FRANCOPHONE AFRICA WORKSHOP

ON INFANT FEEDING TRAINING CURRICULA

May 30 - June 3, 1995

Saly, Senegal

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LIST OF ACRONYMS

ACI	Africa Consultants International
ARI	Acute Respiratory Infection
BFHI	Baby Friendly Hospital Initiative
CDD	Control of Diarrheal Diseases
DHS	Demographic and Health Survey
EPB	Expanded Promotion of Breastfeeding
HHRAA	Health and Human Resources Analysis for Africa
IEC	Information, Education and Communication
NGO	Nongovernmental organization
ORANA	Office de recherches sur l'alimentation et la nutrition africaines
PMI	Protection Maternelle et Infantile (Maternal Child Health Centers)
SMI	Santé Maternelle et Infantile (Maternal and Child Health)
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The Francophone Africa Workshop on Infant Feeding Training Curricula was held May 30 - June 3, 1995 in Saly, Senegal. Teams of participants from eight African countries - Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Madagascar, Mali, Niger, and Senegal participated in the workshop which was organized by Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program with funding from the Health and Human Resources Analysis for Africa (HHRAA) project of the United States Agency for International Development (USAID) AFR/SD/HRD. The workshop was conceived to bring Africans together to find out both what is currently happening as well as what is needed with regard to optimal infant feeding training in the Africa Region. Three to four participants, all of whom play important roles in infant feeding trainings within their respective countries, came from each of the eight countries.

The success of the workshop was due to several unique factors related to the methodology used. The first factor was making it clear from the outset that the participants were the experts on the subject of infant feeding and would therefore act as both teachers and students for each other. Secondly, skills were acquired through hands-on experience; e.g., analyzing a country's health situation using Demographic and Health Survey (DHS) results and Nutrition Chartbooks, working in country teams to find statistics relating to infant feeding. Finally, rather than the usual workshop which is full of presentations, learning was accomplished through group discussions, team meetings and one-on-one feedback between participants.

The workshop was divided into five sessions that built on each other starting with a basic overview of country statistics and culminating in specific individual plans. The first session was an analysis of infant feeding practices in each country with feedback from other countries. The second session concentrated on content analysis of infant feeding training curriculum and materials used in-country, followed by exchanges and discussions between countries. The third session was a sharing of ideas about how to integrate infant feeding into other programs as well as the arguments and messages necessary for each specific program. The fourth session was devoted to working on individual action plans and getting feedback on each plan from participants from other countries. The fifth and final session centered around a group discussion on needs and ideas for regional training support based in Africa.

The results of the workshop are very exciting, both in terms of the benefits to the participants as well as to the organizers of future workshops. Participants benefitted from the hands-on skills acquired, the networking and sharing amongst people from different countries within Africa and the reinforcement of the fact that the majority of skills and materials needed to succeed in these programs already reside in Africa. The countries had little knowledge of other countries' programs so it was an excellent opportunity to exchange ideas and lessons learned. The knowledge gained by the participants was based on fellow Africans' experiences and was therefore readily adaptable to their own countries' needs. Organizers of upcoming workshops should take note of the effectiveness of a truly participatory approach using local experts rather than bringing in outside consultants.

FRANCOPHONE AFRICA WORKSHOP ON INFANT FEEDING TRAINING CURRICULA

INTRODUCTION

The primary goal of the Francophone Africa Workshop on Infant Feeding Training Curricula was to bring together African infant feeding experts to discuss the state of infant feeding training curricula and what is needed to improve optimal infant feeding practices in Africa. The workshop was held May 30 - June 3, 1995 in Saly, Senegal (Annex 1). Eight African countries — Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Madagascar, Mali, Niger and Senegal — sent three to four participants each. The majority of participants were doctors who work with the Ministry of Health in their countries. Nurses, child health project directors and nutritionists also attended (Annex 2). The common tie between all of the participants is that they all work closely with infant feeding programs and training curricula within their respective countries. Wellstart International's Expanded Promotion of Breastfeeding Program organized the workshop, African Consultants International (ACI) facilitated and handled workshop logistics, and funding was provided by the HHRAA project (USAID/AFR/SD/HRD).

OBJECTIVES

The original objectives for the Francophone Africa Workshop on Infant Feeding Training Curricula are as follows:

1. Exchange ideas, information and programs concerning infant feeding training between countries and participants.

2. Identify the measures necessary to reinforce both country and regional programs relating to optimal infant feeding:

   2.a Identify the following material needs:
      1. Complementary training programs
      2. Needs for development of training materials
      3. Coordination of activities at the regional level

   2.b Make recommendations on how to integrate optimal infant feeding training into other training programs such as family planning, diarrheal disease control, and other child survival programs

3. Plan individual and/or country programs for the upcoming year

In order to make this workshop truly participatory the original objectives were presented. Participants were then asked what specific subject areas they were hoping to cover during the workshop. As might be expected, the list of topics was vast. It was possible, however, to classify them by three groups: objectives that would be covered in the official workshop, objectives that would be addressed during informal nightly sessions, and subjects that could not be addressed due to lack of time.

Topics covered in the official program of the workshop

1. Evaluate infant feeding training materials from each country
2. Exchange infant feeding experiences
3. Identify useful training materials
4. Understand the various approaches used in the development of breastfeeding programs
5. Identify the main obstacles in developing breastfeeding programs
6. Examine the changes in curriculum content relative to the various target audiences
7. Breastfeeding and primary health care
8. Breastfeeding and family planning
9. How to integrate breastfeeding into various trainings/modules
10. Regional integration of training policies on breastfeeding

Topics covered during "Nightly Theme Sessions"

1. How to put in place the 10 steps to become a "baby friendly" hospital
2. The role of nongovernmental organizations (NGOs), community participation, and support groups with breastfeeding

Topics not covered due to lack of time (but hopefully would be discussed informally)

1. Breastfeeding problems specific to rural and urban settings and the various strategies that could be adopted to alleviate these problems
2. Research and promotion of breastfeeding
3. How to assure follow-up to a training program
4. HIV/AIDS and breastfeeding

DESIGN OF THE WORKSHOP MODEL

The workshop was designed to be participatory. In order to achieve the goal of bringing together African experts on infant feeding and listening to what they have to say, Wellstart EPB worked with ACI to design a methodology that was truly participatory. ACI is based in Senegal and handled both the facilitation and logistics for the workshop. Gary Engleberg, co-director of ACI, spent two days in April in Washington, DC at Wellstart EPB to help design the workshop.

Basic principles underlying the workshop model:

Preparatory work
Given the short time allotted for the workshop, it was crucial that participants began thinking about and preparing for the workshop beforehand. Attached with the invitation letter was a questionnaire that participants were asked to fill out and bring to the workshop. The questionnaire was designed so that the participants would be actively involved in the workshop from the outset by relying on them to search out and bring copies of their countries' curricula. Also, in each country, one of the participants was appointed, upon recommendation, to act as the point person to whom all curricula was sent and who was responsible for bringing them to the workshop. This was a crucial role since the curricula were critical for many of the sessions.

A retreat
The workshop provided an opportunity for participants to retreat from daily work pressures in order to take stock of progress in infant feeding training programs, examine the status of infant feeding in their countries and compare their experiences with infant feeding experts from other African countries. The choice of a self-contained site outside of Dakar was a function of the retreat concept.

A participatory workshop
The workshop was set up as a series of structured exercises that fostered information gathering, analysis and exchange by participants. Facilitators were responsible for the process and structure at the workshop but the participants provided the content. The use of flip chart summary tables for reporting to plenary on group work, and the responsibility of individual participants for studying these tables, constantly reinforced the participatory nature of the workshop and the responsibility of the participants for their own learning.

A forum for discussion among infant feeding experts
Facilitators made clear from the first day that the workshop was **not** a training program but rather a forum for people working in the field of infant feeding to share experiences and information. There were no presentations from outside experts and feedback on ideas and plans came from fellow participants.

South—South cooperation
While emphasis was placed on cooperation and exchange between African countries, an underlying goal was to encourage a South—South exchange between participants. In addition, Wellstart consultant Cecilia Muxi, who lives in Uruguay and works throughout the Latin American region, attended the workshop both to share some of her experiences and to learn from the many African experiences.

Country and regional focus
The workshop alternated between exercises that focused on individual countries and those requiring comparison of programs throughout the region. Depending on the focus, working groups consisted of people either from the same country or different countries working on a specific subject. The comparison of achievements from country to country seemed to provide both a motivating factor for each country to do better as well as a chance to identify possibilities for country to country exchange and assistance. The

regional perspective also allowed participants to develop interesting and relevant recommendations for regional support.

Appropriate practice

Health statistics are produced at a great cost but are often inadequately distributed to the people who can most benefit from them. Thus, program decisions are often based on other, less relevant, factors. The workshop on infant feeding was therefore based on the training principle of appropriate practice: having participants do or reinforce skills in the workshop that they could then reproduce and continue to use in their own jobs. In this case, participants worked with country statistics, drew conclusions about the state of infant feeding in their countries and their regions and then made strategic decisions based on these analyses. Wellstart supplied sets of Nutrition Chartbooks from DHS to each of the country teams, which proved to be extremely useful in this context.

Since one main objective of the workshop was to share curricula and training materials from each country, the workshop utilized a "book fair" design. Eight tables, one for each country, were set up in a circle around the edges of half the meeting room. At these tables country teams worked together and displayed their materials and their findings from each of the sessions. After each session, participants were asked to circulate around the room and examine the Senegal table, the Cameroon table, etc. The other half of the room was used for plenary discussions and meetings when a regional outlook was needed.

WORKSHOP SESSIONS

Guidelines were handed out for each session (Annex 3).

Session One: Infant Feeding Situational Analysis: Country Profiles

Objectives

- **Gather and analyze statistics related to infant feeding for each country**
- **Identify commonalities and differences between the participating countries**
- **Upgrade participants' strategic planning abilities through data analysis**

Full length DHS results and Nutrition Chartbooks were provided for each country—except Côte d'Ivoire where the report has not yet been finalized (fortunately, one of the participants brought the draft results). Country teams worked separately (the work room consisted of eight country tables where country teams met) analyzing DHS statistics by the following categories: infant and child nutrition, infant mortality, maternal health, fertility and the status of national breastfeeding efforts (Annex 4). Once this first step was completed, participants added other statistics that they felt were relevant, as well as specific insights based on their own field experience. Having done this, each country was then able to examine obstacles and opportunities related to infant feeding within their respective countries. The final step was to draw conclusions on the health situation as it relates to infant feeding within each country. This initial session, scheduled for two hours, lasted for three hours as participants sought out the various statistics and discussed their implications.

The premise behind the first session was that too often health-related decisions in countries are made based on outside forces or the whims of one individual. This session gave participants a chance to examine the state of infant feeding and health in their country based solely on the facts. In essence, it was a chance for participants to step back from their daily work and look at the overall picture. The intense discussions that occurred during this work session demonstrated the usefulness of providing this type of information to individuals and allowing them time to analyze it themselves. One participant, who initially felt this was more of an exercise than something truly useful, had this to say at the end of the session, "I thought it was going to be boring having to fill out the worksheets, but it turned out to be very interesting to revisit the statistics." For some of the participants, this was their first chance to work with detailed statistics of this nature.

The statistics and conclusions were posted on the walls behind each country table and the following morning, after the official opening of the workshop, participants were asked to go around the room and examine each countries statistics. They were asked to note various questions and points of interest. Following the thirty minute walkaround examination session, all of the participants met in the group room to go country by country with people asking questions and members of each country responding. This session, scheduled for one hour, continued for an hour and a half and could have easily gone on for the rest of the day. Following are some of the interesting points that arose: "Is the exclusive breastfeeding rate at four months in Madagascar really 47%, or did they leave out a decimal point?", explanations of the various maternity leaves in each of the countries, and trying to come to terms with a standard definition of a national budget for breastfeeding.

For the final exercise of this session the participants divided up into the previously mentioned five groups (infant and child nutrition, infant mortality, maternal health, fertility, and the status of national breastfeeding efforts). After participants chose which group they wanted to work in they were asked to gather information from each of the eight countries relevant to their subject area. This information was posted on flip charts and each group examined the similarities and differences between the countries (Annex 5). The region's strengths and weaknesses were studied and an analysis was posted on the wall.

Participants then walked around the room and studied the various subject areas and made notes. This was followed by a group meeting in which questions were asked and points were discussed. Once again many points of interest arose from this discussion; one of the lengthiest concerned the code of marketing of breast milk substitutes and the fact that it has not officially been made a law in any of the eight countries.

Session Two: Infant Feeding Training: Curriculum Analysis

Objectives

- **Reinforce the understanding that many factors are involved in the development of curricula and training materials**
- **Identify programmatic areas in each country's curricula that are not adequately covered**
- **Develop the capacity to tailor curriculum content to specific target audiences**

Beginning with the invitation letter, and in every communication thereafter, participants were asked to bring all the curricula that they used related to infant feeding to the workshop. Initially there was some concern that some countries might not arrive with any curricula, but in the end, someone from each of the eight countries brought examples of curricula related to infant feeding. The first part of this session consisted of completing a curriculum content analysis sheet for each of the curricula that the participants had brought (Annex 6). The analysis sheets served two purposes: 1) they provided each country with a checklist to help them examine the strengths and weaknesses of each of their curriculum as well as to help clarify where the curriculum fit in the overall health picture for their country; and 2) the analysis sheets were clipped to the top of each curriculum so that participants from other countries could get a quick overview of what each curriculum contained and, in turn, helped them find specific points of interest.

The second phase was the completion of flip charts that contained the highlights of the analysis for each curriculum (Annex 7). These flip charts were mounted on the wall behind the country tables and the curricula and other training materials (posters, videos, etc.) were laid out on each of the country tables.

Participants took turns touring the room and examining other countries' curricula (one person from each country always remained at their table to answer other participants' questions). Following this, country groups met to discuss a series of questions related to the curricula. These questions included content areas that were covered in each curricula, the most interesting points concerning each groups table presentation, and what types of health programs (diarrhea, Acute Respiratory Infections (ARI), fertility, etc.) did or did not include infant feeding information. Participants then came together for an hour to discuss their findings.

Summary of the hour-long discussion:

1. In general, what types of health structures were not targeted by optimal infant feeding curricula?

Private health establishments	Community level organizations/associations
Village level health facilities	NGOs

2. What populations were not targeted?

Traditional birth attendants	Community groups
Religious leaders	Support health personnel
Village leaders	Pharmacists
Husbands/fathers	Journalists/media

3. In general, what curriculum content was lacking or completely missing?

Cultural beliefs and taboos	The international code of marketing of breastmilk substitutes
The growth of breastfed infants	Information on starting support groups
Information, education and communication (IEC) techniques	The link between breastfeeding and infant morbidity
Breastfeeding and HIV/AIDS	Nutrition for pregnant/breastfeeding women
The weaning period	Immunization benefits resulting from breastfeeding
The ten steps of Baby Friendly Hospital Initiative (BFHI)	Strategies for the integration of breastfeeding into other training programs

Some other general points discussed were the vastness of target audiences that curriculum were used for, the need for videos that were specific to each country, and the need for information on how to start and maintain breastfeeding support groups. (Many participants praised a module from Mali for training support groups for breastfeeding — copies of this curriculum will be sent to each country).

Session Three: Integration of Infant Feeding Training into Other Training Programs

Objectives

- **Discuss the importance and advantages of integrating infant feeding training into other training programs**
- **Identify and discuss obstacles to integrating infant feeding training into other training programs**
- **Identify and discuss strategies and messages to facilitate the integration of infant feeding training into other training programs**

Participants gathered in a large circle and exchanged examples of integration, or attempts at integration, within their respective countries. As participants spoke about their examples, they were asked about the advantages of integration as well as the various obstacles that they faced. Toward the end of this exchange, Cecilia Muxi shared her experiences with regard to integrating breastfeeding within the Latin American region. This was part of the "South—South" exchange and provided participants with a realistic picture of what can be achieved when integration of breastfeeding within other health programs is successful.

The next phase of this session involved dividing participants into five groups based on the following categories: Control of Diarrheal Disease (CDD), ARI, family planning, Santé Maternelle et Infantile

(SMI), and infant nutrition and growth monitoring. Members of each group worked to identify specific arguments within each program that favored integration. This exercise showed the participants the types of arguments they could use to convince officials of other training programs of the necessity of integrating optimal infant feeding messages in their program. Next, the participants outlined the specific messages relating to optimal infant feeding that would be necessary to include in other training programs. All this was written on flip charts and posted on the walls of the meeting room.

The final phase of this session was for participants to individually tour the room and examine the arguments and messages that each group posted. Participants were encouraged to ask questions and to write other arguments and messages that they felt were not covered by the group.

The messages first posted by the groups were somewhat general. However, as the participants began to individually tour the room, many heated discussions began and in the end very specific messages had been added to each of the five subject areas. By the end of the session, the importance of tailoring the message to each specific topic had become clear.

Based on the participants comments and on the evaluation, the integration session was the hardest concept to understand. Participants were very interested in the session and realized the importance of it but more time was needed to adequately address the issue.

Session Four: Action Plans for Infant Feeding Training Support/Development

Objectives

- **Identify and prioritize areas of breastfeeding programs that participants feel need to be strengthened**
- **Develop action plans for 1995/1996**
- **Identify needs for technical assistance at both national and regional levels**

Country teams began this session by working together to determine the training needs of their country. These needs are based on the actual situation of the country (Session 1) and what the country currently has in the way of training curricula and materials (Session 2). This information combined with what participants had learned from other countries as well as from the integration discussions all tied together to determine the overall needs of each country. These needs were written on worksheets along with the constraints and opportunities of addressing each of the needs (Annex 8). Alongside this were written general comments specific to each need. These worksheets were transferred to flip charts and posted behind each country table. Participants then circulated around the room examining each country's needs assessment. This time was used for questions, comments, and suggestions.

The next step of this session involved individual and group reflection concerning activities for the upcoming years (Annex 9). After individuals had planned out their own action steps for the next year they shared these with the group and then tied them together to form a country plan. Each participant was then asked to further refine their action plan into a few concrete steps that they would take in the upcoming year (Annex 10). The final phase consisted of each participant discussing his or her action plan with a participant from another country to get their feedback.

There was some confusion initially over individual plans and group plans. Some participants felt uncomfortable making individual plans, so in the end, groups were given the choice of making either individual, group, or both types of plans. A summary of each countries action plans can be found in Annex 11.

Session Five: Regional Support

Objective

- **Identify and prioritize needs for regional support in the form of technical assistance**

One of the overriding objectives of this workshop was to find out from Africans what type of regional support would be most useful to them, where that support might be based and what form it would ideally take.

Participants divided themselves into three groups and were asked to examine their regional needs in relation to different types of technical assistance. A list of possible types of technical assistance was provided to help stimulate ideas. The list included trainings, training of trainers, curriculum development, document centers, IEC, coordination/networking, capacity building, research, etc. Each group listed the needs they felt were the most important and these were discussed with all the participants. After this group discussion the subject was broadened to include how this regional technical assistance could best be provided. One underlying hope was that some regional institutions already in place would be discussed and that one or more of these institutions could be supported as follow-up to this workshop in order to provide regional technical assistance. Unfortunately, the discussion focussed on international donors and when asked about possible Francophone African institutions that could provide this support the unanimous response was that there are none. The one name that was mentioned was the Office de recherches sur l'alimentation et la nutrition africaines (ORANA), but it was quickly pointed out that at this time ORANA is not fully functional.

Type of technical assistance participants felt is most needed:

- Training
  - Training on the Code of Marketing of Breast Milk Substitutes
  - Training on how to conduct evaluations of BFHI
  - Forming Mother to Mother Support Groups
  - Training on IEC

- Regional Coordination
  - Coordinate trainings and visits between countries
  - Document centers (in-country or regionally)
    - Centers for sharing and diffusion of infant feeding information
    - Support infant feeding research

- How to design and implement IEC efforts

- Development of training materials

WORKSHOP EVALUATION

A 5-page evaluation form (Annex 12) was developed with the help of the workshop organizers and was administered to all 28 workshop participants preceding the last session. As evidenced by the large number of responses to the open-ended questions, the opportunity to comment on the workshop was clearly welcomed by participants. Several participants requested copies of the evaluation form.

Overall, workshop activities were highly rated by participants. On the scales rated from 1 (low) to 5 (high), the mean ratings for all 5 sessions ranged from 4.2 to 4.5 Within each session, participants again indicated that the workshop objectives were met to a high degree. The ratings of session "usefulness" as well as participants' confidence that they would be able to carry out similar activities in the future ranged from 3.9 to 4.6.

Table of Paired Ratings

SESSION 1. Country and Regional Profiles		
Usefulness		**Confidence**
4.3 ± 0.8	1a. Analyze infant feeding data to identify problems and opportunities within your own country.	4.2 ± 0.8
4.6 ± 0.6	1b. Compare data from different countries to identify commonalities and differences.	4.5 ± 0.7
4.3 ± 0.8	1c. Use analyses to identify significant relationships for planning purposes.	4.3 ± 0.9
SESSION 2. Training Matrix		
Usefulness		**Confidence**
4.5 ± 0.7	2a. Conduct a curriculum content analysis.	4.4 ± 0.8
4.4 ± 0.9	2b. Identify neglected areas in training content that need to be addressed.	4.5 ± 0.8
SESSION 3. Integration of Breastfeeding into Other Training Programs		
Usefulness		**Confidence**
4.5 ± 0.7	3a. List the major advantages of integrating breastfeeding into other programs.	4.3 ± 1.0
4.0 ± 1.1	3b. Identify obstacles to the integration of breastfeeding into other programs.	4.1 ± 1.2
3.9 ± 1.2	3c. Identify solutions for integrating breastfeeding into other programs.	4.1 ± 1.1
4.3 ± 1.1	3d. Identify common and unique breastfeeding messages for different program areas.	4.4 ± 0.9
4.3 ± 0.9	3e. Integrate breastfeeding into your own program curricula.	4.2 ± 0.9

SESSION 4. Country Training Plans		
Usefulness		**Confidence**
4.5 ± 0.8	4a. Identify and prioritize areas of your breastfeeding program you wish to strengthen.	4.5 ± 0.9
4.6 ± 0.5	4b. Outline your action plan for the next year.	4.6 ± 0.7
4.4 ± 1.0	4c. Identify your needs for regional support.	4.3 ± 0.9

SESSION 5. Regional Support		
Usefulness		**NA**
4.4 ± 0.9	5a. Identify priority areas for regional support.	
4.4 ± 0.7	5b. Identify potential sources of assistance to meet priority needs.	

On a scale of 1-5, participants gave the 3-day workshop an overall rating of 4.3 They stated that, overall, they accomplished "about as much as they had expected" (2.1 on a scale of 1-3). Their suggestions for improving the workshop provide some insight into these ratings:

■ **Time Issues**

- five participants suggested extending the length of the workshop (the workshop was described as "very interesting but there was a very short time to learn things")
- participants suggested lengthening particular sessions
- more time needed to absorb the new ideas and methodologies presented during the workshop
- participants suggested more time be allotted to discussion
- one contrary opinion suggested more plenary sessions and less group work
- more administrative resources; i.e., secretarial help, were requested for summarizing the results of group work, plenary sessions and presentations

■ **Materials**

- participants appreciated getting materials early
- materials were described as interesting
- one participant stated that although not all materials were of interest to him, he would share them with country collaborators
- participants suggested that materials be sent as much as a month in advance
- other materials which were requested: films and slides, including some from non-African countries; more materials on breastfeeding-related research; materials on breastfeeding and HIV/AIDS

■ **Integration**

Participants commented that more time was needed to work on Integration. This comment was perhaps related to the slightly lower ratings given by participants to their confidence in being able to carry out such activities themselves. In addition, participants suggested that future workshops:

- provide more information on models for integration from other countries
- discuss integration strategies specific to urban or rural situations

RECOMMENDATIONS/LESSONS LEARNED

- Enough cannot be said about the success of the truly participatory approach to this workshop. It was interesting that at first it was difficult for some of the participants — many having attended numerous other conferences and workshops throughout their careers — to adapt to this type of methodology. The active participation in working groups and lack of lectures and "official feedback" took some getting used to, but in the end, the responses were all quite favorable. It was a change for them to be recognized and treated as the experts, but once they adjusted to the burden of having to come up with the answers themselves they were quite happy.

  A number of the participants mentioned that they were planning on incorporating this methodology into workshops of their own. Cecilia Muxi has already used the methodology in a training in Bolivia upon her return to the Latin American region where it was very successfully received.

- There was an overwhelmingly positive response from participants when they received their briefcases loaded with infant feeding books and curricula in French. It is too often the case that the key players in these programs do not have access to materials necessary for the success of their programs. The materials provided ranged from complete DHS studies for each country to translations of key breastfeeding documents to examples of infant feeding curriculum from other countries. A complete list of the documents distributed can be found in Annex 13.

- Although invitations were sent to donor organizations in the child survival field, none of the invitees were able to attend the workshop. This had both detrimental and beneficial effects on the workshop.

  The negative effects of no international donors attending the workshop were:
  - less resource people at the workshop creating more work for the facilitators
  - a missed opportunity for improved regional collaboration
  - the participants gained only a partial view of the whole regional picture
  - a missed opportunity for international donors to learn what the infant feeding experts are doing in their respective countries

  The positive side of not having international donors at the workshop was:
  - a benefit to the participatory methodology where it was clear that participants had to come up with answers themselves
  - less distraction for the participants who might otherwise not have felt comfortable openly critiquing their own or others donor supported infant feeding training activities
  - an occasion for Africans to look to others in their own region for the answers

  In general, the lack of other international donors ended up having more positive than negative effects on the overall outcome of the workshop.

- One of the underlying goals of the workshop was to see what type of cross-fertilization could occur between Latin American breastfeeding programs and African programs. For this reason, Wellstart EPB consultant Cecilia Muxi, from Latin America, helped facilitate the workshop in Senegal. It turned out to be a great benefit to the participants to work with Cecilia and hear about her projects. Although breastfeeding programs have a longer history and different "look" in Latin America, it was still beneficial for participants at this workshop to learn about them so as to stimulate ideas for their own programs. Seeing how things were accomplished in another region helped participants envision using the ideas generated during the workshop, with adaptation, in their own countries.

- The workshop format produced a lot of useful information. By the last day the walls of the conference room were literally wallpapered with statistics, charts, curricula content and action plans.

In order to make all this work worthwhile to the participants and not waste valuable workshop time notetaking, all the information was compiled each evening by the facilitators and resource people and entered into a computer. The previous day's material was then presented to the participants the following day. This created a huge amount of work for the staff. Only one secretary was available and she worked day and night compiling this material. The participants were all very appreciative of the output and felt that it would aid them greatly upon their return to their countries. For future workshops, this practice is highly recommended, although two or more secretaries who can take notes and compile all the information is recommended.

- The locale of the workshop was a very nice hotel in Saly, about an hour south of Dakar. Although it was a beautiful location with nice rooms and excellent food, many of the participants were unhappy because it was outside of Dakar. Since a majority of the participants were from other countries, they wanted a chance to visit Dakar and were less interested in spending four days at a seaside resort. The advantage of having the workshop in Saly was that it was possible to have the participants' undivided attention (especially the attention of the Senegalese participants who might otherwise have been running back and forth to their offices). In order to benefit from the isolation of Saly as well as the lure of Dakar, it would probably be best for future workshops to plan a day trip into Dakar so that participants have adequate time to see friends and to shop.

- Another administrative lesson learned was that the participants would rather be given per diem and be left on their own to eat their meals. Despite the fact that the food at the hotel was excellent, participants did not like the set meal times and would rather have been in charge of their own finances.

FOLLOW-UP

- One of the most immediate needs identified in this workshop was for networking between African countries concerning infant feeding programs. Participants knew very little about each others' programs before the workshop. The workshop provided them with the opportunity to learn from each other and to share ideas. Seeing the participants interact and share their country programs made it clear that most of the necessary technical resources for optimal infant feeding programs are already available in Africa. The challenge lies in the fact that the assembled experts are spread throughout the Africa Region and are therefore isolated from each other. An example that clearly illustrates this point concerns the need for help in developing mother's support groups for breastfeeding. Many of the countries asked Wellstart EPB for help in this area but as it turned out, Mali has a program designed around the development of these groups. They have a curriculum outlining the program and they have made it available to all the other countries (Wellstart EPB has distributed this curriculum to all participants).

  The large number of examples similar to the one listed above led to the idea of a newsletter addressing optimal infant feeding that would link up key players in each of the countries. A newsletter would be a relatively inexpensive way to continue the exchange of ideas and programs between countries. Ideally, the newsletter could be organized by an African institution so that everything is accomplished within Africa. Initially, Wellstart EPB can take the lead in organizing the newsletter until a regional African organization volunteers to take over the production.

- Two of the participating countries expressed an interest in receiving multiple sets of the documents that were provided to the participants. They would like to distribute a set of the documents to each of the health centers in their countries which would, in essence, create reference centers throughout the country. Wellstart EPB believes this is an excellent follow-up activity since it will empower the regions with key information to make programmatic decisions.

- The importance of integrating breastfeeding into other health programs rather than a vertical program of its own is understood by most people. The problem lies in how to accomplish this. An excellent follow-up activity would be to work with teams of people in several countries to design strategies for incorporating breastfeeding into other child survival and family planning activities. The product of these exercises could then be a set of messages or modules that should be included in the curricula of these other programs. This type of follow-up would help reinforce overall breastfeeding knowledge as well as ensure sustainability of breastfeeding by incorporating it into other health projects.

ANNEX 1: TRAINING WORKSHOP SCHEDULE

Atelier Régional de Formation sur l'Alimentation Infantile
Savana - Saly du 30 mai au 3 juin 1995

	mardi 30 mai	mercredi 31 mai	jeudi 1 juin	vendredi 2 juin	samedi 3 juin
9h00		Ouverture officielle de l'atelier	La formation en matière d'alimentation infantile (suite): *Préparation des panneaux de présentation et de l'exposition du matériel de formation* • travaux de groupe (par pays)	L'intégration de la formation aux autres programmes (suite): *Identification des arguments et des messages spécifiques à chaque programme* • Travaux de groupe (par programme)	Appui régional aux programmes *Identification des types d'appui et des structures nécessaires au niveau régional* • Discussions en plénière
10h30		(10h00) Pause	Pause	Pause	Pause
11h00		La situation actuelle de l'alimentation infantile: *Etude des profils des pays* • Réflexion individuelle *Synthèse des profils par indicateur* • Travaux de groupe	*Connaissance des panneaux et exposition du matériel de formation* • Tour de salle *Analyse des programmes de formation disponibles* • Travaux de groupe (par pays)	*Présentation des résultats* • Réflexion individuelle *Synthèse des arguments et des messages qui facilitent l'intégration de l'alimentation infantile aux autres programmes* • Discussions en plénière	*Conclusions* *Evaluation de l'atelier* *Clôture*
13h00	Voyage de Dakar à Saly	Déjeuner/repos	Déjeuner/repos	Déjeuner/repos	(12h30) Déjeuner
15h00	Installation - détente 15h30: Introduction 16h00: La situation actuelle de l'alimentation infantile *Préparation de l'atelier* • Travaux de groupe par pays	*Récapitulation de la situation actuelle* • Report des résultats des travaux de groupe *Analyse des résultats* • Discussions en plénière	*Résultats des analyses des programmes de formation* • présentations en plénière, suivies de discussions	Plans de Formation *Elaboration de plans de formation* • Travaux de groupe par pays	(14h00) Retour à Dakar
16h30		Pause	Pause	Pause	
17h00	19h30: Cocktail de bienvenue	La formation en matière d'alimentation infantile: *Analyse des programmes de formation* • Travaux de groupe (par pays)	L'intégration de la formation en alimentation infantile aux autres programmes de formation • Discussions en plénière	*Examen de plans de formation de chaque pays* • Tour de salle	
20h00	Dîner	Dîner	Dîner	Dîner	

ANNEX 2: LIST OF PARTICIPANTS

ANNEX 2: LIST OF PARTICIPANTS

ATELIER REGIONAL DE FORMATION EN ALIMENTATION INFANTILE
Saly Portudal, DU 30 MAI AU 3 JUIN 1995

LISTE DES PARTICIPANTS

N°	PRENOMS ET NOM	PAYS	FONCTION	ORGANISME	ADRESSE/TELEPHONE	Chambre
01	Joseph ANDOH	COTE D'IVOIRE	Chef de Service Pédiatrie CHU Trécheville	Ministère de la Santé et des Affaires Sociales	06 BP 1035 - ABIDJAN 06 Tél. (225) 24 91 22 poste 462	128
02	Dr. Aïssata BA SIDIBE	MALI	Conseiller Résident Basics	Projet BASICS/USAID Survie de l'Enfant	Projet BASICS/Division Santé Familiale et Communautaire, Bamako, Fax : (223) 23 29 36 Tél. : (223) 23 29 36/22 45 26	229
03	Mme Choucouratou BADA	NIGER	Sage-Femme	Ministère de la Santé Publique	Ministère de la Santé Publique Tél.: 74 02 31/Dom.: 73 44 02	227
04	Mme Digé BAKO	NIGER	Enseignante	ENSP, Ministère de la Santé Publique, Niamey	ENSP, Niamey Tél. : 25 36 27	238
05	Azara BAMBA	BURKINA FASO	Directrice	DSF/Ministère de la Santé	Direction de la Santé de la Famille, BP 03 7247, Ouaga. Tél.: (226) 30 68 64 Fax : (226) 31 08 65	116
06	Dr. Agnès BONGANG	CAMEROUN	Médecin généraliste - Assistante en pédiatrie	Ministère de la Santé Publique	s/c Unité de Pédiatrie, Hôpital Central, Yaoundé Tél.: (237) 23 40 20 Dom. : 21 48 63	122
07	Dwight COCHRAN	USA	Senior Program Associate for Africa	Wellstart, 3333 K Street St. 101 Washington DC 2000	1701 16th St. NW #529 Washington DC 20009 Tél. : (202) 298-7979 Fax : (202) 298-7988	206

N°	PRENOMS ET NOM	PAYS	FONCTION	ORGANISME	ADRESSE/TELEPHONE	Chambre
08	Mamadou COULIBALY	COTE D'IVOIRE	Directeur Régional de la Santé Publique et des Affaires sociales du Centre Nord	Ministère de la Santé Publique et des Affaires Sociales de Côte d'Ivoire	01 BP 1153 BOUAKE 01 Tél. :(225) 63 17 10 / 63 39 76 Fax : (225) 63 27 41	110
09	Dr Isseu DIOP TOURE	SENEGAL	Médecin-Chef Adjoint de la DSMI/PF	Ministère de la Santé Publique et de l'Action Sociale	Centre de PMI de Médina BP 517, Dakar Fann Tél. : (221) 21 71 55	204
10	Alimata DIARRA	COTE D'IVOIRE	Directeur de la Santé Communautaire	Ministère de la Santé Publique et des Affaires Sociales	Ministère de la Santé Publique et des Affaires Sociales BP V16, Abidjan Tél./Fax : (225) 32 39 83	115
11	Dr. Arkia DOUCOURE DIALLO	MALI	Chef de la Division Santé Familiale et Communautaire	Ministère de la Santé, de la Solidarité et des Personnes âgées	Gynéco-obstétricienne, Division Santé Familiale et Communautaire, BPE 1149, Bamako Tél. : (223) 22 45 26	224
12	Gary ENGELBERG		Co-Directeur, Responsable de la Formation	ACI (Africa Consultants International)	B.P. 5270 - DAKAR FANN Tél. : (221) 25 36 37 Fax : (221) 24 07 41	[illegible]
13	Max Jonas GUE	BURKINA FASO	Médecin	Médecin-Chef Maternité	Centre Hospitalier Régional de Kaya, Burkina Faso Tél. :(226) 45 30 69 / Dom. : (226) 45 35 70	120
14	Dr. Namba Diankanagbé KABA	GUINEE	Médecin	D.A.N. Ministère de la Santé/"AFPAMNIG"	Association des Femmes pour la Promotion Allaitement et Nutrition Infantile en Guinée, BP 1115 - Conakry	104
15	Sétou KABA	GUINEE	Médecin Coordinatrice	Ministère de la Santé République de Guinée Conakry	Coordinatrice du Projet SMI/PF Ministère de la Santé, Rép. de Guinée, B.P. 585 Tél. : 41 15 34	108

N°	PRENOMS ET NOM	PAYS	FONCTION	ORGANISME	ADRESSE/TELEPHONE	Chambre
16	Ludovic KAM	BURKINA FASO	Médecin	Ministère de la Santé	01 BP 3065 Ouagadougou 01 Tél. :(226) 31 16 55/56	118
17	Dr Gnagna KANDJI	SENEGAL	Gynécologue	Maternité Hôpital A. Le Dantec	N°10 Derklé I, B.P. 10496 Dakar Tél. :Dom. (221) 24 66 45	209
18	Mme Saran KEITA FOFANA	GUINEE	Nutritioniste	Ministère de la Santé	Ministère de la Santé/ "AFPAMNIG",Conakry, BP 666	105
19	Dominique KYELEM	BURKINA FASO	Médecin	Directeur Provincial de la Santé, Ministère de la Santé	BP 66 DORI/Burkina Faso Tél. : (226) 66 02 11 Fax : (226) 66 02 11	119
20	Mme Kadidia Dicko MAIGA	MALI	Sage-Femme, Hôpital Gabriel Touré	Ministère de la Santé, de la Solidarité et des Personnes âgées	Torokorobougou, Bamako Tél. : 22 27 12	225
21	Dr. Amadou Moctar MBAYE	SENEGAL	Chef de Service	SANAS/DUSP, Ministère de la Santé	Ministère de la Santé Publique et de l'Action Sociale Tél. : (221) 24 47 53 Fax : (221) 24 47 53	223
22	Dr Zeinabou MOUMOUNI	NIGER	Médecin	Ministère de la Santé	Médecin Chef Maternité Poudrière, Niamey, Niger Tél.: 74 02 31/Dom: 73 49 41	102
23	Cécilia MUXI MUNOZ	URUGUAY	Coordinatrice Plan Régional d'Alimentation Infantile - Amérique Latine et Caraïbe	Wellstart International	Pedro Berro 715/Apto 502 CP 11300 Montevideo - Uruguay Tél. : (598-2) 47 29 29 Fax : (598-2) 47 25 93	168

N°	PRENOMS ET NOM	PAYS	FONCTION	ORGANISME	ADRESSE/TELEPHONE	Chambre
24	Maty NDIAYE SY	SENEGAL	Consultante-Formatrice Indépendante - Spécialiste en Ressources Humaines, Diagnostic organisationnel, Formation d'adultes, Management stratégique	Partenaires principaux: ACI - PAARZ/GTZ	BP 3671, Dakar Tél./fax personnel : (221) 32 13 48 Fax ACI : (221) 25 36 37	167
25	Dr Paul NDOUMBE	CAMEROUN	Médecin Pédiatre, Chef de Service de Pédiatrie, Hôpital Provincial Extrême Nord	Ministère de la Santé Publique	BP 257 MAROUA, Cameroun Tél. : (237) 29 10 10 Fax : (Intelpost) 29 29 11	123
26	Harimaka Armandine RABESON	MADAGASCAR	Sage-Femme d'Etat	Ministère de la Santé	Villa Soazara, Parcelle 12/13 Tamamakoa, Tamatave	203
27	Hantaniaina RAVELOSON	MADAGASCAR	Médecin	Ministère de la Santé	Chef de service Nutrition et Alimentation Antananarivo 101, BP 8062 Madagascar Tél. : 315-57	124
28	Régine RAZANABOLOLONA	MADAGASCAR	Médecin	Ministère de la Santé	PMI Tulear 601 Tél. : 415-73	216
29	Galaye SALL	SENEGAL	Médecin Nutritioniste	Ministère de la Santé Publique et de l'Action Sociale	BP 6251, Dakar Tél. : 22 46 70	127
30	Mamadou SENE	SENEGAL	Country Advisor	BASICS Project	2, Boulevard de l'Est, Point E BP 3746 Tél. : (221) 25 30 47 Fax : (221) 24 24 78	129

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N°	PRENOMS ET NOM	PAYS	FONCTION	ORGANISME	ADRESSE/TELEPHONE	Chambre
31	Roger SEUKAP	CAMEROUN	Ingénieur Nutritioniste Programme National d'Allaitement Maternel	Ministère de la Santé Publique	BP 7352, Yaoundé Tél. : (237) 22 57 97 Fax :(237) 22 93 89	121
32	Mme Adama THIAM SALL	SENEGAL	Enseignante à l'Ecole Nationale de Développement Sanitaire et Sociale (ENDSS)	Ministère de la Santé Publique et de l'Action Sociale	Usine Bene Taly, villa 2044 Dakar, Sénégal Tél. : 25 95 84 / 23 04 02	111
33	Kassia TOLNO	GUINEE	Superviseur	Ministère de la Santé	Programme National de Lutte contre les Maladies diarrhéiques, BP 585 Guinée Conakry	109
34	Fabala BA	SENEGAL	Attachée de Direction	Dakar Intérim Secrétariat	Avenue Fadiga x Rue de Thann B.P. 1773, Dakar Tél. : (221) 21 73 07 Fax : (221) 22 10 02	516

ANNEX 3: OBJECTIVES AND INSTRUCTIONS FOR THE FIVE WORKSHOP SESSIONS

ANNEX 3: OBJECTIVES AND INSTRUCTIONS FOR THE FIVE WORKSHOP SESSIONS

SESSION I
SITUATION ACTUELLE DE L'ALIMENTATION INFANTILE : PROFIL PAR PAYS

Objectifs de la deuxième séance de travail

A la fin de cette séance, les participants auront:

a. pris connaissance de chaque profil par pays

b. formulé leurs demandes d'éclaircissement si besoin

c. actualisé/approfondi leurs connaissances de la région

Temps global prévu pour la séance : 1 heure

Procédure :

Réfléchir individuellement pour prendre connaissance des travaux des groupes par pays afin de préparer la séance suivante :

1. chaque participant consacre les 30 premières minutes à faire le tour de la salle pour prendre connaissance des différents tableaux affichés, en notant ses remarques personnelles et ses demandes d'éclaircissement ;

2. en pleinière, les participants formulent aux différents groupes concernés leurs demandes d'éclaircissement.

SESSION I
SITUATION ACTUELLE DE L'ALIMENTATION INFANTILE : PROFIL PAR PAYS

Objectifs de la troisième séance de travail

A la fin de cette séance, les participants:

a. auront une vue d'ensemble de la situation actuelle de l'alimentation infantile dans la région

b. seront en mesure d'identifier:

- des corrélations significatives entre les différentes données,
- des lacunes ou problèmes communs à la région,
- les caractéristiques spécifiques à chaque pays.

Temps total prévu pour la séance : 2 heures et demie

Procédure:

Travailler en groupe par thème puis partager les résultats en pleinière:

1. les participants se répartissent en petits groupes de 5/6 personnes selon les cinq thèmes suivants:

- alimentation et nutrition infantile
- mortalité infantile
- efforts nationaux relatifs à l'allaitement maternel
- fécondité
- santé maternelle

Chaque groupe recueille pendant 20 minutes l'ensemble des données relatives à leur thème, à partir des formulaires remplis par les précédents groupes par pays et des tableaux affichés. Le groupe le fait sur de nouveaux formulaires de travail fourni à cet effet.

2. Ensuite chaque groupe reporte le contenu de la collecte sur des feuilles "flip chart" et procède à l'analyse des informations, pendant 40 minutes environ. Il doit chercher à relever les corrélations significatives entre les données des différents pays, des lacunes ou problèmes communs à la région, les caractèristiques spécifiques à chaque pays et tout autre constat jugé pertinent. Chaque groupe affiche en pleinière son travail.

3. Après la pause déjeuner, chaque participant prend un moment (20 minutes) pour examiner les résultats des différents travaux de groupe, affichés sur des feuilles "flip chart".

4. Ensuite, les participants échangent leurs questions et observations pendant une heure environ.

SESSION II
LA FORMATION EN MATIERE D'ALIMENTATION INFANTILE: ANALYSE DES PROGRAMMES DE FORMATION

Objectifs globaux de la session 2

- renforcer la compréhension de ce que nécessite la maitrise de programmes et matériel de formation

- identifier les aspects insuffisamment développés dans les programmes disponibles à cet atelier et qui demandent une attention particulière

- développer la capacité à accorder les contenus de formation à des publics spécifiques et à des catégories de cibles différentes (structures de santé, programmes de santé)

Séance 1

Analyse des programmes de formation et préparation des panneaux de présentation et d'exposition du matériel de formation

Objectifs de la séance de travail

A la fin de cette séance, les participants auront:

- analysé les programmes de formation de leurs pays respectifs disponibles à cet atelier

- examiné les points forts de ces programmes de formation et,

- identifié les lacunes à combler

- préparé une exposition de leurs documents de formation et de tout autre matériel utilisé pour des programmes de formation dans leurs pays respectifs

Temps prévu pour la séance: 1 heure et demie

Procédure:

Travailler en groupe par pays.

1. Pour chaque document de programme de formation apporté par les participants, le groupe l'examine suivant les questions de la fiche de travail fournie. Il remplit une fiche par document.

2. En s'appuyant sur les fiches, le groupe remplit un document de synthèse permettant de faire une récapitulation des informations relevées dans les divers documents examinés. Puis, il reporte cette récapitulation sur des panneaux fournis à cet effet.

3. Enfin, sur une table il dispose ses documents de formation accompagnés des fiches descriptives établies, également il y dispose tout autre matériel utilisé dans des programmes de formation. Il affiche les panneaux au mur à l'endroit réservé à son matériel d'exposition.

Séance 2:
Connaissance et appréciation du matériel de formation disponible à l'atelier

Objectifs de la séance de travail

A la fin de cette séance, les participants auront:

- pris connaissance du matériel de la région disponible à cet atelier
- apprécié les points forts de ces programmes
- identifié les lacunes à combler

Temps prévu pour la séance: 3 heures et demie

Procédure:

Travailler individuellement et en groupe puis présenter les résultats en plénière.

1. Chaque participant pendant 1 heure prend connaissance de l'ensemble de l'exposition en faisant le tour de la salle (une personne à tour de rôle par pays doit être à la disposition des partipants pour répondre à leurs questions).

2. Ensuite, il se met en groupe (groupe de participants du même pays) afin de répondre pendant 1 heure à une série de questions (voir document ci-joint).

3. Après la pause déjeuner, les réponses sont présentées et discutées en plénière.

Les informations traitées lors de cette séance seront exploitées pour alimenter les réflexions autour des plans de formation et de l'appui régional aux programmes.

LISTE DES QUESTIONS AU GROUPE (séance 2)

En vous appuyant ce qui est exposé dans la salle, à votre avis:

- qu'est ce qui est le meilleur ou le plus impressionnant dans ce que votre groupe a exposé?
- quels sont les points forts et intéressants dans ce que les autres groupes ont exposé? (précisez)
- estimez vous que le matériel présenté par les autres pays peut vous être utile tel quel ou avec des modifications? (précisez)
- quels sont les contenus que l'on retrouve le plus souvent? (faites en une liste)
- quels sont les contenus que l'on retrouve le moins souvent? (faites en une liste)
- identifiez les lacunes existantes dans le matériel exposé telles que par exemple:
  - contenus à actualiser
  - contenus non traités
  - publics non ciblés
  - catégories de structures de santé non touchées (hôpital, centre de SSP, poste de santé...)
  - types de programmes de santé non touchés (nutrition, IRA, LMD etc...)

SESSION III
L'INTEGRATION DE LA FORMATION EN ALIMENTATION INFANTILE AUX AUTRES PROGRAMMES DE FORMATION

Objectifs globaux de la session 3

A la fin de la session, les participants auront:

- discuté des avantages et de l'importance d'intégrer le programme de formation en AM aux autres programmes de formation
- identifié et discuté des obstacles possibles au processus d'intégration du programme de formation en AM aux autres programmes de formation
- identifié et discuté des arguments et des messages spécifiques à chaque programme et susceptibles de faciliter l'intégration du programme de formation en AM aux autres programmes

Durée globale de la session: 3 heures et demie environ.

Procédure:

1. Les participants échangent pendant 2 heures environ leurs axpériences en matière d'intégration de la formation en AM aux autres programmes de formation. Ils font ressortir les obstacles au processus d'intégration et les avantages obtenus en intégrant la formation AM. L'expérience régionale de l'Amérique Latine en matière d'intégration termine cet échange.

2. Les participants se répartissent en cinq groupes de 5 à 6 personnes de pays différent selon les 5 programmes suivants:

   - LMD
   - IRA
   - PF
   - SMI
   - nutrition de l'enfant et surveillance de la croissance

Ils travaillent en groupe pendant 45 minutes. Ils identifient d'abord l'ensemble des arguments spécifiques à chaque programme en faveur de l'intégration. Ensuite ils formulent les messages spécifiques à développer dans les modules intégrant la formation en AM. Enfin ils remplissent les feuilles de "flip chart" prévues à cet effet.

3. Les différentes contributions sont exposées sur le mur de la salle, une personne par groupe est à la disposition des participants qui souhaiteraient avoir des précisions. Les participants font le tour des contributions pour en prendre connaissance et les compléter éventuellement par leurs propres suggestions ceci pendant 30 minutes environ. Ils inscrivent leurs suggestions sur les feuilles affichées. Les participants se retrouvent brièvement en pleinière pour échanger les conclusions qu'ils ont respectivement tiré.

SESSION IV
LES PLANS D'ACTION POSSIBLES POUR LE DEVELOPPEMENT/ RENFORCEMENT DE LA FORMATION EN AM DANS LEURS PAYS

Objectifs globaux de la session 4

A la fin de la session, les participants auront:

- identifié et priorisé les programmes et matériel de formation en AM qu'ils aimeraient créer/développer davantage ou renforcer dans les années à venir, intégrant une compréhension stratégique des contraintes et opportunités qui se présenteront

- formulé un plan d'actions possibles et réalistes pour l'année 95/96

- identifié un certain nombre de besoins en appui au niveau national et régional

Durée global prévue: 4 heures et demie environ

Procédure:

Première étape: Formulation des besoins

Temps prévu: 2 heures

Les participants se répartissent en groupe par pays pour travailler pendant une heure et demie.

1. Ils commencent par faire un inventaire le plus exhaustif possible de leurs besoins et ceux de leur pays en création/ développement/ renforcement de programmes et matériel de formation en AM. Ils devront aussi s'appuyer sur tous les constats et analyses faits pendant l'atelier (situation actuelle de l'AM dans leurs pays, formations en AM dans leurs pays, expériences régionales ...).

2. Ensuite, ils identifient les contraintes qui s'opposeraient à la réalisation de ces besoins, et aussi des opportunités qui faciliteraient leur réalisation. Les résultats de leurs travaux sont affichés sur des feuilles "flip chart" prévues à cet effet.

3. Les participants pendant trente minutes circulent de facon informelle pour échanger avec les autres pays afin d'apporter leurs contributions par des questions, suggestions, commentaires ... Un membre de chaque groupe reste à sa table pour recevoir des commentaires des collègues.

Deuxième étape: Priorités d'action dans les années à venir

Temps prévu: 1 heure et demie

Procédure:

Après le déjeuner, les participants se retrouvent à nouveau dans leur groupe de travail respectif, après avoir choisi un partenaire d'un autre pays avec qui il s'entretiendra à la fin de la session, afin de bénéficier d'un avis extérieur pour consolider son plan d'action individuel.

1. Ils réfléchissent d'abord individuellement aux choix d'actions prioritaires à réaliser à leurs niveaux individuel et collectif dans les années à venir. Ensuite ils informent le groupe de leurs choix et en discutent. Une fois les actions prioritaires confirmées, ils réfléchissent collectivement aux acteurs et structures existantes susceptibles de soutenir les actions prioritaires dégagées. Egalement ils réfléchissent sur les possibilités de collaboration avec les participants dans l'atelier venant d'autres pays. Ils suivent la même procédure pour communiquer aux autres participants les résultats de leur réflexion.

2. Après la pause, chaque participant sur la base des actions prioritaires réfléchit pendant 45 minutes à 1 à 2 activités qu'il devrait pouvoir réaliser concrètement au cours des 12 prochains mois, à l'aide d'un canevas prévu à cet effet.

3. Ensuite pour terminer la session, les participants s'entretiennent pendant 15 minutes avec leurs partenaires respectifs afin d'évaluer la cohérence et pertinence de leurs plans d'action individuel.

Une copie de l'identification des besoins par pays sera remise à chaque participant avant la dernière séance de travail.

Il sera fait une copie de chaque plan d'action individuel pour WELLSTART.

ANNEX 4: SUBJECT WORKSHEETS

FORMULAIRE DE TRAVAIL

PAYS : _____

SUJET : **ALIMENTATION INFANTILE ET NUTRITION**

* Pourcentage d'enfants nés au cours des cinq (5) années précédant l'enquête et ayant été allaités _____ %

* Allaitement exclusif pendant les premiers quatre mois _____ %

* Pratiques alimentaires des enfants de moins de 9 mois : allaitement et eau (voir nutrition enAfrique : graphiques commentés) _____ %

* Année moyenne de l'allaitement (en mois) _____ mois

* Pourcentage d'enfants allaités dans l'heure suivant la naissance _____ %

* Pourcentage d'enfants allaités dans le jour suivant la naissance _____ %

Etat nutritionnel des enfants

* Pourcentage d'enfants de moins de cinq ans considérés comme atteints de sous nutrition (% inférieur à-2 ET)

	Taille pour âge pourcentage	Poids pour taille pourcentage	Poids pour âge pourcentage
Urbain			
Rural			
Ensemble			

TSVP

FORMULAIRE DE TRAVAIL

PAYS _____

SUJET A TRAITER : **MORTALITE INFANTILE**
(Statistiques des quatre (04) dernières années)

* Quotien de mortalité néonatale
  (probabilité de décéder avant d'atteindre un mois) _____ o/oo

* Quotien de mortalité infantile
  (probabilité de décéder entre la naissance et le
  premier anniversaire _____ o/oo

* Quotien de mortalité infanto-juvénile
  (probabilité de décéder entre la naissance et le
  cinquième anniversaire _____ o/oo

Veuillez énumérer les différentes raisons qui expliquent les quotients de mortalité infantile dans votre pays.

Sont-ils croissants ou décroissants ? Et pourquoi ?

FORMULAIRE DE TRAVAIL

PAYS : _____

SUJET A TRAITER : **SANTE MATERNELLE**

QUI ASSURE LES SOINS PRENATAUX

	Médecin	Infirmière Sage Femme	Aide-soignante	Ensemble Personnel Médical	Accou-cheuse tradition.	Personne
Urbain						
Rural						

LIEU DE L'ACCOUCHEMENT

	Maison	Maternité	Hôpital publique	Centre de santé	Etabliss. de soins privés	Autres
Urbain						
Rural						

QUI ASSISTE LORS DE L'ACCOUCHEMENT

	Médecin	Infirmière Sage femme	Aide-soignante	Ensemble Personnel Médical	Accou-cheuse tradition	Parents/ Autres	Per-son-ne
Urbain							
Rural							

TSVP

FORMULAIRE DE TRAVAIL

PAYS _____

SUJET A TRAITER : **FECONDITE**

Répartition (en %) des naissances par nombre de mois écoulés depuis la naissance précédente

	7 - 17	18 - 23	24 - 26	36 - 47	48 - +
Rural/ Urbain					
Ensemble					

Fécondité actuelle (âge 15 - 44)

URBAIN	RURAL	ENSEMBLE

Connaissance de la contraception par les femmes (tous âges) :

- au moins 1 méthode _____ %
- au moins 1 méthode moderne _____ %

Utilisation actuelle de la contraception (tous âges)

- n'importe quelle méthode _____ %
- n'importe quelle méthode moderne _____ %

TSVP

FORMULAIRE DE TRAVAIL

PAYS : _____

SUJET : **EFFORTS NATIONAUX RELATIFS A L'ALLAITEMENT MATERNEL**

* Y-a-t-il une politique nationale d'allaitement maternel ? OUI NON
* Y-a-t-il un comité national sur l'allaitement maternel ? OUI NON
* Y-a-t-il un(e) coordinateur(trice) national(e) des programmes/ activités d'allaitement maternel ? OUI NON
* Y-a-t-il un budget alloué aux efforts d'allaitement maternel ? OUI NON
* Nombre total d'hôpitaux ? _____
* Nombre d'hôpitaux en voie d'être agrées comme "amis des bébés" _____
* Nombre d'hôpitaux déjà agrées comme "amis des bébés" _____
* Nombre de semaines qu'ont les femmes pour les congés de maternité _____
* Y-a-t-il un code national de commercialisation des substituts du lait maternel ? OUI NON

Veuillez noter d'autres points spécifiques relatifs aux efforts nationaux, de votre pays, en matière d'allaitement maternel que vous jugez pertinents :

ANNEX 5: CURRENT REGIONAL SITUATION

ANNEX 5: CURRENT REGIONAL SITUATION

FECONDITE	Burkina Faso	Cameroun	Côte d'Ivoire	Guinée	Madagascar	Mali	Niger	Sénégal	Fourchette
Nombre de mois écoulés depuis la naissance précédente									
* 7 - 17	5	7,8		23,1	12		11,3	7,3	5 - 23,1
* 18 - 23	9,7	14,8		18,8	19		15,5	12,3	9,7 - 18,8
Fécondité actuelle									
* URBAIN	4,8	5,17	}5,59	4,97	3,8	6,08	6,71	5,0	3,8 - 6,71
* RURAL	7,1	6,28	}	5,70	6,7	6,95	7,52	6,5	5,70 - 7,52
Connaissance de la contraception (%)									
* au moins 1 méthode	66,1	73	78,4	28,3	66,6	42,5	75,7	74,2	28,3 - 78,4
* au moins 1 méthode moderne	62,4	66	76,2	28	61,7	28,6	58	70,6	28,0 - 76,2
Utilisation actuelle de la contraception (%)									
* n'importe quelle méthode	21,7	19,7	16,5	2,7	16,7	4,7	10,8	7,1	2,7 - 21,7
* n'importe quelle méthode moderne	9,9	4,2	5,7	1,5	5,1	1,2	4,4	4,5	1,2 - 9,9

SYNTHESE :

1. Il existe des grossesses rapprochées surtout pour la Guinée
2. La fécondité actuelle est plus faible en milieu urbain qu'en milieu rural. Ceci pourrait être dû aux facteurs socio-économiques et culturels (coutumes - croyances - activités rémunératrices) et à la faible couverture en service de planification familiale
3. La connaissance de la contraception est acceptable dans l'ensemble.
4. Il y a une faible utilisation de la PF surtout pour la Guinée, le Mali et le Sénégal
   * Facteurs socio-culturels ?

* Faible couverture sanitaire (PF) ?

Il existe un écart entre la connaissance et la pratique de la PF

5. La relation Connaissance-Pratique de la PF et ISF en Guinée évoquerait un problème de sous-fécondité ?

EFFORTS NATIONAUX POUR PROMOUVOIR L'ALLAITEMENT MATERNEL	Burkina Faso	Cameroun	Côte d'Ivoire	Guinée	Madagascar	Mali	Niger	Sénégal	Fourchette
* Politique nationale	Non	Oui	Oui	Non	Oui	Oui	Non	Oui	5 oui / 8
* Comité national d'allaitement maternel	Non	Oui	Oui	Non	Oui	Non	Non	Oui	4 oui / 8
* Coordinateur (trice) national(e)	Oui	Oui	Oui	Oui	Oui	Oui	Oui	Oui	8 oui / 8
* Budget alloué pour programme d'allaitement maternel	Non	Oui	Non ±	Non	Oui	Oui	Non	Non	3 oui / 8
* Code national de commercialisation des substituts de lait maternel	Oui (Décret)	Oui (Arrêté)	en cours	Non	en cours	en cours	en cours	non (arrêté)	0 oui / 8
* Nombre total d'hôpitaux	11	ND	92	36	240	12	9	18	De 11 à 240
* Nombre total d'hôpitaux en voie d'être agréés	8	36	33	1	25	1	6	5	De 1 - 36
* Nombre total d'hôpitaux déjà agréés	3	0	59	0	0	0	0	0	De 0 - 59
* Nombre de semaines de congés de maternité	14	14	14	12	8	14	14	14	8 à 14 semaines

SYNTHESE : Sur 8 il y a 5 qui ont une politique, les trois autres non.

- Mieux préciser la définition d'hôpital et budget pour une bonne interprétation.
- 4, un comité national
- 8, un coordinateur national

Personne n'a un code. Seuls 2 pays ont des HAB, la plupart des pays ont la même durée de congés de maternité.

SANTE MATERNELLE	Burkina Faso	Cameroun	Côte d'Ivoire	Guinée	Madagascar	Mali	Niger	Sénégal	Fourchette
Soins prénatals - urbain (%)									
* Médecin	5,6	21,8	x	+	11,3	x	1,2	6,2	1,2 - 21,8
* Infirmière/Sage femme	89,3	66,5	x	+++	75,7	x	84,6	87,8	66,5 - 89,3
* Aide soignante	0,1	3,4		++		x			0,1 - 3,4
* Ensemble personnel médical	31,6	91,7		++			85,7		31,6 - 91,7
* Accoucheuse traditionnelle		0			3,2		0,6	1,1	0,6 - 3,2
* Personne	4,9	8,3		+	8,9		13,5	4,1	4,1 - 8,9
Soins prénatals - rural (%)									
* Médecin	1,1	9,4		+	9,5		1,2	4,6	1,1 - 9,5
* Infirmière/Sage femme	51,5	54,5	x	+++	67,4	x	18,8	58,6	18,8 - 67,4
* Aide soignante	1,4	6,6	x	++++		x			1,4 - 6,6
* Ensemble personnel médical	18	70,5		+++			19,9		18 - 70,5
* Accoucheuse traditionnelle		0,4	x	++++	9,3	x	0,2	6,7	0,4 - 9,3
* Personne	45,9	29,0		+++	13,3	x	79,6	29,8	13,3 - 79,6
Lieu de l'accouchement - Urbain (%)									
* A la maison	8,4	17,2	±	+	45,1	x	26,2	18,6	8,4 - 45,1
* Maternité	90,7	34,0	x	+		x	73	}	34,0 - 90,7
* Hôpital publique		24,3	x	+	53,9	x		} 81,2	24,3 - 81,2
* Centre de santé		6,8		+		x		}	
* Etablissement de soins privés		17,0	x	+		x			
* Autres	0,8	0,7		+	1,0		0,8	0,1	0,1 - 0,8

SANTE MATERNELLE	Burkina Faso	Cameroun	Côte d'Ivoire	Guinée	Madagascar	Mali	Niger	Sénégal	Fourchette
Lieu de l'accouchement - Rural (%)									
* A la maison	64,3	48,7	x	+	55,2	x	94,4	70,1	55,2 - 94,4
* Maternité	35	11,5	x			x	5	}	5 - 35
* Hôpital publique		12,8			43,7			} 29,5	12,8 - 43,7
* Centre de santé		15,8				x		}	
* Etablissement de soins privés		9,7	x	+					
* Autres	0,7	1,6	case santé	+	1,1	case santé	0,6	0,4	0,4 - 1,1
Assistance lors de l'accouchement - Urbain (%)									
* Médecin	3,7	10,5	x	+	11,9	x	0,7	3,6	0,7 - 10,5
* Infirmière/Sage femme	87,9	69,1	x	+	71	x	69,2	80,5	69,1 - 87,9
* Aide soignante		3,9	x	+		x			
* Ensemble personnel médical		83,5		+		x	69,9		69,9 - 83,5
* Accoucheuse traditionnelle	2,5	4,2			13,5		7,7+7,7	11,1	2,5 - 15,1
* Parents/autres	3,9	9,5	x		2,4	x	*	3,4	2,4 - 11,4
* Personne	1,5	2,8		+	0,3	x	11,4	1,3	0,3 - 3,3
							3,3		
Assistance lors de l'accouchement - Rural (%)									
* Médecin	0,9	3,9		+	7,1		0,3	1,2	0,3 - 7,1
* Infirmière/Sage femme	32,2	40,9	x	+	46	x	4,6	27,4	27,4 - 46
* Aide soignante		6,5	x	+		x			
* Ensemble personnel médical		51,2		+			4,9		4,9 - 51,2
* Accoucheuse traditionnelle	35,6	16,5	x	+	33,6	x	20+29,4	36,8	16,5 - 49,4
* Parents/autres	23,2	27,9	x	+	11,9	x	25,8	26,1	11,9 - 27,9
* Personne	4,1	4,3		++	0,9	x	19,9	8,4	0,9 - 19,9

* [formées] + [non formées] = accoucheuses traditionnelles

ALIMENTATION ET NUTRITION INFANTILE	Burkina Faso	Cameroun	Côte d'Ivoire	Guinée	Madagascar	Mali	Niger	Sénégal	Fourchette
Pourcentage d'enfants nés au cours des cinq années précédant l'enquête et ayant été allaités	97,8%	99,1 %	98 %	93,1 %	92,5 %	98 %	98 %	98 %	96,8 92,5 - 99,1
L'allaitement exclusif pendant les premiers quatre mois	3 %	7,1 %	3,4 %	-	47 %	10 %	1 %	5 %	10,9 1 - 47
Pratique alimentaire des enfants de moins de neuf mois: allaitement et eau	23 %	72,9 %	67,2 %	1,4 %	21 %	45 %	20 %	49,8 %	37,5 1,4 - 72,9
Durée moyenne de l'allaitement (en mois)	25,2 mois	18,2 mois	16 mois	22,8 mois	19,4 mois	21,6 m	18 mois	20,4 mois	20,2 16 - 25,2
Pourcentage d'enfants allaités dans l'heure suivant la naissance	29 %	11,9 %	-	37,5 %	7,03 %	-	51 %	11,5 %	24,6 7,03 - 51
Pourcentage d'enfants allaités dans le jour suivant la naissance	48,2 %	29,2 %	-	37,7 %	45 %	98 %	68 %	45,6 %	53,1 29,2 - 98
Etat nutritionnel des enfants (ensemble)									
* taille pour âge (%)	25,2 %	24,4 %	-	-	51,1 %	47,4 %	32,3 %	21,7 %	33,6(21,7-51,1)
* poids pour taille (%)	13,3 %	3 %	-	36,1 %	-	21,8 %	15,8 %	8,7 %	16,4(3 - 36,1)
* poids pour âge (%)	25,5 %	18,6 %	25 %	18 %	39,1 %	59,5 %	36,2 %	20,1 %	30,2(18 - 59,5)

SYNTHESE : Le taux d'AM est satisfaisant - Le taux d'AM exclusif est bas, sauf Madagascar. Un tiers des enfants reçoit de l'eau en plus du lait maternel. La durée de l'AM est satisfaisante. Le quart des nouveaux nés est mis au sein dans l'heure suivant la naissance. La moitié des nouveaux-nés n'est pas mise au sein dans les 24 heures. Le tiers des enfants ont un retard de croissance.

MORTALITE INFANTILE	Burkina Faso	Cameroun	Côte d'Ivoire	Guinée	Madagascar	Mali	Niger	Sénégal	Fourchette
Quotient de mortalité néonatale	43,1 %o	33,1 %o	-	81,1 %o	38,9 %o	53 %o	40,7 %o	35 %o	31,1-81,1
Quotient de mortalité infantile	93,7 %o	65 %o	88 %	136 %o	93 %o	108 %o	123,1%o	68 %o	65-136
Quotient de mortalité infanto-juvénile	187 %o	126,3 %o	150 %	229 %o	162,6 %o	249 %o	318 %o	131,4%o	126,3-318

SYNTHESE :

Mortalité néonatale

- Le Cameroun qui a la plus faible mortalité n'a qu'un taux de mise au sein précoce de 11,9 % à la première heure.
- La Guinée a un taux important de mise au sein précoce (37,5 % à la 1ère heure et 57,5 % au premier jour). Par contre à Madagascar, il semble exister une relation entre le taux de l'AME (47%) et le taux de mortalité néonatale (38,9 %). Il semble que l'impact de l'alimentation est faible sur la mortalité néonatale.

Mortalité infantile

Il semble exister une relation entre l'alimentation infantile et la mortalité infantile. Cas de la Guinée (0 %, 136%o), Madagascar (47 %, 93 %o), Mali (10 %, 108 %o)

Mortalité infanto-juvénile

- Tous les pays ont au moins 93,1% d'enfants allaités.
- En se basant sur la durée moyenne de l'AM, il faudrait prendre en compte beaucoup d'autres facteurs pour expliquer la mortalité infanto-juvénile.

Remarque sur le

* La pratique de l'AM est à un taux satisfaisant (96,8 %)
* AME = taux globalement bas - 4,9 % en dehors de Madagascar (47%)
* Guinée : sevrage tardif. Plus d'un enfant sur trois reçoit de l'eau en plus du lait maternel
* Durée : satisfaisante dans l'ensemble (N.B. : Côte d'Ivoire)
* Un quart des nouveaux nés est mis au sein dès l'heure suivant la naissance. Cependant, grande disparité : 7,03 % - 51%
* 1/2 ne reçoit pas de sein au cours des 1ères deux heures.
* Etat nutritionnel : 1/3 a un retard de croissance.

ANNEX 6: CURRICULUM CONTENT ANALYSIS WORKSHEET

FICHE D'ANALYSE DU CONTENU DU PROGRAMME DE FORMATION

Titre du programme de formation :

Utilisé par :

Type de formation :

* Formation de base : _____

* Recyclage/perfectionnement : _____

Population cible :

Développé par :

Développé en (année) :

Quel type de formateur a fait ces formations ?

Durée du cours :

Fréquence : /par an

Quels sujet d'allaitement maternel sont traités dans ces programmes de formation

1. _____ Les bienfaits d'allaitement maternel
2. _____ La composition du lait maternel
3. _____ L'anatomie
4. _____ La physiologie
5. _____ La croissance des enfants qui sont allaités
6. _____ La nutrition des femmes enceintes et allaitantes
7. _____ L'allaitement maternel et la diarrhée
8. _____ L'allaitement maternel et l'IRA (ACI)
9. _____ La gestion des problèmes liés à l'allaitement maternel
10. La lactation et la fertilité / planification familiale

11. _____ Le sevrage

12. _____ Les croyances et tabous

13. _____ L'Initiative Hôpitaux des Amis des Bébés

14. _____ Le Code International de Commercialisation de substituts du Lait Maternel

15. _____ Autres, précisez lesquels s'il vous plaît.

Y-a-t-il un mécanisme pour évaluer l'impact de programme de formation ?

Que trouvez-vous de positif dans ce programme de formation ?

A votre avis, quelles sont les lacunes de ce programme de formation ?

A-t-il déjà été évalué ?

Avec quels résultats ?

Autres commentaires :

ANNEX 7: EXAMPLE OF SYNOPSIS OF COUNTRY TRAINING CURRICULA

BURKINA FASO

MODELE DE DOCUMENT DE SYNTHESE RECAPITULATIF
ANALYSE DES PROGRAMMES / MATERIEL DE FORMATION

DESCRIPTION DU MATERIEL	PUBLIC CIBLE	A QUEL NIVEAU (Structure)	QUEL TYPE DE PROGRAMME	CONTENU DE LA FORMATION	COMMENTAIRES / OBSERVATIONS
Titre : Cours de diététique **Type** : Formation de base **Année** : 1993 **Elaboré par** : des Puéricultrices **Durée** : 6 heures	- Sages-Femmes - Infirmières - Maïeuticien	Ecole Nationale de Santé Publique	Diététique	- Bienfaits ALM - Composition LM - Anatomie - Physiologie - Croissance enfants allaités - Nutrition femmes enceintes et allaitantes - Gestion problèmes liés à l'allaitement maternel - Sevrage - Croyances et tabous	- Pertinence/Efficacité de la formation : - Cours intégré <u>Lacunes</u> * Durée trop brève

BURKINA FASO

MODELE DE DOCUMENT DE SYNTHESE RECAPITULATIF
ANALYSE DES PROGRAMMES / MATERIEL DE FORMATION

DESCRIPTION DU MATERIEL	PUBLIC CIBLE	A QUEL NIVEAU (Structure)	QUEL TYPE DE PROGRAMME	CONTENU DE LA FORMATION	COMMENTAIRES / OBSERVATIONS
Titre : Cours sur l'allaitement maternel **Type** : Formation de base **Année** : 1985 **Elaboré par** : des Pédiatres **Durée** : 4 heures	- Etudiants en 4ème année de pédiatrie	Université	Allaitement maternel	- Composition LM - Anatomie - Physiologie - Croissance enfants allaités - Sevrage - Croyances et tabous - Code International de Commercialisation des Substituts du Lait Maternel	- Pertinence/Efficacité de la formation : Programme complété par celui de la gynéco

BURKINA FASO

MODELE DE DOCUMENT DE SYNTHESE RECAPITULATIF
ANALYSE DES PROGRAMMES / MATERIEL DE FORMATION

DESCRIPTION DU MATERIEL	PUBLIC CIBLE	A QUEL NIVEAU (Structure)	QUEL TYPE DE PROGRAMME	CONTENU DE LA FORMATION	COMMENTAIRES / OBSERVATIONS
Titre : "Formation en gestion de la lactation des formateurs provinciaux" **Type** : Recyclage/ perfectionnement **Année** : 1994 **Elaboré par** :le noyau national composé de médecins, infirmiers, sages-femmes et puericultrices **Durée** : 14 jours	- Formateurs provinciaux - Médecins - Sages-Femmes - Infirmières - Assistants sociaux	National	Gestion en lactation	- Anatomie - Physiologie - Initiative Hôpitaux - "Amis des Bébés" - Allaitement maternel/ Survie de l'enfant - Pratique de l'allaitement maternel - IEC/AM - Micro-planification - Situations particulières	- Pertinence/Efficacité de la formation : Stage pratique dans un HAB - Lacunes ? * IEC/CAP en AM absent * Pédagogie insuffisante

ANNEX 8: NEEDS IDENTIFICATION WORKSHEET

IDENTIFICATION DES BESOINS

PAYS _____

BESOINS POUR LE DEVELOPPEMENT OU LE RENFORCEMENT DE PROGRAMMES ET MATERIEL DE FORMATION EN AM	CONTRAINTES A LA REALISATION DES BESOINS	OPPORTUNITES OFFERTES	COMMENTAIRES

ANNEX 9: PRIORITY ACTIONS LIST WORKSHEET

LISTE DES ACTIONS PRIORITAIRES

PAYS : _____

INDIVIDUELLES	COLLECTIVES

Acteurs et structures pour soutenir les actions prioritaires :

COMMENTAIRES :

56

ANNEX 10: INDIVIDUAL ACTION PLANS WORKSHEET

PLAN D'ACTION INDIVIDUEL

NOM : _____

PAYS : _____

PRIORITES CONCERNEES	RESULTATS ESCOMPTES	PERIODE DE REALISATION	ACTEURS IMPLIQUES	INDICATEURS DE RESULTATS	CONTRAINTES SUSCEPTIBLES DE SE PRESENTER

COMMENTAIRES

52

ANNEX 11: SUMMARY OF COUNTRY ACTION PLANS

ANNEX 11: SUMMARY OF COUNTRY ACTION PLANS

SENEGAL

1. Elaborate a breastfeeding training module for medical school students specializing in African Nutrition -- Elaboration of plan, July-August 1995; Put plan into action during school year of '95/'96 (Dr. Galaye SALL)

2. Reinforce the integration of breastfeeding in training programs dealing with family planning -- 4th quarter 1995 (Isseu DIOP TOURE)

3. Create support group at the maternity ward -- July-September 1995 (Dr. KANDJI)

4. Convert maternity at Le Dantec Hospital to Baby Friendly -- in progress (Dr. KANDJI)

5. Optimal infant feeding training of National Medical and Social School teachers -- August 1995 (Mme. Adama THIAM SALL)

6. TOT in breastfeeding at health structures in the 4 USAID regions -- June-September 1995 (Mamadou SENE)

CAMEROON

1. Put together a strategic plan for a National Breastfeeding Promotion Program -- September-December 1995 (Mr. Roger SEUKAP)

2. Put Nairobi program plan (ECSA) into action -- June-December 1995 (Mr. SEUKAP)

3. In-service training -- June-December 1995 (Mme BONGANG)

4. Put in place 10 steps of BFHI at provincial hospital -- July 1995-June 1996 (Dr. Paul NDOUMBE)

BURKINA FASO

1. National KAP study for breastfeeding -- July-December 1995 (Dr. Azzara BAMBA)

2. Elaborate a National Policy for breastfeeding -- July-December 1995 (Dr. Ludovic KAM)

3. Develop material, IEC techniques and support -- July-December 1995

4. Elaborate breastfeeding training curricula -- July-December 1995 (Dr. Jonas GUE)

NIGER

1. Promote exclusive breastfeeding within the hospitals where they work -- October 1994-December 1995 (Mme Zeinabou MOUMOUNI and Mme Coukouratou BADA)

2. Put in place the 10 conditions which lead to successful exclusive breastfeeding in their hospitals (Mme MOUMOUNI and BADA)

3. Update breastfeeding information in basic training (Mme Diego BAKO)

4. Develop a module specifically on breastfeeding

MALI

1. Revise training materials on breastfeeding to include a section on beliefs and taboos -- 4th quarter 1995 (Dr. Arkia DOUCOURE)

2. Plan study trips to Baby Friendly Hospitals (Dr. DOUCOURE)

3. Order collections of infant feeding documents for trainings and reference centers -- starting January 1996 (Dr. DOUCOURE)

4. Training of national evaluators for BFHI

5. Breastfeeding activities already programmed for 1995/1996 by Mali/UNICEF and/or BASICS:

   - Regional breastfeeding trainings for health workers
   - Mother to Mother breastfeeding support group trainings
   - Integration of breastfeeding into Child Survival and Family planning training modules
   - Finalization of International Code of Marketing Breastmilk Substitutes

MADAGASCAR

1. Hold a workshop on the International Code of Marketing of Breastmilk Substitutes -- December 1995 (3 days)

2. Start breastfeeding support groups for women

3. Develop modules on IEC techniques

4. Integrate breastfeeding into other training programs

5. Involve private organizations in optimal infant feeding trainings -- January-February 1996

3. Follow-up to trainings -- May-June 1996

4. Organize a national workshop on infant feeding training -- September 1995

IVORY COAST

1. IEC campaign promoting optimal infant feeding for the general public

2. Elaboration of module and training guide

3. Extend optimal infant feeding training for all health personnel

GUINEA

1. Optimal infant feeding training of trainers (TOT) regionally and prefectorally -- June-October 1995 (Mme Saran FOFANA)

2. Integration of breastfeeding message into Child survival/Family planning -- September-October 1995 (Mme FOFANA)

3. Adapt training modules -- July-August 1995 (Mme FOFANA)

4. Search out funding for photocopier -- June-July 1995 (Mme FOFANA)

ANNEX 12: EVALUATION FORM

ANNEX 12: EVALUATION FORM

FRANCOPHONE AFRICA WORKSHOP
ON INFANT FEEDING TRAINING CURRICULA
May 31 - June 3, 1995

WORKSHOP EVALUATION

I. Preparation

1. Did you have adequate information about the workshop to complete the preparation activities? (Circle one)

1	2	3
Inadequate information	Somewhat adequate information	Fully adequate information

If less than fully adequate, please explain. . . . . .
. . . . . .
. . . . . .

II. Workshop Objectives

SESSION 1. Country and Regional Profiles: Indicate on the scale provided (a) the usefulness of the following activities for developing and implementing the plan that you have created, and (b) your confidence in being able to perform such activities in the future.

My rating of the level of usefulness of the following activities						My confidence in being able to perform such activities in the future				
Low		Mod		High		Low		Mod		High
1	2	3	4	5	1a. Analyze infant feeding data to identify problems and opportunities within your own country	1	2	3	4	5
1	2	3	4	5	1b. Compare data from different countries to identify commonalities and differences	1	2	3	4	5
1	2	3	4	5	1c. Use analyses to identify significant relationships for planning purposes	1	2	3	4	5

Please use the following space to comment on the above ratings: . . . . . .
. . . . . .
. . . . . .

SESSION 2. Training Matrix: Indicate on the scale provided (a) the usefulness of the following activities for developing and implementing the plan that you have created, and (b) your confidence in being able to perform such activities in the future.

My rating of the level of usefulness of the following activities						My confidence in being able to perform such activities in the future				
Low		Mod		High		Low		Mod		High
1	2	3	4	5	2a. Conduct a curriculum content analysis	1	2	3	4	5
1	2	3	4	5	2b. Identify neglected areas in training content that need to be addressed	1	2	3	4	5

Please use the following space to comment on the above ratings: . . . . . .
. . . . . .
. . . . . .

SESSION 3. Integration of Breastfeeding into Other Training Programs: Indicate on the scale provided (a) the usefulness of the following activities for developing and implementing the plan that you have created, and (b) your confidence in being able to perform such activities in the future.

My rating of the level of usefulness of the following activities						My confidence in being able to perform such activities in the future				
Low		Mod		High		Low		Mod		High
1	2	3	4	5	3a. List the major advantages of integrating breastfeeding into other programs	1	2	3	4	5
1	2	3	4	5	3b. Identify obstacles to the integration of breastfeeding into other programs	1	2	3	4	5
1	2	3	4	5	3c. Identify solutions for integrating breastfeeding into other programs	1	2	3	4	5
1	2	3	4	5	3d. Identify common and unique breastfeeding messages for different program areas	1	2	3	4	5
1	2	3	4	5	3e. Integrate breastfeeding into your own program curricula	1	2	3	4	5

Please use the following space to comment on the above ratings: . . . . . .
. . . . . .
. . . . . .

SESSION 4. Country Training Plans: Indicate on the scale provided (a) how usefulness of the following activities for developing and implementing the plan that you have created, and (b) your confidence in being able to perform such activities in the future.

My rating of the level of usefulness of the following activities (Low – Mod – High)						My confidence in being able to perform such activities in the future (Low – Mod – High)				
1	2	3	4	5	4a. Identify and prioritize areas of your BFx program you wish to strengthen	1	2	3	4	5
1	2	3	4	5	4b. Outline your action plan for the next year	1	2	3	4	5
1	2	3	4	5	4c. Identify your needs for regional support	1	2	3	4	5

Please use the following space to comment on the above ratings: . . . . . .
. . . . . .
. . . . . .

Implementation Plans

What, if any, constraints might you face in implementing your plan when you return? . . . . . .
. . . . . .
. . . . . .

Comment on any ideas you have for how these constraints might be addressed. . . . . .
. . . . . .
. . . . . .

SESSION 5. Regional Support: Indicate on the scale provided how useful you found these activities.

My rating of the level of usefulness of the following activities (Low – Mod – High)					
1	2	3	4	5	5a. Identify priority areas for regional support
1	2	3	4	5	5b. Identify potential sources of assistance to meet priority needs

Please use the following space to comment on the above ratings: . . . . . .
. . . . . .
. . . . . .

III. Summary Questions

1. Overall, how useful was the 3-day workshop? (Circle one)

1	2	3	4	5
Not at all useful	Somewhat useful	Moderately useful	Very useful	Completely useful

2. Overall, would you say that you accomplished: (Circle one)

1	2	3
Less than I expected	As much as I expected	More than I expected

3. Suggestions for improving the workshop:

a. Topics/materials which should be added to future workshops: . . . . . .
. . . . . .
. . . . . .

b. Topics/materials which should not be included in future workshops: . . . . . .
. . . . . .
. . . . . .

c. Suggestions for improving the format/organization of the workshop: . . . . . .
. . . . . .
. . . . . .

d. Other: . . . . . .
. . . . . .
. . . . . .

FRANCOPHONE AFRICA WORKSHOP
ON INFANT FEEDING TRAINING CURRICULA
May 31 - June 3, 1995

WORKSHOP EVALUATION

Name: . . . . . .

Country: . . . . . .

Individual Plans for Follow-up: Please respond to the following question.

Aside from your country plan, how do you see yourself using what you have learned in this workshop in your work over the next 6 months?

ANNEX 13: LIST OF MATERIALS DISTRIBUTED TO PARTICIPANTS

ANNEX 13: LIST OF MATERIALS DISTRIBUTED TO PARTICIPANTS

King, F. Savage. and B. de Benoist. *Aider les Mères à Allaiter*. African Medical and Research Foundation. Nairobi, 1990.

KNH Lactation Management Training Team. *Kenyatta National Hospital Lactation Management Training Curriculum*. KNH. Nairobi, 1993.

Koniz-Booher, Peggy. Claudia Fishman. Margaret Parlato. Anne Roberts. *Questions et Réponses sur L'Alimentation du Nourrisson*. L'Académie pour le Développement de l'Education. Washington, 1991.

Labbok, Miriam. Kristin Cooney. Shirley Coly. *Lignes Directrices*. Institute for Reproductive Health. Washington, 1994.

Masse-Raimbault, Dr. Anne-Marie. Michel Chauliac. Dr. Claudia Fishman. *L'Alimentation des femmes*. L'Académie pour le Développement de l'Education. Washington, 1994.

Ministère de la Santé d'Ouganda et la Faculté de Médecine de l'Université de Makerere avec l'assistance technique de PRITECH/USAID et de l'UNICEF. *Cours de formation sur la prise en charge des cas de diarrhée et sur la gestion de la lactation*. Septembre 1992.

Ministère de la Santé Publique du Cameroun. Wellstart International. *Programme de Formation en Allaitement Maternel au Cameroun*. L'Agence des Etats-Unis pour le Développement International. 1994.

OMS. *L'Alimentation Infantile Bases Physiologiques*. Akre, ed., 1991.

OMS. UNICEF. *Protection, Encouragement et Soutien de L'Allaitement Maternel*. WHO. Genève, 1992.

Ramalingaswami, Dr. Vulmiri. *Allaitement Maternel*. Georgetown University OBGYN. Washington, 1988.

UNICEF. OMS. UNESCO. FNUP. *Savoir pour Sauver*. New York, 1994.

Wellstart International. "Programme Elargi de L'Allaitement Maternel". Wellstart International. Washington.

Additional Reference Materials (available to participants for consultation at the workshop but not distributed)

UNICEF/OMS. *Conduite pratique et encouragement de l'allaitement maternel dans un hôpital ami des bébés*. Formation de 18 heures. UNICEF. 1993.

UNICEF/OMS. *Conseil en matière d'allaitement: Cours de formation* (titre provisoire). UNICEF. 1993.

Wellstart International. *Programme de Formation à la Conduite Pratique de L'Allaitement Maternel*. Wellstart International. San Diego, 1994.

WELLSTART INTERNATIONAL

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

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

International Programs

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

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

National Programs

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

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

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