	AC for computer-1	
	Electric typewriter-1	
	Photocopier-1	
	Baby weighing scales-4	
	Adult weight and height scales-2	
	Baby length scales-4	
	Miscellaneous articles	
1	Staff	
	Programme medical officers-2	
	Driver-1	
	Steno typist-1	Total 10,000/US Dollars
	Computer operator-1	
	Clerk-1	
	Peon-1	
3	Honorarium/Per Diem	
	For the participants	Total 10,000/US Dollars
	For the teachers	
4	Miscellaneous Expenses	
	POL and repair of vehicle, etc.	<u>5,000/US Dollars</u>
	Total Budget for one year	85,000/US Dollars
	Estimated budget for second year	<u>25,000/US Dollars</u>
	Total budget for two years	<u>\$110,000/US Dollars</u>

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CONTINUING EDUCATION COURSE (SEMINAR OR WORKSHOP) REGARDING LACTATION AND BREASTFEEDING

- I. Once the programme and Lactation Management Unit is established by the government with the help of International Agencies and is running successfully,utilizing the existing facilities of trained staff space, equipment and logistics, etc., short courses/refresher courses will be conducted for the medical and paramedical staff of other divisions/districts of the province.
- II. In addition the staff of the private maternity hospitals and homes, general practitioners and other staff and traditional birth attendants will be given short courses training.
- III. Seminar and workshops will conducted of 2-3 days duration in which the staff of Wellstart, donor agencies, representatives of similar programmes from other provinces will be invited for the overall objectives and success of the programme.
- IV. The evaluation of the programme will be done after one year as in the hospital
- V. **BUDGET**
Budget allocation approval and sources will be discussed with the government of Balochistan and donor agencies after evaluation of the first programme in the hospital.

The background information, problems, goals and objectives, the strategies and activities will be almost the same as in the original programme.

SCHEDULE OF ACTIVITIES 1992

Activity	Month	1	2	3	4	5	6	7	8	9	10	11	12
1. Meeting of Provincial Breastfeeding Steering Committee			X										
2. Submission of PCI to the Government				X	X								
3. Budget Approval						X	X						
4. Preparation of Training Material for Medical					X	X	X						
5. Preparation of Training Material for Paramedical Staff					X	X	X						
6. Training Course for Medical Staff								X		XXX		XXX	
7. Training Course for Paramedical									XX		XX		XX
8. Reports of Courses													X
9. Evaluation of the Courses													X

X - Activities During the Month
 XX - Two-day course
 XXX - Three-day course

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SCHEDULE OF ACTIVITIES 1993

Activity	Month	1	2	3	4	5	6	7	8	9	10	11	12
1. Training Course for Medical Staff				XXX			XXX			XXX			
2. Training Course for Paramedical					XX			XX	XX		XX		
3. Reports of Courses												X	
4. Evaluation of the courses												X	X
5. Future programmes													X

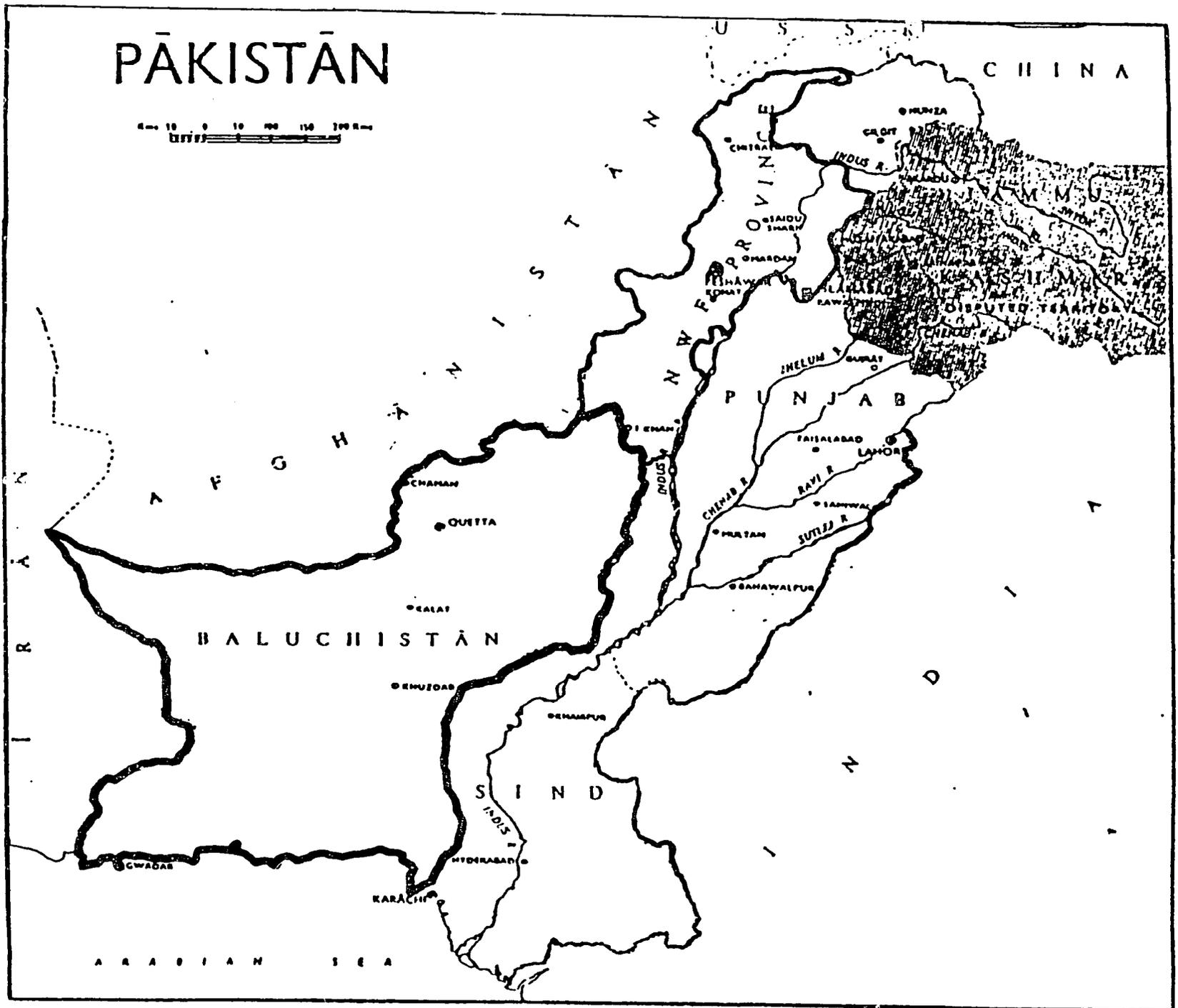
X - Activities During the Month
XX - Two-day course
XXX - Three-day course

BREASTFEEDING POLICY FOR HEALTH FACILITY

BREAST MILK IS THE IDEAL FOOD FOR BABIES. THE HEALTH FACILITY SHOULD DO THE FOLLOWING TO PROTECT, PROMOTE AND SUPPORT BREASTFEEDING.

1. Hospital administrative, obstetric, paediatric, nursing and paramedical staff shall form a team that ensures the implementation of this breastfeeding policy.
2. Relevant health care staff shall be trained in the skills necessary to implement this policy.
3. All expectant mothers, shall receive education on the benefits and management of breastfeeding, the dangers of bottle feeding, and the dietary needs during pregnancy and lactation. Prenatal exams shall include breast examination.
4. In the delivery room, newborn infants, including premature infants, shall be put on the breast within one hour of delivery. Babies should be fed on demand, every 2-3 hours for a minimum of eight feeding within 24 hours.
5. Exclusive breastfeeding shall be promoted from birth to 4-6 months. No water, ghutti, fresh animal milk, infant formula or other liquid is to be given to an exclusively breastfed infant. Trained health care staff shall help mothers having breastfeeding problems to continue to breastfeed.
6. Staff shall promote the introduction of semi-solid foods at 4-6 months with continued breastfeeding up to 2 years.
7. No feeding bottles and pacifiers shall be allowed in the health facility.
8. No promotional materials about formula, feeding bottles and pacifiers, such as posters, free samples or gift items, shall be allowed in the facility nor shall they be given to the mother.
9. No health care staff shall receive gifts, free samples, donations, free training, etc., from formula manufacturers.
10. Mothers shall be given sufficient education so that they can explain that:
 - breastfeeding should be started within one hour of delivery after birth because:
 - Colostrum is important for babies and protects them from infection.
 - frequent breastfeeding increases breastmilk production.
 - babies should be fed only mother's milk for the first four to six months because:
 - it is the best food for babies.
 - it prevents infections.
 - bottlefeeding can cause serious illness and death.
 - supplementary foods should be started between four and six months.
 - lactating mothers should eat more food and drink more liquids to maximize their milk supply.

PĀKISTĀN



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LACTATION MANAGEMENT PROGRAMME

Swaziland Infant Nutrition Action Network (SINAN)

Mbabane, Swaziland

Dr. John M. Kunene, Medical Officer

Dr. Stephen Shongwe, Senior Medical Officer

Ms. Ntombi E. Mngomezulu, SINAN Administrator

Ms. Juliet M. Aphane, Coordinated Young Child Feeding

Ms. Mavis P. Nxumalo, ARI Coordinator

Ms. Nomajoni Ntombela, SINAN President

Presented December 13, 1991

**Developed in cooperation with Wellstart as part of the Lactation Management Education
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Summary

Breastfeeding is the single most important factor in enhancing child survival in developing countries. Breastfeeding has been shown to be an unequalled way of providing ideal food for healthy growth and development of infants and has a unique biological and emotional influence on the health of both the mother and child.

Breastmilk has special properties that make it superior to Breastmilk substitutes. breastmilk meets all the nutritional requirements of the infant in the first 4-6 months of life. It protects against major childhood illnesses such as diarrhoea and acute respiratory infections.

In developing countries the cost of substituting breastmilk with infant formula has been enormous in both human and financial terms. Every year 2 million babies in developing countries die of diseases that could be prevented by breastfeeding. In Swaziland the initiation of breastfeeding immediately after birth remains high, however, the mean duration of breastfeeding remains unacceptably short. Moreover exclusive breastfeeding remains low as there is a tendency to introduce solid foods early in infancy before the fourth month of life.

The proposed project aims at increasing the percentage of women who will exclusively breastfeed. It is hoped that this will lead to increased mean duration of breastfeeding. This will markedly reduce infant morbidity and mortality and thus lead to a better quality of life for children in Swaziland.

1 Background Information

1.1 Current Situations

1.1.1 Country Profile:

Geographical location: Southeastern part of Africa, and shares borders with South Africa and Mozambique.

- 4 Administrative regions

Size: 17,365 sq. km.

Demographic Information: Population - 800,000 (1988 projection), increasing at a rate of 3.4% per year. About 48% of the population is under 15 years of age.

- Crude birth rate: 47/1000
- Crude death rate: 12.3/1000
- Total fertility rate: 6.6 children per woman
- Infant mortality rate: 100/1000
- Under 5 mortality rate: 182/1000
- Life expectancy: 54 years
- Income per capita: \$1500/US dollars

National health system: government provides 50% of health services, while missions, companies and private institutions provide some 50% of health services.

Traditional birth attendants and traditional healers are responsible for the provision of a considerable portion of our health care.

Levels of Health Care:

- General hospitals: 7
- National Referral Centre: 1
- Rural health centres: 5
- Public health units: 6
- Clinics: 132
- Outreach sites: 113

Incidence of breastfeeding: 90% (1983)

Percentage of children still being breastfed up to 24 months: 31%

1.1.2 Mbabane Government Hospital Profile:

Number of beds: 333 Occupancy rate: 120%

Number of deliveries per year: 3,928 (Oct. 1990-Oct. 1991)

Babies under 2500 g: 10%

Mother receiving prenatal care: 70%

Caesarian section rate: 8%

Length of postpartum stay: 36 hours for women with normal vaginal deliveries, and 8 days for women with caesarian sections.

Initiation of breastfeeding: 90%

% of women who leave hospital still breastfeeding: 90%

Postnatal discharge follow up: There is a post-natal outpatient clinic at 6 weeks for women who had normal vaginal deliveries and at 4 weeks for those women who delivered by caesarian section. The Department of Paediatrics conducts two weekly clinics for infants with special problems. Community nurses also conduct home visits.

Current staffing pattern in Labour, Delivery, Postpartum and Newborn Nursery: 8 nurse midwives and 2 nursing assistants man the labour and delivery wards. The postpartum wards are manned by 3 nurse midwives. The Newborn Nursery is manned by the Labour and Delivery Ward nurses. Two senior nursing sisters are in charge of the maternity unit. There are 2 consultant obstetricians, 2 resident medical officers and 1 intern.

Current Hospital Procedures:

Normal newborns are given to their mothers as soon as possible after delivery to initiate breastfeeding. For mothers who have had normal vaginal deliveries, the initiation of breastfeeding is within at least the first hour. Mothers stay in the postnatal ward with their infants for up to 36 hours and then are discharged, after ensuring that breastfeeding has been well established. Mothers who have had caesarian sections stay in the surgical postnatal ward. Breastfeeding is initiated as soon as the mother has fully recovered from the anaesthesia. These mothers are put on IV antibiotics for the first 36-48 hours, and haemoglobin, white cell count and urinalysis are routinely determined. Rooming-in is encouraged in both surgical and non-surgical postnatal wards.

Current Infant Feeding Policies and Procedures:

Mothers are assisted in early initiation of breastfeeding. The use of water, glucose solution prelacteal feeds and supplemental feeds is forbidden in the postnatal wards. Preterm infants are fed by nasogastric tube with expressed breastmilk. Breastfeeding and feeding expressed breastmilk with cup and spoon is started as soon as the sucking and swallowing reflexes are well developed in the preterm neonates. Expression of breastmilk is either by hand or by breast pump.

1.1.3 Current Training Activities Within the Hospital:

Medical Staff: Interns, and medical students on electives have to do rotations in all the departments, particularly obstetrics/gynaecology and Paediatrics. Their training involves acquisition of practical skills in the various disciplines.

Nursing and Midwifery: There is an Institute of Health Sciences that is attached to the hospital. Nursing students have to rotate through the various departments. In Obstetrics/Gynaecology and Paediatrics the students gain first hand practical experience in issues related to maternal and child health. Although breastfeeding is not formally included in the nursing curriculum, an awareness is created during these rotations. Nurse midwifery students get both theoretical knowledge and practical skills in breastfeeding their programme.

Paediatrics: The Paediatrics department is currently manned by a consultant Paediatrician, one house officer and two interns. The department performs bedside teaching as well as teaching during clinics to interns, house officers (residents), medical students on electives and nursing students. The department is also responsible for assisting in training programmes of the Centre for the control of diarrhoeal diseases and have respiratory infections. The department, in conjunction with trained breastfeeding counsellors is involved in breastfeeding promotion and the management of problems of lactation.

Obstetrics and Gynaecology: The department of Obstetrics and Gynaecology is manned by 2 consultants, 2 resident medical officers and at least 1 intern. Bedside teaching and teaching during clinics forms an important part of training for residents, interns, medical students, nurse midwives and midwifery students. Breastfeeding counselling and the management of problems of lactation form an important component of the training programme in the department.

1.1.4 Other Relevant Hospital Activities:

Three nurses have been trained as breastfeeding counsellors. These nurses are based in Paediatrics and Obstetrics and Gynaecology.

Mothers attending prenatal care and women in the maternity unit are counselled on the importance of breastfeeding in the overall strategy of improving child survival.

Currently, there are no research activities related to breastfeeding.

The Mbabane Government Hospital works in close cooperation with other hospitals, health centres, non-governmental organizations, the Ministry of Health (particularly the Public Health Unit) in breastfeeding promotion campaigns.

Establishment of mother support groups, growth monitoring and family planning are major components of the strategy to improve maternal and child health.

1.2 Problems

A thorough literature review on all studies related to child nutrition in Swaziland was carried out in 1986. This review confirmed the findings of the most comprehensive National Nutrition Status Survey which showed an average of 30 per cent of stunting among Swazi children between the ages of 3 and 59 months. Stunting rates increased with increasing age from 13 per cent at three months reaching 47 per cent between the ages of 6 and 18 months.

Among the factors associated with the high rates of stunting in this study was early supplementation with non-human milks. Only 8 per cent of infants were exclusively breastfed for the first four months of their life.

In rural areas supplementation with breast milk substitutes began as early as one month. At one month of age 27 per cent of infants were fed breast milk substitutes.

An in depth qualitative study was carried out in 1987, using social marketing skills. This study showed that mothers lacked the knowledge and skills on management; hence the almost non-existent period of exclusive breastfeeding.

A study carried out by the Swaziland Infant Nutrition Action Network (SINAN) in 1985 scored health workers low on knowledge, attitudes and practices of breastfeeding management. Hence the urgent need to train health care providers on breastfeeding management and to establish a lactation management centre.

1.3 Summary of Problems of Infant Nutrition

- 1.3.1 Short duration of exclusive breastfeeding
- 1.3.2 Failure to continue breastfeeding for at least two years
- 1.3.3 High prevalence of diarrhoeal diseases
- 1.3.4 High rate of stunting (30%)
- 1.3.5 Inadequate energy density in the weaning foods

1.4 Project Components

- 1.4.1 Strengthening of the National Nutrition Council
- 1.4.2 Establishment of a Lactation Management Centre
- 1.4.3 Training of health care providers and community education
- 1.4.4 Development of lactation management curricula for the various health care providers and incorporation of the curricula into existing training programmes.

2.1 Overall Goal

To increase the percentage of mothers who exclusively breastfeed their infants (4-6 months) from 8% (1983) to 30% by 1995.

2.2 General Objectives

- 2.2.1 To develop a curriculum for continued education on Lactation Management for nurses by May, 1992.
- 2.2.2 To establish a lactation management centre at Mbabane Government Hospital. (Referral centre by 1992.)
- 2.2.3 To incorporate the lactation management curriculum into the existing curricula
 - 2.2.3.1 Pre-service (nursing colleges)
 - 2.2.3.2 Post graduate course (F.P., Psychiatry, Midwifery)
 - 2.2.3.3 Continuing education (extension, workers, RHM, TBA).
- 2.2.4 To strengthen the national nutrition council by establishing a secretariat to formulate policy on nutrition by 1992.
- 2.2.5 To conduct training needs assessment of nurses yearly.
- 2.2.6 To train 20 regional trainers on breastfeeding management by the end of 1992.
- 2.2.7 To train 250 nurses on breastfeeding management by 1995.
- 2.2.8 To implement training to different groups starting from June, 1992, to December, 1992.
- 2.2.9 To develop key programme indicators.
- 2.2.10 To conduct on-going monitoring and evaluation activities periodically.
- 2.2.11 To conduct operational research.

2.2.12 Training Objectives

- To organise a training coordinating body by the end of January, 1992.
- To assign responsibilities by the end of 1992.
- To develop a training needs assessment tool by the end of March, 1992.
- To conduct training needs assessments by the end of May, 1992.
- To conduct a series of meetings for various cadres by the end of April, 1992.
- To procure training materials by the end of April, 1992.
- To develop key training indicators.
- To develop a training monitoring and evaluation tools.
- To conduct on-going monitoring and evaluation activities periodically.
- To evaluate the training at the end of the project.

2.2.13 Clinical Services

- 2.2.13.1 To establish a lactation clinic at Mbabane Government Hospital by June 1992 to provide continuous counselling to lactating mothers.
- 2.2.13.2 To formulate guidelines on appropriate management of breastfeeding problems in clinics, health centres and hospital in Swaziland by December 1992.

- 2.2.13.3 To coordinate activities on the management of breastfeeding problems in the whole country by December 1992.
- 2.2.13.4 To provide counselling on breastfeeding and nutrition education to pregnant women who have been referred from antenatal clinics by December 1992.
- 2.2.13.5 To identify and manage infants (maternity, nursery, and paediatric wards) and lactating mothers who present with problems related to breastfeeding by December 1992.
- 2.2.13.6 To make Mbabane Government Hospital a baby friendly hospital by June 1992.
- 2.2.13.7 To teach medical students doing elective term, nurse midwives and nursing students, practical skills in breastfeeding during the hospital ward rounds in maternity and paediatric wards by June 1992.
- 2.2.13.8 To complement mother's support groups in breastfeeding counselling by June 1992.

2.2.14 Research

Specific Objectives

- 2.2.14.1 To coordinate research activities related to breastfeeding and lactation by June 1992.
- 2.2.14.2 To conduct research on infant feeding by June 1992.
- 2.2.14.3 To facilitate research on breastfeeding and lactation by acting as a resource centre by June 1992.
- 2.2.14.4 To establish links with other lactation centres in other centres by communicating research findings on issues related to lactation and breastfeeding by December 1993.
- 2.2.14.5 To provide a forum for the discussion of research findings with key officials from various ministries and parliamentarians by December 1993.

2.2.15 N.N.C. (National Nutrition Council)

Specific Objectives

- 2.2.15.1 To establish a permanent secretariat for the National Nutrition Council ministry of Agriculture by June 1992.
- 2.2.15.2 To update the 1945 National Nutrition Council Act by June 1992.
- 2.2.15.3 To reorganize the membership of the National Nutrition Council by December 1992.
- 2.2.15.4 To formulate and coordinate nutrition policy and activities by January 1993.
- 2.2.15.5 To hold regular meetings of the National Nutrition Council to discuss progress on national nutrition activities by January 1993.

3 **Outline of Strategies**

3.1 **National Nutrition Council**

Background Information

3.1.1 Coordinating all National Nutritional Programmes through the National Nutritional Council.

3.1.2 Establishing the lactation management centre.

3.1.3 Training of health care providers.

3.1.4 Research activities.

The National Nutrition Council (NNC) is an advisory body which was established by the Nutrition Act of 1945. Its main function is to advise cabinet on matters relating to Nutrition in Swaziland.

The Membership of the NNC comprises of several government ministries and non-governmental organizations (NGOs). According to the act, the Minister for Health is the Minister responsible for the NNC, the chairperson who reports to the Minister, is the Director of Agriculture and the deputy chairperson is the Director of Medical Services.

Currently, the functions and membership of the NNC have expanded. Besides being an advisory body to cabinet, the NNC has assumed a coordinating and implementary role on nutrition activities: All nutrition and nutrition related activities are coordinated through the NNC. The council is currently implementing some projects through member-organizations. Examples of projects implemented by the NNC are national surveys and projects emanating from such studies. Other projects initiated by the NNC are assigned to member organizations to implement. On the other hand, the Council can initiate an NGO to carry on a nutrition activity. As an example, SINAN (Swaziland Infant Nutrition Action Network) is a brainchild of the NNC.

The success of nutrition projects and activities in Swaziland is attributed to the functioning of the NNC. Because of the absence of a permanent secretariat, (all members are full-time employees of different organizations) the Council is not as efficient as it should be, resulting:

- Irregular meetings.
- Lack of or insufficient follow up on NNC activities.
- Absence of a National Nutrition policy.

Strengthening the National Nutrition Council

3.1.5 Establishment of permanent secretariat.

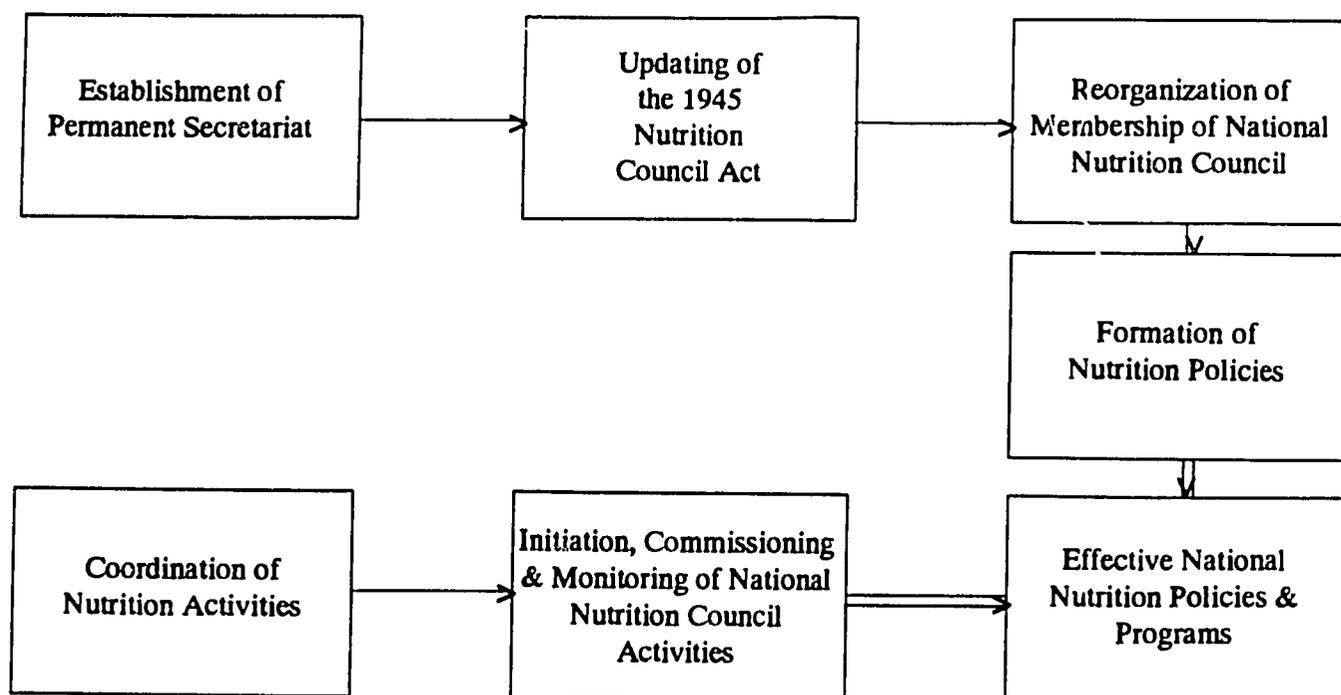
3.1.6 Updating of the 1945 National Nutrition Council Act.

3.1.7 Reorganization of membership of the National Nutrition Council.

3.1.8 Formulation of Nutrition Policies.

3.1.9 Initiation, commissioning and monitoring of Nutrition Council activities.

3.1.10 Operational model for strengthening of National Nutrition Council



3.2 Lactation Management Centre

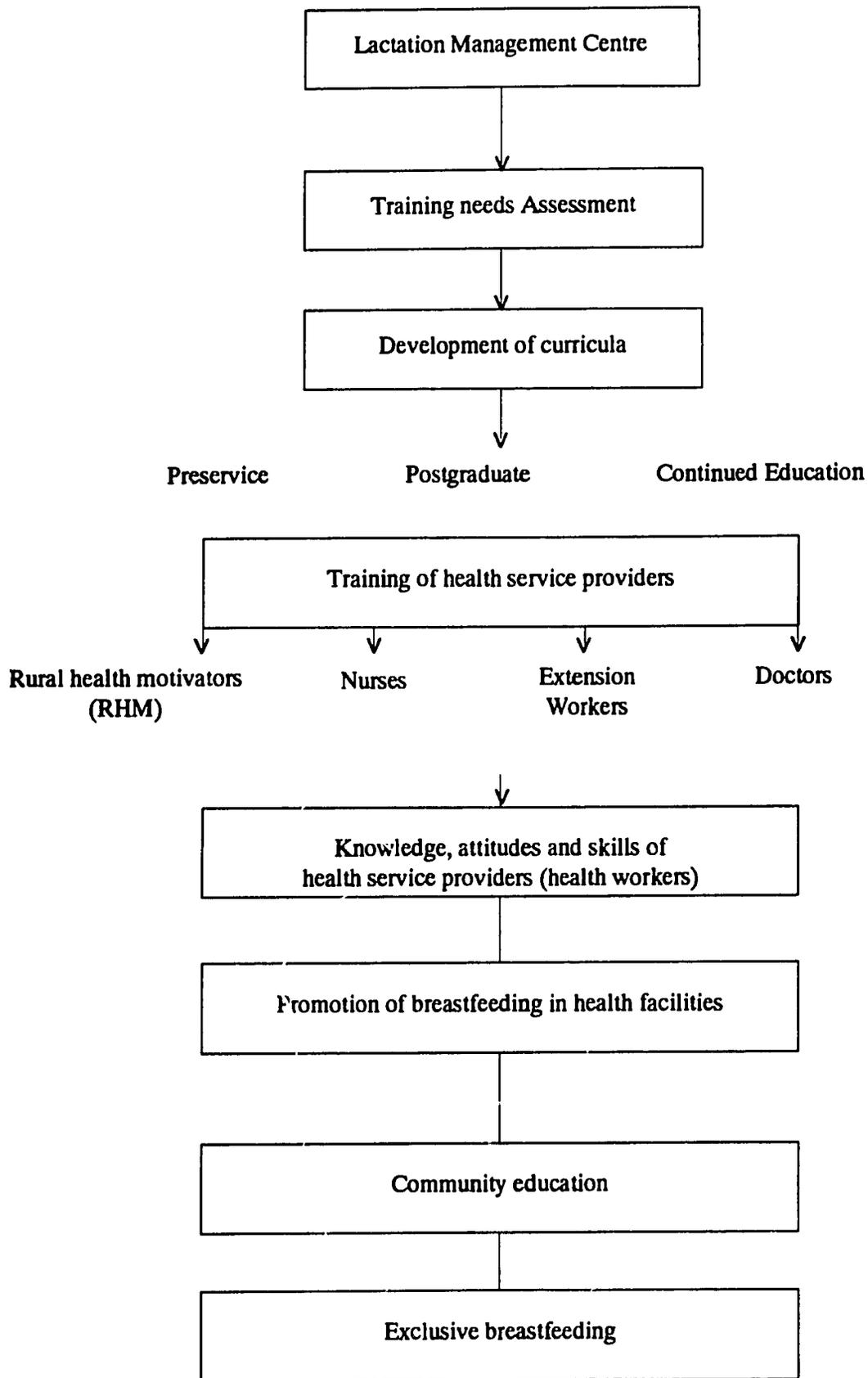
- 3.2.1 To organize a series of meetings with key officials in the Ministry of Health, hospital management, and NGO i.e. SINAN.
- 3.2.2 To establish a lactation centre to provide counselling services and management of breastfeeding and lactation problems.
- 3.2.3 To liaise with other organizations such as SINAN, IBFAN, Wellstart, in matters related to breastfeeding.
- 3.2.4 To establish a pool of resource persons who will facilitate running of the lactation clinic and train of health care providers.
- 3.2.5 To establish a resource centre for educational material at the lactation management centre.
- 3.2.6 To liaise with other health workers within the national referral hospital on the management of problems related to lactation and breastfeeding.
- 3.2.7 Bedside teaching, and also teaching in the lactation clinic.

3.3 Activities on Research

- 3.3.1 Baseline survey of mothers discharged from maternity ward. This would be in the form of questionnaire and would obtain information on initiation of breastfeeding as well as anticipated maternal and problems with regard to continuing breastfeeding at home.
- 3.3.2 To conduct a study of knowledge, attitudes and skills as breastfeeding of health care providers (nurses, doctors, administrators, RHMs, TBA, extension workers, nutritionists, teachers of home economics).
- 3.3.3 To conduct community survey on knowledge attitudes and practices regarding breastfeeding in Swaziland.

- 3.3.4 To conduct a feasibility study on kangaroo method in Swaziland. (Case control studies.)
- 3.3.5 To study feeding of problem babies. (To document mortality rate, growth patterns, weight gain, etc.)
- 3.3.6 To study risk factors associated with low birth weight. (To determine average birth weight at Mbabane Government Hospital, per cent of low birth weight and risk factors.)
- 3.3.7 Bacteriostatic qualities of expressed breast milk.

3.5 Operational Model



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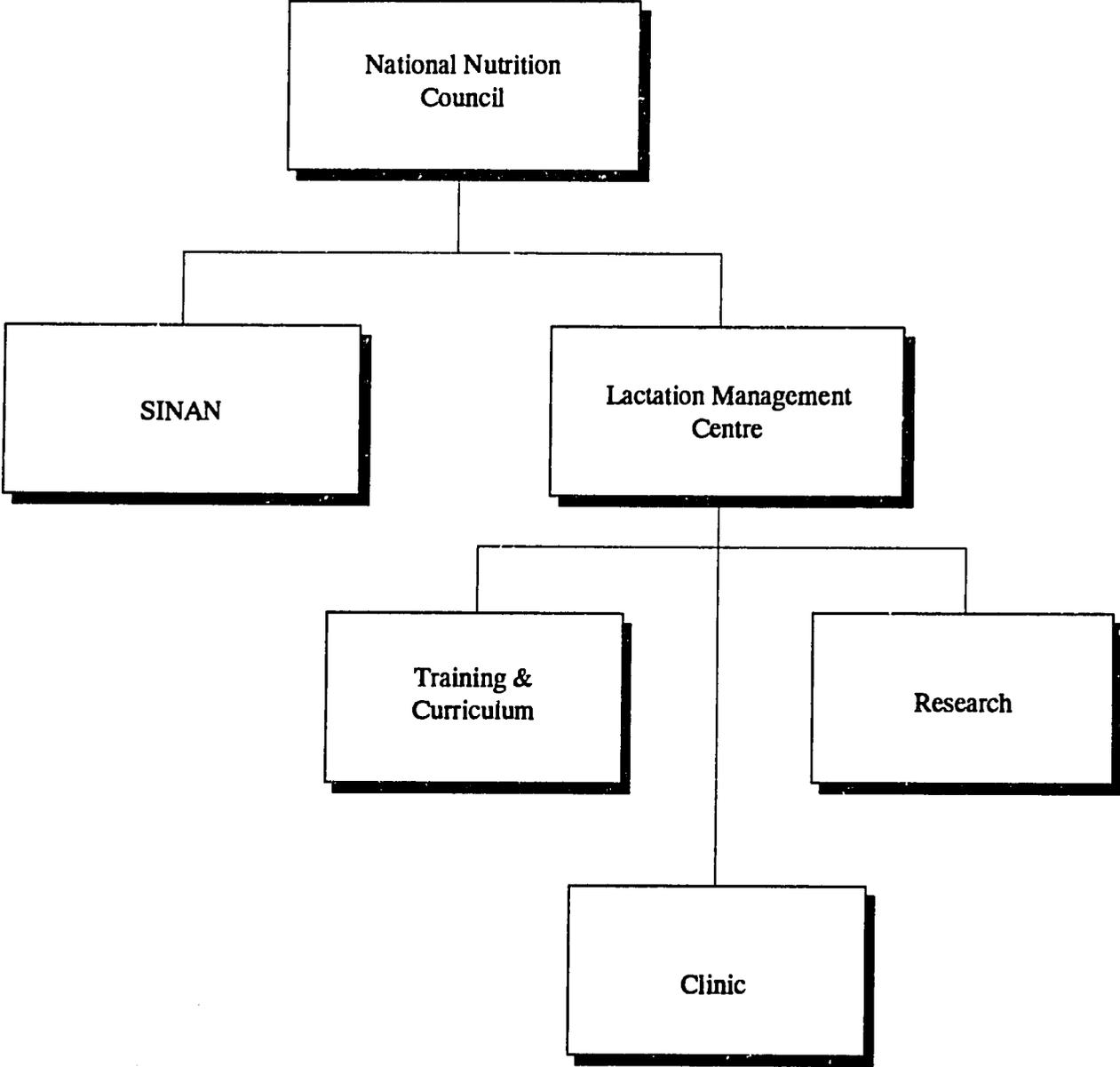
- 3.4 Training Activities**
- 3.4.1 Set appointments with various departments.
- 3.4.2 Debrief key people in various departments:
 - 3.4.2.1 Ministry of Health (MOH)
 - 3.4.2.2 Ministry of Agriculture (MOA)
 - 3.4.2.3 Ministry of Education (MOE)
 - 3.4.2.4 Donor Agencies
 - 3.4.2.5 N.G.O.
- 3.4.3 Set appointments with appropriate departments for series of meetings:
 - 3.4.3.1 Hospital managers
 - 3.4.3.2 Doctors
 - 3.4.3.3 Matrons
 - 3.4.3.4 Preservice Personnel (i.e. nursing, university, agriculture faculty, education)
 - 3.4.3.5 Continued training personnel
- 3.4.4 Develop training needs assessment
- 3.4.5 Develop training curricula, for continued training.
- 3.4.6 Design monitoring and evaluation tools for all cadres.
- 3.4.7 Assemble all training materials and visual aids.
- 3.4.8 Prepare a training guide plus a training schedule.
- 3.4.9 Arrange pre-training logistics, i.e. inviting of participants, etc.
- 3.4.10 Launch the first and second training courses of 25 participants for two weeks per session.
- 3.4.11 Conduct a series of 3-day work shops for incorporation of a training curricula to various programmes, i.e.:
 - 3.4.11.1 Nurses (Preservice)
 - 3.4.11.2 Ministry of Education personnel
 - 3.4.11.3 Senior Administrators
 - 3.4.11.4 Agriculture ext. workers
 - 3.4.11.5 Programme managers
 - 3.4.11.6 R.H.M.
 - 3.4.11.7 Doctors
 - 3.4.11.8 Nurses (Continued education)
 - 3.4.11.9 Baby Friendly Hospital initiative
- 3.4.12 Make a roster for conducting counselling to mothers in the lactation clinic.
- 3.4.13 Conduct follow up visits where necessary
- 3.4.14 Keep good records for all trained personnel.
- 3.4.15 Prepare annual plans and budgets.
- 3.4.16 Provide training reports twice yearly.
- 3.4.17 Conduct monthly meetings.
- 3.4.18 Monitor progress of all activities.
- 3.4.19 Evaluate the training program.

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Resources Needed for the Lactation Management

Resource Available	Resource Required
Personnel - Trainers	<ul style="list-style-type: none"> - More trainers - 2 Registered nurse midwives - 1 driver/cleaner - 1 accountant - Short term consultant from time to time (Wellstart)
Materials for Teaching	<p>Materials</p> <ul style="list-style-type: none"> - Video machine - Slide projector - Overhead projector - Video cassettes - Slides - Models - Stationery and training materials
Financial Resources	<ul style="list-style-type: none"> - Workshop Costs x2 wks x3 days x1 day
Transport - none	<ul style="list-style-type: none"> - Four wheel drive

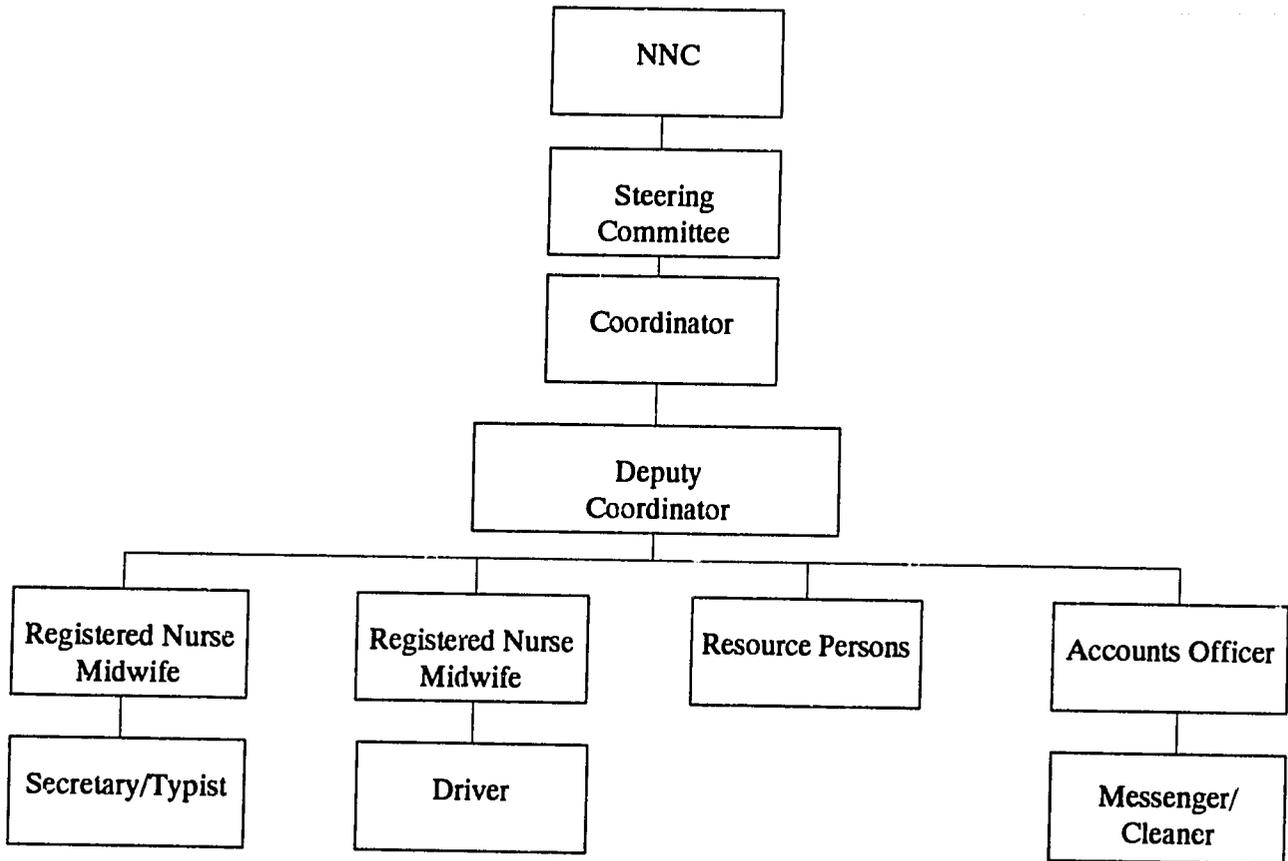
4.1.1 ORGANISATIONAL ARRANGEMENTS



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- 4.1.2 Roles of each organization and how their activities are coordinated.
 - 4.1.2.1 National Nutrition Council
 - 4.1.2.1.1 Updating of the 1945 Nutrition Council Act
 - 4.1.2.1.2 Reorganization of nutrition policies
 - 4.1.2.1.3 Formulation of nutrition policies
 - 4.1.2.1.4 Coordinator of nutrition activities
 - 4.1.2.1.5 Initiation, commissioning and monitoring and nutrition activities.
 - 4.1.2.2 SINAN
 - 4.1.2.2.1 Promote, protect, and support breastfeeding and promote young child feeding.
 - 4.1.2.2.2 Coordinate with National Nutrition Council
 - 4.1.2.2.3 Coordinate with Lactation Centre
 - 4.1.2.2.4 Complements Lactation Clinic
 - 4.1.2.2.5 A member of IBFAN
 - 4.1.2.3 Lactation Management Centre
 - 4.1.2.3.1 Complements SINAN in training
 - 4.1.2.3.2 Liaise with research unit
 - 4.1.2.3.3 Coordinates with National Nutrition Council

4.2 Staffing of the Swaziland Lactation Management Centre



4.2.1 Steering Committee

Composition of Steering Committee

- Wellstart Alumni
- Representatives of other breastfeeding promotion groups.

Function of Steering Committee

- To coordinate, supervise, direct, implement, monitor and evaluate project activities.
- Steering committee will report to the National Nutrition Council

4.2.2 Coordinator

4.2.2.1 Takes responsibility for implementation of project activities and keeps records.

4.2.2.2 Coordinates, supervises project activities.

4.2.2.3 Reports directly to the steering committee.

4.2.3 Deputy Coordinator

4.2.3.1 Assists coordinator

4.2.3.2 Stands in for coordinator in his/her absence.

4.2.4 Registered Nurse Midwife

4.2.4.1 Will work full-time in the lactation clinic.

4.2.4.2 Will be responsible for running of the lactation clinic and will keep records.

4.2.4.3 Will provide counselling services as well as curative services.

4.2.5 Accounts Officer

4.2.5.1 To keep a record of all accounts

4.2.5.2 To submit a financial statement quarterly to the coordinator who will in turn submit it to the steering committee.

4.2.6 Secretary

4.2.6.1 Will report to the coordinator.

4.2.6.2 Duties will be assigned duties.

Work Plan

ACTIVITIES	1992	1993	1994	1995	1996
1. National Nutrition Council					
a. Formation of permanent secretariat					
b. Reviewing & update of the National Nutrition council Act of 1945					
c. Formation of Nutrition Policies					
d. Coordination of nutrition activities					
2. Training					
a. Training needs assessment					
b. Development & incorporation of curriculum					
c. Training of different cadres					
d. Creation of awareness					
3. Clinic					
a. Establishment of the clinic					
b. Provide preventive, curative, services counselling					
c. Home visits					
d. Spot checks & visits to other health centres					
4. Research					
a. Initiate and develop project proposals					
b. Disseminate and implement findings					
c. Publish articles.					
d. To act as Resource Centre for research information					

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5.1 Indicators**5.1.1 Training**

5.1.1.1 Availability of a Lactation curriculum

5.1.1.2 No. of courses held in a year

5.1.1.3 No. of service providers trained by category.

5.1.1.4 No. of preservice school that have incorporated a breastfeeding training curricula.

5.1.1.5 No. of schools that have incorporated and implementing the breastfeeding curricula.

5.1.1.6 No of clients with breastfeeding problems counselled by trained health care providers.

5.1.1.7 Acceptable score attained on questionnaire by pupils in schools.

5.1.1.8 Acceptable score gained on pre- post-test.

5.1.1.9 Reports on trainings.

5.1.2 National Nutrition Council

5.1.2.1 Document on policy statement.

5.1.2.2 Secretariate deployed.

5.1.2.3 No. of meetings held.

5.1.3 Clinic

5.1.3.1 Health information system

5.1.3.2 No. of referred clients

5.1.3.3 Periodic spot check to breastfeeding counsellors

5.1.3.4 Records of clients counselled

5.1.3.5 No. of home visits.

5.1.4 Research

5.1.4.1 No. of project completed

5.1.4.2 Action taken/implemented

5.1.4.3 Publishing research results in journals and exchanging information with other researchers in other countries with Lactation Centres.

5.1 Indicators

5.1.1 Training

- 5.1.1.1 Availability of a Lactation curriculum
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- 5.1.1.3 No. of service providers trained by category.
- 5.1.1.4 No. of preservice school that have incorporated a breastfeeding training curricula.
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- 5.1.1.6 No of clients with breastfeeding problems counselled by trained health care providers.
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- 5.1.1.8 Acceptable score gained on pre- post-test.
- 5.1.1.9 Reports on trainings.

5.1.2 National Nutrition Council

- 5.1.2.1 Document on policy statement.
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5.1.3 Clinic

- 5.1.3.1 Health information system
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- 5.1.3.3 Periodic spot check to breastfeeding counsellors
- 5.1.3.4 Records of clients counselled
- 5.1.3.5 No. of home visits.

5.1.4 Research

- 5.1.4.1 No. of project completed
- 5.1.4.2 Action taken/implemented
- 5.1.4.3 Publishing research results in journals and exchanging information with other researchers in other countries with Lactation Centres.

Monitoring & Evaluation

Task to be Monitored	Who	Where	How
1. Activities	Training Coordinator	Office	Checklist
2. Training content	Training Coordinator	Training sites	Sit in during lectures and pre- & post- test
3. Impact of training	Training team	Sites where counsellors are	Spot check visit
4. Training course	Training Coordinator	Office	Checklist Questionnaire
5. No. of counselled clients in clinic	Training Coordinator	Office	Records
6. No. of home visits done	Training Coordinator	Office	Records
7. No. of Research project completed	Training Coordinator	Office	Checklist
8. Outcome of projects findings implemented	Training Coordinator	Office	Records
9. No. of articles published in journals	Training Coordinator	Office	Records
10. No. of meetings held by NNC	Training Coordinator	Office	Checklist
11. Nutrition policy	Training Coordinator	Office	Record/checklist
12. Evaluation of project	Steering committee	Community	Survey

- 5.3 Utilization of Evaluation Results**
 - 5.3.1 National Nutrition Council**
 - 5.3.1.1 To improve the effectiveness of various strategies employed by the nutrition programmes.
 - 5.3.2 Training**
 - 5.3.2.1 To be used as a baseline for future training.
 - 5.3.2.2 Training content and impact will be used to improve or design the training methodology.
 - 5.3.3 Lactation Management Clinic**
 - 5.3.3.1 To disseminate information on breastfeeding to Decision Makers and hospital management with a view to changing the hospital policies and practices.
 - 5.3.4 Research**
 - 5.3.4.1 To have documented data on research findings related to breastfeeding and to disseminate such data to:
 - 5.3.4.1.1 Clinicians
 - 5.3.4.1.2 Policy makers
 - 5.3.4.1.3 Other researchers
 - 5.3.4.2 To use research findings in strengthening manpower training.

ANNEX I

Curriculum Outline:

- I. Course Content
 - A. Lactation: Anatomy, Physiology and Biochemistry
 - B. Breastfeeding: Advantage for mother, child, father and community.
 - C. Unusual circumstances: Preterm infants, relactation and induced lactation, EBM.
 - D. Breastfeeding problems commonly encountered, and their managements.
 - E. Cultural norms in breastfeeding
 - F. Breastfeeding and child spacing
 - G. Working mothers and breastfeeding

- II. Teaching Methods:
 - A. Lectures
 - B. Discussion/small group discussions
 - C. Demonstrations
 - D. Role plays
 - E. Practical experience at the Lactation Management Centre.

- III. Teaching Materials:
 - A. Slides
 - B. Transparencies
 - C. Flip charts
 - D. Boards and chalk
 - E. Video

Training Work Plan

Task to be Done	Person Responsible	1992												1993											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
1. Set appointment with various departments.																									
2. Debrief key people in various departments.	Training team																								
3. Develop training needs assessment tool.	Training team																								
4. Conduct training needs assessment.	S.L.M.T.																								
5. Develop a training curriculum.	Training team																								
6. Design a monitoring and evaluation tools for all cadres.																									
7. Assemble all training materials and visual aids.	Training team																								
8. Prepare a training guide plus a training schedule.	Training team																								
9. Arrange pre-training logistics.	Training team																								
10. Launce the first and second training courses of 50 participants for one week per session.	Course coordinator																								

Task to be Done	Person Responsible	1992												1993											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
11. Conduct 5 series of workshops for incorporation of curriculum for a total of 100 participants, 20 per session and 3 days.	Course coordinator																								
12. Conduct monthly meetings.	Course coordinator																								
13. Budget and report writing.	Course coordinator																								
14. Monitor the activities.	Course coordinator																								
15. Evaluate the programs	S.L.M.T.																								

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Task to be Done	Person Responsible	1994												1995											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
1. Set appointment with various departments.																									
2. Debrief key people in various departments.	Training team																								
3. Develop training needs assessment tool.	Training team																								
4. Conduct training needs assessment.	S.L.M.T.																								
5. Develop a training curriculum.	Training team																								
6. Design a monitoring and evaluation tools for all cadres.																									
7. Assemble all training materials and visual aids.	Training team																								
8. Prepare a training guide plus a training schedule.	Training team																								
9. Arrange pre-training logistics.	Training team																								
10. Launce the first and second training courses of 50 participants for one week per session.	Course coordinator																								
11. Conduct 5 series of workshops for incorporation of curriculat for a total of 100 participants, 20 per session and 3 days.	Course coordinator																								

LACTATION MANAGEMENT PROGRAMME

Swaziland Infant Nutrition Action Network (SINAN)

Mbabane, Swaziland

Ms. Nomajoni Ntombela, SINAN President

Presented December 13, 1991

**Developed in cooperation with Wellstart as part of the Lactation Management Education
Program funded by USAID's office of Nutrition, DAN-5117-A-00-9099-00**

ABBREVIATIONS

SINAN:	Swaziland Infant Nutrition Network
IBFAN:	International Baby Food Action Network
MOH:	Ministry of Health
MOAC:	Ministry of Agriculture and Cooperatives
NNC:	National Nutrition Council
EPI:	Expanded Programme of Immunisation
ARI:	Acute Respiratory Infections
SMDA:	Swaziland Medical and Dental Association
MOC:	Ministry of Commerce
MOL:	Ministry of Labour
LBW:	Low Birthweight
SBS:	Swaziland Broadcasting Services

SUMMARY

Infant mortality remains high in Swaziland. Nearly 50% of infant deaths occur before the age of two months, and about 70% of all under-five deaths occur before the age of six months.

The 1983/84 National Nutrition Survey, conducted by the National Nutrition Council, showed that while 96% of Swazi mothers initiate breastfeeding by two months, over 70% of infants have received non-human milk. Why do so few Swazi women continue breastfeeding beyond the first weeks? Many families have left the homestead in search of employment, leaving the traditional means of encouragement and support for breastfeeding behind. Many women are employed outside the home. This does not preclude breastfeeding, but does require some extra effort and motivation on the mother's part. Though breastfeeding is regaining prevalence in the developing world, it has been noted with regret that it continues to decline in the developing countries.

Artificial feeding, on the other hand, poses serious problems where there is no safe drinking water and sanitation, low level of literacy to read instructions for mixing the powder, and income is low to purchase sufficient milk powder, which of course leads to infant and child malnutrition, infectious diseases, and death.

Why should infants be exposed to such hazards when breastmilk is a natural resource? The decline in breastfeeding therefore should be reversed in the interest of the infants and the family, if it is not, it may undermine successes enjoyed by other child survival activities, such as EPI, ORS, Growth Monitoring, etc.

Breastfeeding is now a global problem. We note with pleasure the efforts taken by both UNICEF and WHO in the promotion and protection of breastfeeding by introducing the Ten Steps to Successful Breastfeeding and the "Baby Friendly Hospital Initiative."

SINAN is fully committed to the objectives of good infant and young child nutrition by promoting, protecting, and supporting breastfeeding and appropriate weaning practices. SINAN has no funds of its own as it is a non-governmental, non-profit, and voluntary organisation. It thus seeks funds to protect the complete destruction of breastfeeding.

It has always been funded by UNICEF for training of health workers and purchasing of equipment, but not running costs, as it is UNICEF's policy not to do so.

BACKGROUND INFORMATION

Country Profile

Geographical Location: Southern part of Africa, landlocked between the Republic of South Africa and Mozambique. It has four Administrative Regions.

Size: 17,365 Sq. Km.

Demographic Information

Population: 800,000 (1988 projection), increasing at a rate of 3.4% per year. About 48% of the population is under 15 years of age.

Crude Birth Rate: 47/1000

Crude Death Rate: 12.3/1000

Total Fertility Rate: 6.6 children per woman

Infant Mortality Rate: 100/1000

Under Five Mortality Rate: 182/1000

Life Expectancy: 54 years

Income per Capita: \$1,500 US

National Health System

Hospitals: 50% government and 50% missions, private, and companies

Traditional Healers: 80-85 use - 5,000 healers

First Line Health Workers: 1,800 rural Health Motivators

70% of pregnant women for antenatal visit.

50% of births occur in hospitals.

85% of under one years of age fully immunized.

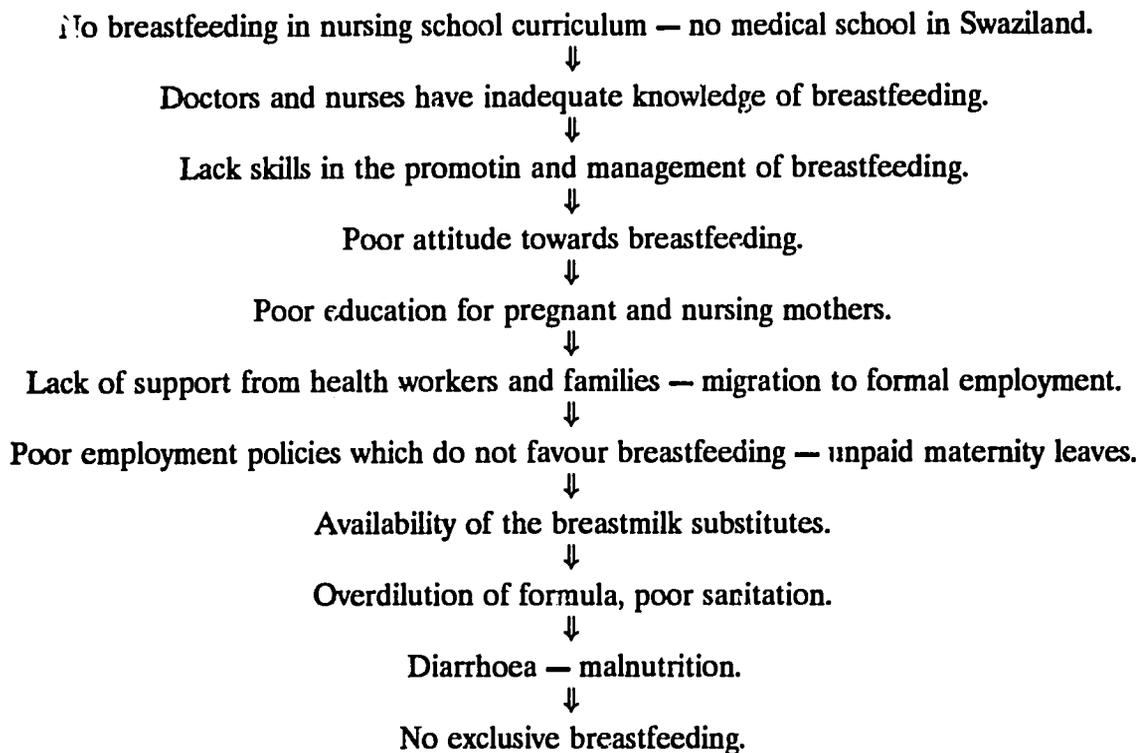
Leading causes of morbidity: ARI, skin diseases, diarrhoea.

Leading causes of child death: perinatal causes, malnutrition, diarrhoea, respiratory tract infections.

SUMMARY OF PROBLEMS OF INFANT NUTRITION

- Short duration of exclusive breastfeeding, 8% between 4-6 months, 1983-84 survey.
- Failure to continue breastfeeding for at least two years, 31% 1983-84.
- High prevalence of diarrhoeal diseases.
- High rates of stunting, 30% of children 0-59 months.
- Inadequate energy density in the weaning foods.

Research shows that the following factors contribute to the above problems:

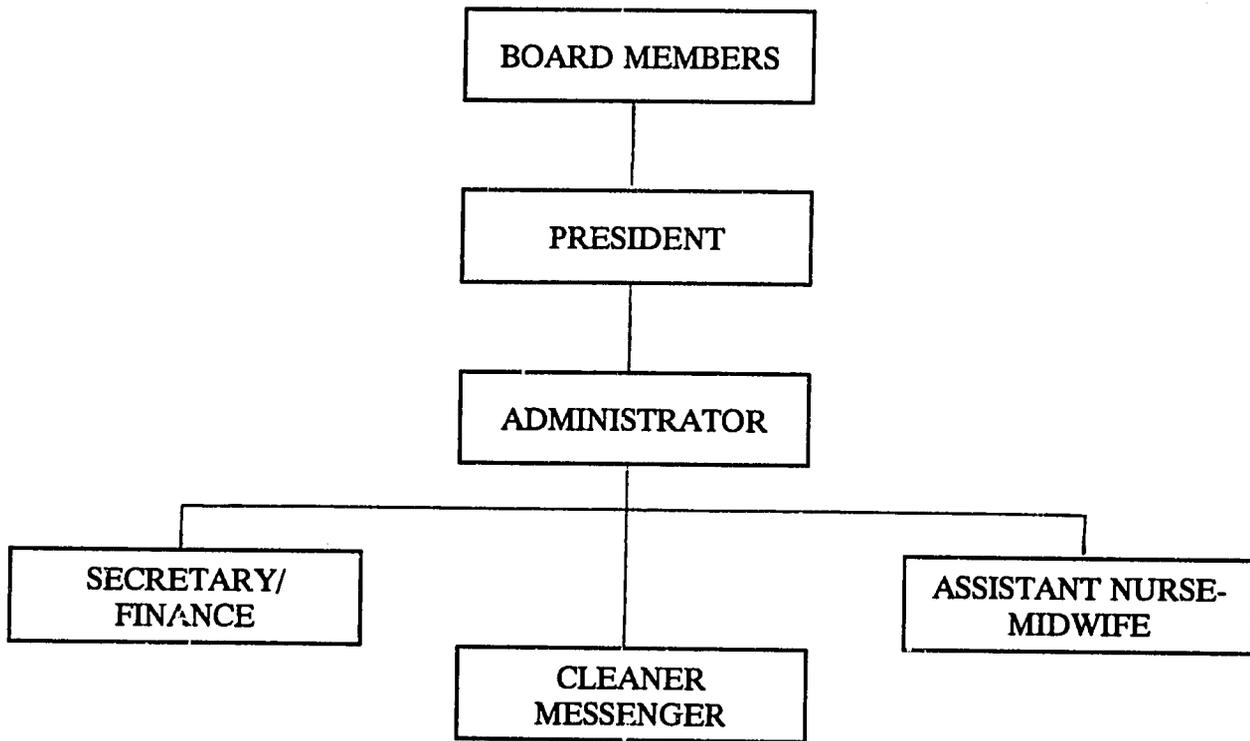


MONITORING AND EVALUATION

- Availability of reports from the training workshops. Increase in number of trained counsellors.
- Recording of the number of mothers with successful breastfeeding.
- Increase in the number of mothers using breast pumps and reports of successful use, on regular visits to SINAN offices.
- Health workers from the hospital referring more mothers to the mothers' support group.
- SINAN clinical sessions to increase from being conducted mornings only to a full day.
- More working mothers continue to breastfeed even after returning to work.
- At least ten _____ to be set up in the Matsapa Industrial site and functioning well, with breastfeeding mothers.
- An improvement in the KAP of health workers when a survey is repeated.
- Monthly visits to breastfeeding counsellors per four regions.
- Newsletter production — regularly twice a year.
- By 1993, the number of infants being exclusively breastfed at 4-6 months to increase from 8% to 30%
- By 1993, the number of children still being breastfed at 18-24 months to increase from 31% to 60%

- The prevalence of diarrhoeal diseases to be the least leading cause of morbidity.

SINAN ORGANISATIONAL STRUCTURE



Overall Goal

To promote breastfeeding and ensure appropriate infant weaning practices in Swaziland, in order to improve infant nutrition status and contribute to an overall reduction in infant morbidity and mortality rates.

1. General Objectives
 - a. To increase the percentage of infants being exclusively breastfed for four to six months from 8 percent in 1983/84 to 30 percent by 1993.
 - b. To increase the percentage of children still being breastfed at 18-24 months from 31 percent in 1983/84 to 60 percent by 1993.
2. To strengthen the organizations (SINAN) information education communications capabilities. SINAN is the major coordinating and implementing body of breastfeeding activities as indicated in the programme plan of action between the Swaziland government and UNICEF (1989-1993).
3. To solicit support from MOH senior officials and clinic supervisors by creating awareness of the importance of both the nutritive and economic value of breastfeeding.
4. Assist in the establishment of the proposed Lactation Centre at the Mbabane Government Hospital (with the centre committee) by developing the lactation management curriculum for the nursing colleges in Swaziland.
5. To continue with the training of health workers in breastfeeding management and counselling.
6. To assist "The Baby Friendly Hospital" training teams in training the health workers in breastfeeding management.
7. SINAN clinical staff to assist in running lactation management sessions for mothers in the Lactation Centre.
8. Consolidate counselling and support services to expectant and lactating mothers.
9. Conduct a feasibility study on getting coaches for lactating mothers in places of employment.
10. Create awareness about the importance of the code of marketing breastmilk substitutes among the policy makers, employers, traders (in food commodities) and mothers.

Components of the Project

1. Strengthening SINAN
2. Social Mobilisation
3. Training and Curriculum
4. Support and Clinical Services
5. Code Advocacy

STRENGTHENING OF SINAN

Specific Objectives	Strategies and Activities
<p>To increase SINAN Human Resources from one staff in 1991 to four by end of 1993.</p>	<p>Recruiting and placement of supporting staff by June 1992.</p> <p>One Secretary/Finance:</p> <ul style="list-style-type: none"> • Assist in administration of office and finances. • Assist the Administrator in organising training workshops, field trips, requesting resource people. • Assist in the running of the daily activities of the office, i.e. setting up appointments with mothers for counselling. <p>One Cleaner/Messenger:</p> <ul style="list-style-type: none"> • Assist in doing usual errands for the position. • Assist in photocopying, packaging educational materials for distribution to breastfeeding counsellors. <p>First quarter 1993 recruit another nurse/midwife to assist the Administrator in increasing the clinical services.</p>
<p>By the end of each year, 100 MOH officials and hospital administrators to become motivated as supporters of breastfeeding.</p> <p>Policy makers, e.g. Principal Secretaries from MOAC, MOC, MOL, members of parliament to be aware of the importance of breastfeeding.</p>	<ul style="list-style-type: none"> • Conduct one day seminars on breastfeeding focusing on breastfeeding as integral part of child survival, economics of breastfeeding. • Promote breastfeeding as a natural method of child spacing. • Give available data on the nutritional status of infants and children in the country in relation to diarrheal diseases, malnutrition, and stunting. • At each workshop to have 25-30 participants.

STRENGTHENING OF SINAN

Specific Objectives	Strategies and Activities
Create breastfeeding awareness for 300 nurses by the end of 1993.	During the in-services training for EPI, ARI, FP, CDD programme training, give two-hour talks on the importance of breastmilk and breastfeeding.
60 physicians both in private and government health facilities to be supportive of breastfeeding.	During the SMDA monthly meetings, give one hour talks on breastfeeding, then later focusing on breastfeeding and special situations, e.g. L.B.W., jaundice.
Create more awareness to the general public, e.g. users of t-shirts, car bumper stickers, kangas.	Produce and print t-shirts, kangas, and bumper stickers. Distribute and give these after talks or as prizes in health competition.
Production of leaflets, and SINAN Newsletter, twice a year.	Distribute the newsletters to all the libraries in the country. Mail it to all the members. Give to all mothers who come to the prenatal clinic for breastfeeding counselling or visiting SINAN office.
Increase the radio spots from once to two times a week by the end of 1992.	Negotiate with the SBS to give SINAN two slots per week for broadcasting.
Develop one more jingle in English by 1993.	Negotiation with SBS to use the jingles before the 8 pm newscast.

TRAINING AND CURRICULUM

Specific Objectives	Strategies and Activities
1. By June 1992 assist in adapting the current IBFAN curriculum in breastfeeding to suit the needs of the three colleges in the country.	<ul style="list-style-type: none"> • Negotiate with the college tutors to incorporate breastfeeding in the curriculum. This shall be done by Dr. Steven Shongwe who is a Wellstart Associate and the Secretary of SMDA. • Offer assistance in teaching the subject while the tutors are undergoing training.
2. By June 1992 six nurses, four nutritionists to acquire skills as Master Trainers.	Conduct one two-week workshop to train trainers.
3. By end of 1993 60 nurses, 20 nutritionist, 10 extension workers to have completed two weeks training in lactation management. 20 mothers to be trained in breastfeeding management by end of 1993.	<ul style="list-style-type: none"> • Conduct two workshops per year for two years with 20-25 participants per workshop. • Conduct one workshop per year with ten mothers per session.
4. By 1993, 20 traditional healers to have completed training in breastfeeding counselling.	Conduct one two-week workshop in the first year. Repeat the training in year two.

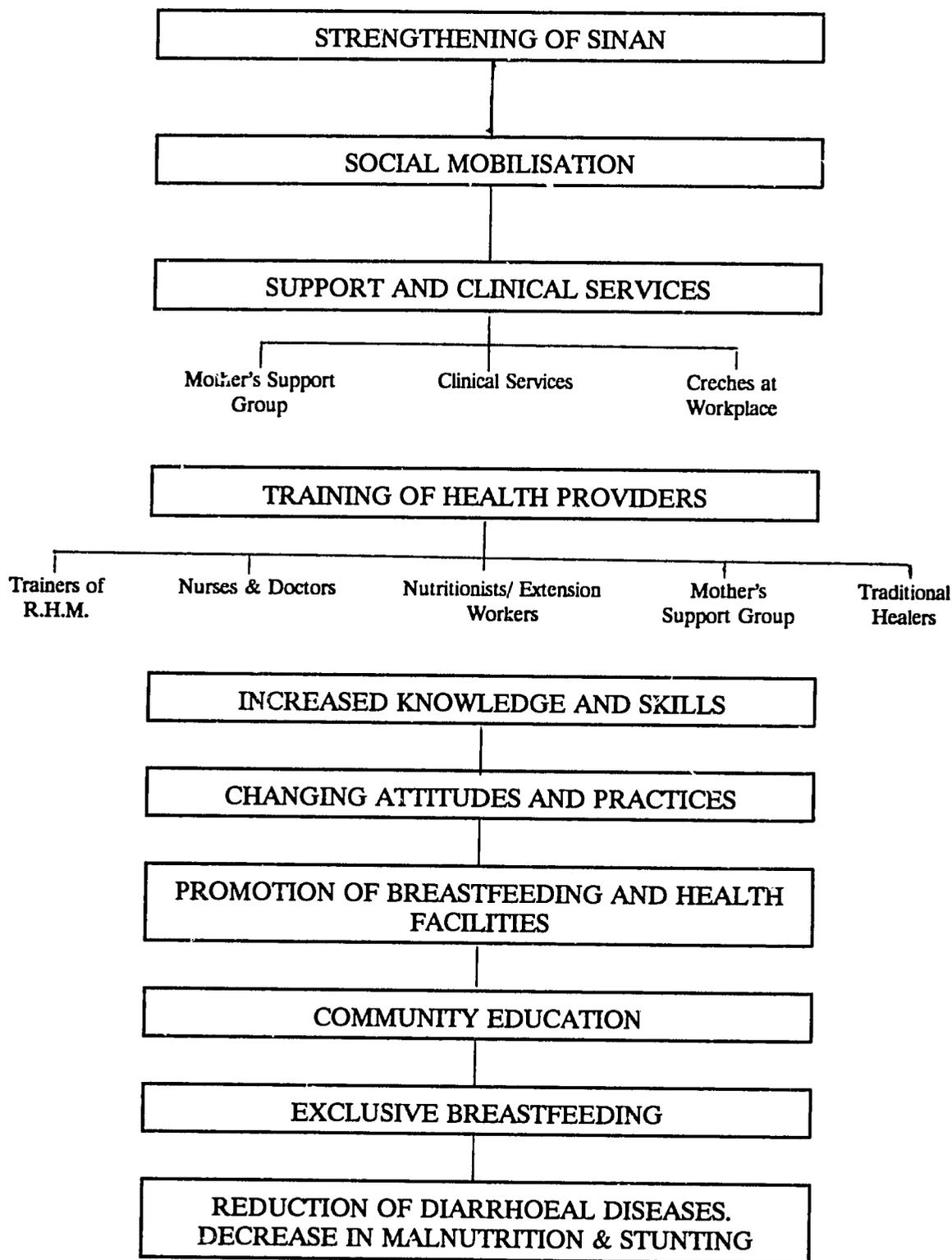
SUPPORT AND CLINICAL SERVICES	
Specific Objectives	Strategies and Activities
Increase the number of counselling sessions provided by SINAN to the maternity wards at the Mbabane Government and RFM Hospitals from once a week to three times by 1993.	By recruiting support staff to relieve the nurse to do more clinical work.
To increase the time allocated for pre- and postnatal counselling at SINAN offices from mornings only to a full day by June 1993.	<ul style="list-style-type: none"> • Recruiting another nurse/midwife. • Training support staff in breastfeeding counselling.
Working mothers to be given support to continue breastfeeding even after returning to work.	<ul style="list-style-type: none"> • Mothers shown how to express breastmilk by hand or breast pump. • Taught how to store expressed breastmilk.
To carry out a feasibility study on setting up creches in the Matsapa Industrial sites by end of 1992.	<ul style="list-style-type: none"> • Conduct interviews with employees of at least ten major industries. • Conduct interviews with management, and sell the idea of creches in places of employment.
At least once a week a member of the mother's support group to visit the maternity ward.	Secretary to assist drawing up a schedule for the member's visits to hospital.
CODE ADVOCACY	
Specific Objectives	Strategies and Activities
During all the above training sessions an hour to be allocated to discussions about the code of marketing breastmilk substitute	Participants to be made aware of the National Draft Act on marketing breastmilk substitutes, and the national breastfeeding policy.
One-day seminars to be conducted for 300 people per year, mothers, traders, policy makers.	Distribute booklets on the international code of marketing breastmilk substitutes and the policy during the seminars.

Budget 1992

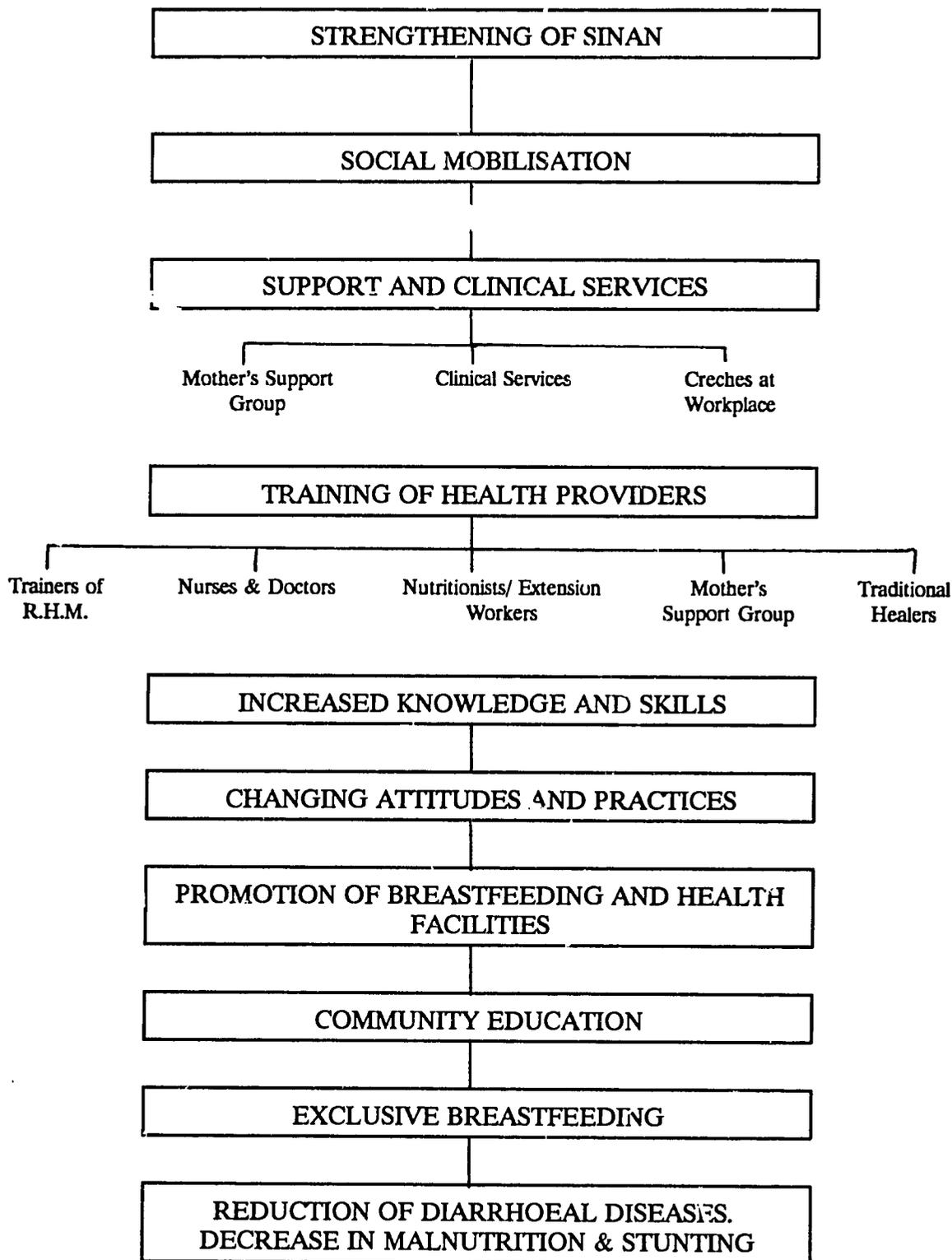
	Activity	Total
<u>Human Resources</u>		
Secretary/Finance	1,200.00	14,400.00
Cleaner/Messenger	350.00	980.00
	Human Resources Total:	1,550.00
<u>Social Mobilisation</u>		
	Six one-day seminars for MOH officials, hospital administrators, members of parliament. 30 participants.	
	2,000.00	2,000.00
	Continued education for nurses and doctors.	
	200.00	200.00
	Production of t-shirts, kangas, bumper stickers.	
	5,000.00	5,000.00
	Production of leaflets.	
	2,000.00	2,000.00
	Production of newsletter x 2	
	2,700.00	2,700.00
	Radio spots and breastfeeding jingles.	
	600.00	600.00
	Social Mobilisation Total:	12,500.00
<u>Training</u>		
	Developing curriculum	
	400.00	400.00
	Training of 10 trainers.	
	500.00	500.00
	2 x 2 week workshops	
	17,000.00	17,000.00
	Training of mothers support group.	
	3,000.00	3,000.00
	Transport-reimbursement	
	1,000.00	1,000.00
	Feasibility study on creches in places of work.	
	2,000.00	2,000.00
	Consultancy fees, resource people	
	2,500.00	2,500.00
	Training Total:	26,400.00
<u>Equipment</u>		
	Computer	
	5,000.00	5,000.00
	UPS	
	1,200.00	1,200.00
	Laser Printer	
	2,160.00	2,160.00
	FAX Machine	
	1,200.00	1,200.00
	Television set	
	1,500.00	1,500.00
	VCR	
	1,400.00	1,400.00

Audiovisuals	1,000.00	1,000.00
Textbooks	1,000.00	1,000.00
Stationery	2,000.00	2,000.00
Breast pumps	1,500.00	1,500.00
Office equipment/insurance	1,000.00	1,000.00
Equipment Total:	18,960.00	18,960.00
<u>Transportation</u>	2,500.00	2,500.00
<u>Human Resources</u>		
Administrator/Nurse/Midwife	2,500.00	30,000.00
Assistant Nurse/Midwife	1,980.00	23,760.00
Secretary/Finance	1,500.00	18,000.00
Cleaner/Messenger	450.00	1,260.00
Human Resources Total:	8,930.00	75,520.00
<u>Training</u>		
2 x 2 week workshops	18,000.00	18,000.00
Continuing Education	300.00	300.00
Workshop for traditional healers x 20	9,000.00	9,000.00
Social mobilisation	2,500.00	2,500.00
Production of newsletter x 2	2,800.00	2,800.00
Radio spots and jingles	600.00	600.00
Office equipment/insurance	1,500.00	1,500.00
Mothers support group	3,000.00	3,000.00
Setting up creches in places of work	2,000.00	2,000.00
Transport for workshops	2,500.00	2,500.00
Training Total:	42,200.00	42,200.00
<u>Contingencies, 10%</u>	11,304.00	18,008.00
GRAND TOTAL:	110,540.00	190,960.00

OPERATIONAL MODEL

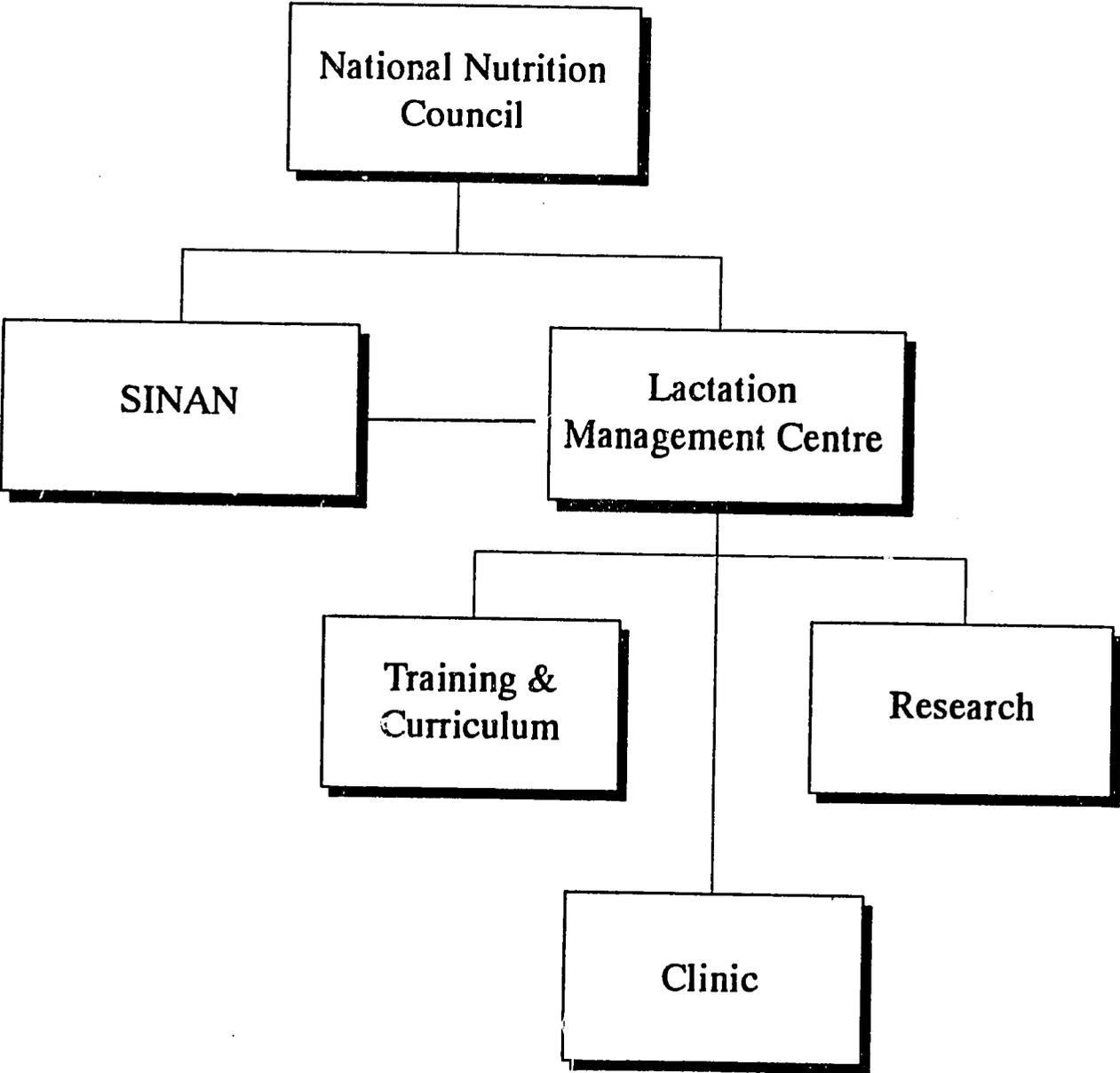


OPERATIONAL MODEL



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ORGANISATIONAL ARRANGEMENTS



FIVE-YEAR PLAN FOR ZIMBABWE NATIONAL INFANT FEEDING PROGRAMME

**National Breastfeeding Program
Harare, Zimbabwe**

**Mrs. Rufaro C. Madzima, Chief Nutritionist
Dr. Rose Kambarami, Pediatrician
Mrs. Siyemule A. Nduna, Principal Tutor
Mrs. Dorothy Chipso Chipfunde, Dietitian**

Presented December 13, 1991

**Developed in cooperation with Wellstart as part of the Lactation Management Education
Program funded by USAID's office of Nutrition, DAN-5117-A-00-9099-00**

Background

This plan represents the components of the Zimbabwe National Infant Feeding Program Five Year Plan for 1992-1996.

Acute malnutrition (nutritional wasting) was a serious problem among children under five years of age in Zimbabwe at independence in 1980. Gradually during the next decade it greatly declined in prevalence, though some children are still diagnosed as having marasmus and kwashiorkor. The 1988 Demographic and Health Survey (DHS) found very low levels of nutritional wasting, but this could underestimate the problem if the death rate for acutely malnourished children is high in Zimbabwe. The relative reduction of acute malnutrition may be partly due to successful efforts to raise awareness of the problem among health workers and the population at large, since wasting is visible even to lay persons. However, the more invisible problem of nutritional stunting has continued unabated at a prevalence of about 30% of under fives (<-2SD height-for-age).

There are many causes of stunting. Some are linked to the overall level of resources in the country and the way in which these are utilized and distributed. Some are linked to childhood diseases which are being addressed by other Ministry of Health efforts. Others are linked to household food security, some of which are addressed by various efforts of the Ministry of Lands, Agriculture, and Rural Resettlement. Still other causes have to do with infant and young child care and feeding. Nutritional insult in Zimbabwean children begins to occur already during the first months after birth. Most of the stunting takes place only during the first year of life, suggesting that infant feeding problems play a critical role (DHS 1988).

Breastfeeding in Zimbabwe is nearly universally practiced but the full potential benefit of this for infant health, especially diarrhea prevention and for optimal birth spacing is not obtained. The 1988 Demographic Health Survey found out that only 10% of infants under four months of age were exclusively breast-fed. Other foods, even water, risk introducing pathogens and may reduce how much they suck at the breast, thus reducing breast milk production. This also reduces the birth spacing effect of breastfeeding. This pattern of infant feeding may be responsible for setting in motion the pattern of nutritional stunting which is showing as early as 3 months and is presently about 29%. Data shows that the nutritional status of Zimbabwean infants continues to decline steeply until nine months of age, continues to gradually decline for another nine months, and stays at the same level until four years of age, when it improves a little. Problems with breastfeeding include the fact that it is often not initiated immediately after birth. Water, gruel, and other supplements are introduced far too soon. Some mothers give supplements in feeding bottles rather than cups, increasing the risks of contamination and of nipple confusion, which can lead to cessation of breastfeeding. Breastfeeding stops (sevrage) at an unnecessarily early age for many infants, sometimes because the mother believes it has caused her child to get diarrhea.

In 1988 survey of knowledge, attitudes and practices of 263 Zimbabwean health workers found that they had positive attitudes toward breastfeeding and were familiar with basic facts about it. But they did not possess much of the practical knowledge and skills necessary to promote and support breastfeeding. For example, among a list of five choices, only 11% were able to correctly choose the two which are most important for breastfeeding to succeed (frequent feeding and relaxed mother who wants to breastfeed). One third felt that a working mother should get her child used to the bottle from birth. Hospital maternity ward practices often do not conform with WHO/UNICEF recommendations (the "Ten Steps"). For example, glucose water is occasionally given as a prelacteal feed. Health workers are not trained in proper methods of

combine breastfeeding with work when it must be done away from the home. Common causes of sevrage such as "insufficient milk" and "self-weaning" are actually due to lack of knowledge and skills of lactation management on the part of health workers (and mothers who no longer know or employ traditional methods to overcome the problems involved).

The Zimbabwe Public Health Amendment Act of 1985 gave the Minister of Health broad authority to make regulations encouraging and promoting breastfeeding and regulating the market and sale of infant food and feeding articles. However no such regulations have yet been made which infant food companies appear to be taking advantage of. There is danger that increasingly sophisticated marketing methods will be brought to bear, aimed mainly at health workers as the recent trend of trade liberalization progresses. The Honorable President of Zimbabwe participated and is a co-signatory in the World Summit September 1990 for Children to show his support for the survival of the young child.

In view of W.F.O and UNICEF recommendation of a broad-based approach in breastfeeding programmes, this five year programme plan for 1992-1996 includes the following components:

- Formulation of the Zimbabwe Infant Feeding Advisory Council
- Development of a National Infant Feeding Policy.
- Training of health workers at relevant levels to improve the knowledge and skills required for lactation management and appropriate maternity ward practices.
- Sensitizing policy-makers in relevant Ministries, community leaders, the mass media, etc., on the importance of promoting, and practicing breastfeeding
- Support to working women through review and amendment of the current maternity leave benefits of three months on $\frac{3}{4}$ pay and 2 half-hour breastfeeding breaks to four months with full pay so that they can practice exclusive breastfeeding at least four months.
- Support and cooperation between the health services and direct mother-to-mother support groups like ZINN, La Leche League, etc.
- Research into breastfeeding-related issues, e.g., hospital practices, code monitoring, exclusive breastfeeding and complementary foods, kangaroo method.
- Curriculum development

This broad range of tasks requires the formation of a task force comprising of Wellstart participants and an advisory committee which will include representatives from the health sector, UZ and NGOs.

Problem Statement

Only 10% of infants below the age of 4 months are exclusively breastfed [Zimbabwe Demographic Health Survey (DHS), 1988].

Goal

To increase the number of infants who are exclusively breastfed in the first four months nationally from 10% to 60% by December, 1996.

Objectives

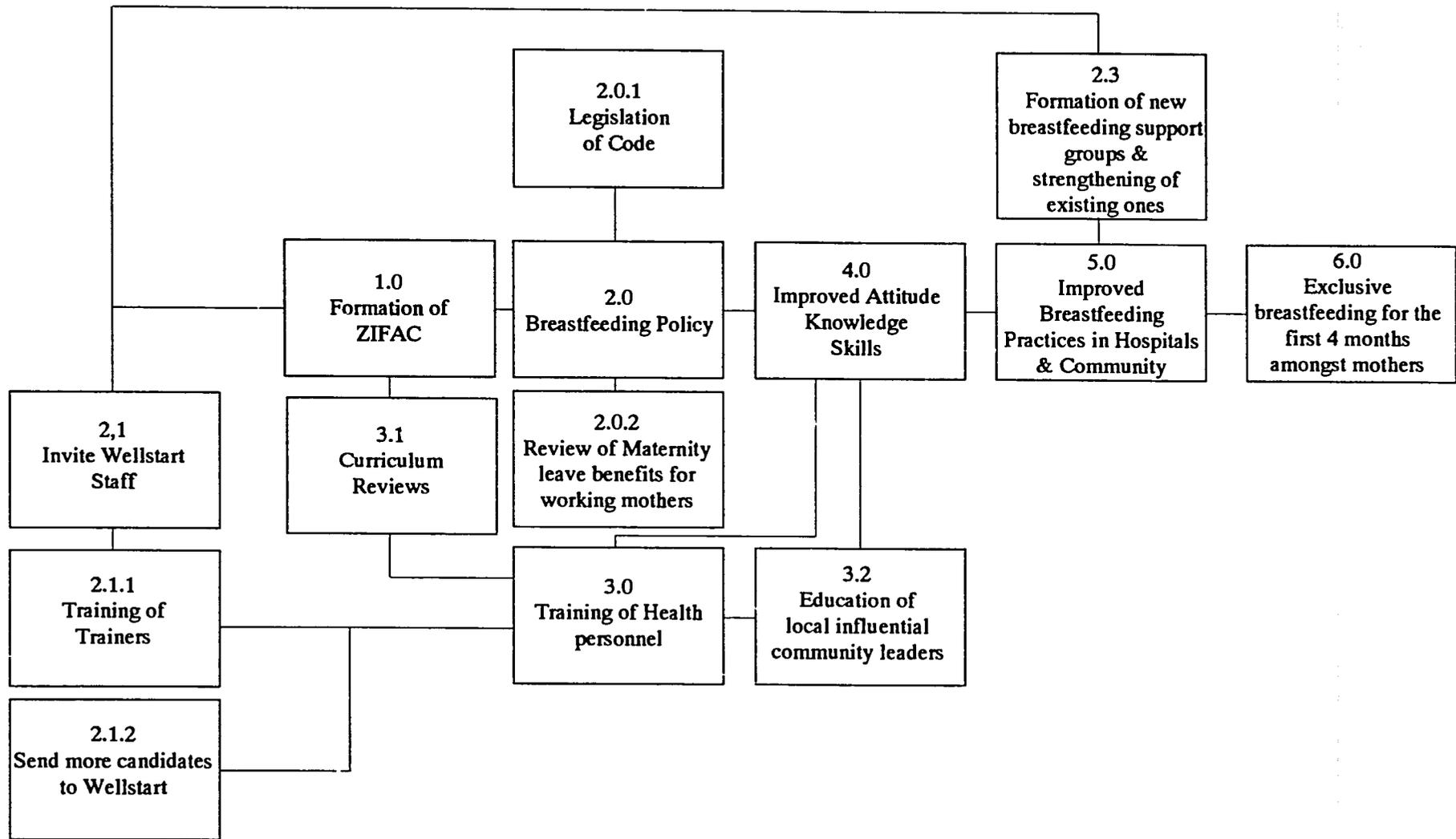
1. To form an Infant Feeding Advisory Committee (ZIFAC) which will steer the development of a National Infant Feeding Policy (IFP) by the end of 1992.
2. National Education and training to improve knowledge, skills, and attitudes related to lactation management and breastfeeding will be conducted by ZIFAC and Wellstart Lactation Consultants (WLC) beginning June, 1993, for 90 trainers who will in turn train health workers at various levels, such that:

10% of health workers are trained by December, 1993.

25% of health workers are trained by December, 1994.

50% of health workers are trained by December, 1995.
3. To integrate lactation management into the existing curriculum with expert support from Health Professions Council Ministry of Education and University Curriculum Development Departments by 1996.
4. ZIFAC to conduct sensitization and awareness campaign for policy-makers, community leaders, and the mass media by 1995.
5. MOH to encourage relevant ministries to review and amend the current maternity leave benefits by December, 1993.
6. ZIFAC to strengthen the existing two breastfeeding support groups and encourage the formation of new ones by 1995.
7. ZIFAC to conduct and encourage breastfeeding related research including baseline surveys starting in July 1993.

OPERATIONAL MODEL



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Objective	Strategy	Activities
<p>1. To form ZIFAC which will steer the development of an Infant Feeding Policy (IFP) by the end of 1992.</p>	<p>Conduct a series of meetings with influential people.</p>	<p>(1) Meet with directors of nutrition, MCH, nursing services, principal medical directors, dean of medical schools to report back and discuss formation of (IFP) and ZIFAC.</p> <p>(2) Formation of ZIFAC by the task force.</p> <p>(3) Formulate draft of IFP, circulate and discuss it with above and</p> <ul style="list-style-type: none"> - PMD - medical superintendent - CMOH - hospital administrator - ZINA - chief pharmacists - ZIMA - ZINN <p>(4) Solicit for legislation on the code for marketing breastmilk substitutes.</p> <p>(5) Finalize IFP.</p>
<p>2. National education and training to improve knowledge, skills, and attitudes related to lactation management and breastfeeding will be conducted by ZIFAC and Wellstart Lactation Consultants (WLC) beginning June 1993 for 90 trainers who will in turn train health workers at various levels such that:</p> <ul style="list-style-type: none"> • 10% of health workers will be trained by December 1993. • 25% will be trained by December 1994. • 50% will be trained by December 1995. 	<p>a. Teams to be trained by Wellstart.</p> <p>b. Conduct a series of training workshops for health workers at all levels.</p>	<p>(1) Plan training schedule.</p> <p>(2) Send 3 teams to Wellstart for training.</p> <p>(3) Develop training material and relevant visual aids.</p> <p>(4) Invite regional and international lactation trainers (WLC).</p> <p>(5) Start training workshops for trainers:</p> <ul style="list-style-type: none"> • Paeditricians and obstetricians, 2-3 day workshop. • SHO, GPs, PNO, matrons, nutritionists, PMD, HEO, tutors, senior nurses, 2 week workshop. <p>(6) Trainers to conduct training at district, ward, and village levels.</p> <ul style="list-style-type: none"> • District health workers. • Traditional healers and Traditional Birth Attendants (TBA) — village community workers, etc. <p>(7) Arrange regional learning exchange visits for trainers, one every year.</p>

For details, see Annex 1.

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Objective	Strategy	Activities
3. To integrate lactation management into the existing curricula with expert support from Health Professions Council, Ministry of Education and University Curriculum Development Department by 1996.	a. Develop a curriculum plan for pre-service health workers.	(1) Review curriculum plan and design drafts for discussion with relevant authorities by end of 1993. (2) Conduct a two-week workshop to review draft curriculum plan in 1995. (3) Finalize and incorporate the curriculum into the pre-service training of health by 1996.
4. ZIFAC and trainers to conduct sensitization and awareness campaigns for policy-makers, community leaders, and the mass media by 1995.	a. Hold informative meetings for influential community leaders. b. Mass media strategies to improve awareness at all levels.	(1) Development of social marketing strategies in relation to breastfeeding through relevant ministries and parastatals (2) Conducting sensitization meetings with journalists, editors, NGO, baby food manufacturers.
5. MOH to encourage relevant Ministries to review and amend the current maternity leave benefits by December 1993.	MOH to plan and hold a series of meetings with Ministry of Labour, Ministry of Public Service, Ministry of Women's Affairs, etc.	(1) Review present maternity leave benefits. (2) Present draft of amendments to policy-makers in relevant Ministries. (3) Hold meetings to review and finalize maternity leave benefits.
6. ZIFAC to strengthen existing breastfeeding support groups and encourage formation of new ones by 1995.	ZIFAC members may join existing breastfeeding support groups and encourage formation of new ones.	(1) Attend meetings of breastfeeding support groups, inquire about membership and activities. (2) Identify and attend women's groups meetings and interest them in breastfeeding issues, e.g., women's church groups, women's league, nurses associations, Lever Brother's teach the teacher scheme.

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Objective	Strategy	Activities
<p>7. ZIFAC to conduct and encourage breastfeeding related research including baseline surveys starting in July 1993.</p>	<p>ZIFAC to conduct and coordinate breastfeeding-related research and baseline surveys.</p>	<p>(1) ZIFAC to carry out research needs assessment related to breastfeeding.</p> <p>(2) Set up a data bank in the National Nutrition Unit -- Ministry of Health.</p> <p>(3) Design instrument, collect data, analyze data, write report, and disseminate results.</p> <p>e.g., of research:</p> <ul style="list-style-type: none"> • KAP on community • hospital practices survey and monitor • Prenatal and post natal surveys • exclusive breastfeeding and complimentary foods • Kangaroo Care Unit and breastfeeding problems of low birth weight babies

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Organization, Roles and Coordination

- a. At Central Level** ZIFAC will plan and coordinate all activities through supervisory visits, attending meetings regularly and liaising with other organizations or groups involved in the Promotion of Breastfeeding. A Task Force consisting of the first group of Wellstart trained people will spearhead ZIFAC activities.
- b. At Provincial, District, Ward, Village, ZIFAC and Provincial Medical Director (PMD)** will coordinate activities through supervision and attending meetings regularly.

Organization	Role
1. MOH	<ul style="list-style-type: none"> a. Policy formation b. Coordination of the review of maternity leave benefits and the code
2. ZIFAC	<ul style="list-style-type: none"> a. Planning of all Breastfeeding and Lactation Management activities. b. Directing, coordinating, implementing, training, monitoring/supervising and evaluating the programme. c. Policy formation d. Research
3. Central Institutions	<ul style="list-style-type: none"> a. On job training. b. Implementing, monitoring/supervision and evaluating. c. Awareness campaigns on breastfeeding promotion. d. Education e. Supervision f. Research
4. Provincial Level	<ul style="list-style-type: none"> a. Training, coordinating, implementing, monitoring and evaluating, all breastfeeding activities b. Supervision of all levels in breastfeeding activities. c. Research.
5. District Level	<ul style="list-style-type: none"> a. Awareness campaigns. b. Training. c. Implementing, monitoring, supervising and evaluating.
6. Primary Level (Village level and community)	<ul style="list-style-type: none"> a. Awareness campaign. b. Training. c. Implementing, monitoring, supervising. d. Promote, support, protect.
7. Parastatal (Mass media and Zimbabwe National Family Planning Council)	<ul style="list-style-type: none"> a. Awareness campaigns. b. Promotion of breastfeeding. c. Education (public)

Organization	Role
8. NGO's: i. ZINN La Leche League	a. Promotion of breastfeeding b. Monitoring and evaluating breastfeeding activities c. Educating d. Protecting breastfeeding e. Research
ii. Redd Barna Save the Children UK/US World Vision Freedom from Hunger	a. Promoting, protecting, and monitoring breastfeeding activities b. Research

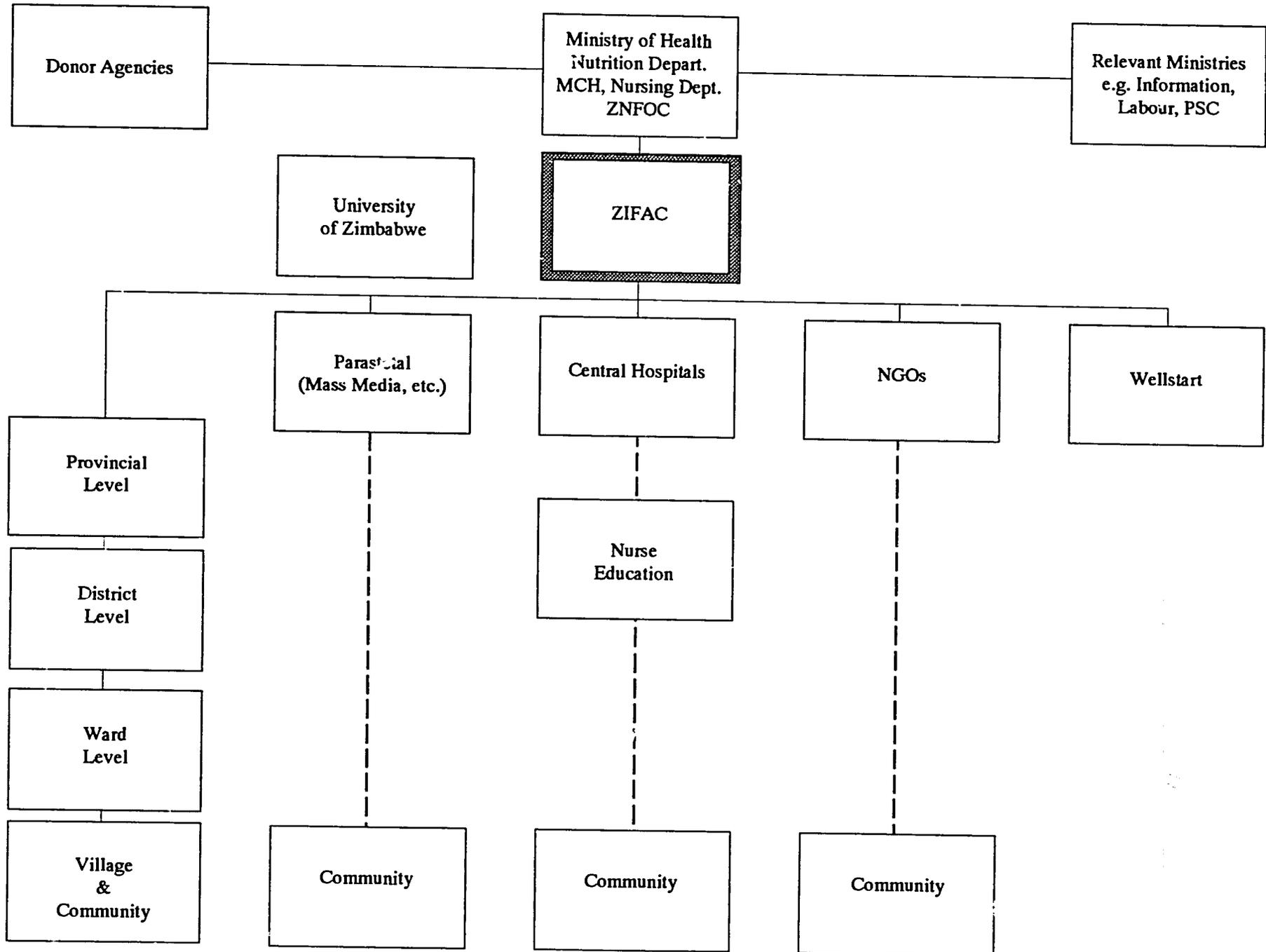
Other Resources

Organization	Role
9. Lactation Consultants in the Region	a. Facilitate training and in provision of relevant resource materials. b. Facilitate exchange educational visits.
10. Wellstart Members	a. Facilitate training. b. Provision of resource material. c. Update ZIFAC on new information.
11. Donor Agencies (UNICEF, SIDA, USAID, World Bank, GTZ)	a. Funding the programme. b. Technical assistance in operational research, training.
12. Health Professional Council	Advise on curriculum review.
13. Professional associations, ZINA, ZIMA	a. Awareness campaigns. b. Implementation of programme activities. c. Dissemination of information.

Staffing

Staff	Roles
ZIFAC Task Force	
Chief Nutritionist	<ol style="list-style-type: none"> a. Coordinating role. b. Policy formulation. c. Secretarial services. d. Research. e. Training. f. Promotion of breastfeeding at all levels.
Pediatrician	<ol style="list-style-type: none"> a. Training medical students and nurses. b. Advisory capacity, policy formulation. c. Breastfeeding promotion. d. Research. e. Review of student's curriculum.
Principal Tutor	<ol style="list-style-type: none"> a. Training post basic nurses. b. Promotion of breastfeeding. c. Research. d. Review of present curriculum. e. Development of curricula. f. Development of learning materials and messages.
Dietitian	<ol style="list-style-type: none"> a. Training student nurses. b. Advisory capacity. c. Provision of nutrition care. d. Develop training materials and messages.
ZIFAC Members	
Medical Superintendent Pharmacist Provincial Medical Directors (PMD) Obstetrician C MOH Bulawayo and Harare Chief Nursing Officer ZNFPC Health Education Officers (HEO) Deputy Director Health (Nurse Education) Deputy Director Community Nursing	<ul style="list-style-type: none"> • Advisory Role • Attending meeting • Assist with policy development • Research • Training
Wellstart Team Members	Facilitate in training and resource materials.

ORGANIZATION AND COORDINATION



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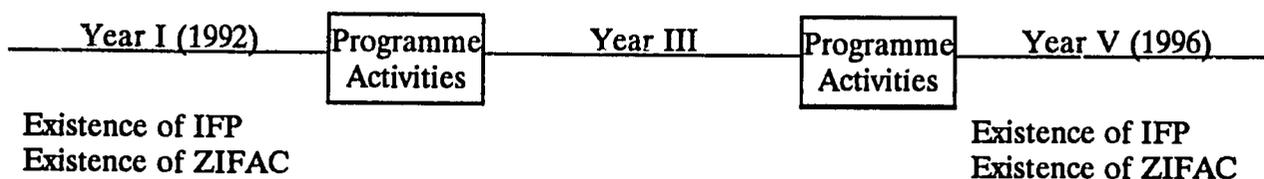
MONITORING AND EVALUATION

Objective	Monitoring	Evaluation and Indicators
<p>1. To form an infant feeding advisory committee which will steer the development of a National Infant Feeding policy by end of 1992</p>	<p>a. ZIFAC Task Force will hold monthly meetings. b. ZIFAC will hold quarterly meetings. c. Minutes from meetings — monitoring tool.</p>	<p>a. Minutes. b. Attendance. c. Existence of the IFP. d. Existence of ZIFAC.</p>
<p>2. National training by ZIFAC and WLC will start in June 1993 such that 25% of health workers trained by December 1993, 50% trained by December 1994, >75% trained by December 1995.</p>	<p>a. ZIFAC will attend various training sessions at various levels. b. Reports from each training session will be submitted. c.</p>	<p>a. At the end of each year, ZIFAC, Heads of Institutions and Province will administer a questionnaire designed by ZIFAC task force. b. Pre- and post-tests. c. Feedback questionnaire on what the trained teams are doing, e.g., change of policy in hospitals, etc. d. KAP e. No. of courses held and level f. Number of professionals trained by category. g. No. of National Trainers and fellows completing training.</p> <p><u>Resources</u> Human, financial and material resources will be required. Use of results. Conduct a workshop to disseminate results. The evaluation results will be utilized to review, redesign and strengthen the training programme.</p>
<p>3. Integrate lactation management into existing curriculum by 1996</p>	<ul style="list-style-type: none"> • Meeting to review and update curriculum • Reports of drafts, meetings 	<p>Existence of updated curriculum.</p>

Objective	Monitoring	Evaluation and Indicators
4. ZIFAC and Trainers to conduct sensitization and awareness campaigns for policy makers, community leaders, and the mass media by 1995.	a. Number and type of breastfeeding information released in the mass media.	a. KAP
5. MOH to encourage relevant ministries to review and amend the current maternity leave benefits (MLB) by December 1993.	a. Hold a series of meetings. b. Minutes.	a. ZIFAC to evaluate amendments of maternity leave by December 1993. b. Existence of revised MLB. <u>Resources</u> Material and human resources to improve the breastfeeding policy.
6. ZIFAC to strengthen existing breastfeeding support group and encourage formation of new ones.	a. Use of a designed checklist. b. Attend meetings. c. Reports	a. Number of support groups. b. Membership of support groups. c. Minutes d. Attendance. e. Activities.
7. ZIFAC to conduct breastfeeding related research starting July 1993.	a. Number of research studies conducted. b. Reports written.	a. Utilization of results. b. Number of research studies conducted.

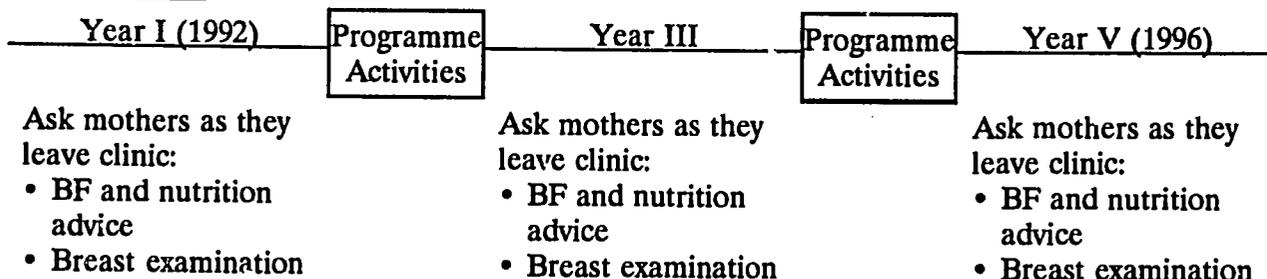
Evaluation Design

1. ZIFAC and Policy Formulation

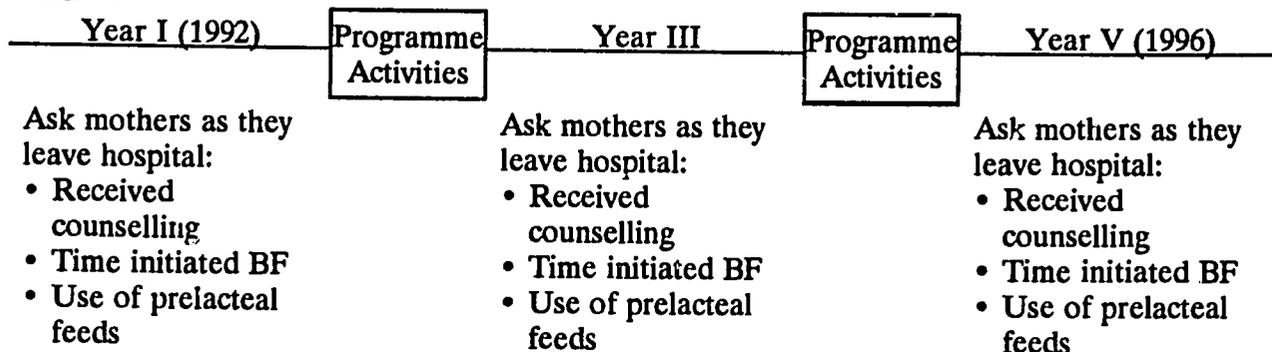


2. Training and Education

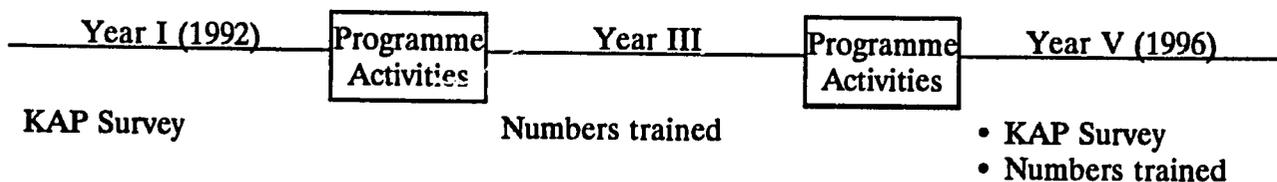
Prenatal Clinic:



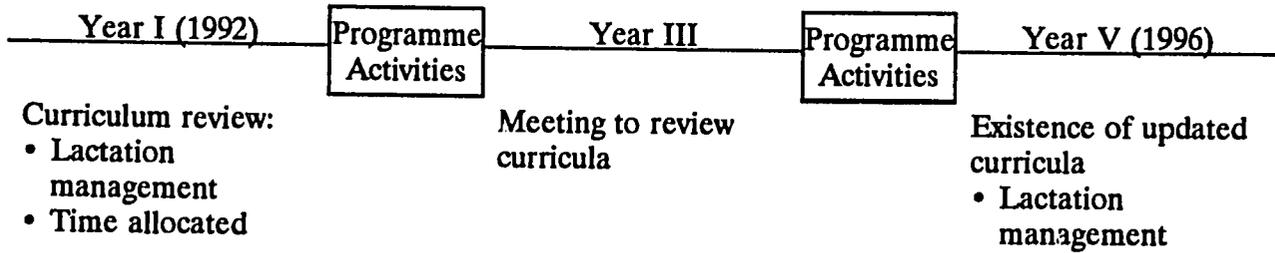
Hospital



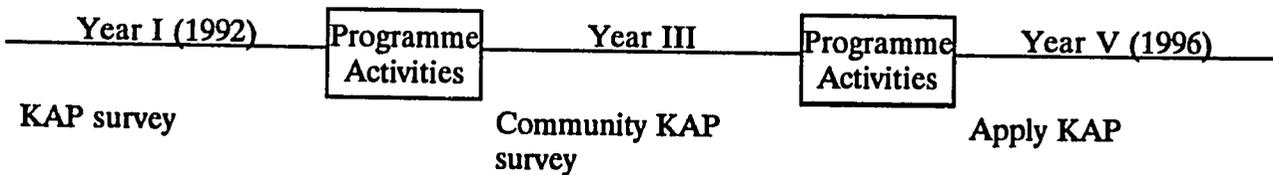
Health Workers



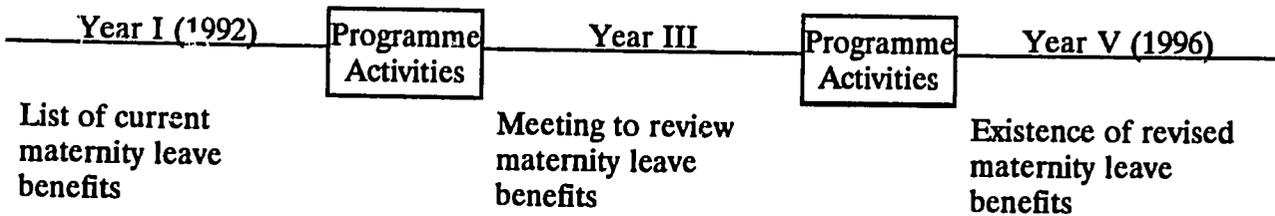
3. Curriculum Plan



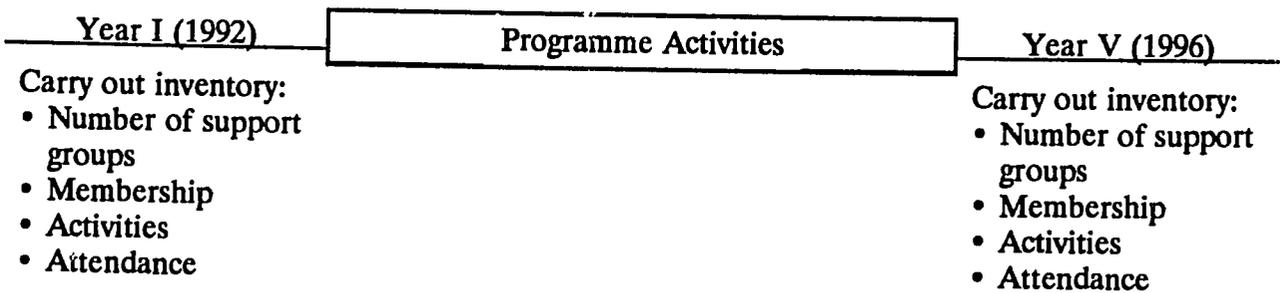
4. Sensitization and Awareness Campaign



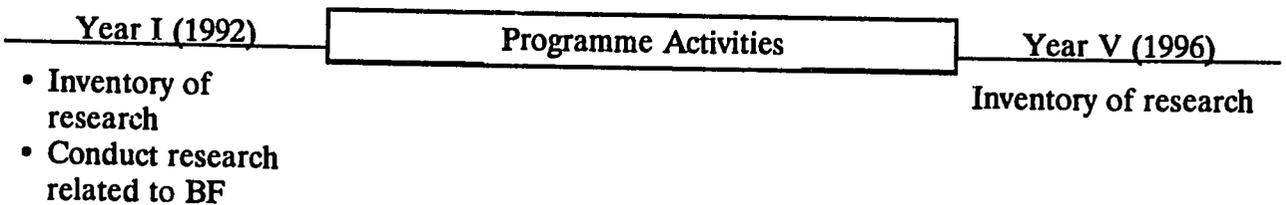
5. Maternity Leave Benefits



6. Breastfeeding Support Groups



7. Research



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Budget Justification

1. Formation of ZIFAC and Policy Development

Stationery will be required for the series of meetings that will be undertaken in the formation of ZIFAC and Infant Feeding Policy and drafting of the policy.

2. National Training

2.1 International and regional lactation consultants to assist with three two-week workshops. Financial support for accommodations, meals, and transportation will be required.

2.2 Eight provinces to carry out training from province, district, ward, to village level. In addition, the three City Health Departments will also carry out similar training sessions. The amount indicated in the budget per year would cover accommodation costs, meals, transportation, stationery for the activities, and printing.

2.3 The following cadres will undergo 2 x 3-day workshops starting 1993-1994:

- 9 Paediatricians
- 8 Obstetricians
- 5 Hospital Superintendents
- 8 Provincial Medical Directors
- 3 City Medical Officers of Health

The budget for the two years includes costs for accommodations, meals, and transportation.

2.4 In order to strengthen the training, a one day regional learning visit was proposed annually from 1993 to 1995 for five participants. The budget for all the participants includes travel, per diem, accommodations, and meals.

3. Sensitization

3.1 Mass media will be utilized to educate the public on issues related to breastfeeding. Twenty journalists and editors will be sensitized on social marketing campaigns regarding the promotion of exclusive breastfeeding. Twenty chosen non governmental organizations and food manufacturing companies will also be sensitized on breastfeeding promotion and protection through one day workshops.

3.2 The public at all levels will be made to understand issues related to breastfeeding through radio programs, printed materials, role play, etc. The expenses portrayed will cover transportation, stationery, and printing costs.

4. Review of Maternity Leave Benefits

Maternity leave benefits will be reviewed in favor of working mothers who are breastfeeding so that they have the opportunity to exclusively breastfeed without supplementing with formula. The review of maternity leave will include drafting of the policy and a series of meetings. Stationery and transportation will be required to carry out this activity.

5. Curriculum Development

The curriculum for the training schools will be developed, finalized, and printed. The cost indicated in the budget covers a writers workshop, accommodations, meals, transportation, and stationery.

6. Support Groups

Support groups will be required to promote breastfeeding activities. ZIFAC will attend various meetings of the support groups and sensitize them on breastfeeding issues. This activity requires transportation and stationery.

7. Research

Surveys/research will be performed at various levels as the program expands. Technical support, enumerators' training, accommodations, food, stationery, and transport are included in the budget.

8. Monitoring and Supervision

All breastfeeding activities will be monitored at all levels by ZIFAC to ensure program efficiency. This will require transportation costs and per diem for the supervisors.

9. Evaluation

The breastfeeding program will be evaluated at various levels by program supervisors. There will be two major evaluations, a mid-program review in 1995 and a final evaluation in 1996. The two evaluations have been budgeted for \$6,000 and \$16,000, respectively.

10. Administrative Costs and Secretariat Services

The program includes secretariat support services, such as typing, telephone, and postage, which are reflected in the budget.

11. Contingency

15% contingency rate has been estimated in addition to the total budget for unexpected inflation rates.

1992-1996 Budget/US Dollars

Activity	1992	1993	1994	1995	1996	Source of Funding
1. Formulation of ZIFAC and Policy Development						
• Meeting to formulate ZIFAC						
• Stationery needs for draft, reports, and minutes	500	500	500	500	500	
• Meetings on needs for IFP, policy development, review maternity leave	500	500	500	500	500	
2. National Training and Education						
• Wellstart training: 4 participants x 3 times	36,000		36,000		36,000	
• Materials production:						
• Prototype training modules, posters, pamphlets, slides, videos, flip charts		10,000		2,000		
• Training workshops:						
• Training of trainers, 3 workshops x 90 @ Z\$200 per person for 2 weeks (accommodations, meals, transport)		21,600	21,600	21,600		
• Training at district, ward, village, and city health departments @ \$10,000 per province (8) and cities (3) (accommodations, meals, transport)		22,000	22,000	22,000	22,000	
• Training (9) Paediatricians, (8) Obstetricians, (5) Hospital Superintendents, (8) Provincial Medical Directors, (3) City Medical Officers of Health, 2 weeks x 33 x 3 days @ \$200 (accommodations, meals, transportation)		3,800	3,800			
• Regional learning visits: 5 participants x 3 visits x \$500 x 5 days		2,500	2,500	2,500		

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Activity	1992	1993	1994	1995	1996	Source of Funding
3. Curriculum design						
• Review of curriculum			500			
• Workshop to review redesigned curriculum for 20 x14 days x \$40.00				11,200		
4. Sensitization meetings/social marketing campaigns						
• Journalists and editors workshop: 20 x 1 day x \$100400		400				
• Non Governmental Organizations and baby food manufacturing companies workshop: 20 x 1 day x \$100		400				
• Social marketing campaigns		4,000	2,000	2,000		
5. Review of maternity leave benefits, drafting and meetings to finalize maternity leave benefits:	100	200				
• Stationery						
• Transportation costs						
6. Attend various meetings for BF support groups, women's groups, churches, etc: transport costs	100	100	100	100	100	
7. Research		2,000		2,000		
• Technical support						
• Instrument design (stationery, etc.)						
• Inumerators training (accommodations, transportation)						
• Survey (transportation, fees, accommodations)						
• Report production (stationery)						
8. Monitoring and supervision of all activities	1,000	1,000	1,000	1,000		

Activity	1992	1993	1994	1995	1996	Source of Funding
9. Evaluation					16,000	
• Mid Term Review		6,000				
• Instrument design						
• Enumerators training						
• Field work						
• Report production						
• Technical support						
10. Administrative costs and secretariat support	200	200	200	200	200	
• Typing						
• Telephone						
• Postage						
Totals: US\$	38,400	75,700	90,200	65,600	75,300	
15% contingency (US\$)	5,760	11,355	13,530	9,840	11,295	
Grand Total (US\$)	44,160	87,055	103,730	75,440	86,595	

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Objective	Activities	1992	1993	1994	1995	1996	Responsible person/sector
3. Curriculum Review	1. Review curriculum plan and design drafts for discussion with relevant authorities.		☐				ZIFAC, UZ, HP Council, MOE
	2. Conduct a two week workshop to review draft curriculum plan.				☐		
	3. Finalize and incorporate Lactation Management into existing.					☐	HP Council, Training schools
4. Awareness campaign	1. ZIFAC to communicate with Ministry of Information—mass media communication—and to conduct sensitization meeting with journalists, news editors.			☐			ZIFAC Task Force, MOH, Mass Media
	2. Development of social marketing strategies		☐	☐	☐	☐	
	3. Conduct meetings with community leaders, etc.			☐	☐	☐	District level personnel
	4. Hold sensitization meeting for food companies and NGOs involved in nutrition		☐				ZIFAC
5. Review of current maternity leave benefits	1. Review present maternity leave benefits.	☐					ZIFAC, MOH, Public Service, Labour
	2. Present the draft of amendments to policy-makers in various relevant Ministries.		☐				
	3. Hold a meeting to review and finalize maternity leave benefits.		☐				ZIFAC, MOH, Public Service, Labour

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Objective	Activities	1992	1993	1994	1995	1996	Responsible person/sector
6. Strengthen existing support groups	1. Attend meetings of existing support groups.						ZIFAC
	2. Identify and attend various group meetings and interest them in breastfeeding issues, e.g., women's church groups, nurses association, etc.						ZIFAC
7. Research and baseline surveys	1. ZIFAC to carry out a research needs assessment related to breastfeeding.						ZIFAC
	2. Set up a data bank.						
	3. Design instruments, collect data, analyze data, report writing, and dissemination of results						ZIFAC
	4. Conduct workshops to disseminate and plan activities.						

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Annex 1

Detailed Training/Sensitization/Awareness Campaign

Ministry/Sector/Institution	Cadre	Estimated Numbers	
A. (i) University and Central Hospitals	• Obstetricians	8	
	• Paediatricians	9	
(ii) Provincial Medical Director Office and City Health Department	• Provincial Medical Directors • CMOH	8 4	
(iii) Zimbabwe Medical Association	• Medical Superintendents • General Practitioners	5 200	
B. (i) Central Hospitals	• Senior House Officer	300	
(ii) Province & Cities	• Provincial Nursing Officers	20	
(iii) Hospitals	• Matrons	100	
	• Senior Sisters	500	
(iv) Training Schools	• Principal Tutors	5	
	• Tutors	15	
C. National, Provincial, Central Hospitals/Cities	• Nutritionists and Dietitians	36	
D. National, Provincial, City	• Health Education Officers	36	
E. District	• District Medical Officers	120	
	• District Nursing Officers & City Health	120	
	• Clinical Officers	55	
	• Matrons	120	
	• Senior Community Health Sisters	120	
	• Community Health Sisters	120	
	• Clinical Instructors	60	
	• Government Health Inspectors	120	
F. Clinic, Hospitals	• Nursing Staff	6000	
	• Nurse Aides	6000	
G. Non Governmental Organizations	<u>Health and Nutrition Officers</u>		
	• World Vision	10	
	• Save the Children UK/USA	10	
	• Redd Barna	10	
	• Zimbabwe Infant Nutrition Network	10	
H. Primary level:			
	• City — Harare and Bulawayo	600	
	• Ward Level	1000	
	• Village Level	• Health Promoters	5000
		• Ward Community Coordinators	5000
		• Village Community Coordinators	5000
		• Traditional Birth Attendants	5000
• Traditional Healers	5000		
• Counsellors	1000		