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**The Cameroon Breastfeeding Program (1992-1996):  
*A Case Study***

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## TABLE OF CONTENTS

ACRONYMS .....	vii
EXECUTIVE SUMMARY .....	ix
INTRODUCTION .....	1
Country Context .....	1
Breastfeeding Promotion in Cameroon .....	1
Progress Toward a Sustainable Breastfeeding Program in Cameroon: A Case Study Evaluation .....	2
METHODOLOGY .....	3
Review of Relevant Reports .....	3
In-depth Interviews of MOPH Staff, Service Users and Providers, NGOs, and UNICEF .....	3
Site Visits .....	4
RESULTS .....	4
Activities of the NBFPP from 1992 to November 1995 .....	4
Training .....	4
Policy .....	5
Program Planning .....	5
Information, Education, and Communication (IEC) Activities .....	5
Accomplishments, Shortcomings, and Difficulties of the Program at the National Level .....	6
Institutional Support .....	6
Program Planning .....	6
Training .....	7
Pre-service Training .....	7
In-service Training .....	7
IEC Activities .....	10
Research .....	10
Monitoring and Evaluation .....	10
Accomplishments, Shortcomings, and Difficulties at Far North and South Provincial Program Sites .....	11
Training .....	11
Baby-Friendly Hospital Initiative .....	11
Information Dissemination .....	12
Program Planning and Follow-up .....	13
Accomplishments, Shortcomings, and Difficulties at Douala, Littoral Province, and Yaoundé Province Program Sites .....	13
Key Training Notes .....	14
IEC Activities .....	15
Evidence of Institutionalization .....	15
CONCLUSIONS AND RECOMMENDATIONS .....	15
Institutional Support .....	15
Institutionalization .....	16
Program Planning and Follow-up .....	16
Training .....	17
Baby-Friendly Hospital Initiative .....	17



<b>IEC Activities</b> .....	17
<b>Research</b> .....	18
<b>Monitoring and Evaluation</b> .....	18

## **ANNEXES**

<b>ANNEX I: EXECUTIVE SUMMARY OF EPB ASSESSMENT IN CAMEROON</b> .....	A-1
<b>ANNEX II: NATIONAL BREASTFEEDING POLICY OF CAMEROON</b> .....	A-9
<b>ANNEX III: LIST OF CONTACTS IN CAMEROON</b> .....	A-25
<b>ANNEX IV: TIMELINE OF ACTIVITIES IMPLEMENTED IN CAMEROON</b> .....	A-29
<b>ANNEX V: SUMMARY OF STAFF TRAININGS BY PROVINCE AND INSTITUTION</b> .....	A-39
<b>ANNEX VI: HEALTH FACILITY DATA SHEET FOR DOUALA</b> .....	A-45
<b>ANNEX VII: DATA FROM INTERVIEWS AND OBSERVATIONS IN DOUALA- LITTORAL PROVINCE</b> .....	A-49



## ACRONYMS

ARI	Acute respiratory infection
BFHI	Baby-Friendly Hospital Initiative
CDD	Control of diarrheal diseases
CIFAS	Cameroon Infant Feeding Association
CRTV	Cameroon Radio and Television
DHS	Demographic and Health Survey
DOPH	Delegation of Public Health
ECSA	East, Central, and South Africa
EPB	Expanded Promotion of Breastfeeding Program
EPI	Expanded Program for Immunization
IBFAN	International Baby Food Action Network
IEC	Information, Education, and Communication
LME	Lactation Management Education
MCH	Maternal and Child Health
MOPH	Ministry of Public Health
NBFPP	National Breastfeeding Promotion Program
NGO	Non-governmental organization
OB/GYN	Obstetrics and Gynecology
OFSAD	Organisation des Femmes pour la Sécurité Alimentaire et le Développement
PRB	Population Reference Bureau
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization



## EXECUTIVE SUMMARY

Wellstart International's Expanded Promotion of Breastfeeding (EPB) program initially began working in Cameroon in January 1992. EPB began by collaborating with the Ministry of Public Health (MOPH), the U.S. Agency for International Development (USAID), PRITECH, and local non-governmental organizations (NGOs). Initial activities included supporting a Cameroonian team's participation in the Lactation Management Education (LME) program through attending the LME course in San Diego and collaboration with EPB on Cameroon's Workshop for the Development of a National Breastfeeding Promotion Policy. At this workshop, the MOPH resolved to adopt the promotion and protection of breastfeeding as one of the main strategies for promoting child survival and development, resulting in the drafting of Cameroon's National Breastfeeding Policy. This policy was used to develop the National Breastfeeding Promotion Program (NBFPP), which has since been used as a model in several other countries.

Since its inception, the NBFPP has produced a number of accomplishments through an implementation process of varying phases of activity, intensity, and consequently, outputs. Due to the closing of the USAID mission in Cameroon, EPB's primary activities in support of the NBFPP were limited to six months from January to June 1994. Despite the abbreviated time frame, these six months marked a period of "rapid investment" by EPB in Cameroon to support the most sustainable results possible. EPB accomplishments in this six-month period include:

- ▶ completion of an initial round of assessment/qualitative research;
- ▶ development, pre-testing, and printing of basic information sheets for health workers;
- ▶ adaptation and pre-testing of a curriculum for use in in-service training;
- ▶ development of draft materials for use by community outreach workers;
- ▶ development and pre-testing of a poster promoting exclusive breastfeeding;
- ▶ collaboration with UNICEF to ensure its support for use of the curriculum, as well as printing and distribution of materials;
- ▶ provision of technical assistance to the Nutrition Education Project, a project being carried out by a consortium of Ministries with technical coordination by CARE International and funding from the World Bank, to ensure integration of breastfeeding into its qualitative research, communication strategy development, and baseline/evaluation plans;
- ▶ support of the participation in LME of a four-person team from medical and nursing schools to improve pre-service training on breastfeeding;
- ▶ training 76 health workers (fifteen doctors and 61 nurses and nursing assistants) using the new pre-service curriculum;
- ▶ sensitization of approximately 70 pediatricians on optimal breastfeeding practices through a presentation at the National Pediatrics Conference; and,
- ▶ provision of family planning and primary health care projects with reference materials on breastfeeding and curriculum modules to be integrated into their training programs.

This case study describes the evolution of the implementation of Cameroon's national program. The objectives of the case study are to: document achievements of the program at the national level; document achievements at provincial program sites; document program inputs/outputs that were part of this implementation process; document why results were or were not achieved; and, propose recommendations for further planning.

This study, carried out in November 1995, focuses on accomplishments, shortcomings, and difficulties, at the national level, and those at the three EPB program implementation sites: Maroua, in the Far North province; Ebolowa, in the South province; and, Douala, in the Littoral province. Yaoundé, a site in the Centre province where in-service training was conducted after the EPB six-month intensive program ended, is also included. These sites were chosen by the Director of the Department of Family Health in the MOPH. South province was chosen because USAID was already working there, while the Littoral, Centre, and Far North provinces were



chosen more for political reasons. The following summarizes the accomplishments of the NBFPP at the national and provincial levels.

### National Level

The Government of Cameroon has shown a strong commitment to the promotion and protection of breastfeeding since 1992. This commitment resulted in many accomplishments that complemented EPB program achievements mentioned above, including:

- ▶ establishment of the NBFPP (1992);
- ▶ adoption of the *National Code of Marketing of Breastmilk Substitutes* (1993)
- ▶ adoption of the national breastfeeding promotion policy (1994); and,
- ▶ establishment of a multi-sectoral breastfeeding promotion follow-up committee (1994).

There are, however, problems in breastfeeding promotion at the national level. These include:

- ▶ While some health care personnel are aware of the prescriptions of the national code and report that formula representatives no longer distribute samples to them, many staff are not familiar with the code. Some report formula representatives giving them samples and telling them not to tell the pediatrician about the samples.
- ▶ In some cases, the code contradicts the national breastfeeding policy. For example, the code states that optimal duration of exclusive breastfeeding is four to six months, whereas the policy states that optimal duration is six months. Formula and infant food manufacturers have been taking advantage of this discrepancy by targeting complementary foods at four month old infants.
- ▶ The breastfeeding follow-up committee has not been very active. At the time of data collection for this study (late 1995), the committee had met only once. The committee's inactivity might contribute to the impediment of the application of the code and implementation of the NBFPP.
- ▶ There have been violations of the code that have resulted in warning letters from the MOPH to two formula companies (Nestle and Diepal-Bledina).
- ▶ There is a need to update curricula for pre-service and in-service training.
- ▶ There is a lack of central level follow-up on program activities, including training and IEC materials development/dissemination. This has led to a lack of confidence among trained staff and a lack of institutional support for breastfeeding.
- ▶ There is no ongoing support for activities to promote breastfeeding.

### Provincial Sites

In the four provincial sites, a total of 187 health personnel from 39 health institutions have been trained in breastfeeding promotion and lactation management. Coverage of trained staff can be summarized as follows. In the Far North province, 26 of the staff members from eight institutions have been trained (these numbers include three staff from the Nursing School or the Provincial DOPH). In the South province, 25 staff members from four institutions have been trained (including four staff from the Provincial DOPH). In the Centre province, 63 staff members from fifteen health facilities have been trained. All of these staff are from institutions in Yaoundé. In the Littoral province, 72 staff members from twelve institutions have been trained. These include staff from the Littoral Provincial DOPH (n=5) and Nursing School (n=1). All of the trained staff are from health institutions in Douala.

Four physicians, four nurses, and one nutritionist have also been trained from five other provinces where no formal in-service training has been carried out. In addition, the Nutrition Education Project has trained about 200 health personnel and community outreach workers in the Far North province with a curriculum that includes some



key aspects of breastfeeding. The trainees all continue to have good knowledge of breastfeeding promotion and lactation management, but have not received follow-up or progress tracking from any centralized point, either government or donor. Trainees have focused on health education rather than hands-on lactation management procedures.

At most health care facilities, no one has been appointed to be the responsible officer for breastfeeding promotion activities, and subsequently no plan of action has been drafted nor client records kept. In some facilities, trainees have taken it upon themselves to be responsible for breastfeeding promotion. Often these individuals have been transferred to different facilities, have left for other reasons, or have not received support from their superiors. There was consensus that more thought had to go into selecting staff for training to ensure that appropriate staff were being trained and that staff would remain in their current institution for a longer period of time after training.

At the health facilities, trainees have reported some changes at the outcome and impact levels, including a decrease in the incidence of breast abscesses, neonatal jaundice and infections, and diarrhea and malnutrition, decreases in the use of prelacteal feeds, formula, water or sugar/water solutions, and an increase in mothers' requests for more information. Most health facilities have very little information, education, and communication (IEC) materials available to display or distribute.

Staff have expressed the need for: training of more staff, especially supervisors or hospital directors, and refresher courses for trained staff; training curricula; additional IEC materials, including flyers for mothers and video tapes on breastfeeding and lactation management; clinic demonstration materials, such as dolls, cups, spoons, etc.; more radio and television spots; and, frequent supervision and follow-up.

Even though there were rapid, intensive investments in breastfeeding promotion in these four provinces in Cameroon, breastfeeding promotion is still at an embryonic level. Trained staff are in place and IEC materials have been developed and tested. However, to take full advantage of these resources and to ensure sustainability, focused interventions/follow-up activities, as well as leadership from within the country, are necessary. With few additional resources, follow-up activities would make the rapid investment useful and effective.



## INTRODUCTION

### Country Context

Cameroon is a central African nation of approximately 13.5 million inhabitants, 62% of whom live in rural areas. Cameroon has a fertility rate of 5.9 children per woman and an annual popular growth rate of 2.9%. Cameroon is an agricultural nation with many natural resources. Sixty two percent of its agricultural labor force are women. The country is divided into ten provinces. Northernmost provinces often suffer bouts of famine due to drought, even though the country is agriculturally self-sufficient. Overall, approximately 50% of women are illiterate, but this figure rises to 95% in the Far North province. Forty-three percent (43%) of households have piped water according to the 1987 Census. This figure is much lower in rural areas.

According to the 1991 Demographic and Health Survey (DHS), the United Nations Children's Fund's (UNICEF) 1995 *The Progress of Nations*, and recent Population Reference Bureau (PRB) publications, Cameroon has an infant mortality rate of 65 per 1,000 live births. Nearly one child in nine dies before reaching the age of five. The major causes of child mortality include diarrhea, acute respiratory infections, malaria, malnutrition, measles, and low birth weight.

The 1991 DHS Survey reported that nearly one quarter of children under the age of five are malnourished. Of these, nearly one third suffer severe malnutrition. Again, the northern provinces have much higher rates of malnutrition—up to 28.9%—while the cities of Douala and Yaoundé have rates around 9%. A survey conducted by the VITAL project in 1992 showed that Vitamin A deficiency is also serious in the northern provinces with nearly 60% of the children at high risk and 20% at moderate risk.

Data documenting the nutritional status of pregnant and lactating women are unavailable. Nevertheless, reports indicate that rather than improving their diets, pregnant women either maintain their normal diets or decrease their caloric intake during the last months of pregnancy. Interviews conducted during this assessment revealed the latter practice particularly in the Far North province. Maternal anemia is believed to be widespread.

Cameroon's fertility rate is high despite a high "knowledge" rate for modern contraceptive methods (72.5%, DHS, 1991). Contraceptive use rates for effective methods are extremely low—4.2%—underscoring the importance of breastfeeding<sup>1</sup> as a contraceptive method and the need for the promotion of the practice of exclusive breastfeeding. Postpartum amenorrhea averages 10.4 months. Given the low use of reliable contraceptive methods, it is especially important to promote exclusive breastfeeding in order to maximize its child spacing effect.

### Breastfeeding Promotion in Cameroon

In the 1990 Innocenti Declaration, the international health community recognized breastfeeding's critical role in the health of mothers and children and called for support of a global initiative to improve breastfeeding practices. Wellstart International's Expanded Promotion of Breastfeeding (EPB) program initially began working in Cameroon in January of 1992. EPB began by collaborating with the Ministry of Public Health (MOPH), the U.S. Agency for International Development (USAID), PRITECH, and local non-governmental organizations (NGOs). One month later the first Cameroonian team of Wellstart Associates attended the Lactation Management Education (LME) course in San Diego. The highlight of the first eighteen months of collaboration was

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<sup>1</sup>While breastfeeding by itself is not necessarily a contraceptive, using breastfeeding according to the Lactational Amenorrhea Method (LAM) is. A mother whose infant is under six months old, who is amenorrheic and who is fully breastfeeding, is over 98% protected against pregnancy or 98% of mothers with infants under six months old and are amenorrheic and fully breastfeeding are shown to be protected against pregnancy.

Cameroon's Workshop for the Development of a National Breastfeeding Promotion Policy. At this workshop, the MOPH resolved to adopt the promotion and protection of breastfeeding as one of the main strategies for promoting child survival and development, resulting in the drafting of Cameroon's National Breastfeeding Policy. This policy, from which the National Breastfeeding Promotion Program (NBFPP) was developed, has been used as a model in other countries around the world.

Since this time, the NBFPP has produced a number of accomplishments through an implementation process that has gone through varying phases of activity, intensity, and consequently, outputs.

Toward the end of 1993, EPB submitted an add-on proposal for additional funding to promote optimal infant feeding practices in three regions of Cameroon, the Far North, South, and Littoral provinces. The three regions were chosen for political reasons or because they were USAID intervention zones. Shortly after receiving the funding in early 1994, EPB was informed that the USAID/Cameroon mission would be closing in June of 1994 and EPB would have to cease in-country operations at that time. These final six months marked a period of "rapid investment" by EPB in Cameroon to support the most sustainable results possible given the abbreviated time frame. Accomplishments in this six-month period include:

- ▶ completion of an initial round of assessment/qualitative research (see Annex I for Executive Summary);
- ▶ development, pre-testing, and printing of basic information sheets for health workers;
- ▶ adaptation and pre-testing of a curriculum for use in in-service training;
- ▶ development of draft materials for use by community outreach workers;
- ▶ development and pre-testing of a poster promoting exclusive breastfeeding;
- ▶ collaboration with UNICEF to ensure its support for use of the curriculum, as well as printing and distribution of materials;
- ▶ provision of technical assistance to the Nutrition Education Project, a project being carried out by a consortium of Ministries with technical coordination by CARE International and funding from the World Bank, to ensure integration of breastfeeding into its qualitative research, communication strategy development, and baseline/evaluation plans;
- ▶ support for the participation in LME of a four-person team from medical and nursing schools to improve pre-service training on breastfeeding;
- ▶ training of 76 health workers (fifteen doctors and 61 nurses and nursing assistants) using the new curriculum;
- ▶ sensitization of approximately 70 pediatricians on optimal breastfeeding practices through a presentation at the National Pediatrics Conference; and,
- ▶ provision of family planning and primary health care projects with reference materials on breastfeeding and curriculum modules to be integrated into their training programs.

### **Progress Toward a Sustainable National Breastfeeding Program in Cameroon: A Case Study Evaluation**

This case study describes the evolution of the implementation of Cameroon's national program and has the following objectives:

- ▶ To document achievements of the program at the national level;
- ▶ To document achievements at provincial program sites;
- ▶ To document program inputs and outputs that were part of this implementation process;
- ▶ To document why results were or were not achieved; and,
- ▶ To propose recommendations for further activities.

This case study, carried out in November 1995, focuses on the three EPB program implementation sites: Maroua, in the Far North province; Ebolowa, in the South province; and, Douala, in the Littoral province. Yaoundé, a site in the Centre province where in-service training was performed after EPB's six-month intensive program ended, is also included.



EPB supported the NBFPP from 1992 to mid-1994 and requested and sponsored this evaluation. Two consultants were responsible for carrying out the evaluation. Evaluation questions were determined by the consultants in collaboration with EPB and the MOPH. Service providers and service users provided some of the information required for answering evaluation questions. Some staff of the MOPH also provided this information.

## METHODOLOGY

The five actors involved in the evaluation were: EPB, the MOPH, service providers, service users, and consultants (Dr. Martina Baye (MD, MPH) and Dr. Edwin Kimbo (MD)). Roles were defined and evaluation questions and methods to be used for collection of information were determined. Methods used for collecting information consisted of: reviewing various program reports; conducting in-depth interviews with MOPH staff, service providers, service users, NGO members and UNICEF; and, observing program sites.

### Review of Relevant Reports

In collaboration with the program coordinator and EPB, relevant reports from different phases of the program were collected and reviewed. These included reports of various activities and some evaluation reports. The following documents were consulted:

- ▶ *Breastfeeding in Cameroon: Assessment of Practices and Promotion* (see Annex I for Executive Summary);
- ▶ Cameroon's *National Breastfeeding Policy* (Annex II);
- ▶ *Final Report: Wellstart International Expanded Promotion of Breastfeeding Program in Cameroon*;
- ▶ Inter-ministerial code on the marketing of breastmilk substitutes;
- ▶ Information sheets on optimal breastfeeding and lactation management;
- ▶ National breastfeeding training curriculum;
- ▶ EPB/MOPH project agreement concerning breastfeeding promotion;
- ▶ Discussion guide cards;
- ▶ Poster: *Ten Steps to Successful Breastfeeding*; and,
- ▶ Baby-Friendly Hospital Initiative (BFHI) self-appraisal tool.

### In-depth Interviews of MOPH Staff, Service Users and Providers, NGOs, and UNICEF

Before going out to various program implementation sites, in-depth interviews were conducted with MOPH officials who could provide useful information about the program. Eleven people were interviewed in the MOPH. (See Annex III for list of contacts.)

At the provincial program sites, in-depth interviews were conducted with officials responsible for program implementation at the provincial Delegation of Public Health (DOPH). This was followed by interviews with health institution managers and trainees.

In Maroua, seventeen people were interviewed in the provincial DOPH and three health institutions. Thirteen service users (lactating or pregnant women) were also interviewed. In Ebolowa thirteen people were interviewed in the DOPH and three health institutions, while eight service users (lactating women) were also interviewed. In Yaoundé, program resource persons (Wellstart Associates and others), some NGO members, UNICEF staff, and teachers in the Faculty of Medicine were interviewed. NGOs that were interviewed included the Cameroon Infant Feeding Association (CIFAS) and the Organisation des Femmes pour la Sécurité Alimentaire et le Développement (OFSAD). At CIFAS, the coordinator and secretary-general were interviewed, while at OFSAD,



the coordinator was interviewed. UNICEF was the only funding agency interviewed because, at the time, it was the only one involved in breastfeeding promotion activities.

Service users (lactating or pregnant women) in the above regional institutions were also interviewed to verify remarks given by the above personnel and to get their reaction to the infant feeding information that they were exposed to.

In the Littoral province, the following were used as key informants:

- ▶ the provincial Delegate of Public Health;
- ▶ a consultant from the German Aid Organization (GTZ);
- ▶ the Information, Education, and Communication (IEC) provincial coordinator (facilitator in the Douala training course);
- ▶ the director of Maison de la Femme (Women's House), Douala;
- ▶ the provincial Delegate of Agriculture (in-charge of community development workers);
- ▶ the provincial delegation and divisional service of social welfare, officer in charge of the welfare of the women and the family; and,
- ▶ staff and mothers at eight hospitals/institutions.

### Site Visits

Site visits were carried out in all four provinces and some strategic services, like the maternity and the pediatric service, were observed. In Douala, Littoral province, nine health institutions were visited, and maternity and pediatric services were observed in all hospitals and maternal and child health (MCH) clinics. Three institutions were visited in each of the Far North and South provinces. Maternity and pediatric services were observed at four of these six institutions. The remaining two institutions were day care MCH centers and, thus, did not offer these services. In Yaoundé, visits were made to several administrative offices. In addition, UNICEF/Yaoundé was visited. However, no health institutions were visited and no maternity and pediatric services were observed.

## RESULTS

### Activities of NBFPP from 1992 to November 1995

From 1992 through 1995, numerous activities have taken place with technical and financial support from several sources, including EPB, UNICEF, the MOPH, the World Health Organization (WHO), CIFAS, PRITECH, and the family planning project INTRAH. Because the efforts were performed in a collaborative environment and were well coordinated with all partners, the inputs and activities were not duplicative in nature. For a timeline of activities implemented in Cameroon through the NBFPP, see Annex IV.

The results of these inputs and activities are the following outputs, separated by area, with a summary of input sources included.

#### *Training*

With financial support from EPB and UNICEF, and technical support from the MOPH, EPB, UNICEF, CIFAS, and INTRAH, the following outputs were achieved:



- ▶ training of 215 health personnel (41 in 1992, 9 in 1993, 165 in 1994), including doctors, nurses, and nutritionists;
- ▶ completion of supervision activities in several health institutions, with at least one visit to each of the health institutions included in the case study;
- ▶ development of in-service training curriculum for health personnel and breastfeeding counseling guidelines for community outreach workers, as well as the development of an action plan for integration of lactation management into pre-service curricula for health personnel; and,
- ▶ updating of breastfeeding content of the family planning curriculum.

### *Policy*

With financial support from EPB, UNICEF, PRITECH, and WHO, and technical support from the MOPH, EPB, UNICEF, and WHO, the following outputs were achieved:

- ▶ drafting and signing of a national breastfeeding policy for Cameroon;
- ▶ training of a legal adviser in the application of the WHO *International Code of Marketing of Breast-milk Substitutes*, leading to the drafting and approval of the *National Code of Marketing of Breastmilk Substitutes*; and,
- ▶ formation of a breastfeeding follow-up committee to verify compliance of formula companies to the *National Code of Marketing of Breastmilk Substitutes*, which produced three warning letters for formula companies.

### *Program Planning*

With financial support from EPB, UNICEF, PRITECH, and the MOPH, and technical support from the EPB, the MOPH, CIFAS, and UNICEF, the following outputs were achieved:

- ▶ completion of two assessments of breastfeeding practices for program planning purposes;
- ▶ drafting and initial implementation of a three-year national plan of action for breastfeeding promotion (NBFPP);
- ▶ designation of a national breastfeeding promotion coordinator;
- ▶ equipping of hospitals in Maroua, Ebolowa, and Douala for initiation of lactation clinics; and,
- ▶ drafting of a 1½-year plan of action for breastfeeding promotion activities and a strategy for integrating breastfeeding promotion activities into provincial action plans.

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

With financial support from UNICEF, EPB, and the MOPH, and technical support from the MOPH, EPB, and UNICEF, the following outputs were achieved:

- ▶ sensitization of the health care providers and the public through discussion and the use of media;



- ▶ development of IEC materials for breastfeeding promotion, including information sheets and posters, and the printing and dissemination of these materials; and,
- ▶ production of two documentaries and five microprograms for breastfeeding promotion.

## Accomplishments, Shortcomings, and Difficulties of the Program at the National Level

### *Institutional Support*

The Government of Cameroon has shown a strong commitment to the promotion and protection of breastfeeding since 1992. This commitment is evident by the following measures that have been taken by the MOPH:

- ▶ Establishment of the NBFPP;
- ▶ Adoption of the *National Code of Marketing of Breastmilk Substitutes* in 1993;
- ▶ Adoption of a national breastfeeding promotion policy in 1994; and,
- ▶ Establishment of a multi-sectoral breastfeeding promotion follow-up committee in 1994.

However, the specific prescriptions of the code are not well known to health personnel. Moreover, some of the clauses in the code are in contradiction to what the breastfeeding policy, which was adopted a year later, stipulates. For example, the definition of complementary foods in the code implies that the optimal duration of exclusive breastfeeding is four to six months, whereas the policy states that optimal duration is six months. Formula and infant food manufacturers take advantage of this discrepancy, carrying out publicity campaigns for cereals to be given to infants at four months of age.

The breastfeeding promotion follow-up committee has not been very active. It has met once in one year and, considering that one of their roles is to monitor the application of the code, their inactivity will very likely contribute to the impediment of its application.

### *Program Planning*

In September 1992 a 3½-year strategic action plan for breastfeeding promotion was drafted by the first set of Wellstart Associates, in collaboration with the MOPH staff involved in other programs. UNICEF was able to support a small part of the health personnel training aspect of the plan. Toward the end of 1993, the MOPH and EPB agreed to launch a three-year breastfeeding promotion project, which unfortunately lasted only six months because of the withdrawal of the USAID mission from the country. In January 1994, considering the short period that was available for the project, a six-month plan of action was drafted, aiming at achieving results that would possibly have long-term effects. The four pilot provinces targeted in this plan were: Far North, South, Centre, and Littoral. At the end of this project phase of the program, in June 1994, a 1½-year plan of action was drafted in conformity with the UNICEF mid-decade goals for health from the 1990 World Summit for Children. This plan is presently being implemented with financial support from UNICEF. It is worth mentioning here that these short-term action plans have all corresponded to the 1992 strategic action plan, which will not be completed before its 1995 end date mainly due to lack of funding.

It is also worth noting that all three teams that participated in the Wellstart LME program produced action plans at the end of their LME course. In reality, these plans are usually considered by the local authorities here as an academic exercise and usually have a limited influence on program planning.

Since 1992 when the three-year strategic action plan was drawn up, several changes that impact program management have taken place. For example, at the moment the team responsible for program implementation



at the central level was recently reshuffled and has a good number of new members who are not well informed about the program. This could contribute to a slowdown in program activities. An elaborate strategic plan of action providing a broad overview of different aspects of the program is lacking and could contribute to the stimulation of the new team.

## *Training*

### Pre-service Training

To give breastfeeding the place it deserves today in training programs for health professionals, these programs need to be revised and their breastfeeding content modified. In accordance with this, two pediatricians, both teachers in the Faculty of Medicine, and two senior nurses, both teachers in the nursing schools, were trained in lactation management in February/March 1994. One of these trainees, along with the NBFPP coordinator and the lead person in charge of nursing school programs in the MOPH, participated in a meeting organized in Nairobi by the ECSA Commonwealth countries for the integration of lactation management into health professionals' pre-service training curricula.

A plan of action for a formal revision of pre-service curricula was developed by the team during this meeting. Negotiations in line with this plan are currently underway between the MOPH, the Faculty of Medicine, and the coordinator of nursing schools. The main goal of this plan is to be able to sensitize key people on the importance of breastfeeding promotion and enable them to revise the lactation management component of both curricula, hopefully increasing the total time allocated for this subject during the entire course. Meanwhile there has been an informal updating of the breastfeeding content of courses taught by the breastfeeding trainees in both the Faculty of Medicine and the nursing schools. Some in-country trainees who teach nurses have also introduced changes in their courses. For example, at Enongal hospital in Ebolowa, one of the nurses trained in lactation management teaches the subject in a nursing school that is attached to the hospital.

The main problem in implementing the action plan to lead to the integration of lactation management into pre-service curricula is lack of funding.

### In-Service Training

There is presently a reliable core of resource persons for in-service training of health personnel (See Table 1 and Annex V). There is a total of seventeen Wellstart Associates and four other UNICEF-trained resource persons a great majority of whom have participated in all the training activities and are still very enthusiastic about breastfeeding promotion.

A curriculum for in-service training of health personnel has been developed. Up to now this curriculum has been used mainly by the above-mentioned resource persons. These individuals have recently expressed the need for revision of this document. Copies of the curriculum have also been given to the Nutrition Education Project, to all provincial DOPHs, WHO, UNICEF, GTZ, and CIFAS.

So far the central level has been in charge of organizing training sessions. Already 196 health personnel, including 32 physicians, six nutritionists, and 158 nurses, have undergone formal in-service training in breastfeeding from 48 health institutions in nine of the country's ten provinces (see Table I). Coverage of the four provinces studied here are as follows:



#### Far North province:

- ▶ In this province, 23 of the staff members from six health care facilities (20-32% of the staff in each of these six facilities) have been trained (these numbers do not include staff from the Nursing School or the Provincial DOPH). There are approximately 30 health institutions in this province. Therefore, the percentage of health institutions with trained staff is estimated to be 20%.
- ▶ An additional three nurses were trained at the Nursing School (n=2) and Provincial DOPH (n=1), bringing the total number for this province to 26 staff from eight institutions.

#### South province:

- ▶ In this province, 21 staff members out of a total of 53 staff (or 40%) from three health care facilities have been trained (these numbers do not include staff from the Provincial DOPH). Again, there are approximately 30 health institutions in this province. Thus, the percentage of health institutions with some trained staff is approximately 10%.
- ▶ In addition, two physicians, one nurse, and one nutritionist from the Provincial DOPH were trained, bringing the total number trained to 25 staff members from four institutions.

#### Centre province:

- ▶ In this province, 62 staff members from thirteen health facilities have been trained. All of these staff are from health facilities in Yaoundé.
- ▶ In addition, one nutritionist from the MOPH Nutrition Service in Yaoundé and one nutritionist from the Provincial DOPH were trained.
- ▶ In Yaoundé, approximately 25% of all health institutions have some trained staff. However, only 5% of the Centre province health institutions have some trained staff.

#### Littoral province:

- ▶ Seventy-two staff members from twelve institutions have been trained. These include staff from the Littoral Provincial DOPH (n=5) and Nursing School (n=1). All of the trained staff are from health institutions in Douala.
- ▶ In Douala, approximately 25% of all health institutions have some trained staff. Even though this number is fairly high, because all of the trained staff from this province are located in Douala, only 7% of the institutions in the province have some trained staff.

In addition, four physicians, four nurses, and one nutritionist have also been trained from five other provinces where no formal in-service training has been carried out.

The training course was very well received by staff. One of its immediate results was that personnel felt more empowered to better counsel women with current lactation problems, like the “insufficient milk” and the “spoiled milk” syndromes, and in treating mastitis and breast abscesses without interrupting breastfeeding, as was the case before. These personnel feel more confident because of the positive results they obtain from handling most of these cases and the women concerned are usually quite impressed with the results themselves. It was very interesting to find out that some female trainees have actually practiced exclusive breastfeeding themselves and declared feeling more confident in advising other women to do the same. One sustainable result of training is seen in the fact that some trainees who teach in the nursing schools are now communicating appropriate information to their students.



Trainees, however, strongly regret the absence of follow-up of their activities in the field. The core resource persons also regret that things are almost at a standstill as far as training and follow-up of personnel is concerned.

**Table 1: Summary of Staff Trainings by Province**

<b>Province</b>	<b>Physician</b>	<b>Nurse/Midwife</b>	<b>Other</b>
Far North	4	22	—
South	6	18	1
Littoral	9	61	2
Centre	9	53	2
Other	4	4	1
<b>Total</b>	<b>32</b>	<b>158</b>	<b>6</b>

In addition to the trainings that focus only on breastfeeding and lactation management, the Family Planning and the Nutrition Education Project curricula that are used for training health personnel include some key aspects of breastfeeding, like the national breastfeeding policy, the advantages of breastfeeding, the disadvantages of artificial feeding, the importance of exclusive breastfeeding, management of common breastfeeding problems, and breastfeeding as a natural contraceptive method. It is worth stating that the training sessions of the Nutrition Education Project bring together health personnel and community outreach workers. For example, in the Far North province, about 200 people have been trained, only 50 of whom are health personnel. The other approximately 150 trained personnel are community outreach workers. This study did not examine information on community outreach workers' relative level of effort, effectiveness, acceptance by mothers, or commitment to the program.

The breastfeeding in-service curriculum was used in developing the breastfeeding content of both the Family Planning and Nutrition Education Project curricula. Other curricula, like those for the control of diarrheal disease (CDD) and acute respiratory infections (ARI), do not treat breastfeeding in an equal manner, but recommend it as prevention for both conditions. However the general tendency now is to encourage each program to at least mention the key points involved in all the child survival promotion strategies during in-service training of health personnel. Thus, while awaiting formal training by various child survival programs, integrated sensitization of health personnel on these strategies, namely breastfeeding, CDD, ARI, the Expanded Program for Immunization (EPI), and vitamin A deficiency, is being carried out at the district and health center levels with the support of UNICEF. The breastfeeding component of these sensitization sessions is made up of the national breastfeeding policy and optimal breastfeeding practices. The desire to have integrated training sessions for personnel of district hospitals and health centers is being expressed by many, as this may, among other things, be more cost-effective.

Selection of participants for in-service training is a major problem, as those chosen are not always able to play the leading role expected from them afterwards. This contributes immensely to the lack of transfer of knowledge from trainees to other colleagues and slows down implementation of activities. Some trainees end up being transferred from their various services or from the institution before having done much to involve other colleagues.

Currently, there is no follow-up of trainees. Without this, it will be extremely difficult for changes to be brought about in various institutions despite training. One of the strategies that the Ministry is thinking of using to tackle this problem of slow program implementation in health institutions is to sensitize all those who play a leading role in this respect in each institution prior to formal training of a few selected appropriate persons. It is hoped that, in so doing, trainees will have the support they need in their institutions for program implementation.

There is also lack of motivation expressed by trainees who try to do a lot individually and get easily discouraged when they encounter problems.



### *IEC Activities*

Information dissemination is being done through counseling in health institutions. In addition to counseling, posters, as well as the media (radio and television), are also used to implement IEC. To a certain extent, and through private and individual initiatives, community groups are also being used as a channel for information dissemination. A good number of the NBFPP resource persons (Wellstart Associates and the UNICEF-trained personnel) are very much involved in this. The only organized community approach for information dissemination and follow-up of women is being carried out by CIFAS, an NGO which promotes optimal infant feeding and has some experience setting up mother support groups.

To date, IEC material produced by the program consists of a poster promoting exclusive breastfeeding for six months, a poster carrying information about optimal infant feeding, and a set of information sheets with key information on breastfeeding practices and how to address mothers concerns and problems. This material has been distributed to health personnel and institutions. Two documentaries and five microprograms have also been produced for television broadcast.

It is unanimously agreed that a great achievement of the NBFPP has been making standard key information on breastfeeding available through different communication channels. People are quite impressed with the media's involvement in sensitization on breastfeeding.

The present strategy for information dissemination is not very effective in bringing about profound changes because there is no provision for a continuous source of support, except in health institutions. Adhering to this lone source of support can sometimes be quite demanding for the public. Women express the desire to try the new recommendations for optimal breastfeeding practices, but at the same time express fear of running into problems. This certainly indicates the need for close follow-up.

### *Research*

An assessment of the breastfeeding situation in the country was carried out in February 1994. All existing information on breastfeeding was reviewed and a rapid qualitative analysis of breastfeeding practices in four of the ten provinces was done. Copies of results of this assessment were distributed to all departments in the MOPH, as well as to funding agencies and CIFAS. The DHS survey of 1991 also provides some information on breastfeeding practices in the country. To date, it is the only reliable source of quantitative baseline information on infant feeding. The Nutrition Education Project has just completed quantitative data collection on infant feeding practices in four of the ten provinces in the country. Results are yet to be published.

The program does not have all the pertinent qualitative information needed to effectively combat malpractice and encourage practices that influence exclusive breastfeeding. Apart from the DHS survey information, which is quite global, there is practically no specific quantitative baseline information on breastfeeding practices on which to base evaluation of the long-term effects of the program.

### *Monitoring and Evaluation*

This is one of the weak aspects of the program. There is little or no follow-up of personnel after training. The baseline situation of practices in various health institutions, which is necessary for convenient tracking of progress during implementation of changes, is usually not being documented prior to training personnel. Program evaluation indicators have not been defined.



## Accomplishments, Shortcomings, and Difficulties at Far North and South Provincial Program Sites

### *Training*

In the Far North province, there are two Wellstart Associates who are resource persons for training. Both of them are involved in pre-service training of nurses and have updated the breastfeeding content of their courses. To date, 26 health personnel from six health institutions (two hospitals and four health centers) have undergone formal in-service breastfeeding training in this province. This is one of the provinces where the Nutrition Education Project is based and has trained about 200 people including health personnel and community outreach workers (some key aspects of breastfeeding are treated in their curriculum).

There are also two Wellstart Associates in the South province who are potential trainers. Here, 25 health personnel from three health institutions (two hospitals and one MCH clinic) have undergone formal in-service breastfeeding training. One of the trainees from the private hospital (Enongal) teaches in the nursing school attached to this hospital and has updated the breastfeeding content of the course.

Integrated sensitization of health personnel on child survival strategies has been ongoing in both provinces and Wellstart Associates and an in-country trainee in the Far North province handle the breastfeeding aspect of the course. The in-country trainee in Maroua found the breastfeeding information sheets very useful as a reference document during this exercise.

Only a few people are generally trained in each institution and this makes it difficult for them to effectively bring about changes.

Out of all the institutions where training has taken place at these two provincial sites, only two private hospitals have organized sessions for sensitization of the rest of the personnel by trainees. It should be noted here that in both hospitals, locally organized continuous in-service training is habitual.

Apart from one general supervision visit in the Far North and South provinces (which the local program resource persons very much appreciated) and one post training supervision visit in Yaoundé, there has been no effective follow-up of trainees.

### *Baby-Friendly Hospital Initiative*

It was quite striking to note that, in the different institutions, there are apparently no explicitly set objectives in line with the BFHI. Trainees all work individually without any progress tracking or follow-up.

In all the hospitals involved in the program, noticeable changes are taking place. Early initiation of breastfeeding is largely practiced now and that there is no longer prescription of prelacteals. Feeding bottles are no longer commonly seen in these institutions. This was verified by talking to some lactating mothers in the “well baby follow up” clinics attached to these hospitals. Out of twenty mothers, fifteen spontaneously confirmed what was gathered from health personnel.

In addition, rooming-in was practiced in all health institutions in the country even prior to the breastfeeding promotion program. Some health personnel are aware of the prescriptions of the code and state that formula representatives no longer distribute samples to them. However, in Maroua provincial hospital, we came across a nurse who claims he was not aware of the prescriptions of the code about three months ago, when a formula representative gave him some formula samples. At the same time, this formula representative surprised him by insisting that he should not let the pediatrician know about it. In some of the institutions visited in Ebolowa the impression was given that some personnel are either accomplices to representatives of infant food producers or



are simply just too passive to what these representatives do. Publicity posters for infant cereal (a maize and soybean mixture) put up by Nestle recommending it for infants four months of age were observed. Although health personnel know that this is contrary to what the breastfeeding policy advises, they do not react to these posters being put up.

Counseling on breastfeeding is also given to women during pregnancy and in the well baby clinics in health institutions. During one of our visits to the well baby clinic of the Maroua provincial hospital, a working lactating mother who was soon going to resume duty came to inquire how to express and store breastmilk. Some of the women interviewed said they also got information about early initiation and other aspects of breastfeeding from posters and radio broadcasts, especially in the Far North province.

There are still numerous difficulties. Among them are:

- ▶ resistance to change on the part of some untrained personnel;
- ▶ violation of the code by two formula and infant food companies (Nestle and Diepal-Bledina) by, to a certain extent, continuous publicity;
- ▶ pressure from other sources beyond the health care sector. Mothers are generally willing to take advice given them by health personnel but some of them are victims of pressure from reticent influential people in their family. For example, a grandmother who does not understand how a normal baby can go without water, is very likely to want to discourage exclusive breastfeeding.

There is no organized follow-up of trainees and consequently no explicit objectives surrounding the BFHI have been set out. No progress tracking is done. A lot of individual work goes on and people easily get discouraged when they encounter problems. This could constitute a big set back for the achievement of results. No lactation clinics have been set up.

Not all personnel are informed about the prescriptions of the code.

The objective of training carried out in the Maroua and Ebolowa provincial hospitals was to enable them to implement the BFHI and set up lactation clinics, so as to serve as training sites for the rest of the province. The above-mentioned shortcomings and difficulties have made it impossible for these objectives to be attained by now. However there is some improvement in hospital practices as compared to the situation prior to training and trainees are quite willing to go on working with the aim of making their institutions baby-friendly.

### *Information Dissemination*

Information dissemination is done mainly through health institutions where counseling is carried out in the prenatal period, after delivery, and at the well baby clinics. Posters available in these institutions also contribute to this, since some mothers spontaneously read them and personnel also refer to them during counseling. All eight mothers interviewed in Maroua about the poster for the promotion of exclusive breastfeeding were able to spontaneously recall the message that this poster is expected to communicate to them. In the Far North province the radio is also used for information dissemination. The information sheets are a good tool and are very much appreciated by personnel. One of them declared that she had photocopied them a number of times to give to some mothers. The presence of posters and information sheets is certainly having a sustainable effect on breastfeeding promotion.

During the 1995 World Breastfeeding Week, the team in the Far North held a conference for health personnel, nursing students, and the public. Among other items, some videos on breastfeeding were shown. Some sensitization of women through community groups is also done by Wellstart Associates in this province.



After delivery, women do not stay in the hospital long. So there is generally not enough time for counseling. Women who do not come to hospitals do not receive counseling since no organized community outreach strategy is being used. There is a lack of information material in general. Some personnel expressed the wish of having material to distribute to mothers after counseling so as to reinforce the counseling session.

There is a lack of follow-up of these women in the community to find out how they are doing after early initiation of breastfeeding in the hospitals. Most of the women interviewed who delivered in the hospital had done this early initiation for the first time. Some of them who were exclusively breastfeeding with babies around two to three months of age expressed the fear of not being able to go the full six months exclusively because of some anticipated problems. This indicates the need for follow-up.

### *Program Planning and Follow-up*

The absence of follow-up from the central level has been a big handicap to planning and follow-up of activities at the provincial sites. For example, it was only after the general supervision visit in July 1995 this year that the Far North provincial team proposed an action plan aimed at continuing training and follow-up in two hospitals already involved and extending these activities to two additional hospitals. This plan is presently awaiting funding in the Ministry. The other big handicap to program implementation is the general lack of motivation to work expressed by civil servants in all sectors. This is attributable to poor working conditions brought about by the economic hardship in the country.

Contrary to the collaborative spirit and enthusiasm expressed by the Far North provincial team, the South provincial team is visibly lacking in leadership and there seems to be no spirit of collaboration among team members. Lack of follow-up has constituted a big setback to planning in the provinces. Lack of financial resources is also a major problem.

### **Accomplishments, Shortcomings, and Difficulties at Douala, Littoral Province and Yaoundé Province Program Sites**

Following EPB's activities in Cameroon since February 1992, three training courses were carried out in May and December 1994 in Douala on breastfeeding promotion and lactation management for health workers. A series of IEC materials was developed at the central level with EPB assistance and distributed to health institutions, including those in Douala.

This portion of the study used interviews and site visits to document all training activities and impact using specific indicators (see Health Facility Data Sheet in Annex VI) and to document the distribution and use of the available IEC materials. Each interview consisted of questions about the following: knowledge, attitudes, and practices; whether there was a person at the institute responsible for breastfeeding promotion; whether the institution had an action plan for breastfeeding promotion; what changes staff had noticed since their training; were IEC materials visible and available; and, any recommendations the staff had regarding breastfeeding promotion in the future.

The tables found in Annex VII outline the specific interviews at nine institutions, including six health facility sites, the Maison de la Femme, the nursing school, and the DOPH. However, a summary of the interviews and observations follows.

In Douala-Littoral province, a total of 72 health care workers have been trained during three training sessions of five days each in Douala and one three-day session in Yaoundé. In Yaoundé and Douala, a total of 136 health personnel from 27 health institutions, including eighteen hospitals and six MCH daycare clinics, have undergone formal in-service training in breastfeeding. There is generally a very positive attitude of both health care workers



and mothers towards breastfeeding promotion. There has not been any direct opposition to promotion activities. The trainees all continue to have good knowledge of breastfeeding promotion and lactation management, but have not received follow-up or progress tracking from any centralized point, either government or donor. Trainees have focused on health education rather than hands-on lactation management procedures.

At most health care facilities, no plan of action has been drafted, no client records are kept, and no one has been appointed to be the responsible officer for breastfeeding promotion activities. At some facilities, trainees have taken it upon themselves to be responsible for breastfeeding promotion. However, often these individuals have been transferred to different facilities, have left for other reasons, or have not received support from their superiors. There was consensus that more thought had to go into selecting staff for training to ensure that appropriate staff were being trained and that these staff would remain in their current institution for longer periods of time after training.

At the health facilities, trainees have reported some changes, including a decrease in neonatal jaundice and infections, decreases in the use of prelacteal feeds, formula, water or sugar/water solutions, a decreased incidence of breast abscesses, less diarrhea and malnutrition, and an increase in mothers' requests for more information. Most health facilities have very little information, education, and communication (IEC) materials available either to display or distribute.

Staff have expressed the need for: training of more staff, especially supervisors or hospital directors, and refresher courses for trained staff; training curricula; additional IEC materials, including flyers for mothers and video tapes on breastfeeding and lactation management; clinic demonstration materials, including dolls, cups, spoons, etc.; more radio and television spots; and frequent supervision and follow-up.

Interviews with the provincial delegate of agriculture (community development) and officers in charge of women and family welfare at the provincial and divisional services of social welfare revealed that none of these services had received the discussion cards and did not even know what the cards were. Both services expressed the need for training on breastfeeding promotion and lactation management. They promised (especially agriculture) that they would use the cards if given them through their ministries.

### *Key Training Notes*

Some other details about the training of staff in this province include:

- ▶ Not all the nursing schools have a staff member who has received training. None of the schools has been given training curriculum.
- ▶ Only trainers were given training curricula.
- ▶ Only the family planning training courses are using part of the breastfeeding curriculum in all their training courses.
- ▶ The number of trained service providers is insignificant compared to the total number of service providers. As such, there are many missed opportunities of educating mothers coupled with the possibility of mothers being given erroneous information by the greater number of untrained staff.
- ▶ Trainers were from the first and second Wellstart LME courses and UNICEF-supported training.
- ▶ No additional training on breastfeeding and lactation management has been performed since December 1994.
- ▶ All three of the training courses did not put much emphasis on hands-on practical work and the drawing up of plans of action by participants. This explains, in part, the lack of hands-on procedures and action plans by trained staff. The lack of frequent follow-up and supervision has also negatively impacted these practices.
- ▶ Where training did take place, the impact has been very positive, as shown by the changes in infant feeding and child survival cited by the trained staff.



### *IEC Activities*

In addition, the distribution and use of IEC materials was difficult to document due to lack of distribution records. Only one staff had received information sheets through the DOPH. Only two institutions had displayed the poster on the exclusively breastfed baby. Most health institutions had the text poster on optimal breastfeeding, which participants had received during their training. The UNICEF-developed poster on breastfeeding was found in some institutions. In addition, the existence of hand-drawn posters in some centers is proof of the necessity for IEC materials. Mothers find the posters on exclusive breastfeeding easy to understand, though many still find it difficult not to give water.

### *Evidence of Institutionalization*

Overall, evidence of institutionalization in the Littoral province is limited. Very few staff, subject to impromptu transfers, are trained per institution, thus negatively impacting institutionalization. None of the health institutions has set up a lactation clinic. There are no official coordinators of breastfeeding promotion activities in most of the institutions. The two preexisting coordinators (one transferred and the other gone back to school) were self-appointed because of their personal interest and high position (doctors) in their respective units. Most heads of institution have not received any orientation or training.

In addition, none of the institutions visited in the province have client records available to document activities and ensure follow-up. Furthermore, none of the institutions have a plan of action. The initial idea of creating community support groups is still nonexistent and seems even far-fetched at this point.

## **CONCLUSIONS AND RECOMMENDATIONS**

The Cameroon NBFPP, which started in 1992, progressed timidly through the end of 1993, mainly due to lack of financial resources. Early 1994 was a period of rapid investment due mainly to the availability of financial support from EPB. During this period of rapid investment, a solid start was given to the program and some indispensable tools were acquired. These included an assessment of the breastfeeding situation, the development of an in-service training curriculum, training of medical and nursing school teachers in preparation for modification of pre-service training curricula, and training of personnel and equipping of some pilot health institutions with a view of preparing them as future training sites.

The absence of follow-up after this positive start, coupled with the general lack of motivation to work that is being expressed by workers of the Public Service, have contributed immensely to objectives not being attained in various institutions where the program is being implemented.

There has been a slowdown of field activities since mid-1994. This is partly attributable to lack of financial resources and also to the instability of the team in charge of the implementation of the program in the MOPH. The majority of people are conscious of the importance of this program, and feel that it needs to be revived so as to be given the place it deserves in the promotion of child survival and maternal well-being.

### **Institutional Support**

The *National Code of Marketing of Breastmilk Substitutes* needs to be revised. One of the points that needs to be clarified is the duration of exclusive breastfeeding. The code currently states that infants should be exclusively breastfed for four to six months, whereas the policy, adopted a year after the code, stipulates six months. This will help put an end to the recent practices of representatives of infant feeding food manufacturers,



who have been putting up publicity posters in health institutions for infant cereal to be given to infants from the age of four months.

The code also needs to be more publicized, as health personnel claim not to be aware of its existence. Follow-up of its application also has to be more vigorous and, if possible, the committee in charge should attempt to publish all code violations as one of the means of discouraging formula companies. Health institutions should signal any abnormalities along these lines to the MOPH.

The breastfeeding follow-up committee needs to be revived and made more active.

### **Institutionalization**

Some key recommendations with regard to institutionalization of breastfeeding include:

- ▶ Officially (at least locally) appointing a breastfeeding coordinator in each health unit and assigning specific functions to this office.
- ▶ Creating a lactation clinic in each health unit and equipping the clinic with, among other things, IEC materials. The maternity unit coordinator should be in charge of the lactation clinic. It is noteworthy that the clinic materials that were distributed by the MOPH could not be accounted for, in many cases, because there was no specific place to keep them nor anybody specifically responsible for them.
- ▶ Developing simple, user-friendly client records for mothers and babies in the postpartum wards with emphasis on breastfeeding indicators.
- ▶ Developing a supervision checklist on breastfeeding promotion for integration into the primary health care district management system.
- ▶ Training more nursing school staff and equipping schools with curricula and IEC materials, so as to enable the training of all students leaving school.
- ▶ Encouraging the creation of national or local NGOs to promote breastfeeding, especially with regard to the creation of community support groups in collaboration with community development, social welfare, health workers, and Maison de la Femme.

### **Program Planning and Follow-up**

A strategic plan of action presenting a broad overview of various aspects of the program is needed now. The development of this plan of action should preferably involve not only the resource persons for the NBFPP, but also key people in charge of its implementation in the MOPH, other ministries, and NGOs.

Following completion of this plan, lobbying for resources should be carried out to revive the program. Presently, apart from UNICEF, no other funding agency is actively supporting breastfeeding program activities.

Closer follow-up of provincial teams by the central level is crucial for progress, and collaboration within these teams is quite important for success. The provincial teams should be empowered to enable them to effectively follow-up activity implementation in their health institutions. Follow-up is very necessary, especially at this time when there is a general lack of motivation to work due to poor working conditions brought about by the economic hardship in the country.



## Training

It will be useful for the MOPH to look for ways to create more awareness among the university authorities about the importance it attaches to the promotion of breastfeeding as one of the key child survival strategies. This could go a long way to influence the decisions these authorities will make regarding the integration of lactation management into the current pre-service training program.

It is necessary at this juncture to train more staff, especially staff in pediatric wards (premature units), district supervisors (i.e. district medical officers, medical officers in charge of district hospitals, provincial supervisors, provincial chiefs of services, community outreach workers, and nursing school teachers). A revision of the strategy used for choosing participants for in-service training would be very useful. Criteria, like good leadership, involvement in the services directly concerned with breastfeeding activities, and, if possible, stability in the health institution, should be taken into consideration.

Institution directors and activity coordinators should be highly involved in the process, as it is very difficult for trainees to effectively transfer knowledge to other personnel or bring about change without their support.

The possibility of organizing integrated in-service training sessions involving all or some of the child survival strategies should be explored. This strategy, which should be more cost-effective as opposed to the vertical approach, needs to be well studied to avoid losing the high quality of training that, in principle, is normally ensured by the vertical approach. Organization of a refresher course on LAM as a contraceptive method for family planning service providers is also needed at this point.

In addition, there is a need to place more emphasis on practical work and plans of action during training. When a training is performed, a comprehensive report of training (trainers, trainees by cadre, duration, sponsor, expenditure, etc.) should always be written and filed with the National Breastfeeding Coordinator, so there is an easily accessible record of the training.

## Baby-Friendly Hospital Initiative

Hospital management authorities have to be very involved in this program because its success depends a lot on their knowledge and support. Follow-up of trainees by both the provincial and central coordination teams is crucial to effective implementation of required changes.

It seems more rational to examine the possibility of setting up integrated clinics where, for example, lactation problems can be taken care of and demonstration of preparation of oral rehydration solution and weaning foods could be done.

Local NGOs and community groups should be involved in community follow-up of lactating women as one of WHO/UNICEF's *Ten Steps to Successful Breastfeeding* stipulates.

## IEC Activities

There is a strong need for building an effective community follow-up network that will constitute a reliable source of information and support that lactating women could turn to when necessary. This could be done through women who have been successful in their breastfeeding practice, community groups, community leaders, etc. The NBFPP could collaborate more with CIFAS and other groups to develop this strategy.

There is also a need for IEC materials that could be distributed to the public, and for documentation of medical and nursing school libraries with current breastfeeding textbooks.



More posters, along with supplies to hang them with, should be dispatched to clinics in these provinces as soon as possible. There is one already available, but it has not yet been distributed. In each site, a responsible officer should make sure that they are more solidly displayed in the different units. Framing or lamination of the posters should be considered to ensure longevity.

The discussion guide cards should be printed and distributed (with records) to community health workers, director and staff of Maison de la Femme, social welfare workers, and some health care providers, especially those who have been trained.

With regard to breastfeeding as a method of family planning, information sheets on LAM should be integrated into the preexisting health education flipcharts on contraceptive methods. LAM should also be inserted into the daily client registration forms as one of the family planning options that can be chosen by clients.

### **Research**

More qualitative research is needed to better understand reasons behind some practices that impede exclusive breastfeeding. Quantitative baseline information should also be sought for evaluation purposes.

### **Monitoring and Evaluation**

A baseline evaluation of practices in the community and in health institutions prior to changes is necessary for evaluation of impact of programs. Evaluation indicators also need to be defined.



**ANNEX I: EXECUTIVE SUMMARY OF EPB ASSESSMENT OF CAMEROON**

19



## EXECUTIVE SUMMARY

### “BREASTFEEDING IN CAMEROON: ASSESSMENT OF PRACTICES AND PROMOTION”

January 1994

Breastfeeding is nearly universally practiced by Cameroonian mothers, but *optimal* breastfeeding, which confers maximum health benefits to mothers and infants, is rare. The Cameroon government has already taken a number of important steps toward improving infant-feeding practices in the country. The Cameroon Ministry of Public Health (MOPH) and the U.S. Agency for International Development (USAID)/Cameroon requested this assessment of the status of breastfeeding in Cameroon in order to serve as a guide for determining specific further actions needed at the policy, clinical and community level.

#### Mothers' Practices

Cameroon is a country of great cultural diversity with approximately 230 ethnic groups residing within its borders. Although health beliefs and practices vary, it is possible to identify national as well as region-specific tendencies related to breastfeeding and infant feeding. Cameroon has a breastfeeding culture; nearly all mothers breastfeed their infants. Nonetheless, there are a series of problems in the *way* that breastfeeding is practiced that undermine the potential value of breastfeeding for infants and their mothers. The principal ones are:

- ▶ The key breastfeeding behavior with the greatest impact on maternal and child health—*exclusive* breastfeeding for four to six months—is virtually unknown.
  - Nearly all neonates receive prelacteal feeds (liquids or foods other than breastmilk given before breastfeeding is initiated), usually plain or sugared water.
  - The importance of initiating breastfeeding within an hour of birth is little understood or practiced. Often the infant is not put to the breast until the second or third day.
  - Supplementary liquids and foods are introduced to the infant at too young an age, often within the first few months of life. There is a strong belief that infants need water from the first days of life.
  - Many mothers begin supplementing because they believe they have insufficient milk or that their breastmilk has spoiled.
  - Frequency of feeds is probably lower than the approximately twelve times per 24 hours recommended for an infant zero to six months of age.
- ▶ After four to six months, when the infant does need complementary foods, the foods given tend to be of low nutritive value.
- ▶ Bottles and artificial milks are viewed very favorably and are becoming more common especially in urban areas. Artificial milks are thought to "complete" breastmilk and bottles are considered prestigious.
- ▶ Duration of breastfeeding is satisfactory, but indications are that it is declining.

Cameroon has taken a number of important initial steps to provide an environment supportive of optimal breastfeeding practices.



## Policy, Legal, and Work Environment

Cameroon has made significant advances in its Ministry of Public Health policies, labor laws which protect pregnant and lactating women, and national codes which regulate the sale and distribution of breastmilk substitutes.

- ▶ Cameroon has drafted a National Breastfeeding Policy, named a Breastfeeding Coordinator and developed and begun implementation of a national program to promote breastfeeding.
- ▶ Cameroonian labor laws provide for a total of fourteen weeks of leave to pregnant and lactating women in addition to provisions for one hour of breastfeeding leave during work hours until the infant reaches fifteen months of age.
- ▶ Cameroon has adopted a code for regulating the marketing and commercialization of breastmilk substitutes.

Nevertheless, several important challenges remain:

- ▶ The National Breastfeeding Policy was drafted two years ago and has not yet been signed.
- ▶ There is limited financial support for implementation of the National Breastfeeding Promotion Program.
- ▶ Labor laws do not provide adequate support for *exclusive* breastfeeding. Work environments do not support the practice of breastfeeding
- ▶ Violations of the new Code for the Commercialization and Marketing of Breast Milk Substitutes abound. The new Commission created to enforce this law has not yet developed an approach to disseminate and assure implementation of this law.

## The Health Infrastructure and Environment

Women's consultations during the prenatal, delivery and postnatal periods can support, undermine or destroy optimal breastfeeding practices. Overall, women in Cameroon are relatively high users of governmental prenatal and maternity health services. However, in rural areas women tend to use traditional birth attendants (TBAs) rather than government services. Here again, Cameroon has some important assets and has taken initial steps to promote optimal breastfeeding:

- ▶ All health workers believe in the value of breastfeeding, encourage mothers to do so and rarely counsel mothers to stop breastfeeding.
- ▶ A significant number of health professionals have received training through the Wellstart Lactation Management Program and Cameroon's National Breastfeeding Promotion Program has conducted training in three large maternity facilities. Both the Diarrheal Disease Control and the Family Planning Program recognize optimal breastfeeding practices as an essential component of their programs.
- ▶ Health professionals who have received training show a difference in their knowledge and practices from those who have not.

Nevertheless, some serious hurdles remain if these breastfeeding practices are not to be compromised and "bad" practices improved:



- ▶ With the exception of the trained professionals, few if any health workers recognize the importance of *exclusive* breastfeeding. Consequently, the structures and administrative procedures in health facilities and the practices and procedures of health workers towards mothers prevent or inhibit mothers ability to breastfeed exclusively.
- ▶ Health workers do not know the physiology of breastfeeding or the elemental rules for managing lactation problems and frequently provide incorrect information to mothers. This negatively affects mothers ability to breastfeed exclusively.
- ▶ Health workers do not know the elemental rules for adult health education. The result is negative attitudes towards patients, and ineffective teaching methods and tools.
- ▶ Technical and promotional print materials for health workers do not exist, although during this assessment information sheets were developed for use by health workers.
- ▶ A current scientifically correct breastfeeding curriculum does not exist either for pre-service or for in-service education; the Expanded Promotion of Breastfeeding (EPB) program plans to work with the MOPH to rework a curriculum that can be integrated into on-going training activities in early 1994, but with the closing of the USAID mission it will be necessary for United Nations Children's Fund (UNICEF) and/or other organizations to work with the Ministry to ensure this integration takes place.
- ▶ Traditional birth attendants (TBAs) reach a large proportion of women in rural areas but they have not received instruction in breastfeeding and often encourage prelacteal feeds.
- ▶ There is no strategy to use and strengthen important community support groups such as the Cameroon Infant Feeding Association (CIFAS), church or other organizations which could support optimal infant feeding and health practices.

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

Coherent information, education, and communication strategies are essential to protect and improve breastfeeding practices. Cameroon has taken some important first steps toward defining such a strategy. Qualitative research has been initiated and has identified the key practices which need improvement and the key groups who influence a mother's breastfeeding decisions. Some training activities for health professionals, as noted above, have been undertaken. Several non-governmental organizations (NGOs) have implemented nutrition education activities in selected areas of the country.

To date these IEC activities to promote optimal breastfeeding have been scattered; they have not focused on important influential target groups outside of the health sector. A World Bank-funded Nutrition Education Project, being implemented by several Ministries in conjunction with CARE International will complete its initial qualitative research and be developing a communication strategy for the Far North, Littoral, East and West regions in the first few months of 1994. Wellstart International's Expanded Promotion of Breastfeeding (EPB) program will provide technical assistance for the development of the IEC strategy and its evaluation component.

### **Financial Support for Breastfeeding Promotion**

Cameroon is in the midst of an economic crisis and salaries within the Ministries have been cut several times in recent years. Nonetheless, the MOPH has financially supported the promotion of breastfeeding primarily through naming a national breastfeeding coordinator and by dedicating other staff time temporarily to breastfeeding-



related activities. With minimal yet focused external support, the country has made some important advances in breastfeeding promotion efforts.

To date, USAID and UNICEF have been the principal external supporters of breastfeeding promotion efforts. However, USAID is withdrawing from Cameroon in June 1994. The EPB Program will be working closely with the MOPH, UNICEF, CARE and others prior to the Mission's closing to complete several program activities and encourage commitment to sustaining breastfeeding promotion following the closure of USAID and, as a result, the end of Wellstart International's in-country assistance to the MOPH. The Baby-Friendly Hospital Initiative (BFHI) and the Nutrition Education Project are two obvious vehicles through which to continue breastfeeding promotion activities.

## Recommendations

1. Given the country's extremely high fertility and low contraceptive use rates, high infant and child mortality and morbidity rates from infectious diseases, and the high levels of malnutrition, the priority breastfeeding practices to be promoted are (1) exclusive breastfeeding for around six months and (2) the introduction of nutritionally adequate complementary foods by the time the child is six months of age.
2. The specific practices which need to be deterred include:
  - ▶ administration of water and sugar water to the newborn
  - ▶ inordinate delay in initiation of breastfeeding
  - ▶ discarding of colostrum
  - ▶ giving of water to young infants
  - ▶ introduction of liquids and solids before four to six months
  - ▶ giving nutrient and calorie-poor complementary foods after six months of age.
3. Passage of the National Breast Feeding Policy should proceed with due haste. It is an important step towards underscoring the importance of breastfeeding and providing legitimacy and stature to breastfeeding promotion both within and outside of the health system. Once passed, it should be widely disseminated.
4. Similarly, a Commission responsible for monitoring the Code for the Marketing and Commercialization of Breast-milk Substitutes should be organized and operate with the authority and resources necessary to assure Code compliance.
5. Health worker knowledge and practices must be upgraded to enable them to support and permit *exclusive* breastfeeding and to effectively address mothers' lactation management problems. Special attention needs to be given to two areas: revising the pre-service and in-service curricula, and teaching health workers adult education skills so that they may more effectively communicate with patients. Retraining needs to occur in all levels of the system, not only with physicians and nurses.
6. Maternity facilities must be restructured both physically and administratively in order to permit mothers to practice exclusive breastfeeding.
7. A coherent IEC strategy should be planned and implemented focusing not only on mothers and health workers, but on the influential groups *outside* the formal health system, primarily traditional birth attendants, older women, men and opinion leaders. This is especially important to counter the prestige of the bottle and breastmilk substitutes and to provide social support for the breastfeeding mother.



8. Cameroon should continue its breastfeeding promotion efforts primarily from its own resources. External financing should be sought for well-defined activities from other potential donors so as not to lose the momentum gained to date. Given the important advances made in Cameroon, UNICEF and other organizations should reconsider providing more support for breastfeeding promotion efforts in the future.



**ANNEX II: NATIONAL BREASTFEEDING POLICY OF CAMEROON**

# **NATIONAL BREASTFEEDING POLICY**

**CAMEROON**

## PREFACE

A newborn baby has three basic needs which are : food from the mother's breasts, warmth in her arms and security in the knowledge of her presence. Breastfeeding satisfies all these three needs and is therefore the biological and emotional basis for child development. It is considered as one of the basic strategies for the promotion of child survival. It is also a fundamental right of every baby.

In Cameroon so far, breastfeeding has always been looked upon as a spontaneous and natural behaviour even though recently it has been shown to be undergoing some decline as a result of some social and economic factors, some of which are :

- the rampant and uncontrolled use of breastmilk substitutes,
- the very early and unnecessary supplementation of breastfed infants,
- lack of a standard and uniform information source or guide on which to base breastfeeding promotion practices and messages.
- certain traditional and cultural beliefs.

In order to solve these problems, the Ministry of Public Health therefore found it imperative to elaborate a national breastfeeding policy which is expected to contribute immensely to the promotion of child survival in Cameroon.

It is a reference guide that has been conceived for all breastfeeding promoters both in the Public and Private sectors in Cameroon.

The policy is an important component of our global health policy which has to be implemented judiciously within the primary health care approach.

I hereby invite all those concerned, to strictly abide to the recommendations in this policy in order to ensure the constant improvement of maternal and child health in Cameroon.

Yaounde, the

Minister of Public Health

21

# I. INTRODUCTION

Breastfeeding has traditionally constituted the best mode of infant feeding worldwide. Breastmilk is complete nourishment. It is safe, hygienic, inexpensive and confers protection against common infections in infancy. Breastmilk alone is the best possible food and drink in the first six months of life and virtually every mother can breastfeed her baby. Every baby has the right to be breastfed.

Recent scientific evidence reveals the specific adaptation of human milk to meet the needs of the growing human baby through out the period of lactation. There is also an increase in the understanding of the problems of morbidity and mortality arising from lack of breastfeeding or from failure to breastfeed adequately in infancy. Breastfeeding enhances the affectionate bond between the mother-baby couple and has been shown to positively affect the intellectual and social development of offspring.

The beneficial effects of breastfeeding on the health of the mother include prevention of some breast and ovarian cancers, prevention of postpartum hemorrhage, and the enhancement of uterine involution—the return of the uterus to its normal size after birth.

## Breastfeeding in Cameroon:

Cameroon is characterized by high overall breastfeeding rates (99.8% for first three months of age; 89.7% up to one year), but also by increasing rates of utilization of artificial milk for feeding (18.1% for first three months of age). Exclusive breastfeeding is rare, 7.1% for the first three months of the child's life, and less than 1% thereafter.

Within the health system, a 1991 study of health workers revealed that 33.5% recommended against exclusive breastfeeding, instead proposing sugar water and plain water as breastfeeding supplements. 43.8% of health workers indicated that they received visits from representatives of manufacturers of breastmilk substitutes within their health facilities.

Also in 1991 a study in Maroua, in the Extreme North Province, showed clearly that even in this very hot and dry climate the supplementation of breastmilk with water was physiologically unnecessary for infants up to six months of age. This study also revealed that the water used by mothers to mix bottle preparations or to give directly to children was not safe for drinking and contained a wide variety of bacterial agents associated with infantile diarrhea.

While breastfeeding remains a common practice in Cameroon, the increasing prevalence of bottle-feeding, and of the use of other breastmilk substitutes and supplements, pose serious problems in terms of child nutrition and the prevalence of diarrhea in infants under six months of age.

Thus the definite decline in the initiation and duration of breastfeeding in the Republic of Cameroon between 1978 and 1991 calls for concern. Besides the loss of the aforementioned proven benefits of breastfeeding, the financial, emotional and

time costs imposed by this decline on the individual baby, the family, and the nation as a whole are exorbitant.

Future generations will neither excuse us for having created disadvantages in childhood for their leaders by giving them less than the best possible nutrition and start in life through breastfeeding, nor will they forgive us for depriving persons from reaching their full potential because we did not stop or reverse the present decline in breastfeeding.

### **GOAL:**

By the present policy the government of the Republic of Cameroon, through Ministries involved in this domain, commits itself to promote, protect and encourage breastfeeding in order to reduce infant morbidity and mortality, and ensure optimal psychological and intellectual growth and development of the offspring, as well as enhance family welfare.

### **OBJECTIVES AND SCOPE:**

The objectives of this policy are represented by the following specific practices to be implemented, in accordance with the requirements of the law, in all health care units, homes and communities in the Republic of Cameroon:

1. All mothers should be helped to initiate breastfeeding as soon as possible after delivery preferably within 1/2 an hour, where the mother and infant are healthy.
2. All babies born in the Republic of Cameroon shall be exclusively breastfed on demand up to four to six months of age under normal circumstances.
3. Breastfeeding on demand shall continue unabated after six months, with supplementation by other foods and liquids, and shall preferably not be stopped before the age of two.
4. Feeding bottles, teats, and pacifiers shall in no instance be advertised, recommended or used in the Republic of Cameroon except under very special circumstances and by prescription.
5. The use of artificial milks or other breastmilk substitutes shall not be promoted or encouraged.
6. In exceptionally rare and special circumstances where a mother is unable to breastfeed, the use of a cup and spoon is recommended.
7. All mothers shall be taught how to express and save breastmilk when separated from their babies.
8. Relactation of the biological mother shall always be sought in the case of breastfeeding failure.
9. In the absence of the biological mother relactation of a surrogate mother shall be encouraged, initiated, supported and protected.

## **APPROACH:**

Training will be provided for all health care providers to enable them to incorporate the practices here enacted in their daily activities. It is their task to help families overcome any constraints arising from their socio-cultural milieu and their own perception of mothers' ability to breastfeed. They shall also provide the accepted technical modifications necessary to ensure exclusive breastfeeding in special circumstances related to the condition of the baby, the mother, or the delivery process.

## **MULTISECTORAL COLLABORATION:**

The Ministry of health shall ensure the necessary networking with related government departments, non-governmental organizations and any other organizations to ensure proper implementation of this policy.

## **II. HEALTH CARE DELIVERY SYSTEMS**

### **— norms and standards**

Every private and government facility providing health care in the areas of:

- Preconception;
- Prenatal care;
- Intra-partum care;
- Post-partum care;
- Post-natal care;
- Premature infant care;
- Follow up and growth monitoring services for both sick and well babies;

should reproduce and display a summary of this policy statement in a prominent and visible place.

All health care providers as well as manufacturers and distributors of baby feeding products must implement this policy. The implementation of this policy requires each health facility to train all its health care providers to work as a team.

No free samples of breastmilk substitutes should be given to health care providers. No health institution may allow the display of posters or pictures advertising breastmilk substitutes, regardless of the message. Visits by representatives of infant formula manufacturers to health institutions in view of the promotion of their products are also prohibited.

The facilities described above must ensure that all pregnant and lactating women are:

1. Fully informed of the immunological, nutritional, economic, psychosocial and child-spacing benefits of exclusive and prolonged breastfeeding. This instruction should be done orally, through written literature, and through audio-visual materials.
2. Fully informed about the nutritional adequacy of exclusive breastfeeding in the early months, and warned about infant feeding practices that undermine breastfeeding, notably the introduction of bottle feeds.
3. Mothers must be encouraged and helped to initiate breastfeeding within the first half hour after birth for normal births and within two to three hours, or as soon as the mother recovers, for caesarian births.

Mothers' previous and current breastfeeding history should be included in their medical records at all levels of health care services.

*The following actions will be taken during stages indicated:*

#### **A. PRECONCEPTION:**

Information and education will be provided to young men and women before and/or during pregnancy on the advantages of breastfeeding, its initiation and upkeep.

#### **B. PRE-NATAL:**

All expectant mothers shall receive information on the benefits and management of breastfeeding, the dangers of bottle feeding, and the dietary needs during pregnancy and lactation. Prenatal follow-up shall include breast examination.

#### **C. INTRA-PARTUM:**

- (1) Initiation of breastfeeding: Despite the socio-cultural taboos concerning colostrum, all mothers should be helped to initiate breastfeeding as soon as possible after birth, preferably within 1/2 hour, where infant and mother are healthy.
- (2) Prelacteal feeds: Prelacteal feeds, whether modern or traditional, are strongly discouraged. These include: water, glucose and other sugar drinks, infant formulae and other milk or milk products, honey, or herbal drinks.
- (3) 24 Hour rooming-in policy: Facilities shall, where possible, practice rooming-in 24 hours a day. Mothers should not be discouraged from sleeping with their infants. The mother should be assisted at all times in her breastfeeding efforts.

The mother/infant couple should be encouraged to stay long (at least 24 hours in hospital or other health services depending on the Rooming-in Facilities of each health institution).

#### **D. IMMEDIATE POST PARTUM:**

Mothers in maternity services should be encouraged to breastfeed babies on demand, day and night. Maternity Ward time tables should be arranged to suit the needs of mothers and their babies, rather than the needs of the staff of the institutions.

Mothers are encouraged to breastfeed on demand, ideally every 2-3 hours, for a minimum of 8 feedings per 24 hours and from both breasts, at least 10-15 minutes from each breast, at all feedings.

Use of feeding bottles, teats, pacifiers or cups with teats within the care facilities or at home should be abandoned.

#### **E. POST-NATAL (Late post-partum):**

- (1) Mother support groups: Facilities should foster the establishment of breastfeeding support groups. Each mother shall be referred to such a group before discharge as well as to relevant health centres located nearby for follow-up.
- (2) Education for postpartum mothers: Mothers should be informed and encouraged to exclusively breastfeed their babies for the first 4-6 months with an emphasis on no supplementary feeds of any kind, including water or sweetened water, except on medical advice. They should also continue breastfeeding, preferably to the age of 2 years.

#### **F. PREMATURE AND/OR SICK BABY:**

If a sick or premature child is able to suck, breastfeeding should be encouraged. If the child is unable to suck, expressed breast milk should be the first choice, to be given by cup or tube. Also, their mothers should have 24 hour access to them to ensure continuation of breastfeeding especially during hospitalization.

#### **G. WELL BABY FOLLOW-UP AND GROWTH MONITORING:**

Monitoring of weight and further advice on breastfeeding must follow with visits to the health centre or maternity unit and within mother support groups after delivery. Thereafter, mothers should be taught how to feed home prepared, soft foods locally available to supplement breastmilk.

Dealing with breastfeeding problems: Common breastfeeding problems should be adequately addressed by competent and capable medical personnel. Such problems include:

- Breast engorgement;
- Cracked and painful nipples;
- Breast abscess;
- Other special cases, such as low birth weight babies, sick babies, and babies born by Caesarean Section.

In the physical absence of the biological mother, wet-nursing should be strongly encouraged. If this possibility does not exist, the infant may be referred to a relevant institution.

### **III. TRAINING**

Training in the promotion of breastfeeding is a priority for the Cameroon Government applicable both to initial training in professional schools, and to refresher courses or in-service training.

1. The Ministry of Public Health (MOPH) in collaboration with other training institutions shall review and update MCH curricula with a view to harmonize these curricula with current concepts on breastfeeding. Such curricula will be integrated into all professional training programs.
2. The Ministry of Public Health in collaboration with organizations working in the field of maternal and child health shall provide, according to resources available, refresher courses on breastfeeding to health care providers and promoters in, MINSANTE, MINAGRI, MINASCOF, MINEDUC, MINJES, NGOs, and other agencies involved in breastfeeding.
3. The Ministry of Public Health will make available updated appropriate teaching materials which shall comply with the health care policy in force.

### **IV. Information Education Communication (I.E.C.)**

1. The Ministry of Public Health and the Intersectorial Committee for Breastfeeding shall ensure the dissemination of objective and standardized information and educational materials on breastfeeding through channels including radio, television and written press materials.
2. I.E.C. information and educational materials on breastfeeding (written, audio or visual), shall deal with the following issues:
  - (1) The benefits of breastmilk and the necessity for exclusive breastfeeding during the first four to six months of life.
  - (2) The possibility for each mother to put her baby to the breast as soon as possible after birth.
  - (3) Breastfeeding on demand, a guarantee for adequate lactation.
  - (4) The disadvantages of breastmilk substitutes, which that can cause severe illness and even death.
  - (5) The need for a mother to breastfeed her baby for over one year and

even beyond two years if possible.

## TARGET GROUPS:

Breastfeeding promotion activities should target the following groups:

- Policy makers
- Health care providers, including traditional practitioners
- Mother support groups
- Communicators (traditional and modern)
- Religious associations
- Youth groups
- Women's associations
- Opinion leaders
- Religious leaders

The Ministry of Public Health in collaboration with other ministries and other concerned organizations shall be responsible for the preparation, production, dissemination and evaluation of I.E.C materials on the promotion of breastfeeding, in accordance with the standards laid down in the national policy on Maternal Child Health care/Family Planning.

All ministries, NGOs and associations responsible for the health of the Cameroonian people have an obligation to ensure the implementation of this policy by motivating and educating the population on breastfeeding issues.

## V. LEGISLATION

The promotion and protection of breastfeeding calls for detailed legislative measures to be implemented and monitored by a multisectoral committee and coordinated by the Ministry of Public Health.

Regarding the drafting and implementation of a national law on the protection and promotion of breastfeeding, the Multisectoral Committee shall take into account the following recommendations:

1. **Labour legislation:** Considering that the proposed exclusive breastfeeding period is four to six months, executors of the legislation should be more flexible in its application, so as to allow breastfeeding mothers more time with their babies.

That maternity leave be extended by making it coincide with annual leave.

That day care centres be created in structures employing more than thirty (30) women.

2. **National Code on the marketing of Breastmilk substitutes:** that the International Code on the marketing of breastmilk substitutes be adopted by the Government of Cameroon, with the following amendments and additions:

- (A) **Area of activity:** These recommendations apply to the marketing of breastmilk substitutes (defined below), weaning foods (defined in the International Code), feeding bottles and teats and other devices used for feeding babies.
- (B) **Definitions:** The International Code definitions should be adopted, except that of breast milk substitute which should become "all foods and liquids used by mothers in replacement of or supplementation of breastmilk".
- (C) **Information and Education:** It is hereby recommended that:
- manufacturers and distributors of breastmilk substitutes be prohibited from providing information or promotional material directly to mothers, without passing through health care personnel;
  - manufacturers and distributors of breastmilk substitutes be prohibited from providing health services or their personnel with material bearing the name of any of the products referred to in this code.
- (D) **Health care system:** It is hereby recommended that manufacturers and distributors of breastmilk substitutes be forbidden to donate products (breastmilk substitutes) to health services, and that access to health care facilities in view of the promotion of the above mentioned products be denied to all representatives of manufacturers and distributors of such products.
- (E) **Health workers:**
- Health workers must not accept gifts or samples of breastmilk substitutes or artificial milk.
- The following activities for health workers should be promoted, within existing funding constraints and after control and autorisation from the multisectorial committee:
- research activities freely chosen by the health worker;
  - study grants (scholarships);
  - participation at seminars
- (F) **Labeling:** It is hereby recommended that a mechanism be created for the review of information carried on labels, bearing in mind the recommendations of the International Code, for example that the size of characters printed on labels shall be defined, etc.
- (G) **Quality control:** Greater quality control is urged for the products defined in the Code by a joint interministerial technical committee coordinated by the Ministry of Public Health.

Such control shall be undertaken by the interministerial technical committee at the time of importation of the products, including verification that the product will have a useable shelflife of at least two years after the date of importation, etc.

- (H) **Implementation and control:** The present legislation should be implemented through an interministerial order, with regard to short term measures, and through the subsequent adoption of a national law on the regulation of breastmilk substitutes. Appropriate sanctions and fines in case of violation shall be provided for in this law.

Monitoring and control shall be provided by the Multisectoral Committee (MCH/FP) under overall guidance of the Minister of Health.

We invite health service officials, manufacturers and distributors alike to respect and enforce these recommendations even while awaiting the adoption of appropriate legislation.

## VI. OPERATIONAL RESEARCH

1. Operational Research studies will be conducted to provide policy makers and program managers with information for the promotion of breastfeeding and also to identify and overcome obstacles to the initiation and continuation of breastfeeding.
2. These studies will basically include:
  - (1) Diagnostic studies to identify problems that are amenable to research and can be solved by program managers through administrative actions;
  - (2) Experimental studies for testing new program strategies and program components;
  - (3) Evaluation studies to assess the impact of breastfeeding programs.

## VII. IMPLEMENTATION

Any breastfeeding action plan must be based on the above policy as well as on policy outlined in the primary health care strategies.

## VIII. MONITORING AND EVALUATION

Monitoring and evaluation are key elements that shall guarantee the efficacy and success of the policy defined above. Program impact indicators shall be developed to ensure supervision and evaluation.

## ANNEX I

### DEFINITION OF TERMS

In this Policy, unless the subject or content otherwise requires;

"Baby feeding products" means the following:

- a breastmilk substitute.
- any type of milk being marketed, otherwise represented as suitable or used to feed infants.
- any other foods or liquids being marketed or otherwise represented as suitable for feeding infants.

"Breastfeeding" means the child is receiving breastmilk (directly from the breast or expressed).

"Breastmilk Substitute" means any food or liquid represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose.

"Distributor" means a person engaged in the business, whether wholesale or retail or marketing any product and including any person engaged in the business of providing informational or public relations services in relation to any product.

"Exclusive breastfeeding" means the child has received only breast milk from his/her mother or wet nurse, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

"Health Care Unit" means a governmental, non-governmental, or private institution or private practitioner engaged directly or indirectly in the provision of health care.

"Health Professional" means medical doctors, nurses and nutritionists.

"Health Worker, Civil Servant, Health Care Provider" means a person working or in training to work in a health care unit and engaged in providing health care including voluntary unpaid workers.

"Infant" means a child up to the age of 12 months.

"Infant Formula" means a breastmilk substitute formulated industrially in accordance with applicable international standards to satisfy normal requirements of infants up to the age of 4 to 6 months and adapted to their physiological characteristics.

"Label" means any tag, brand, mark, pictorial or other descriptive matter written, printed, stencilled, marked, embossed or impressed on, or attached to, a container of any product within the scope of the International Code on the Marketing of Breastmilk Substitutes.

"Manufacturer" means a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of the International Code on the Marketing of Breastmilk Substitutes.

"Marketing" means any method of introducing or selling the product, including promotion, distribution of samples, product public relations and product information services.

"MINAGRI" means Ministry of Agriculture, Government of the Republic of Cameroon.

"MINEDUC" means Ministry of National Education, Government of the Republic of Cameroon.

"MINJES" means Ministry of Youths and Sports, Government of the Republic of Cameroon.

"MINSANTE, Ministry of Public Health, MOPH" means Ministry of Public, Government of the Republic of Cameroon.

"NGO" means Non-Governmental Organizations currently or potentially involved in the promotion, protection and encouragement of breastfeeding.

"Prelacteal feeds" means water, glucose, sugar drinks, infant formula, other milk or milk products, herbal drinks given to the infant before breastmilk.

"Prolonged breastfeeding" means breastfeeding for up to about two years.

"Sample" means a single or small quantity of the product provided without cost.

"Supplementary foods" means any foods suitable as an addition to breastmilk or to a breastmilk substitute when either becomes insufficient to satisfy the nutritional requirements of an infant as from 4 to 6 months.

## ANNEX II

### NOTES

1. Demographic Health Survey (DHS), Cameroon, November 1991 (preliminary results).
2. DHS, Cameroon, November 1991 (preliminary results)
3. DHS, Cameroon, November 1991 (preliminary results)
4. "Attitudes du Personnel de la Santé vis-à-vis de l'Allaitement Maternel dans les Provinces de l'Ouest et de l'Extrême Nord du Cameroon, "1991, Ministry of Health.
5. "Water Supplementation in Exclusively Breastfed Infants aged 0-6 Months in Hot and Arid Areas: The case of Meri-Maroua in Cameroon." Pr. Tetanye Ekoe and Dr. John Eyong-Efobi, University Centre for Health Sciences, Yaounde, Cameroon.

## ANNEX III

This document was elaborated through the untiring efforts of:

- the staff of the Ministry of Public Health and other Ministries

and with the able support and assistance of some nongovernmental and international organizations particularly:

- PRITECH
- WELLSTART
- UNICEF



**ANNEX III: LIST OF CONTACTS IN CAMEROON**

**ANNEX III: LIST OF CONTACTS IN CAMEROON****YAOUNDÉ**

Mr. Roger Seukap, nutritionist in charge of the NBFPP  
Dr. Tsitsol Louis Philippe, technical adviser, MOPH, Former Director of Family Health  
Dr. Nkodo Nkodo Emmanuel, sub-director of Family Health, MOPH  
Dr. Kome Leslie Mathias, chief of service of child survival programs, MOPH  
Mr. Mbaniko Che, senior nurse in charge of the bureau for secondary prevention (CDD and ARI programs), MOPH  
Mr. Mbofung Lucas, senior nurse in charge of the maternal welfare bureau, MOPH  
Dr. Lowe Jean Claude, Communication Division, MOPH, Former Head of Nutrition Service  
Dr. Ncharre Chouaibou, sub-director of Primary Health Care, MOPH  
Mr. Atina Emmanuel, nutritionist, nutrition bureau, MOPH  
Mr. Nankap Martin, nutritionist, Nutrition Education Project, MOPH  
Mr. Sibetcheu Daniel, nutritionist, Coordinator, Nutrition Education Project, MOPH  
Mrs Simo Monique, senior nurse in Central MCH clinic and Wellstart Associate  
Mr. Okala Georges, nutritionist in charge of Quality Control Bureau, MOPH and Wellstart Associate  
Dr. Agnes Bongang, resident in the Faculty of Medicine and Wellstart Associate  
Mrs Mbas Diam Damaris, senior nurse in charge of Briqueterie MCH clinic and Coordinator of CIFAS  
Dr. Ondoua Martin, pediatrician, Lecturer in Faculty of Medicine and Wellstart Associate  
Prof. Tetanye Ekoe, pediatrician, Head of Pediatric Department, Faculty of Medicine  
Dr. Monique Traore, Health Program Officer, UNICEF  
Mrs Seumo Eleonore, nutritionist, CARE/Cameroon  
Mrs Kenfack Marie, senior nurse, Coordinator of OFSAD

**MAROUA**

Dr. Maitoka Rebecca, Provincial Chief of Community Health, DOPH  
Dr. Tebere, Head of Child Survival Bureau, DOPH  
Mr. Mbiam Effam Didier, nutritionist, Head of Provincial IEC Bureau  
Mr. Toukour Haman Seyo, senior nurse, Provincial Coordinator of Nutrition Education Project, DOPH  
Dr. Paul Ndoumbe M., pediatrician, in charge of pediatric service, Maroua provincial hospital and Wellstart Associate  
Mrs Martine Ritouandi, senior nurse, Provincial Delegation of Social and Women's affairs and Wellstart Associate  
Dr. Foba Pagou Roger, Medical Officer in charge, Maroua Social Insurance hospital  
Mrs Mbia Colette, senior nurse in charge of MCH clinic, Maroua social insurance hospital  
Mrs Aoudi Martine, senior nurse in charge of Maternity, Maroua social insurance hospital  
Dr. Motche François, physician in OBGYN service, Maroua provincial hospital  
Mrs Tufon Florence, senior nurse in charge of well baby clinic, Maroua provincial hospital  
Mrs Ndobade Suzanne, nurse in Maternity, Maroua provincial hospital  
Mrs Fouda Adrienne, senior nurse, Neonatology unit, Maroua provincial hospital  
Mrs Dakreo, nurse in Maternity, Maroua provincial hospital  
Mr. Mboui Djida, senior nurse in charge of children's ward, Maroua provincial hospital  
Mrs Yengue Julienne, nurse in Zokok health center (former Maroua MCH clinic)  
Mr. Abdoulaye Moussa, senior nurse in charge, Zokok health center



## EBOLOWA

Dr. Kedi à Nwatsok, Provincial Delegate of Public Health, South province  
 Dr. Zamedjo Edda, Provincial Chief of Community Health, DOPH  
 Mrs Nna Marie Claire, senior nurse, Head of Maternal Welfare Bureau, DOPH  
 Mrs Olouman Barbara, senior nurse, Head of Child Survival Bureau, DOPH  
 Dr. Massing Joseph, pediatrician, in Charge of pediatric service, Ebolowa provincial hospital  
 Dr. Njiki Rostand, physician in OBGYN service, Ebolowa provincial hospital  
 Dr. Njiki Mina, Medical Officer in charge, Ebolowa MCH clinic  
 Mr. Etetaa Rene, senior nurse, Ebolowa provincial hospital  
 Mrs Eyaa Marcelline, senior nurse, family planning clinic, Ebolowa provincial hospital  
 Mrs Assouga Juliette, nurse, prenatal service, Ebolowa MCH clinic  
 Dr. Mindja David, Wellstart Associate  
 Mrs Moneyang Marie, senior nurse, Ebolowa provincial hospital and Wellstart Associate  
 Mr. Evina Samuel, nurse in charge of MCH clinic, Enongal Hospital

## DOUALA

Dr. Nkollo Basile, Provincial Delegate of Public Health, Littoral Province  
 Dr. Carmen Samaniego, GTZ consultant, Littoral Province  
 Ms. Essiben Agnes, Chief, Bureau for Health, Education, and Nutrition  
 Ms. Jombi Aurore, senior nurse and director of nursing school, Douala  
 Dr. Kimbo Florence, physician, OB/GYN service, Deido Hospital  
 Ms. Diboa, midwife, Deido Hospital  
 Ms. Boulou, midwife, Deido Hospital  
 Ms. Londi Frida, midwife, Deido Hospital  
 Ms. Moue Julienne, nurse-midwife, Bonassama District Hospital  
 Ms. Nana Louise, nurse-midwife, Bonassama District Hospital  
 Ms. Ngwabule Rose, midwife, family planning unit, Bonassama District Hospital  
 Ms. Kalla Lobe, midwife in charge of the family planning unit, Bonassama District Hospital  
 Dr. Ntone-Ntone Fritz, medical officer in charge, Bonassama District Hospital  
 Dr. Bayiha, physician, OB/GYN service, Laquintinie Hospital  
 Ms. Etoule, senior nurse, OB/GYN service, Laquintinie Hospital  
 Mr. Ndedi Claude, midwife in charge of the OB/GYN service Laquintinie Hospital  
 Dr. Marie Chantal Kounda, physician and Wellstart Associate, central MCH clinic  
 Ms. Siaka Florence, senior nurse, family planning unit, central MCH clinic  
 Ms. Mengue Christine, nurse-midwife, central MCH clinic  
 Ms. Enoh-mbi Martina, nurse, central MCH clinic  
 Dr. Youda Marcus, physician, Ad-Lucem Hospital  
 Ms. Essesse Jessie, laboratory technician in charge of health education, Ad-Lucem Hospital  
 Ms. Njiendem Marie Louise, nurse, Ad-Lucem Hospital  
 Ms. Beni Jeanne, nurse-midwife, Ad-Lucem Hospital  
 Ms. Essomba Lydie, nurse, CEBEC Hospital  
 Ms. Mpondo Palestine, midwife, director of the Women's Centre



**ANNEX IV: TIMELINE OF ACTIVITIES IMPLEMENTED IN CAMEROON**



## ANNEX IV: TIMELINE OF ACTIVITIES IMPLEMENTED IN CAMEROON

## Year One - 1992

DATE	ACTIVITY	SUPPORT
2/18-3/13/92	Trained four physicians and two nurses in LME.	Financial support from EPB Technical support from MOPH and EPB
3/25-27/92	Resource persons in infant feeding from MOPH and the Cameroon Infant Feeding Association (CIFAS) participated in a three-day workshop for drafting of a national breastfeeding policy at Obala (30 km. Yaoundé).	Technical support from the MOPH, UNICEF, and EPB Financial support from PRITECH
6/92	Two physicians, both of whom were breastfeeding resource persons, visited three provincial hospitals, two central hospitals, and two private hospitals to assess their breastfeeding promotion practices.	Financial support from UNICEF and PRITECH Institutional support from the MOPH
8/1-7/92	Breastfeeding resource persons from MOPH and CIFAS worked with media personnel from the CRTV to sensitize the public on the importance of breastfeeding during the first World Breastfeeding Week.	Financial support from UNICEF
9/1-4/92	Breastfeeding resource persons from MOPH participated in a workshop held in Yaoundé for drawing up of a national plan of action for breastfeeding promotion.	Financial support from PRITECH and UNICEF Technical support from EPB
11/16-28/92	One nutritionist and one nurse/midwife were trained in lactation management (course organized by UNICEF/Ouagadougou, Burkina Faso).	Financial support from UNICEF Technical support from the MOPH and UNICEF
12/16-18/92	Training of 33 service providers from three health institutions in lactation management Yaoundé.	Financial support from UNICEF Technical support from the MOPH

44



## Year Two - 1993

DATE	ACTIVITY	SUPPORT
2-6/93	Breastfeeding resource persons and other service providers carried out supervision of breastfeeding promotion activities in three health facilities from which personnel were trained.	Financial support from UNICEF Technical support from MOPH
1/19-28/93	One legal adviser was trained in the application of the WHO <i>International Code of Marketing of Breast-milk Substitutes</i> in Burkina Faso, during a course organized by IBFAN and UNICEF.	Financial support from WHO Technical support from the MOPH and UNICEF
3/93	The MOPH named one of the breastfeeding resource persons, also a Wellstart Associate, to be the national coordinator of the NBFPP.	Advocacy by EPB and others
8/1-7/93	Breastfeeding resource persons from MOPH and CIFAS worked with community groups, health institutions, and media personnel from the CRTV to sensitize the public on the importance and management of breastfeeding during the second World Breastfeeding Week.	Financial support from UNICEF
11/92-8/93	Breastfeeding resource persons worked with a legal advisor in the MOPH and with resource persons from Ministry of Commerce and representatives of formula companies to revise a old draft law project and produce a draft of the <i>National Code of Marketing of Breastmilk Substitutes</i> .	With technical support from the MOPH, UNICEF, and the WHO
11/12-93	A team of a MOPH nutritionist and four physicians and two nurses from three provinces (Far North, South, and Littoral) attended the LME course for training in lactation management. At the same time, two Wellstart Associates were trained in advanced lactation management, making them Wellstart Fellows.	With financial support from EPB Technical support from the MOPH
11/28-12/10/93	One physician and one nurse were trained during a two-week course in lactation management organized by UNICEF in Bangui in the Central African Republic.	Financial support from UNICEF Technical support from the MOPH and UNICEF.

By the end of 1993, the Ministry of Public Health and Wellstart International finalized negotiations to carry out a three-year breastfeeding promotion project to be based in three provincial sites: Far North, South, and Littoral provinces. The training of the above mentioned health personnel from the three provinces was in line with this agreement. Unfortunately this project was short-lived, lasting only six months (January-June 1994), due to the withdrawal of the USAID mission from Cameroon.



## Year Three - 1994

DATE	ACTIVITY	SUPPORT
1-2/94	An assessment of the breastfeeding situation in Cameroon was performed through a review of existing information and a rapid qualitative analysis of breastfeeding practices in the three pilot provinces.	Technical support from MOPH and CIFAS Technical assistance and financial support from MOPH and EPB
2-4/94	A simple set of sheets containing key information on breastfeeding practices and the management of some common lactation problems were developed.	Technical support from MOPH Technical assistance from EPB Financial support from EPB
2-1/94	A mock-up of a poster promoting exclusive breastfeeding was conceptualized, pre-tested, and produced. This poster was printed for the first time in July by UNICEF (5000 copies) and distributed to health institutions. UNICEF printed an additional 4000 copies in August 1995.	Technical support from MOPH Technical assistance from EPB Financial support from EPB
2-3/94	Two pediatricians (both lecturers in the Faculty of Medicine) and two senior nurses (both teachers in nursing schools) were trained in lactation management by Wellstart LME.  While awaiting a formal revision of the lactation management component of the medical and nursing schools' curricula, the above mentioned persons have informally updated the breastfeeding content of the courses they teach.	Institutional support from MOPH Technical support from EPB Financial support from EPB
3/94	A NBFPP resource person attended the pediatricians congress to sensitize health personnel on the situation of breastfeeding in the country and on the importance of promoting exclusive breastfeeding.	Financial support from the MOPH and EPB



3/12-4/1/94	<p>An in-service breastfeeding training curriculum for health personnel and breastfeeding counseling guidelines for community outreach workers were developed during a workshop in Yaoundé.</p> <p>The curriculum was pre-tested and revised shortly afterwards and is currently being used for training of health personnel.</p> <p>The counseling guidelines are yet to be pre-tested.</p>	<p>Technical and institutional support from MOPH</p> <p>Technical support from CIFAS and from other Ministries involved in health care activities</p> <p>Technical assistance from EPB</p> <p>Financial support from the MOPH and EPB</p>
5/11-13/94	<p>Breastfeeding resource persons/trainers trained 76 health personnel from fourteen institutions in three sites (in Maroua (n=26), Ebolowa (n=25), and Douala (n=24)) in lactation management.</p> <p>These training sessions were also used for curriculum pre-testing. The curriculum was reviewed and finalized shortly afterward and is now being used for training health personnel.</p>	<p>Financial support from the MOPH and EPB</p>
6/94	<p>Breastfeeding resource persons participated in the revision (with updating of breastfeeding content) of the family planning curriculum during this two-week workshop in Yaoundé.</p>	<p>Technical support from the MOPH</p> <p>Technical/financial support through the family planning project INTRAH</p>
6/94	<p>Materials and supplies were purchased and distributed to four hospitals where recently-trained personnel were to begin setting up lactation clinics. While provincial hospitals of Maroua and Ebolowa were equipped with refrigerators, these hospitals and the ADLUCEM &amp; CEBEC hospitals of Douala received cups, spoons, syringes, and baby scales, for use in setting up lactation clinics.</p>	<p>Financial support from the MOPH and EPB</p> <p>Institutional support from the MOPH</p>
6/94	<p>NBFPP resource persons formulated a 1.5 year plan of action for breastfeeding promotion activities in conformity with the UNICEF mid-decade goals for health. This action plan is presently being implemented.</p>	<p>Technical support from the MOPH and UNICEF</p>



6/94	<p>5000 copies of the ready-to-print mock-up poster (promoting exclusive breastfeeding) that was developed by the MOPH and EPB were printed.</p> <p>After printing, the posters were distributed to health institutions.</p> <p>An additional 4000 copies were produced in August 1995.</p>	Financial support from UNICEF
8/1-7/94	Resource persons worked to sensitize the public through the media, community groups, and health facilities on breastfeeding practice during the third World Breastfeeding Week.	<p>Technical support from NGOs</p> <p>Financial and technical support from UNICEF</p> <p>Technical/institutional support from MOPH</p>
9/94	The draft breastfeeding policy was signed by the Minister of Public Health, making it the National Breastfeeding Policy of Cameroon.	Technical decision by the MOPH
10/94	The coordinator of the NBFPP developed a strategy for the integration of breastfeeding promotion activities into provincial action plans. This strategy was forwarded to all provincial DOPH.	Technical support from MOPH
11/94	<p>NBFPP resource persons attended a pediatricians conference at Kribi (300 km from Yaoundé) to advocate for breastfeeding promotion. This was the second time NBFPP resource persons worked on advocacy of breastfeeding promotion during a pediatricians conference.</p> <p>At this conference, a declaration was produced in favor of support of breastfeeding and other child survival promotion activities.</p>	Financial support from UNICEF
11/94	The coordinator of the NBFPP visited shops and health institutions in Yaoundé and Douala to verify compliance of formula companies to the <i>National Code of Marketing of Breastmilk Substitutes</i> . Abnormalities found were reported to the breastfeeding promotion follow up committee and acted on.	



12/94	The breastfeeding promotion follow-up committee held its first meeting. A warning letter addressed to a formula company was drafted, signed by the Minister of Public Health, and forwarded to the formula company.	Technical support from the MOPH
12/13-31/94	Personnel, including seventeen physicians (three pediatricians, two obstetricians, and twelve general practitioners), 67 nurses, and two nutritionists were trained in lactation management during four training sessions, each of four days, in Yaoundé and Douala by trainers from MOPH.	Financial support from UNICEF (4,215,990 frs cfa)  Technical support of the MOPH
12/17/94	NBFPP resource persons carried out sensitization of women on the importance and practice of breastfeeding through a women's group in Yaoundé with CRTV gathering material for program production.	Financial support from UNICEF  Technical support from the MOPH

## Year Four - 1995

DATE	ACTIVITY	SUPPORT
1/8/95	Two NBFPP resource persons carried out sensitization of women on proper breastfeeding practices through women's groups in Yaoundé with CRTV gathering material for program production .	Financial support from UNICEF  Technical support from the MOPH
2/95	The Director of Family Health and the coordinator of the NBFPP carried out post-training supervision of recently trained personnel in health institutions in Yaoundé and Douala.  Certificates of participation in the course were awarded to personnel by the director of the program.	Financial support from UNICEF (403,000 frs cfa)  Technical support from the MOPH
2/95	The Coordinator of the NBFPP proposed that a warning letter be addressed to a formula company. This warning letter was signed by the Minister of Public Health and forwarded to the formula company.	Technical support from the MOPH



3-4/95	Media personnel from CRTV produced programs for TV broadcast using material gathered in December and January during sensitization of women's groups. Two documentaries, each 29 minutes long, and five microprograms, each two to three minutes long, were produced for television broadcast. There is now regular broadcasting of these programs on the national television.	Financial support from UNICEF (420,000 frs cfa)  Technical support from the MOPH
4/95	The Coordinator of NBFPP, along with the MOPH official in charge of coordination of all nursing schools and a NBFPP resource person in the Faculty of Medicine participated in a meeting organized by ECSA commonwealth countries for the revision of the lactation management content of pre-service curricula for health personnel. An action plan for integration of lactation management into pre-service curricula for health personnel was produced.	Financial support from EPB  Technical support from the MOPH
6/95	NBFPP resource persons participated in a meeting on training in infant nutrition organized by EPB in Dakar, Senegal for francophone African countries. The plan of action that was previously produced in Nairobi was reiterated.	Financial support from EPB  Technical support from the MOPH
7/95	The Director of Family Health and the Coordinator of NBFPP carried out supervision of breastfeeding promotion activities in health institutions in Yaoundé, Douala, and in the Far North and South provinces.	Financial support from UNICEF (852,000 frs cfa)  Technical support from the MOPH
8/1-7/95	NBFPP resource persons worked with media personnel to sensitize the public on breastfeeding practice during the fourth World Breastfeeding Week.	Technical support from the MOPH



**ANNEX V: SUMMARY OF STAFF TRAININGS BY PROVINCE AND  
INSTITUTION**

**ANNEX V: SUMMARY OF STAFF TRAININGS BY PROVINCE AND INSTITUTION**

PROVINCE/PURPOSE Locality	Providers by cadre		
	Physician (n=41)	Nurse/Midwife (n=166)	Other (n=8)
Institution (total trained = 215)			
<b>FAR NORTH PROVINCE</b>			
Provincial Hospital Maroua	2	10	-
PMI Maroua	1	4	-
Social Insurance Hospital	1	2	-
Makabai Health Center	-	1	-
Dougoi Health Center	-	1	-
Djarengol Kodek Health Center	-	1	-
Nursing School	-	2	-
Provincial DOPH	-	1	-
TOTAL for province = 26	4	22	-
<b>SOUTH PROVINCE</b>			
Provincial Hospital	2	10	-
PMI Ebolowa	1	3	-
Enongal Hospital	1	4	-
Provincial DOPH	2	1	1 nutritionist
TOTAL for province = 25	6	18	1
<b>LITTORAL PROVINCE</b> Douala			
CEBEC Hospital	-	8	-
Laquintinie Hospital	2	3	-
Cité des Palmiers Hospital	-	5	-
PMI Centrale	-	10	-
Bonamoussadi Hospital	2	6	-
Bonassama	-	6	-
Ad Lucem Hospital	2	6	-
Deido Hospital	1	1	-
New Bell Hospital	2	8	-
Maison de la Femme	-	4	-
Provincial DOPH	-	3	2 nutritionists
Nursing School	-	1	-
TOTAL for province = 72 (all in Douala)	9	61	2



<b>CENTRE PROVINCE</b> <b>Yaoundé</b>			
MOPH Nutrition Service	-	-	1 nutritionist
Provincial DOPH	-	-	1 nutritionist
General Hospital	2	-	-
Social Insurance Hospital	1	5	-
Central Hospital	1	24	-
Centre Hospitalier Universitaire	-	11	-
Efoulan Hospital	1	1	-
Cité Verte Hospital	1	-	-
Biyemassi Hospital	1	1	-
Military Hospital	-	2	-
Maison de la Femme	-	2	-
PMI Nkolndongo	1	1	-
PMI Centrale	-	2	-
PMI Briqueterie	-	1	-
Djoungolo Hospital	1	3	-
TOTAL for province = 64 (all in Yaoundé)	9	53	2
<b>TOTAL FOR FOUR PROVINCES = 187</b>	<b>28</b>	<b>154</b>	<b>5</b>
<b>OTHER PROVINCES (where personnel have been trained):</b>			
<b>NORTH WEST PROVINCE</b>			
Bamenda Provincial Hospital	1	-	-
Provincial DOPH	-	1	-
<b>WEST PROVINCE</b>			
PMI Bafoussam	1	-	-
Provincial DOPH	-	-	1 nutritionist
<b>ADAMAWA PROVINCE</b>			
Provincial Hospital	1	-	-
Provincial DOPH	-	1	-
<b>NORTH PROVINCE</b>			
Guider Hospital	1	-	-
PMI Garoua	-	1	-
<b>EAST PROVINCE</b>			
Provincial Hospital Bertoua	-	1	-
TOTAL other provinces = 9	4	4	1
<b>TOTAL FOR NINE PROVINCES = 196</b>	<b>32</b>	<b>158</b>	<b>6</b>



<b>NATIONAL RESOURCE PERSONS</b>			
1992 Wellstart San Diego	4	2	-
1992 Ougadougou UNICEF	-	1	1 nutritionist
1993 Wellstart San Diego	4	2	1 nutritionist
1993 Bangui UNICEF	1	1	-
1994 Wellstart San Diego	2 (Faculty of Medicine)	2 (Nursing School)	-
<b>TOTAL National Resource Persons = 21</b>	11	6	2

54



**ANNEX VI: HEALTH FACILITY DATA SHEET FOR DOUALA**

55



ANNEX VI: HEALTH FACILITY DATA SHEET FOR DOUALA  
HEALTH FACILITY DATA SHEET

Date \_\_\_\_\_, 19 \_\_\_\_

Health facility name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Type of facility  Government  Public  Private  
 Mission  Teaching  Other

Name of chief hospital administrator \_\_\_\_\_ Phone \_\_\_\_\_

Is there a breastfeeding coordinator?  yes  no

Name \_\_\_\_\_ Title \_\_\_\_\_

Number of personnel trained on LME/Breastfeeding promotion				
Cadre	Number trained	Type of Training	Duration	Trainers
Doctors				
Nurses				
Others				
Total				

Number of in-service trainings \_\_\_\_\_ Sponsored by \_\_\_\_\_

Problems	Solutions	Lessons Learned

Is there a lactation clinic?  yes  no

For who \_\_\_\_\_

Who is responsible \_\_\_\_\_ Title \_\_\_\_\_



Clinic activities \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any client records that permit monitoring of activities/patient follow up?  
 yes  no Explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LME Equipment Available		
Available	Use	Needed

IEC Material Available					
Material	Number Received	Distribution		Displayed	
		Location	Number	Yes	No

Are posters displayed at service delivery sites?  yes  no  
 Explain \_\_\_\_\_

Are they referred to during counseling?  yes  no  
 Explain \_\_\_\_\_



**ANNEX VII: DATA FROM INTERVIEWS AND OBSERVATIONS IN DOUALA-LITTORAL PROVINCE**



### ANNEX VII: DATA FROM INTERVIEWS AND OBSERVATIONS IN DOUALA-LITTORAL PROVINCE

#### DELEGATION OF PUBLIC HEALTH

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
Interviewed the provincial delegate of public health	<p>The delegate reported breastfeeding promotion has been given priority by the MOPH as a major child survival intervention.</p> <p>The delegate has not received any training on breastfeeding and lactation management.</p> <p>He reported that the delegation did receive and distribute IEC material on breastfeeding promotion and lactation management.</p>
Interviewed a GTZ consultant	<p>The GTZ consultant also has not received any orientation on lactation management.</p> <p>She was interested to find out that, in the field, there was no effective integration of LAM and other family planning methods, even though staff are trained to do so. She reported that she had not been much involved in this program.</p>
Interviewed the provincial chief in charge of nutrition and IEC	<p>Given the District approach of health care management, the provincial chief in charge of nutrition and IEC was asked to draw up a checklist on nutrition that can be used for supervision.</p> <p>The provincial chief in charge of nutrition and IEC has been a facilitator in most of the training sessions in Douala.</p> <p>She reported having received and distributed IEC material, even though there were no distribution records. She explained the absence of IEC material, especially posters, by the fact that they could have fallen off the walls or been torn.</p> <p>She proposed that the key information sheets and posters should be done in the form of flipcharts, like those of the family planning program, so they can last longer.</p>



## NURSING SCHOOLS

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
<p>Interviewed one of the directors of the school who had received training interviewed.</p>	<p>This director was the only person to receive training at the school.</p> <p>Only one poster (text on optimal breastfeeding), given to the director during her training, was displayed on the campus.</p> <p>School never received any IEC materials.</p> <p>Directors expressed a need for:</p> <ul style="list-style-type: none"> <li>-- IEC material;</li> <li>-- training curricula on breastfeeding and lactation management; and,</li> <li>-- training of other faculty staff.</li> </ul> <p>One of the teachers has recently written a thesis on the factors that impact exclusive breastfeeding, a document that can be used by the national program.</p>

## MAISON DE LA FEMME (WOMEN'S HOUSE)

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
<p>Interviewed the Director of the center.</p>	<p>Four staff members have been trained, including the director.</p> <p>Health education for mothers and center trainees is the principal activity carried out by the trained staff.</p> <p>The Director and staff are currently working on a plan to give health talks to women's groups in Douala.</p> <p>Only one poster of the exclusively breastfed child is displayed in the waiting room. This poster was given to the director by UNICEF. Two other posters (text on optimal breastfeeding), given to staff during their training, were displayed in the conference room.</p> <p>The Director expressed the following needs:</p> <ul style="list-style-type: none"> <li>-- training curriculum;</li> <li>-- IEC materials;</li> <li>-- demonstration equipment (e.g., dolls, etc.);</li> <li>-- video tapes on breastfeeding and lactation management;</li> <li>-- refresher courses for trained staff; and,</li> <li>-- frequent follow-up and supervisory visits.</li> </ul>



## DISTRICT HOSPITAL DEIDO

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
<p>Interviewed three maternity staff members out of five who were trained (36 hours training).</p>	<p>Staff had knowledge of the basic facts of lactation management and breastfeeding promotion.</p> <p>The trained staff member (a doctor) responsible for the breastfeeding promotion activities in this hospital has been transferred to another district.</p> <p>Mostly health education and little or no hands-on management procedures are carried out by these staff members.</p> <p>Staff have no plan of action.</p> <p>Staff reported the following changes:</p> <ul style="list-style-type: none"> <li>-- more young mothers are breastfeeding instead of bottle feeding;</li> <li>-- there is a decrease in the incidence of neonatal jaundice;</li> <li>-- there is a decrease in the use of water and sugar water; and,</li> <li>-- these changes have resulted because of their training.</li> </ul> <p>Staff distribute Nestle brochures on breastfeeding that contain misleading and erroneous information to mothers. Staff explain they have no other information leaflets to give mothers.</p> <p>No IEC material was given to staff except a few posters (text on optimal breastfeeding and Ten Steps) handed to them at the end of their training.</p> <p>Staff expressed need for a refresher course, IEC material, frequent supervision and follow-up, and training of more staff.</p>
<p>Interviewed four mothers: two at the MCH clinic and two in the maternity wards.</p>	<p>Two of the four mothers had received information on how to breastfeed their babies.</p> <p>One mother had given plain water to her baby on the first day because her milk was not flowing.</p> <p>One baby was given the mother's own expressed breastmilk with a cup on the third day of life when the mother had to go visit the husband in prison.</p> <p>Only one mother reported being given her baby to hold immediately after birth.</p> <p>Most of the mothers reported not having been offered help with breastfeeding or being shown how to express breastmilk.</p> <p>None of the mothers could correctly demonstrate or describe how to position and attach their baby for breastfeeding.</p> <p>Three women reported having seen the poster on exclusive breastfeeding and could recall the key messages on the poster.</p>



<p>Observed maternity practices and visited pediatric wards.</p>	<p>A new doctor has been appointed as the director of the hospital. She is still getting oriented. She has been trained (36 hours).</p> <p>The other five trained staff include: one doctor, one midwife, and three nurse midwives. Two other nurse midwives received orientation on infant feeding from a team of trainers at the Provincial DOPH, Douala.</p> <p>The hospital has no lactation clinic.</p> <p>The hospital received ten posters on the Ten Steps. None were displayed.</p> <p>No client records are available to permit monitoring of activities or patient follow-up.</p> <p>Health facility has no breastfeeding policy.</p> <p>One delivery was observed and the baby was not put to the breast within thirty minutes after delivery. This delivery was carried out by one of the trainers of the DOPH accompanied by student nurses on internship.</p> <p>EPB consultant assisted at an excellent health talk on breastfeeding.</p> <p>No staff member from the pediatric ward has received training. The pediatrician who had received some orientation on child survival interventions from UNICEF expressed a need for staff training.</p>
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## DISTRICT HOSPITAL - BONASSAMA

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
<p>Interviewed one maternity staff member (out of five trained), two family planning unit staff members (out of two trained), and the director of the hospital (who had not received any orientation on breast-feeding).</p>	<p>Staff had a good knowledge of the basic facts on lactation management and breastfeeding promotion.</p> <p>There is no responsible officer for breastfeeding promotion activities.</p> <p>Health education is the primary activity of staff. Little or no hands-on management procedures are carried out.</p> <p>Staff have no plan of action.</p> <p>Staff reported the following changes:</p> <ul style="list-style-type: none"> <li>-- decrease in neonatal jaundice;</li> <li>-- decrease in the use of prelacteal feeds;</li> <li>-- more and more women practicing exclusive breastfeeding;</li> <li>-- less women are using formula to feed their babies; and,</li> <li>-- changes have resulted because of their training.</li> </ul> <p>Only the posters (text on optimal breastfeeding) handed to staff during their training were available and displayed (two in the delivery room, one in the private ward, and two in the family planning conference room).</p> <p>Staff expressed need for:</p> <ul style="list-style-type: none"> <li>-- IEC materials, including flyers for mothers;</li> <li>-- Clinic material (e.g., dolls, cups, spoons, etc.);</li> <li>-- Training of other staff;</li> <li>-- Frequent follow-up and supervision; and,</li> <li>-- More radio and television spots.</li> </ul> <p>The Hospital Director expressed a need for integrating the breastfeeding promotion activities into the district-oriented management of the primary health care program.</p>
<p>Interviewed two mothers.</p>	<p>One out of the two mothers interviewed had received information on how to feed their babies.</p> <p>One mother had given plain water with a cup and spoon to the child.</p> <p>One mother reported being offered help with breastfeeding and being given her baby to hold immediately after birth.</p> <p>None of the mothers could correctly demonstrate or describe how to position and attach their baby or show how to express breastmilk.</p> <p>None of the mothers had seen the poster on exclusive breastfeeding.</p>



<p>Observed practices at the maternity unit, the family planning unit and visited the pediatric ward.</p>	<p>Of the seven trained staff members, all were midwives and nurse-midwives.</p> <p>The hospital has no lactation clinic or breastfeeding policy.</p> <p>One in-service sensitization talk for hospital staff was carried out last year, sponsored by Nestle.</p> <p>The hospital director stated that the hospital had received some IEC materials that were displayed.</p> <p>No client records are available.</p> <p>A well-delivered health talk on breastfeeding, given by one of the trainees of the DOPH with no particular emphasis on LAM as a method of contraception, was observed at the family planning unit.</p> <p><b>FAMILY PLANNING ACTIVITIES:</b></p> <ul style="list-style-type: none"><li>- Staff claim women are counseled on LAM as a family planning method, but no records exist to this effect;</li><li>- The family planning client daily register does not list LAM as one of the contraceptive methods, even though the midwives admit it is mentioned during training in family planning.</li><li>- The flyers for patients and the flipcharts for health education at this unit do not contain any information nor pictures on breastfeeding and LAM.</li><li>- Even though the nurses in-charge of the family planning activities have received training on breastfeeding promotion and lactation management, there is still a problem with practically and effectively integrating these two key activities.</li></ul>
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## CEBEC HOSPITAL - BONABERI

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
<p>Interviewed two out of four trained staff members (one in maternity and one in pediatric ward).</p>	<p>The two staff members interviewed had a strong knowledge of the basic facts of breastfeeding promotion and lactation management.</p> <p>There is no responsible officer for breastfeeding promotion activities.</p> <p>Health education is the primary activity of the trained staff. There is little or no hands-on management procedures carried out.</p> <p>Staff have no plan of action.</p> <p>Staff reported the following changes:</p> <ul style="list-style-type: none"> <li>- mothers no longer give prelacteal feeds;</li> <li>- cases of neonatal jaundice and infections have decreased;</li> <li>- changes have resulted from training.</li> </ul> <p>No IEC materials were given to staff, only hand-drawn posters of a breastfeeding mother were found displayed at service delivery points.</p> <p>Staff expressed the following needs:</p> <ul style="list-style-type: none"> <li>- more radio and television spots; and,</li> <li>- more supervisory visits.</li> </ul> <p>Premature unit is taken care of by a dynamic and influential person (child care-giver) who is very interested in breastfeeding promotion. Unfortunately she has not received any training.</p>
<p>Interviewed one mother</p>	<p>Mother had received prenatal health education on how to feed her babies (twins)</p> <p>She had given plain water with a cup and spoon to her babies because they cry a lot.</p> <p>She was given her babies to hold twelve hours after birth. She reported being helped by the staff at the same time.</p> <p>Mother could not demonstrate how to correctly position and attach baby for breastfeeding. She had not been shown how to express breastmilk.</p> <p>Mother had not seen the poster on exclusive breastfeeding.</p>
<p>Observed practices at maternity and pediatric ward (premature unit).</p>	<p>No lactation clinic.</p> <p>No client records available.</p> <p>No health facility breastfeeding policy.</p> <p>One staff in pediatric ward is trained.</p> <p>No delivery was observed.</p>



## AD LUCEM HOSPITAL - BALI

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
<p>Interviewed two staff members out of six trained staff.</p>	<p>A total of six staff members have been trained (two doctors, three nurses/midwives, and one laboratory technician).</p> <p>The two staff interviewed had a good knowledge of the basic facts on breastfeeding and lactation management.</p> <p>The officer (doctor) responsible for breastfeeding promotion has gone back to school.</p> <p>Mainly health education and little or no hands-on management procedures are carried out by trained staff.</p> <p>Staff claim they were about to draw up a plan of action before their coordinator passed her examination to go back to school.</p> <p>Staff report the following changes:</p> <ul style="list-style-type: none"> <li>-- less neonatal infection, jaundice, and constipation;</li> <li>-- decreased incidence of breast abscesses;</li> <li>-- staff no longer prescribe additional, oral ergometrine to all mothers postpartum; and,</li> <li>-- changes are consequent to the fact that staff have received training.</li> </ul> <p>No IEC materials were distributed to the hospital. In fact no posters or information sheets were available.</p> <p>Staff needs included:</p> <ul style="list-style-type: none"> <li>-- training for the rest of the staff, especially doctors;</li> <li>-- refresher courses for previously trained staff; and,</li> <li>-- frequent supervision and follow-up.</li> </ul>
<p>Interviewed two mothers.</p>	<p>The two mothers interviewed had received prenatal advice on how to feed their babies.</p> <p>The mothers had given both plain and sugar water to their babies for various reasons.</p> <p>One mother was given her baby 30 minutes after birth and the other five hours after birth.</p> <p>Neither of the mothers could correctly demonstrate how to position and attach their babies for breastfeeding. Neither had been shown how to express breastmilk.</p> <p>Neither of the mothers had seen the poster on exclusive breastfeeding.</p>
<p>Observed practices at the maternity.</p>	<p>Two posters (UNICEF) on exclusive breastfeeding were displayed on the maternity door and the midwife's office.</p> <p>One delivery was observed and the child was not given to the mother immediately to hold.</p>



## P.M.I. CENTRALE (CENTRAL MCH CLINIC)

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
<p>Interviewed two staff members and the doctor in charge of breastfeeding activities (a Wellstart Associate).</p>	<p>Five nurses and one doctor have been trained.</p> <p>The two staff members interviewed had a good knowledge of the basic facts on breastfeeding and lactation management.</p> <p>Staff have no plan of action.</p> <p>Staff report the following changes:</p> <ul style="list-style-type: none"> <li>-- less use of the bottle;</li> <li>-- less infant diarrhea and malnutrition; and,</li> <li>-- mothers are very interested and always asking for information.</li> </ul> <p>Staff expressed the following needs:</p> <ul style="list-style-type: none"> <li>-- training of more staff; and,</li> <li>--frequent follow-up and supervision.</li> </ul> <p>The doctor in charge of breastfeeding activities stated that no posters or other IEC materials were received except the national policy and two posters (text) displayed in her office.</p> <p>The doctor also declared that:</p> <ul style="list-style-type: none"> <li>-- all messages are not well understood; and,</li> <li>-- women are still introducing prelacteal feeds at two to three months for various reasons, including work. As such, she is presently writing up a protocol to carry out a study of these various reasons. She is still looking for a sponsor.</li> </ul> <p>The choice of participants for training was not appropriate.</p> <p>There is a need to train more staff and a need for IEC materials.</p>
<p>Observed activities at the family planning unit.</p>	<p>FAMILY PLANNING ACTIVITIES: Findings are similar to those of the family planning unit at the District hospital Bonassama.</p>



## LAQUINTINIE HOSPITAL

CASE STUDY ACTIVITIES	OBSERVATIONS/STATUS
<p>Interviewed three staff members (two nurses and one doctor).</p>	<p>A total of five staff members (two doctors and three midwives) have been trained.</p> <p>The three staff members interviewed have a good knowledge of the basic facts on breastfeeding promotion and lactation management.</p> <p>There is no responsible officer for breastfeeding promotion activities.</p> <p>Health education is the primary activity of the trained staff. There is little or no hands-on management procedures carried out.</p> <p>There is no hospital plan of action.</p> <p>Staff report the use of formula and water by mothers has reduced.</p> <p>Posters and information sheets were distributed to the staff by the DOPH. Unfortunately, only one staff member reported this. He had information sheets and one poster on exclusive breastfeeding displayed in the delivery room.</p> <p><b>STAFF RECOMMENDED:</b></p> <ul style="list-style-type: none"> <li>-- training for the rest of the staff;</li> <li>-- refresher courses for those already trained;</li> <li>-- IEC materials should be given to all; and,</li> <li>-- national policy should be summarized in the form of a poster, like that of the national diarrhea disease control program.</li> </ul>
<p>Interviewed two mothers.</p>	<p>One of the two mothers had received prenatal advice on how to feed her baby.</p> <p>Both mothers had given water with a cup and spoon to their children.</p> <p>They were given their babies to hold later than one hour after birth.</p> <p>Neither of them had been offered help with breastfeeding.</p> <p>Neither could correctly demonstrate how to position and attach their babies for breastfeeding. They had not been shown how to express breastmilk.</p> <p>Neither of the mothers had seen the poster on exclusive breastfeeding.</p>
<p>Observed maternity practices.</p>	<p>No delivery was observed.</p> <p>There is no lactation clinic</p> <p>There are no client records that permit the monitoring of activities and patient follow-up.</p>

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## WELLSTART INTERNATIONAL

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

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

### International Programs

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

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

### National Programs

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

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

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