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BREASTFEEDING IN

EL SALVADOR

Assessment of Practices and Promotion

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EXECUTIVE SUMMARY

Rates of malnutrition are high in El Salvador, beginning primarily between the ages of 6-11 months and continuing up to 12-36 months. Fourteen percent of children between the ages of six and 36 months have low weight-for-age. After the third year, rates of low weight-for-age decrease. Infant morbidity from diarrhea and acute respiratory infections is also highest during the first few years of life. Low rates of exclusive breastfeeding during the first six months of life and inadequate complementary feeding are important causes of malnutrition, morbidity and mortality among young infants.

Feeding Practices of Infants and Toddlers

A high proportion of women in El Salvador (91%) initiate breastfeeding. The mean duration is 15 months; however, the mean duration of exclusive breastfeeding is only .6 months. Rates of exclusive breastfeeding are 26% at zero to two months postpartum and 6% at three to five months postpartum. The norm established by the Ministry of Health and Social Assistance (MOH) is exclusive breastfeeding for all infants for the first six months.

Complementary foods are generally inadequate in calories and low in nutrients such as vitamin A, especially in rural areas where malnutrition rates are higher than in urban areas. The caloric and nutrient density of complementary foods is too low, containing too much water or inadequate amounts of fats. Furthermore, feeding frequency is less than that needed for infants and toddlers.

Organizations Promoting Improved Infant Feeding

There are many excellent programs in El Salvador designed to improve young child feeding. The MOH's Department of Maternal Child Health has been very active in breastfeeding promotion through the Baby Friendly Hospital Initiative and the development of proposed legislation to restrict the marketing of breastmilk substitutes. The Maternal Child Health (MCH) Department serves as the coordinator of the Technical Committee for Breastfeeding, which includes representatives from the United Nations Children's Fund (UNICEF), the Pan American Health Organization (PAHO)/Nutrition Institute of Central America and Panama (Instituto de Nutrición de Centro América y Panamá-INCAP), and the Center for Breastfeeding Support (Centro de Apoyo para Lactancia Materna-CALMA).

The MOH Department of Nutrition has extensive experience in the promotion of improved complementary feeding. A recent study, conducted by the Manoff Group as part of a World Bank project with the Department of Nutrition, provides detailed information on child feeding practices. The study also outlines the first stage of the development of a social marketing campaign to improve young child feeding.

Non-governmental organizations (NGOs) are also active in breastfeeding promotion. There are 36 NGOs working in breastfeeding promotion and/or child growth and development. The Inter-Sectoral Committee for Child Survival (Comité Intersectoral de Supervivencia Infantil-CISI) and the Maternal Health and Child Survival Project (Proyecto de Salud Materna y Supervivencia Infantil-PROSAMI) support the child survival programs of these groups through training, educational materials and other activities. CALMA, a member of both CISI and PROSAMI, is the only NGO in El Salvador with the specific mission to promote breastfeeding.

Training of Health Professionals

Since 1980, CALMA has provided extensive training in breastfeeding promotion for health professionals in El Salvador. Fourteen physicians and nurses have received two to four weeks of training in lactation



management at Wellstart in San Diego, California. The Ministry of Health, with UNICEF support, has trained hospital staff at 80% of the MOH hospitals and health centers in El Salvador. Since 1992, the training program for traditional birth attendants ("parteras") has included more extensive information on breastfeeding.

Hospital Practices

As a result of the training of health care providers, breastfeeding practices in MOH hospitals are commendable. Mothers breastfeed soon after delivery and rooming-in occurs routinely. Glucose water is not given to newborns. Breastmilk substitutes are not commonly used.

In contrast, in the Social Security Institute's hospital in San Salvador and in private hospitals, infants are separated from their mothers for up to 12 hours after birth. Infants are given glucose and bottles of formula and kept in separate nurseries. At the time of discharge, mothers are given free samples of formula.

Practices in Rural Areas

In rural areas, nearly 70% of births occur at home, usually with the assistance of a traditional birth attendant. Infants are often put to the breast soon after birth; however, they may also be given liquids such as sugar water or rice water until the milk "comes in." This early use of other liquids introduces contaminants to the infant that can result in diarrhea.

Mass Media Campaigns

There have been few extended mass media campaigns to support improved feeding practices. One problem has been limited free air time. In many other countries, air time is frequently donated by radio and television stations for public service announcements. In El Salvador, however, there is little tradition for this service.

Policies Related to Infant Feeding

The new MOH norms published in October 1992 encourage exclusive breastfeeding to 6 months. Monitoring the implementation of these norms will help to improve the advice health workers give to mothers on infant feeding. The proposed law for the "Support, Promotion and Protection of Breastfeeding," if enacted, would establish a Breastfeeding Commission composed of representatives from the Ministry of Health and many other ministries. The law would require enforcement of the Code of Marketing of Breastmilk Substitutes. The Commission is a needed entity to help develop broad policies for the promotion of breastfeeding.

Although existing laws provide 12 weeks maternity leave for mothers working in the formal sector, they do not apply to women who work in the informal sector. More than half of the women who are employed work in the informal sector. Women who work in the public sector are required by Civil Service Law to take four weeks leave before the birth and eight weeks afterwards. In the private sector, all 12 weeks of leave can be taken after the birth. A longer leave after birth helps support exclusive breastfeeding for an extended period.

Currently, there are no provisions for nursing breaks for women employed in the formal sector. Nursing breaks can help women practice exclusive breastfeeding. Taxation of infant formula is another policy that can affect breastfeeding rates. Although a Ministry of Health declaration states that breastfeeding



is a public good, infant formula is not taxed since the law considers it an "essential commodity." In contrast, many other foods are taxed at the retail level.

Recommendations

Legislative Changes

- Promote passage of the proposed law for the "Support, Promotion and Protection of Breastfeeding."
- Remove infant formula from the tax-free list by changing the law that classifies it as an "essential food."
- Include provisions in the Labor Law to provide working women with nursing breaks and child care.

Integration of Infant Feeding with Child Survival

- Encourage standardization of the norms related to hospital breastfeeding practices, dietary management of diarrhea, and appropriate complementary feeding for use in MOH, Social Security and private facilities.
- Discourage hospitals from selling infant formula in their pharmacies.
- Promote exclusive breastfeeding in family planning programs, both for its benefits in extending the duration of postpartum amenorrhea and in reducing health risks.
- Adopt policies to reduce the use of general anesthesia and the period of mother-child separation during procedures of postpartum sterilization.

Training

- Support clinical training of health professionals in lactation management.
- Train paraprofessionals working at the community level in lactation management.

Curriculum Modification

- Include the management of improved infant feeding in the training curriculum for all health care providers.

Information, Education and Communication

- Support policies to increase the donation of free air time for mass media efforts.
- Support mass media campaigns to promote improved infant feeding in all levels of society.



Private Sector Initiatives

- Encourage private sector businesses and industries to adopt policies and practices that will support improved infant feeding.

Mother-to-Mother Support Groups

- Provide community-based support at all socio-economic levels, including working women.



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This study is part of the Health Sector Assessment that was requested by the Ministry of Planning in El Salvador and financed by USAID, the World Bank, PAHO and the Inter-American Development Bank. The methodology for the Infant Feeding Assessment was based on the "Guide for a Preliminary Country Analysis of Activities and Practices Supporting Breastfeeding," published by MotherCare. We would like to especially thank the Centers for Disease Control and the Demographic Association of El Salvador for undertaking a preliminary analysis of breastfeeding practices based on data from the 1993 Family Health Survey and making the information available for this assessment.

The authors would like to thank CALMA, the Center for Breastfeeding Support, for its valuable collaboration and support.

**LIST OF ACRONYMS**

ARI	Acute Respiratory Infection
ASAPROSAR	Asociación Salvadoreña Pro-Salud Rural (Rural Health Center of El Salvador)
ANTEL	Administración Nacional de Telecomunicación (National Administration for Telecommunication)
CALMA	Centro de Apoyo para Lactancia Materna (Center for Breastfeeding Support)
CANALAM	Comisión Nacional para la Lactancia Materna (National Commission for the Support of Breastfeeding)
CARITAS	Catholic Relief Services
CISI	Comité Intersectoral de Supervivencia Infantil (Inter-Sectoral Committee for Child Survival)
EEC	European Economic Community
ESANES	Evaluación de la Situación Alimentaria Nutricional en El Salvador (Evaluation of the Food and Nutrition Situation in El Salvador)
FHS	Family Health Survey
FUNDASAL	Fundación Salvadoreño del Desarrollo y Vivienda Mfñima
INCAP	Instituto de Nutrición de Centro América y Panamá (Nutrition Institute of Central America and Panama)
ISSS	Instituto Salvadoreño del Seguro Social (Social Security Institute of El Salvador)
IUD	Intra-Uterine Device
IVA	Impuesto al Valor Agregado (Added Value Tax)
MCH	Maternal Child Health
MOH	Ministry of Health and Social Assistance
NGO	Non-governmental Organization
PAHO	Pan American Health Organization
PROCADES	Asociación de Promoción, Capacitación, y Desarrollo (Association for Promotion, Training and Development)
PROSAMI	Proyecto de Salud Materna y Supervivencia Infantil (Maternal Health and Child Survival Project)
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization



I. INTRODUCTION

There have been numerous studies and literature reviews on infant feeding in El Salvador conducted by the Demographic Association of El Salvador, INCAP, the MOH of El Salvador, PAHO, UNICEF, CALMA, the Centers for Disease Control and Prevention, the U.S. Agency for International Development (USAID) and others. This report summarizes the extensive information provided by these studies and reviews the activities of relevant public and private sector organizations involved in improving infant feeding practices in El Salvador.

Methods Used in the Assessment

The four-person Infant Feeding Assessment Team consisted of health professionals with experience in breastfeeding promotion (Annex 1). The methodology used by the team was based on the "Guide for a Preliminary Country Analysis of Activities and Practices Supporting Breastfeeding" (MotherCare, 1993). The team worked closely with the MOH and the Technical Committee on Breastfeeding. The Committee includes representatives from the Ministry of Health, UNICEF, INCAP and CALMA. Data on infant feeding practices in El Salvador were reviewed and meetings held with personnel of government ministries, donor agencies and non-governmental organizations involved in infant feeding programs.

The team also worked in coordination with the Health Sector Assessment Team to review the organizational structure of the health sector in El Salvador. USAID, the World Bank, PAHO and the Inter-American Development Bank are providing assistance for the Health Sector Assessment. The Health Sector Assessment will review the performance and financing of the health system and identify policies that constrain better performance. The Health Sector team is collecting comments and recommendations from health professionals and individuals from other sectors. The goal of the report is to provide the government, to be elected in the spring of 1994, with technically-based policy options and to help donors define and coordinate their funding for health programs. The Infant Feeding Assessment Team gave a copy of this report to the Health Sector Assessment Team for incorporation into their technical report on maternal and child health.

Site visits and meetings

The team visited several hospitals and health centers and met with representatives of many organizations in order to learn about programmatic activities to enhance optimal infant feeding and the perceptions and recommendations of people implementing these activities. Meetings were held with representatives of the MOH, the Technical Committee on Breastfeeding, USAID, UNICEF, PAHO/INCAP, research organizations, community-based nutrition programs, the Social Security Institute and several non-governmental organizations (NGOs). Annex 2 lists the individuals and organizations contacted.

Review of studies

Two major studies were used extensively in the preparation of this report. The Family Health Survey (FHS) (1993) was conducted throughout El Salvador during the first several months of 1993 among a representative sample of 6,207 women of reproductive age. These women were asked about the food consumption of their youngest child on the day preceding the survey. This information was used to assess feeding practices and maternal characteristics associated with these practices.

An ethnographic study conducted by the Manoff Group and the MOH Department of Nutrition provided information on beliefs and attitudes about young child feeding. This study collected information



throughout the country through the use of focus groups and indepth interviews with 109 pregnant and lactating women and 18 key informants in 16 communities.

II. COUNTRY BACKGROUND

El Salvador was engaged in a civil war from 1979-1992. During this time, there were high levels of emigration, with over one-fifth of the population living outside of El Salvador. One-half of the war-time emigres lived in the United States (Fiedler et al, 1993). With a population in 1992 of about 5.25 million, El Salvador is the most densely-populated country in Central America. A regional map of El Salvador is shown in Figure 1.

Population Characteristics

According to preliminary results from the 1992 census, 52.3% of the population lives in rural areas. One-fifth of the population lives in the capital city of San Salvador. The number of women of reproductive age living in union is 625,000. Annually there are 152,000 births. At any one time, about 25% of fertile women are pregnant.

Economic Summary Statistics

Income distribution is highly skewed in El Salvador. According to estimates, 35% of the population lives in extreme poverty, which is defined as insufficient income for purchasing the quantity of food needed to meet nutritional requirements (Fiedler et al, 1993). The estimated cost in 1992 of a "basic family food basket" for one month was 204 colones (\$24¹) in urban areas and 119 colones (\$14) in rural areas (Ministry of Plan, 1992 as reported by Vio, 1993).

The cost of infant formula demonstrates the importance of breastfeeding for poor families. One can of infant formula costs about 28 colones (\$3.30) and will feed an infant for only three to four days (Chorro, 1992). A 1992 UNICEF study reported that the average cost of feeding a newborn with powdered milk in San Salvador was 10.7 colones per day (\$1.25). This amount is 150% of the daily cost of the family food basket, making the use of sufficient quantities of powdered milk for infant feeding unrealistic for poor families.

Government expenditures on health

In 1991, the MOH and the Social Security Institute of El Salvador (Instituto Salvadoreño del Seguro Social-ISSS) accounted for 39% of total health care expenditures in the country; the private sector accounted for 61%. Health care expenditures are equivalent to 3.3% of the gross domestic product (Fiedler, et al, 1993). Government expenditures on health include total costs of operation for services provided through MOH hospitals, health centers and health units and posts (unidades and puestos).

¹ Exchange rate of 8.5 colones per US \$1.00.

MAP OF EL SALVADOR

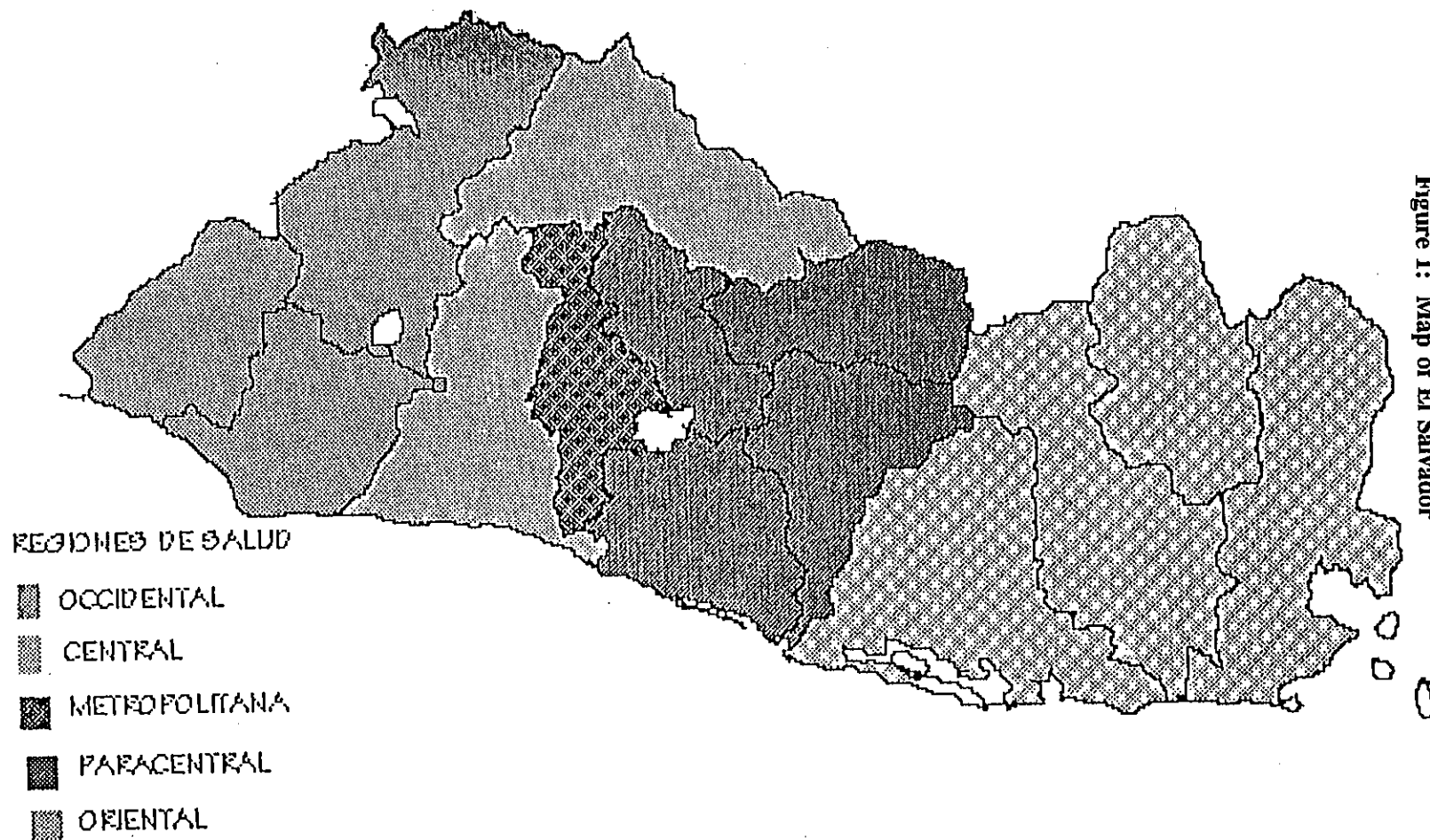


Figure 1: Map of El Salvador



Estimated total costs in 1991 were 430 million colones (\$50.6 million for 1991²). This figure includes capital expenditures which represent about 20-25% of the total cost. Food distributed through health units and posts accounted for 12% of the total cost. In 1991 the average cost of an ambulatory visit was \$2.35 (ranging from \$1.76 in health units to \$3.18 for hospitals) and \$45.41 for a hospital discharge.

The amount of money set aside for breastfeeding promotion includes personnel costs for three health professionals in the Department of Maternal Child Health who devote much of their time, but not all, to breastfeeding. UNICEF provides funds to the MOH for Baby Friendly Hospital activities.

Sanitary and Environmental Conditions

Breastfeeding is important in preventing illness in young children, especially in households with limited access to safe, adequate water supplies. In urban areas, 67% of households have water piped to their homes compared to only 34% in rural areas. Nearly all urban households (95%) have indoor toilets or latrines compared to 61% of rural households (ESANES, 1988).

III. INFANT FEEDING PRACTICES

Breastfeeding Practices

The World Health Organization (WHO) recommends exclusive breastfeeding for the first four to six months and the continuation of breastfeeding for two years or more, complemented with other foods beginning at four to six months of age. This recommendation, while supported by the government of El Salvador, is seldom practiced. Preliminary data from the 1993 Family Health Survey indicate that while 91% of infants in El Salvador are breastfed at birth, only 6% are exclusively breastfed at three to five months of age. The average duration of exclusive breastfeeding is .6 months (Table 1). The mean duration of predominant breastfeeding is only 2.4 months when rates of full breastfeeding (breastmilk plus water) are combined with rates of exclusive breastfeeding. The median duration of full breastfeeding is longer in rural areas and among women with less education.

The low rate of exclusive breastfeeding is a matter of concern because even the use of water has been shown to increase the risk of diarrhea in breastfed infants (Brown et al, 1989). Mothers who reported giving their infants water in the first two months of life did so nearly three times per day. Among infants zero to two months, 38% received infant formula or other milk in addition to breastmilk. Mothers who supplemented breastmilk with other milks gave the breastmilk substitute on average twice a day.

Besides the early introduction of water and breastmilk substitutes, purees, "atoles" (grain-based drinks) and other foods are introduced prematurely. Early use of food other than breastmilk is not appropriate for young infants and increases the risk of diarrheal disease and acute respiratory infections. Figure 2 illustrates the types of liquids and foods that are consumed by young infants. This information is based on mothers' 24 hour recall of liquids and foods consumed by the infant on the day preceding the survey. At three months of age, 17% of infants were fed a semi-solid food about once a day; 22% were fed a soft food twice a day. By four months, 32% received semi-solid foods an average of 1.7 times per day and 64% an average of 2.4 times per day.

² Exchange rate of 8.5 colones per US \$1



Table 1: Mean Duration of Breastfeeding

Characteristic	Excl. BF (mos.)	Full BF (mos.)	Any BF (mos.)	No. of Cases (Not weighted)
Total	0.6	2.4	15.0	(4319)
<u>Residence</u>				
Metropolitan San Sal.	0.5	2.1	12.8	(971)
Other Urban	0.5	2.1	14.2	(1137)
Rural	0.8	2.8	16.4	(2211)
<u>Region</u>				
Occidental	1.3	2.7	16.5	(894)
Central	0.4	2.5	15.3	(676)
Metropolitana	0.4	1.9	12.9	(1197)
Paracentral	0.6	2.6	16.2	(636)
Oriental	0.4	2.7	15.5	(916)
<u>Education Level (yrs)</u>				
None	0.9	3.2	17.3	(1086)
1 - 3	0.6	2.7	15.5	(1078)
4 - 6	0.8	2.3	14.5	(962)
7 - 9	0.3	1.5	14.1	(616)
10 or more	0.4	1.9	12.9	(577)
<u>Employment Situation</u>				
No paid work	0.7	2.7	15.7	(3209)
Works at home	0.2	1.1	14.2	(333)
Works outside the home	0.5	1.5	12.7	(777)
<u>Age (yrs)</u>				
15 - 19	**	**	**	(413)
20 - 29	0.6	2.2	14.3	(2531)
30 - 39	0.4	2.9	16.5	(1173)
40 - 49	**	**	**	(202)

** Less than 25 cases

Excl BF: Exclusive breastfeeding, receiving only breastmilk.

Full BF: Exclusively breastfed or receiving breastmilk and other liquids but no milk.

Preliminary data, unpublished results, Family Health Survey (1993).

Infant Feeding Practices in El Salvador 1993

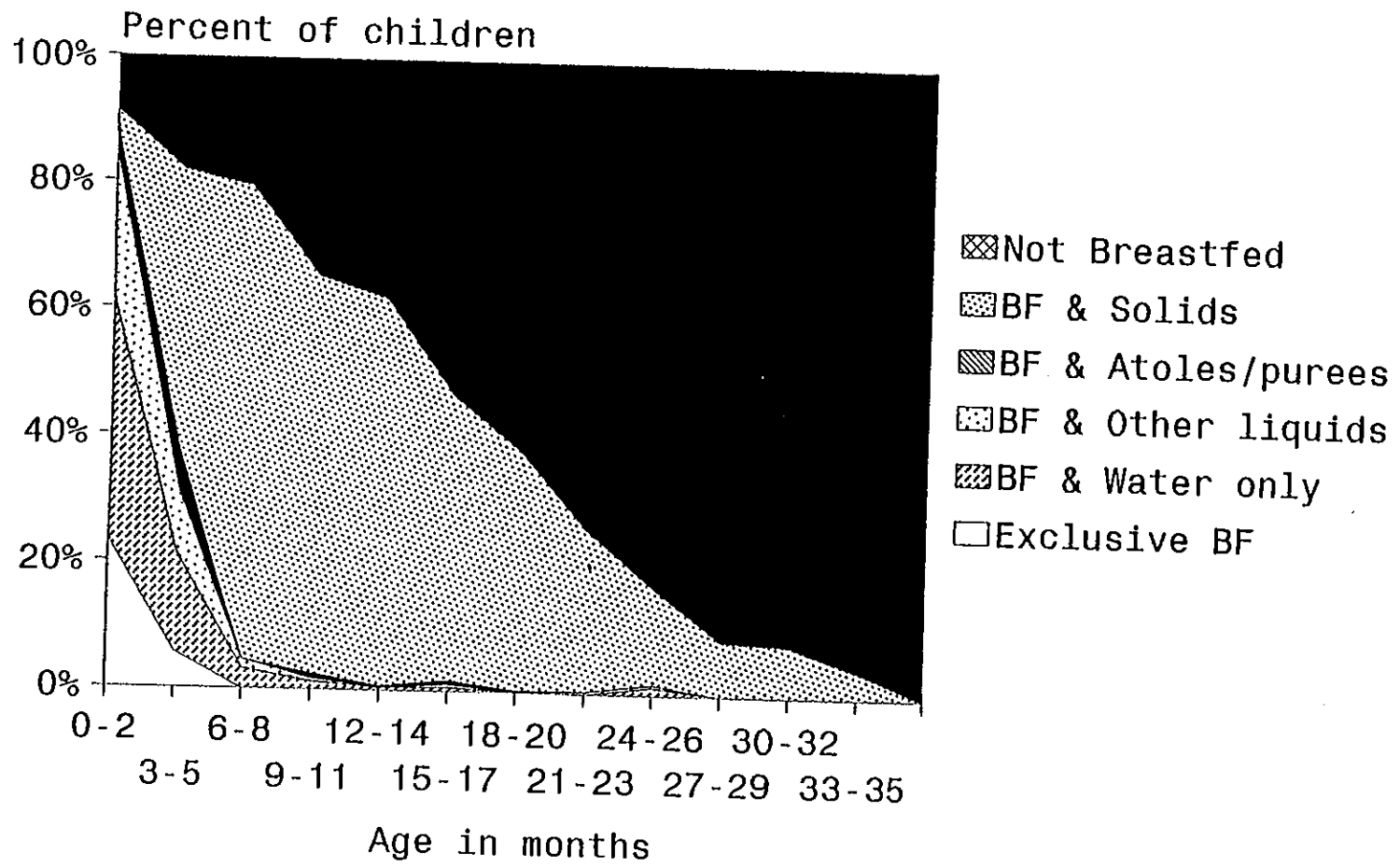


Figure 2: Feeding Patterns by Child's Age, El Salvador (1993)

Family Health Survey, 1993



Table 2 uses WHO definitions to distinguish various breastfeeding practices and shows that over half of children 12-15 months of age are still breastfeeding. The rate of breastfeeding among toddlers drops to 28% at 20-23 months. Thus, many children at ages one and two years are not receiving the high quality protein and micronutrients that breastmilk provides. Even among infants of women with the least education, nearly 30% are no longer receiving breastmilk at one year. Such infants are at greatest risk of malnutrition and need the benefits of continued breastfeeding.

Approximately 10% of mothers in El Salvador never breastfeed. Table 3 shows the reasons that these mothers give for not breastfeeding. The two principal reasons are: infant did not want to breastfeed (37.1%) and milk supply was insufficient (26.4%). The proportion of women mentioning these reasons is similar for metropolitan, other urban and rural areas. These results are similar to reasons given for terminating breastfeeding as illustrated in Table 4. Over 60% of mothers of infants less than two months of age who had stopped breastfeeding reported that they did so due to "insufficient milk" or the infant's lack of interest in breastfeeding. From these figures we can conclude that a high proportion of mothers could be helped to breastfeed and increase their milk supply with adequate support from a trained health professional or community member. This individual could be a physician or nurse in urban areas and a traditional birth attendant or health promoter in rural areas.

Complementary Feeding

By six months of age, most babies need other foods in addition to breastmilk. The initiation of complementary feeding along with breastfeeding is a critical time for babies in El Salvador. Poverty, limited availability of appropriate food, inadequate sanitary and environmental conditions and poor child feeding practices contribute to high rates of morbidity, mortality and malnutrition.

As mentioned above, the 1993 Family Health Survey indicates that many mothers introduce complementary foods before the recommended age of six months (Table 5). Only 23% of infants between zero to two months are breastfed exclusively. By three to five months, half of infants are given solid or semi-solid foods. Lack of exclusive breastfeeding and early introduction of complementary foods result in high levels of growth retardation and low weight-for-age.

Child growth and health are also affected by the quantity and quality of the diet. The weaning diet of many children in El Salvador lacks sufficient nutrients and micronutrients (iron, folic acid and vitamin A) to satisfy nutritional requirements and to protect against infection. Data from the Evaluation of the Food and Nutrition Situation Survey (ESANES, 1988) suggest the relationship between infection and malnutrition. The highest incidence of diarrhea occurs in children under two years of age. Due to inadequate diets and recurrent infections, children between 12 and 17 months show the highest rates of iron deficiency (51%) and vitamin A deficiency (46%) among children under age five years.

Dietary Management of Diarrhea

To help prevent deterioration of nutritional status, infants with diarrhea should continue to be fed breastmilk and other complementary foods (except for full strength cow's milk). Infants who are denied or who refuse food have greater problems recovering from diarrheal episodes. In the main children's hospital in San Salvador, feeding during therapy for diarrhea is contra-indicated. While the MOH norms encourage feeding during diarrhea, it is evident from site visits that these norms are not always followed.

**Table 2: WHO Breastfeeding Indicators**

Characteristic	Not BF (0-3 mo)	Excl.BF (0-3 mo)	Predom BF (0-3 mo)	Complem BF (6-9 mo)	Cont'd BF (12-15 mo)	Cont'd BF (20-23 mo)
Total (%)	9.9	20.4	38.9	70.9	60.1	28.0
<u>Residence</u>						
Metropolitan San Sal.	16.2	18.1	39.0	56.8	48.9	21.6
Other Urban	15.4	15.4	41.5	66.3	50.0	33.3
Rural	3.6	24.5	37.3	79.4	71.3	29.4
<u>Region</u>						
Occidental	8.1	40.7	31.4	82.0	71.2	47.9
Central	9.5	13.1	32.1	71.7	66.1	16.7
Metropolitana	16.7	15.1	40.5	58.1	46.5	24.5
Paracentral	7.1	21.4	38.1	73.7	64.9	12.5
Oriental	4.0	13.3	53.3	74.4	62.1	30.2
<u>Education Level (yrs)</u>						
None	3.2	28.0	39.8	77.9	70.7	35.7
1 - 3	4.3	17.9	35.9	73.3	55.7	28.6
4 - 6	13.9	25.7	39.6	75.0	61.5	31.6
7 - 9	17.3	12.0	38.7	66.7	73.1	19.6
10 or more	14.5	15.9	42.0	57.6	38.1	19.6
<u>Employment Situation</u>						
No paid work	7.3	22.0	42.3	74.0	67.8	28.6
Works at home	**	**	**	**	**	**
Works outside the home	24.3	18.6	24.3	53.8	40.5	21.6
<u>Age (yrs)</u>						
15 - 19	6.7	24.4	34.5	76.7	62.7	27.5
20 - 29	12.4	20.3	39.5	71.2	58.4	22.1
30 - 39	6.0	14.9	44.8	64.9	58.4	41.3
40 - 49	**	**	**	**	**	**

** Less than 25 cases

Exclusive BF: Only breastmilk

Predominant BF: Receiving breastmilk and other liquids but no milk

Complementary BF: Receiving breastmilk and other liquids and solids

Continued BF: Still being breastfed

Preliminary data, unpublished results, Family Health Survey (1993).

**Table 3: Reasons Given for Not Breastfeeding**

Reason	Total	Metropolitan San Salvador	Other Urban	Rural
Child did not want	37.1	43.4	31.2	35.6
Insufficient milk	26.4	27.2	30.4	22.1
Child died	15.2	8.7	15.9	21.5
Mother sick	6.1	4.1	8.7	6.1
Child sick	5.5	4.1	3.6	8.6
Work	3.4	5.8	2.9	1.2
Other	2.7	2.9	3.6	1.8
Mother did not want to	2.1	3.5	1.5	1.2
Inverted nipples	0.8	0.6	0.7	1.2
Inconvenient	0.6	0.0	1.5	0.6
Total	100	100	100	100
No. of cases (not weighted)	(338)	(115)	(101)	(122)

Preliminary data, unpublished results, Family Health Survey (1993).



Table 4: Reasons Given for Stopping Breastfeeding

Reason	Total	Age Stopped Breastfeeding (mos.)				
		<2	2-4	5-11	12-23	24-59
Time to wean	34.3	2.1	1.9	8.9	36.8	72.9
Insufficient milk	17.3	45.8	35.6	20.4	11.4	5.5
Child did not want	14.9	20.4	21.1	27.0	10.2	7.7
Work	10.3	2.8	16.7	18.1	9.1	5.3
Mother sick	7.1	11.3	7.8	5.8	10.2	2.8
Pregnancy	6.5	0.0	2.2	8.9	12.2	2.1
Other reasons	2.2	0.7	3.0	2.3	3.5	0.8
Child sick	2.0	2.8	4.4	2.0	1.9	0.8
Child dies	2.0	11.3	3.3	2.3	0.8	0.0
Inconvenient	1.7	1.4	1.5	1.7	2.6	0.9
Breast problems	0.9	1.4	1.9	0.9	0.5	0.9
Started contraception	0.8	0.0	0.7	1.7	0.8	0.4
Total	100	100	100	100	100	100
No. of cases (not weighted)	(1534)	(107)	(214)	(275)	(511)	(427)

Preliminary data, unpublished results, Family Health Survey (1993).



Table 5: Percent of Women Breastfeeding and Giving Supplements by Child's Age

Type of Breastfeeding and Supplementation								
Age in mos.	Excl. BF	BF & Water	BF & other liquids	BF with atoles/purees	BF with solids	Not BF	Total	no. of cases (not weighted)
0-2	23.4	38.0	22.8	4.1	2.9	8.8	100.0	(247)
3-5	5.6	15.9	9.9	6.7	43.7	18.3	100.0	(225)
6-8	0.0	3.2	1.4	0.0	74.6	20.7	100.0	(210)
9-11	0.0	1.3	0.4	0.9	62.7	34.8	100.0	(203)
12-14	0.0	0.4	0.0	0.4	61.1	38.2	100.0	(211)
15-17	0.0	0.7	0.4	0.4	45.1	53.5	100.0	(231)
18-20	0.0	0.0	0.0	0.7	37.7	61.6	100.0	(224)
21-23	0.0	0.0	0.4	0.4	25.2	74.0	100.0	(181)
24-26	0.0	1.3	0.4	0.0	15.1	83.2	100.0	(185)
27-29	0.0	0.0	0.0	0.0	8.6	91.5	100.0	(223)
30-32	0.0	0.0	0.0	0.0	8.0	92.0	100.0	(211)
33-35	0.0	0.0	0.0	0.0	4.1	95.9	100.0	(182)
36-59	0.0	0.0	0.0	0.0	0.8	99.2	100.0	(1600)
Total	1.9	3.7	2.2	0.8	20.4	71.0	100.0	(4143)

Preliminary data, unpublished results, Family Health Survey (1993).



IV. MORTALITY, MORBIDITY AND NUTRITIONAL STATUS

Infant Mortality Rates

Based on 1988 figures, the infant mortality rate in El Salvador is one of the highest in Latin America at 53 per thousand. Preliminary results from the 1993 Family Health Survey suggest that the rate has decreased to 45/1000. In El Salvador, diarrhea and acute respiratory infection (ARI) are responsible for 36% and 33% of post-neonatal deaths respectively. For children under 12 months, diarrhea accounts for 19% of infant deaths and ARI for 16%.

Infant Morbidity

Diarrheal diseases

Infants in El Salvador also experience high rates of diarrheal morbidity due, in part, to low rates of exclusive breastfeeding and premature termination of breastfeeding. The 1993 FHS found that 30.5% of infants and 22.7% of children one to four years experienced diarrhea during the preceding two weeks. The 1988 Family Health Survey showed that the highest rates of diarrhea were among children one to two years (45%) and the second highest among those less than one year (38%). In 87% of the cases, the family had sought treatment for the child.

The importance of breastfeeding in protecting against diarrhea is shown in studies in poor urban areas of Lima, Peru. These studies found that infants ages three to five months who were breastfed and given water and herbal teas had a two times greater risk of diarrhea than exclusively breastfed infants. Infants who were not breastfed had five times the risk of diarrhea (Brown et al. 1989).

In El Salvador, the average cost to a family of treating a child who has diarrhea is estimated at 11.68 colones when drugs are purchased at a pharmacy and 4.62 colones when purchased at a MOH facility. These costs include transportation to the clinic, the costs of the consultation, drugs and laboratory analyses (COEIS, 1992). Given the high levels of diarrhea among infants in El Salvador, the amount that families and the MOH are spending on diarrheal treatment is substantial. Increasing breastfeeding rates and improving feeding practices in El Salvador would result in lower rates of diarrhea in infants and reduced health care expenditures.

Acute respiratory infections (ARI)

As with diarrhea, breastfeeding is associated with a lower risk of ARI. During the first five months of life, breastfed infants in Lima, Peru, experienced three times less ARI than infants who were not breastfed. Among mothers questioned in the 1993 Family Health Survey in El Salvador, 68.1% reported that their infants had experienced respiratory infections during the preceding two weeks. A similar rate (68.8%) was reported for children one to four years of age. ARI treatment results in household and government expenditures that could be reduced with increased rates of breastfeeding.

Nutritional Status of Young Children

Preliminary results from the 1993 FHS illustrate that 11.2% of infants under the age of five have low weight-for-age, and 22.8% have low height-for-age (stunting). However, these statistics hide the fact that by the age of 24 months, most nutritional deficits have occurred. The high pattern of stunting after this age is primarily due to malnutrition appearing during the latter part of infancy and the second year of life.



Anthropometric measures

The typical growth patterns for children in El Salvador are shown in Figure 3 and Table 6. The mean growth approximates the reference curve until five to six months of age. At this point, mean growth begins to fall away from the curve until about 24 months when levels stabilize or improve slightly. Height, however, never "catches up," resulting in the high prevalence of chronic malnutrition or "stunting" (height deficit) in the population. These results underscore that the second six months of life are a critical period. Inadequate growth during this period is related to poor complementary feeding, termination of breastfeeding and high rates of infectious diseases.

Low birth weight

A high proportion of infants are born in El Salvador with low birth weight. The Maternity Hospital in San Salvador reports a low birth weight rate of 16%; traditional birth attendants report a rate of 21% (Ministerio de Planificacion et al, 1992). A study was conducted in 1989-1990 to assess low birth weight, prematurity and perinatal mortality at the hospital San Rafael de Santa Tecla. This hospital is one of the five regional hospitals in El Salvador that primarily serves low-income women from both urban and rural areas (Cambreau et al, 1991). About 4,000 babies are born at the hospital each year. During the study period, 10% of the infants were born with low birth weight; 7% were premature.

Low birth weight infants are at high risk of disease. Breastmilk is an important child survival intervention, helping to protect low birth weight infants from illness. Some hospitals in El Salvador, such as the Maternity Hospital in San Salvador and the hospital in Chalatenango, have implemented a "kangaroo mother program" to care for low birth weight infants. Babies are kept warm, and their activity is restricted. Being kept close to their mothers, the newborns can nurse frequently with little effort. However, in some hospitals, "kangaroo" infants are bottle fed.

Vitamin A deficiency

Breastfed infants seldom exhibit vitamin A deficiency during the first six months of life. In El Salvador, the highest rates of vitamin A deficiency among young children are found in children 12-17 months of age (ESANES, 1988). Supplementing mothers with vitamin A would help reduce inadequate levels in both mothers and breastfed children.

Interventions to reduce vitamin A deficiency include fortification of sugar and distribution of vitamin A capsules through Ministry of Health programs. Profamilia provides vitamin A supplements to pregnant women, helping to ensure that there will be adequate quantities of vitamin A in their breastmilk. Supplementation during lactation would also promote improved vitamin A levels for infants who are breastfed during the first and second years of life. In addition, appropriate complementary feeding initiated at six months of age would reduce vitamin A deficiency.

Maternal Nutritional Status

Information on maternal nutritional status is limited. The high rates of low birth weight suggest that maternal malnutrition is a problem. Anemia among women may also be a concern, especially during pregnancy.

Nutritional Status of Children in El Salvador, 1993

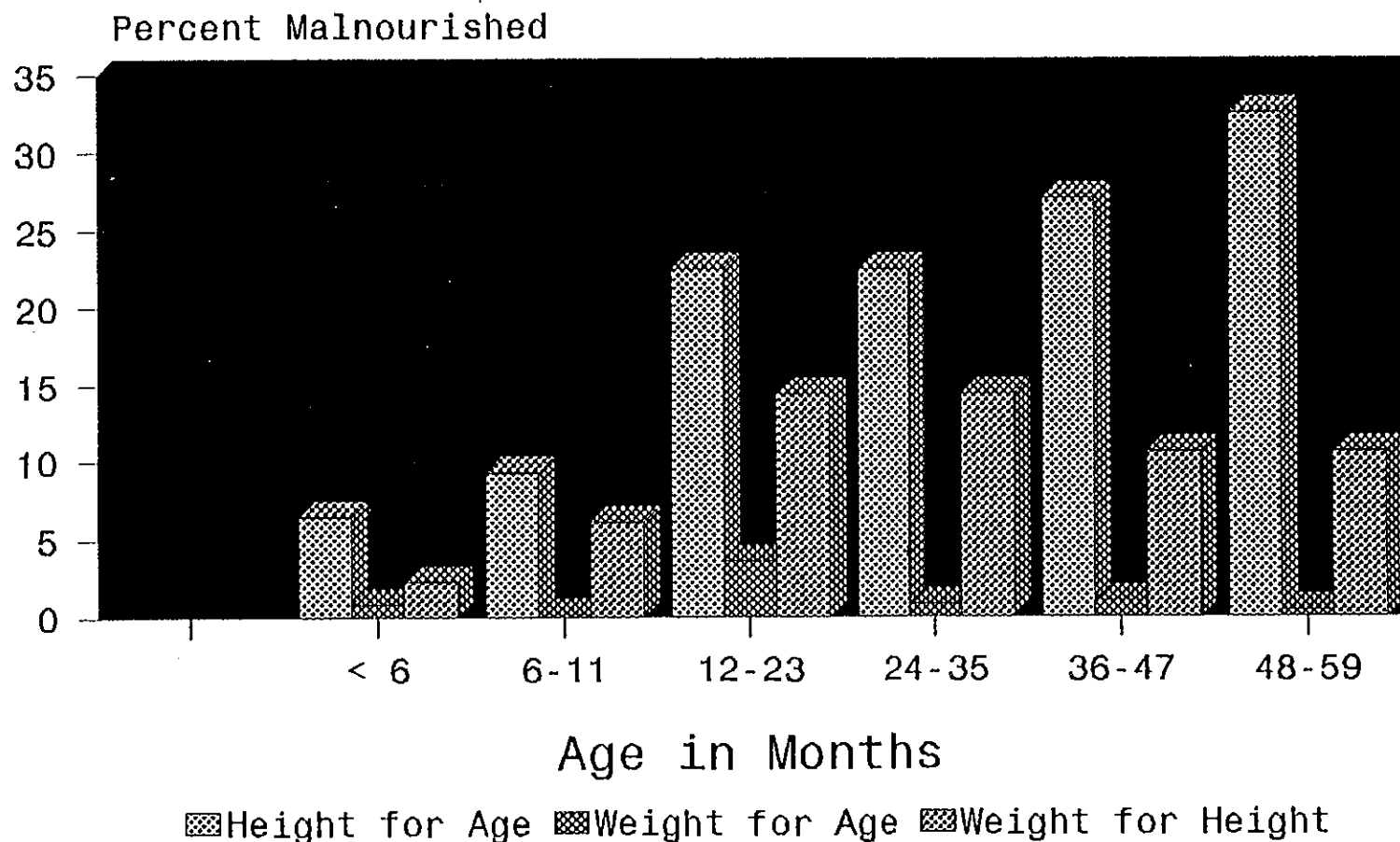


Figure 3: Nutritional Status of Children under Age Five Years (1993)





Table 6: Nutritional Status of Children Less than Age 5 Years

Total	<-2.00	<-3.00	< -2.00 - -2.99	>-2.00	Total	N
Height for age 3 - 5 mo.	6.5	0.4	6.1	93.5	100.0	(207)
6 - 11 mo.	9.3	1.6	7.7	90.7	100.0	(396)
12 - 23 mo.	22.5	5.5	17.0	77.5	100.0	(772)
24 - 35 mo.	22.5	7.3	15.8	77.5	100.0	(708)
36 - 47 mo.	27.0	7.3	19.7	73.0	100.0	(699)
48 - 59 mo.	32.5	12.1	20.4	67.5	100.0	(700)
Weight for height 3 - 5 mo.	0.8	0.0	0.8	99.2	100.0	(207)
6 - 11 mo.	0.2	0.0	0.2	99.8	100.0	(396)
12 - 23 mo.	3.6	0.6	3.0	96.4	100.0	(772)
24 - 35 mo.	0.8	0.0	0.8	99.2	100.0	(708)
36 - 47 mo.	1.0	0.2	0.8	99.0	100.0	(699)
48 - 59 mo.	0.4	0.0	0.4	99.6	100.0	(700)
Weight for age 3 - 5 mo.	2.3	0.0	2.3	97.7	100.0	(207)
6 - 11 mo.	6.1	1.0	5.1	93.9	100.0	(396)
12 - 23 mo.	14.4	1.5	12.9	85.5	100.0	(772)
24 - 35 mo.	14.4	1.6	12.8	85.6	100.0	(708)
36 - 47 mo.	10.6	0.8	9.8	89.3	100.0	(699)
48 - 59 mo.	10.6	0.4	10.2	89.5	100.0	(700)

Preliminary data, unpublished results, Family Health Survey (1993).



V. CONTRACEPTION AND FERTILITY

Fertility

The rate of natural increase in El Salvador is about 2.8%, based on a crude birth rate of 35 per 1,000 and a crude death rate of 7 per 1,000 (Population Reference Bureau, 1988). If these rates were to remain constant, the population of El Salvador would double in 25 years.

The 1988 Family Health Survey found little change in the total fertility rate since the previous survey in 1985. The 1988 survey showed that women 40-44 years of age had an average of 5.3 children. Residence and educational level were associated with mean parity. Among the 40-44 year age group, birth rates were higher for women in rural areas (6.7 children) compared to women in urban areas (4.7 children) and metropolitan San Salvador (3.9 children). The mean parity for women with at least 10 years of formal schooling was significantly lower than for non-school attenders (2.2 compared to 6.5 children) (FHS, 1988).

Preliminary results from the 1993 Family Health Survey show that the total fertility rate in El Salvador is 3.85, with women in metropolitan San Salvador having a rate of 2.7 compared to 3.52 in other urban areas and 5.0 in rural areas.

Breastfeeding and Infecundability

Breastfeeding reduces the probability of conception because it extends the postpartum anovulatory period and reduces the likelihood of conception once ovulation has occurred. The period of anovulation closely corresponds to the period of amenorrhea; thus, the resumption of menses is a reasonable marker for the return of ovulation.

Preliminary results from the 1993 Family Health Survey show that the median duration of postpartum amenorrhea in El Salvador is about six months among breastfeeding women. Among women who are sexually active and are not using contraceptives, over half report that they do not use contraceptives because they are postpartum and breastfeeding (FHS-93). As shown in Table 4, a small percentage (1%) of women report stopping breastfeeding because they started using a contraceptive. Such women need to be given advice on appropriate uses of contraceptives during lactation.

Contraceptive Prevalence Rate

Preliminary results from the 1993 Family Health Survey report that, among women who are married or in union, the contraceptive prevalence rate is 53.3%. Nearly two-thirds of married women living in the metropolitan area of San Salvador use contraceptive methods compared to 57% of married women in other urban areas and 43% of married rural women.

Compared to other countries in Central America, El Salvador shows the highest rates of reliance on female sterilization, nearly twice that of all other Central American countries except for Panama. For married women 15-24 years of age, oral contraceptives are the most popular method of contraception. After age 25, female sterilization is the most widely reported method. According to Profamilia, 48% of mothers who have been sterilized never used another contraceptive method.

Overall, female sterilization is the most prevalent method used by married women, representing 59% of contraceptive use, followed by oral contraceptives, 16%; injectables, 7%; the rhythm/Billings method, 6%; other methods, 5%; condoms, 4%; and the intra-uterine device (IUD), 4%. Postpartum sterilizations



are usually performed 48 hours after delivery under general anesthesia. This practice can interfere with breastfeeding because the anesthesia can cause a decrease in the amount of milk produced, in addition to delaying mother/child contact. In some cases, hospitals separate the mother from her infant until after the sterilization procedure which is a major detriment to successful lactation.

Another finding of the 1993 Family Health Study is that most women do not know the time during a menstrual cycle when a woman is at greatest risk of conceiving. Only 12% reported that the risk was highest at two weeks subsequent to the beginning of the menstrual cycle; 28% said that they did not know. The other responses (60%) were incorrect.

Overlap of Breastfeeding and Contraception

Table 7 shows the pattern of contraceptive use by breastfeeding status (FHS-93). At zero to five months postpartum, more women are protected from pregnancy by amenorrhea than by contraception. Figure 4 illustrates breastfeeding and contraceptive practices of women six to eight months postpartum. Thirty percent do not use contraception but are protected from pregnancy because they are breastfeeding and amenorrheic. Women who would especially benefit from breastfeeding promotion are the 13% that are neither breastfeeding nor using contraception. Another vulnerable group is the 22% who are breastfeeding but are neither amenorrheic nor protected by contraception. Support for enhanced breastfeeding that would result in higher rates of amenorrhea would help protect this group from pregnancy.

VI. KNOWLEDGE, ATTITUDES AND PRACTICES OF MOTHERS

The information presented in this section was collected primarily through ethnographic studies and formative investigations conducted by the MOH (Community Nutrition Division within the Department of Nutrition) with technical assistance from the Manoff Group (1993). The 1993 Family Health Survey provides quantitative data on mothers' knowledge, attitudes and practices.

Mothers' Perceptions on Readiness for Breastfeeding

Prenatal care and preparation for breastfeeding during pregnancy

The 1993 Family Health Survey indicates that nationwide, 68.7% of the mothers interviewed had received some prenatal care. The percentage is somewhat lower for rural areas (61.2%). Among women who had attended prenatal check-ups, less than half (47.7%) had an average of four to six visits, with 70.9% receiving care at a MOH facility and 14.3% at a health facility of the Social Security Institute. Advice on breastfeeding during prenatal visits is limited. Most health care staff interviewed in this assessment had not been trained how to counsel pregnant women about breastfeeding.

Mothers' attitudes about their diet during lactation

As reported by the Manoff Group (1993), women recognize that their own diets during lactation are associated with their infant's health. They believe that lactating women who are well fed will not have any trouble breastfeeding. When they eat well, "the breastmilk comes in and the breasts fill up." They consider good nutrition to mean eating a variety of foods which are "nourishing" or which fill the stomach and are rich in vitamins.



Table 7: Percent of Women Breastfeeding, Amenorrheic and/or Using Contraception

Duration Postpartum mos.	BF, Amen. Not using contracep.	BF, Amen. Using contracep.	Not BF, Not using contracep.	Not BF, Using contracep.	BF, Not Amen., Not using contracep.	BF, Not Amen., Using contracep.	Total	No. of Cases not weighted
0-2	66.9	9.9	5.2	4.1	9.9	4.1	100.0	(249)
3-5	37.5	9.0	15.1	7.4	16.7	14.4	100.0	(235)
6-8	30.4	5.2	13.3	9.1	21.7	20.3	100.0	(215)
9-11	22.2	4.1	18.9	17.7	23.1	14.0	100.0	(209)
12-14	15.1	3.9	25.3	14.0	20.7	21.1	100.0	(214)
15-17	2.8	1.1	37.9	17.5	21.8	19.0	100.0	(238)
18-20	4.2	0.7	39.7	24.1	15.0	16.3	100.0	(240)
21-23	1.2	0.0	46.1	28.6	14.7	9.4	100.0	(185)
24-26	1.2	0.0	53.3	30.9	6.9	7.7	100.0	(196)
27-29	0.3	0.3	59.3	32.8	2.8	4.5	100.0	(241)
30-32	0.0	0.0	2.4	1.6	0.1	0.1	100.0	(231)
33-35	0.0	0.0	58.2	37.9	2.2	1.8	100.0	(190)
36-59	0.0	0.1	57.2	42.1	0.3	0.4	100.0	(1676)
Total	10.2	1.9	43.4	28.9	8.5	7.2	100.0	(4319)

Preliminary data, unpublished results, Family Health Survey (1993).



Breastfeeding and Contraceptive Use At 6-8 Months Postpartum-El Salvador

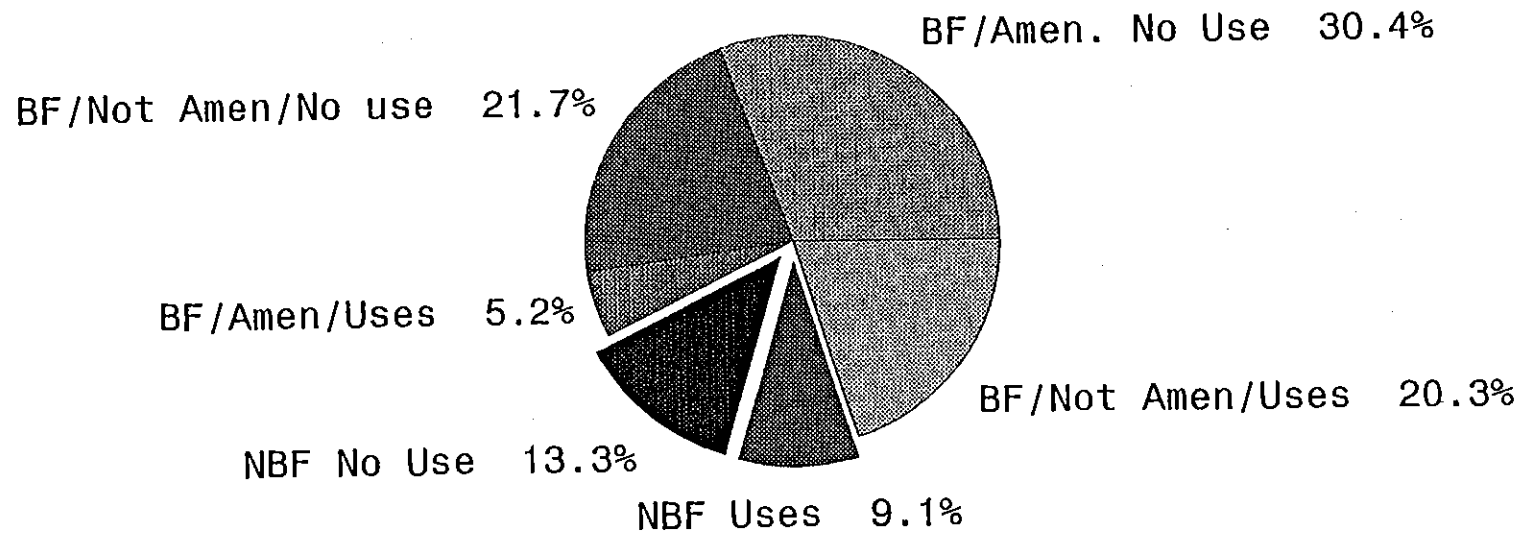


Figure 4: Breastfeeding Practices and Use of Contraceptives 6-8 Months Postpartum (1993)



A set of cultural beliefs associated with diets of postpartum women is persistent and widespread. "La dieta" is characterized by strict food restrictions during the first days postpartum. Postpartum mothers can eat dry cheese, tortillas, chicken and chocolate, but many other foods are restricted. There is great fear of the consequences for both mother and child if "la dieta" is not followed, at least during the first days after childbirth (Manoff Group, 1993).

During interviews in households of breastfeeding women (Manoff Group, 1993), most of the women said that they felt hungry because they were breastfeeding. Approximately half of the mothers interviewed ate three meals a day while the other half had four or five meals a day. The diet consisted mainly of beans, rice and tortillas because that was all that they had to satisfy their daily hunger.

Most of the women did not change their eating habits when they began to breastfeed. They ate the same amount and variety of food as they did during pregnancy. Some mothers, however, modified their diet by eating a little more because they were hungrier, felt weak after the delivery and wanted to increase their breastmilk supply. Some reported that their milk might "dry up" if they did not drink sufficient quantities of liquids, so they increased their intake of soups, chocolate drinks, milk, "atole," cold drinks and fruit juices. (Manoff Group, 1993).

Attitudes on the initiation of breastfeeding

Only half of the mothers interviewed by the Manoff Group (1993) started breastfeeding within two hours after delivery. Those who initiated breastfeeding later gave several reasons for doing so: they waited until their breastmilk came in; the baby cried "due to hunger;" the nursing staff or midwife brought the baby for a feed; they did not have anything else to feed the baby. Most mothers reported that positioning the baby close to the breast helped to "get him accustomed to the breast" and to produce breastmilk faster.

Use of colostrum

Mothers' perceptions of colostrum varied (Manoff Group, 1993). Some reported that it was the best food a mother could give her baby before the milk comes in because it contains vitamins and cleans the baby's stomach. Some women were unable to give a reason for the importance of colostrum. Most grandmothers agreed that colostrum was nutritious; some reported that "the child drank all the first milk and that's why he's so big." A small group of women did not give the colostrum to their babies because they believed it might be bad for their babies and that it was "stagnant milk."

Frequency of feeding

According to the Manoff/Department of Nutrition household interviews, all mothers breastfeed their babies upon demand. Mothers reported that they stopped feeding when the baby seemed to reject the breast, stopped suckling or fell asleep. Based on interviewers' direct observations, mothers fed their babies between eight and ten times a day for periods of five to fifteen minutes during the first two months. Both breasts were usually offered to the baby. Beginning in the third month, frequency and duration began to decrease because mothers felt that the baby was satisfied with only one breast or stopped suckling sooner than at a younger age. A few mothers said that they did not have enough breastmilk to satisfy their children. They believed that their infants were uneasy and upset after breastfeeding or wanted to breastfeed too often or for short intervals.



Exclusive breastfeeding

Mothers participating in the Manoff/Department of Nutrition interviews showed great resistance to exclusive breastfeeding during the first four months. They believed that babies were born "dry" or dehydrated and that breastmilk alone could not satisfy them or quench their thirst. They also felt that their infants would be underfed, die of hunger or get sick if they did not give them additional liquid. There were, however, a minority of mothers who believed that it was possible to adequately nourish their infants without other liquids during the first four months.

Introduction of liquids and other foods

As reported by the Manoff Group (1993), most mothers introduced other liquids before the first month of life. They introduced liquids because the baby was thirsty, hungry or not satisfied with only breastmilk. Liquids were also introduced when mothers had to be separated from their infants. Usually, liquids were fed from a nursing bottle because mothers said that bottles were the most convenient way to feed the baby.

This same study found that a small minority of mothers started complementary feeding before a child was one month old with foods such as milk, mashed potatoes and bread soaked in coffee. Some mothers introduced soft foods during the second month. By the end of the fourth month, most babies were eating other foods, usually the consistency of a liquid or a puree (Manoff Group, 1993). The amount of food given to young infants varied from three to four teaspoons at each meal for babies under three months and from three to six teaspoons for babies between the ages of three to four months. Most young children received three meals a day, the rest only two.

The most common foods given to four-month-olds were "soft foods" such as boiled potatoes, squash (guisquil), soups or broths of rice or beans, sweet bread with coffee, and ripe or cooked bananas. Mothers said that they introduced other foods because their infants needed to learn to eat and their stomachs could "tolerate" the food. Mothers also stated that their decision to introduce semi-solid foods by four months was influenced by the recommendation of the health staff.

Mothers' beliefs and practices regarding infant feeding illustrate that it may be difficult to persuade mothers to exclusively breastfeed for six months. Their concern about insufficient milk and infant dehydration will need to be addressed. In terms of complementary feeding, minor changes in types and quantities of food are needed in order to increase caloric and nutrient density.

VII. POLICY AND LEGAL ENVIRONMENT

The constitution officially adopted by the Constitutional Assembly of 1983 remains the principal law of El Salvador. The legal basis for all other secondary laws, including any pertaining to breastfeeding, is contained in this document. Annex 3 lists the laws related to breastfeeding in El Salvador (INCAP, 1991).

Breastfeeding Policies

In 1986 the Ministry of Health launched the Child Survival Project, with assistance from the European Economic Community (EEC), the government of Italy and UNICEF. The Maternal Child Health Department of the MOH was given the mandate to protect, encourage and promote breastfeeding in MOH programs and through other agencies.



It was not until November 1990 that the government issued Ministry Resolution 670. At this time the Ministry of Health officially formulated the Integrated National Program for Child Survival and the Manual of Integrated Standards for Maternal-Infant Care (MOH, 1991). These standards were amended in August 1993 (MOH, 1993). The old guidelines recommended exclusive breastfeeding for four months, but the new ones recommend exclusive breastfeeding for six months followed by breastfeeding and complementary feeding for two years (Annex 4). Exclusive breastfeeding is to be used as one of the indicators in evaluating child care and in monitoring growth and development. Norms for early mother-child initiation of breastfeeding and for infant feeding are also proposed. Another effort by the Ministry of Health on behalf of breastfeeding is a declaration in support of breastfeeding. This declaration, made public in April 1992, states that breastfeeding is a public asset.

Proposed Law for the Protection, Promotion and Support of Breastfeeding

In addition to the norms and the declaration, the MOH's Maternal Child Health Department and its Legal Department developed a Law for the Protection, Promotion and Support of Breastfeeding (Legislative Assembly, 1993). To date, 30 revisions have been made to the document. As of October 1993, the proposed law remains subject to review by the Presidency of the Republic. Its submission to the Legislative Assembly for approval is pending.

Under the proposed law, a National Commission for the Support of Breastfeeding (Comisión Nacional para la Lactancia Materna-CANALAM) would be established and formed by representatives of the following institutions:

- Ministry of Health and Social Assistance, President of the Commission
- Ministry of Economy
- Ministry of Labor and Social Welfare
- Ministry of Education
- National Secretariat for the Family
- Social Security Institute
- Pediatric Society of El Salvador
- Gynecology and Obstetric Society of El Salvador
- Representative of the Faculties of Medicine of the Universities
- Representative of the National Salvadorian Nurses' Association
- Representative from each of three organizations that most promote breastfeeding in the country

The proposed law delineates the duties and responsibilities of the Commission. It consists of 53 articles, divided into 8 Titles with chapters on such subjects as the administration and implementation of the law, duties of health workers, practices and obligations of infant formula manufacturers and distributors, and the role of the educational system in promoting breastfeeding. The process of making the law official may be a lengthy one and the time may be influenced by certain sectors which may view the law as contrary to their economic interests.

Norms of Other Institutions and Organizations

Up to this point, most of the discussion has focused on activities of the Ministry of Health. This section looks at other institutions and their norms related to breastfeeding.



Social Security Institute

Currently there is no definite policy on breastfeeding that provides guidance to the health facilities of the Social Security Institute. In 1993 the Social Security Institute made some initial efforts to promote breastfeeding in the metropolitan region, beginning with staff training. UNICEF provided educational materials and technical support for the training program. However, these efforts have been insufficient to promote needed changes in hospital practices.

Other health institutions

Besides the maternal and child health programs of the Ministry of Health and the Social Security Institute, there are programs sponsored by Bienestar Magisterial (Teachers' Welfare), National Administration for Telecommunication (Administración Nacional de Telecomunicación-ANTEL) and the Military Hospital. These organizations do not have a clear-cut policy on breastfeeding. The Ministry of Health has not been able to coordinate activities with these institutions.

Non-governmental and professional organizations

Many NGOs are involved in the health sector and are members of the Maternal Health and Child Survival Project (Proyecto de Salud Maternal y Super Vivencia Infantil-PROSAMI) or the Inter-Sectoral Committee for Child Survival (Comité Intersectoral de Sobre Vivencia Infantil-CISI). Although activities promoting breastfeeding have been included in NGO training courses on diarrheal diseases and cholera, NGOs (with the exception of CALMA) have not given special attention to breastfeeding promotion. As far as professional associations, organizations such as the Scientific Society of Gynecology and Obstetrics, the Pediatrics Society of El Salvador and the Medical Society of El Salvador have been only marginally involved in the promotion and support of breastfeeding.

Current Coordination of Breastfeeding Activities

The Technical Committee on Breastfeeding is composed of representatives from the Ministry of Health, PAHO/INCAP, UNICEF and CALMA. The MOH, through its Maternal Child Health Department, serves as the coordinator for the Technical Committee. The Committee has prepared a Plan of Action and a timetable of activities. These activities include training, legislation, institutional development, communication and social mobilization. UNICEF provided major financial support for the development of this plan, with additional support from PAHO/INCAP.

Distribution of Breastmilk Substitutes

In El Salvador there are many brands of milk and infant formula sold in small stores, supermarkets, markets and drugstores. Infant formula is more expensive than whole milk. Both milk and infant formula are considered essential commodities; consequently, the added value tax (impuesto al valor agregado-IVA) is not applied to them. Table 8 lists breastmilk substitutes marketed in El Salvador and summarizes factors and policies that support or inhibit breastfeeding.

The distributors of infant formula employ full-time representatives who visit clinics and private hospitals and deliver free bulk packages to every nursery. Generally, these representatives give two cans of infant formula per doctor during each visit. Many of the representatives have changed their sales presentation and now talk about the advantages of breastfeeding and ask for the doctor's approval before delivering the product.

**Table 8: Factors that Support or Inhibit Breastfeeding**

ACTIVITY	LEVEL
National policy on breastfeeding	Yes
National committee on breastfeeding	Yes
Comprehensive national program for breastfeeding promotion	No
Significant budget for breastfeeding promotion	No
Health Services	
Facilities with rooming-in	24/25 = 95% (MOH)
Facilities with immediate contact	17/25 = 68% (MOH)
Code of marketing	No
Companies that distribute breastmilk substitutes	
Nestlé:	(NAN-1, Pelargon, ALL-110, Cerelac, Nestum, Nestogeno, Nido crecimiento)
Abbott:	(Similac, Isomil, Prosobee, Ensure, Gain)
Nutricia:	(Almiron, Nenatal, Pepti Junior, Nutrilon, Fortison, Protifar, Nutrima, Nutri-soya)
Bristol Myers/ Mead-Johnson:	(Pro-Sobee, Enfalac, Enfamil, Sustagen)
Wyeth:	(Nursoy)
Diadal:	(Diadalac-1)
Lienph:	(Bebelac) S-26, Alsoy, Enfapro, Cinco Molinos, IRA 26, Dos Pinos, Royalac
Beech-nut:	(Etapas 1,2,3)
Gerber:	
NIDO:	(whole milk), Ceteco
Companies giving free breastmilk substitutes in hospital:	Nestlé, Abbott, Bristol Myers, Wyeth
Programs to support breastfeeding mothers:	CALMA, Rural Health Center of El Salvador (Asociación Salvadoreña Pro-Salud Rural -ASAPROSAR)
Programs that provide supplements to infants less than six months:	ISSS
Number of Wellstart associates:	14



Infant foods are also widely available. Cereals and other infant foods are marketed by Gerber, Beech Nut and Heinz Products. Each of these companies invests in vigorous advertising campaigns on radio or television and in the most popular newspapers. None of these companies mention the advantages of breastfeeding in their advertising.

VIII. WOMEN AND WORK

Role of Women

A 1988 study reported that 52% of households were headed by women (CEPAL, 1988). In most countries, women represent less than one-third of household heads. Many women in El Salvador support their families through their work in the informal sector. Women represent 52% of workers in the informal economy. According to data presented in Figure 5, the average salary of men in urban areas is 48% higher than the average salary of women. This disparity is even more pronounced in rural areas (Ministry of Planificacion, 1990).

As mentioned earlier, Article 42 of the Constitution states that pregnant women have the right to paid maternity leave before and after delivery. Although employers are obligated by law to provide child care, few do. There is no systematic method for monitoring compliance with the child care regulation. Breastfeeding breaks in the workplace are not mandated by law.

IX. HEALTH SERVICES

Health services in El Salvador are provided by many diverse public and private institutions. The Ministry of Health is responsible for establishing norms for all health institutions. This section summarizes different types of maternal and child health services provided by these institutions as they relate to breastfeeding. The data for this section are based on two main sources: the 1993 Family Health Survey and information collected by the assessment team during interviews and visits to health care facilities (Table 9). Table 10 gives the number of MOH health care facilities in El Salvador by region of the country.

Formal Health Services

Prenatal counseling and breastfeeding

The assessment team found that 70-80% of the women interviewed in the postpartum rooms of MOH hospitals and centers had not received prenatal care. On the other hand, preliminary data from the 1993 Family Health Survey indicate that 82% of the women surveyed had received prenatal care. The explanation for this conflicting data is not clear.

Another finding of the assessment team is that when prenatal care is provided in MOH facilities, mothers are informed of the advantages of breastfeeding and ways to prepare their nipples. There is no discussion, however, of ways to avoid breastfeeding problems.

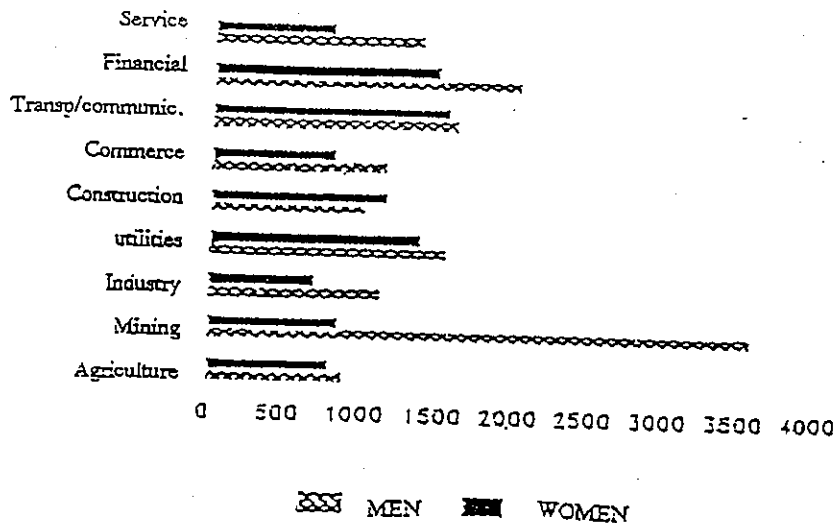
In contrast to MOH facilities, prenatal care at Social Security health facilities is reported to be high with 80-90% of pregnant mothers participating in the program. Prenatal care is provided through the Institute's satellite centers. These centers have developed pregnant mothers' clubs as a way of identifying



Figure 5: Monthly Salaries by Area of Residence and Sex

AVERAGE URBAN SALARIES

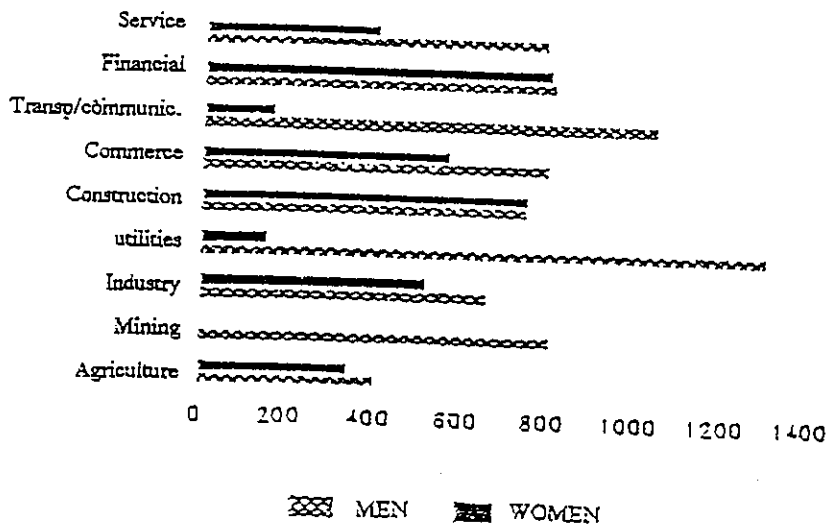
Men and Women, El Salvador, 1991-1992



☒ MEN ■ WOMEN

AVERAGE RURAL SALARIES

Men and Women, El Salvador, 1991-1992



☒ MEN ■ WOMEN

**Table 9: Health Facilities Visited during the Assessment**

Hospital	Location	Affiliation	Observation
Maternidad	San Salvador	MOH	Participates in BFHI Milk bank
San Bartolo	San Salvador	MOH	Participates in BFHI
San Vicente	Department of San Vicente	MOH	Participates in BFHI Milk Bank
Zacatecoluca	Department of La Paz	MOH	Participates in BFHI Milk bank
Primero de Mayo	San Salvador	ISSS	No immediate contact
Margaret Baldwin	San Salvador	Private	No immediate contact No rooming-in
Bautista	San Salvador	Private	No immediate contact No rooming-in
Centro de Salud de Cojutepeque	Cuscatlan	MOH	Participates in BFHI



Table 10: MOH Health Facilities by Region in El Salvador

Region	Total	Hospitals	Health Centers	Health Units	Health Posts	Community Posts	Dispensaries
Total	383	14	15	145	2164	44	3
Occidental	88	3	2	31	30	22	-
Central	68	2	1	25	31	9	-
Metropolitana	44	5	1	29	0	9	-
Paracentral	65	2	4	20	37	2	-
Oriental	120	2	7	40	66	2	3

and monitoring pregnant women. Around 35-40 women are members of each club. Club members meet every 15 days to listen to educational talks.

These meetings provide an opportunity to discuss the advantages and potential problems of breastfeeding. However, Social Security staff interviewed by the assessment team thought that this opportunity was being lost. The problem, according to the staff, is that individuals responsible for prenatal care lack educational materials on breastfeeding and training in lactation management; consequently, they are not equipped to provide adequate breastfeeding counseling to pregnant women.

Most of the Social Security nursing staff who were interviewed considered attendance at prenatal visits timely and adequate. Physicians, however, believed the contrary. They said that women do not attend prenatal clinics as early and as often as they should. In their opinion, many women fail to see the importance of prenatal care and lack motivation to attend. (Manoff, 1993).

Prenatal nutrition counseling for mothers

Another weakness in prenatal programs is the minimal amount of counseling concerning nutritional needs during pregnancy. The nutritional guidance that is given focuses on the use of vitamins and minerals. Sometimes women are told to eat a balanced diet.

Health staff interviewed by the assessment team said that many mothers appear to be suffering from nutritional deficiencies because they look thin, tired, pale and older than their age. The staff believed that a child's small size could be attributed to a mother's poor diet.



Place of birth

In El Salvador, 49% of births occur at home and 51% in hospitals or clinics (38.1% at MOH facilities, 9.7% at Social Security hospitals and centers and 3.2% in private hospitals) (Table 11). In rural areas, more than 65% of the deliveries are attended at home by midwives or other members of the household.

In the health centers visited by the assessment team, hospital staff reported that cesarean deliveries account for approximately 15-20% of deliveries in MOH hospitals and nearly 25% at the Maternity Hospital. High risk cases are referred to the Maternity Hospital which probably explains its higher rate of cesarean deliveries compared to other MOH hospitals. At the Social Security's Primero de Mayo Hospital, the cesarean rate is 25%. In private clinics, the rate is reported to be between 30-35%.

In three of the MOH hospitals, premature babies are fed with breastmilk from the milk bank. Two of these hospitals have electric breastmilk pumps in good operating condition. These pumps were donated by USAID and UNICEF. In other hospitals, pumping is done by hand.

In the Social Security hospital visited by the team, it was reported that 6% of the infants born at the hospital are premature. These infants are fed formula, although the hospital has an electric pump donated by UNICEF that could be used to express breastmilk. During the site visit to the hospital, the team observed that one mother wanted to breastfeed her premature infant. However, the infant had just been fed infant formula and was not interested in sucking.

Rooming-in

There are five or six beds per room in the delivery area of MOH hospitals. In the Social Security's Primero de Mayo Hospital, delivery areas have from 10-15 beds. Private clinics offer single or double rooms. The Primero de Mayo Hospital has a nursery with 50-60 cribs for babies that do not require special care. Rooming-in occurs 6-12 hours after vaginal deliveries and 24-72 hours after cesarean births.

Improvements in the physical infrastructure of most MOH hospitals would help to promote rooming-in. For instance, a mother's bed is the only place to comfortably breastfeed in MOH hospitals. One of the persons interviewed mentioned that she had developed a method of joining two beds so that the babies might be placed between the beds; however, some mothers felt uneasy with this arrangement because they were not accustomed to breastfeeding in front of others.

Use of milk formulas

In the MOH hospitals visited, milk formula is used in special cases, for instance for isolated and high risk newborns and some premature babies. In some MOH hospitals, infant formula is prescribed when babies leave the hospital. In one of the hospitals visited, doctors, as a routine, do not prescribe infant formula. Mothers, however, go to the nearest drugstore and ask "Don Panchito," the owner, to recommend a can of milk for their babies.

The Social Security's Primero de Mayo Hospital routinely buys infant formula for healthy babies in the nursery. These infants receive infant formula every three hours. Sweetened water is also given to newborns. Premature, isolated and high risk babies are fed infant formula and rarely are given breastmilk.

**Table 11: Distribution in Place of Birth by Residence and Education Level**

Place of birth	Total	RESIDENT AREA			EDUCATION IN YEARS				
		Metro San.Sal.	Urban	Rural	None	1-3	4-6	7-9	10 +
MOH Facility	38.1	50.1	43.0	29.9	29.4	32.2	45.3	53.0	37.3
ISSS Facility	9.7	23.6	9.5	3.2	1.1	3.4	7.9	17.3	31.8
Private Hospital	3.2	7.9	4.1	0.4	0.2	0.4	1.2	3.8	16.4
Traditional birth attendant (TBA) House	1.7	0.8	1.4	2.3	2.0	3.1	1.0	1.2	0.3
Woman's own house with a TBA	34.7	12.1	32.5	46.4	46.7	45.4	33.7	20.6	9.1
Woman's own house with other	5.9	2.0	4.6	8.5	9.5	7.0	6.6	1.8	0.8
Woman's own house - alone	5.3	1.0	3.6	8.2	9.8	7.6	3.1	1.1	0.7
Other	1.4	2.4	1.2	1.1	1.3	0.9	1.0	1.2	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases (Not weighted)	(4286)	(971)	(1121)	(2194)	(1097)	(1076)	(952)	(610)	(551)



In private hospitals, all babies are fed infant formula. In the medical prescriptions for infant feeding, breastfeeding on demand is indicated plus six to eight bottles of infant formula. When mothers leave a private hospital, they receive a free can of infant formula.

Initiation of breastfeeding

Preliminary data from the 1993 Family Health Survey (Table 12) show that 40% of mothers initiated breastfeeding more than 48 hours following birth. In most of the MOH hospitals visited, mothers began breastfeeding half an hour after delivery. In some hospitals, mothers initiated breastfeeding two to four hours after a vaginal delivery and six to eight hours after a cesarean delivery. Two of the hospitals gave infants glucose water as a way of testing their ability to swallow.

In the Primero de Mayo Hospital, breastfeeding began four to six hours after a vaginal delivery. Initiation could be delayed, however, until I.V.s were removed which was often 24 hours after delivery. In private clinics, breastfeeding started 6-12 hours after a vaginal delivery and 6-24 hours after a cesarean birth. All babies were given glucose water and infant formula as their first feed.

Hospital standards and policies on breastfeeding

Each of the MOH hospitals has formed a breastfeeding committee in response to the Baby Friendly Hospital Initiative. In many cases, these committees are very motivated. They coordinate breastfeeding activities and develop standards for their hospitals.

Use of medicines during delivery

At the hospitals visited, the use of oxytocin to induce delivery or prevent hemorrhaging was not common. Oxytocin is only used in special cases and under medical advisement.

Use of colostrum

Early mother/infant contact and attachment help to ensure that newborns receive the benefits of colostrum. Early contact is the best institutionalized practice in most MOH hospitals participating in the Baby Friendly Hospital Initiative.

By contrast, hospital procedures at the Social Security's Primero de Mayo Hospital, such as feeding infants glucose water and infant formula during the first hours after delivery, do not support the use of colostrum. In general, health staff are poorly informed about the benefits of colostrum.

Advice on breastfeeding

Since 1992, MOH hospitals involved in the Baby Friendly Hospital Initiative have intensified their efforts to provide mothers with advice on breastfeeding. Staff give some guidance to mothers during delivery or while demonstrating how to bathe and care for the baby. The tenth step of the Baby Friendly Hospital Initiative, which is the forming of breastfeeding support groups, is the one which has not been implemented. These groups would offer an opportunity to provide additional advice to mothers on breastfeeding.

When advice on breastfeeding is offered, it centers on the advantages of breastfeeding for the baby. Mothers are encouraged to increase their milk supply by drinking a lot of liquids. The majority of hospitals do provide mothers with a jar of water during their postpartum stay.



Table 12: Timing of Initiation of Breastfeeding

	% Ever Breastfed		Interval between birth and initiation of breastfeeding (hours)					Total	No. of Cases (Not weighted)
			< 1	1 - 5	6 - 23	24 - 47	48 +		
Total	91.2	(4318)	13.6	18.8	5.5	22.6	39.5	100.0	(3959)
Resident:									
Metro. San Sal.	86.4	(971)	6.8	19.8	8.4	28.5	36.5	100.0	(855)
Other Urban	90.4	(1137)	12.9	21.0	5.7	21.8	38.5	100.0	(1028)
Rural	94.0	(2210)	17.0	17.3	4.1	20.4	41.3	100.0	(2076)
Region:									
Occidental	93.1	(894)	14.0	19.8	5.1	22.0	39.2	100.0	(830)
Central	91.5	(675)	12.7	17.7	4.1	24.1	41.5	100.0	(618)
Metropolitana	87.8	(1197)	8.5	20.3	7.8	27.6	35.7	100.0	(1062)
Paracentral	94.1	(636)	17.4	19.7	5.0	18.2	39.7	100.0	(603)
Oriental	92.0	(916)	18.0	16.1	4.4	18.5	42.9	100.0	(846)
Education Level/yrs.:									
None	92.2	(1086)	17.5	19.1	2.8	20.7	39.9	100.0	(1002)
1 - 3	92.3	(1077)	15.0	18.5	3.3	22.8	40.4	100.0	(1007)
4 - 6	92.0	(962)	11.8	20.1	7.7	20.7	39.8	100.0	(886)
7 - 9	88.6	(616)	12.4	20.3	5.0	25.1	37.1	100.0	(553)
10 or more	88.9	(577)	8.6	15.1	11.2	25.9	39.2	100.0	(511)
Employment Situation:									
No paid work	91.5	(3208)	15.0	19.1	4.7	21.4	39.9	100.0	(2949)
Works at home	92.2	(333)	13.7	17.5	7.0	23.2	38.7	100.0	(306)
Works outside home	89.8	(777)	8.4	18.3	8.0	26.9	38.4	100.0	(704)
Age (yrs):									
15 - 19	88.2	(413)	15.6	17.4	5.2	23.9	38.0	100.0	(371)
20 - 29	90.9	(2530)	12.8	18.0	5.5	24.0	39.7	100.0	(2306)
30 - 39	94.5	(1173)	16.3	19.3	5.7	19.9	38.7	100.0	(1109)
40 - 49	85.0	(202)	4.5	28.5	4.5	17.8	44.6	100.0	(173)



It is important to note that in all of the MOH and Social Security institutions visited, mothers stay in the hospital 8-12 hours after routine vaginal deliveries and 48-72 hours after cesarean births. Despite MOH norms indicating that newborn care should start seven days after birth, follow-up care usually begins 28-48 days after birth. According to some of the doctors and nurses interviewed, most mothers have already started bottle feeding by the time they come to the first baby check-up.

Baby friendly hospitals

As of October 1993, there were 10 hospitals and 15 health centers in El Salvador committed to adopting the "Ten Steps for Successful Breastfeeding" as part of the Baby Friendly Hospital Initiative. The first stage of the project, developed by the MOH and financed by UNICEF, began in August 1992 and will end in December 1993. The goal is to strengthen MOH activities related to breastfeeding.

Since the start of the Baby Friendly Hospital Initiative, many improvements have been made in hospital practices. For instance, at the MOH health centers and hospitals participating in the Baby Friendly Hospital Initiative, 80% of the personnel have been trained in breastfeeding promotion. As part of the project, one baseline survey and two follow-up evaluations have been conducted to measure implementation of the Ten Steps. During the first evaluation, a team of three national experts and one international expert examined the practices of seven hospitals. Table 13 shows the steps that these hospitals have completed.

The second stage of project implementation will include training at health units and health posts. Each of the health regions will develop a training program that can be replicated at priority sites. The third stage will focus on outreach into the community through mothers groups. To assist in stage three, the MOH has prepared a document on ways to form support groups.

Integration of Infant Feeding in Health Programs

At first glance, it may seem as though infant feeding is integrated in health programs. Posters supporting breastfeeding appear on hospital walls. Many health staff have received training in breastfeeding. However, upon closer inspection, it appears that the integration of breastfeeding activities with other health programs is limited.

Many health care providers lack information on how to solve problems related to breastfeeding. Feeding bottles are frequently seen at oral rehydration units. Family planning programs, while advocating breastfeeding for its health benefits, are not promoting breastfeeding for its contraceptive effect. Training in improved infant feeding is often restricted to breastfeeding promotion. For example, improved complementary feeding is not included in the Baby Friendly Hospital training program even though the MOH norms provide guidelines for complementary feeding as well as breastfeeding.

Traditional Health Care

In El Salvador, there are 3,000 traditional birth attendants (TBAs) or "parteras" who have been trained by the MOH. Traditional birth attendants are responsible for both prenatal and delivery care. TBA training is extremely important in rural areas because most births in these areas occur in the home, with the assistance of a TBA or family member. The MOH's new training module for TBAs includes a lot of information about breastfeeding (Ministry of Health, 1992). PROSAMI also trains TBAs as part of its work with NGOs.



Table 13: BFHI Steps Completed

Type of Health Facility	Total	BFHI	
		Steps Completed	
		1st Evaluation	2nd Evaluation
Hospitals:	10		
- de Maternidad		4	7
- San Rafael (Santa Tecla)		6	9
- San Juan de Dios (Santa Ana)		6	8
- San Juan de Dios (San Miguel)		3	5
- Luis E. Vásquez		8	10
- San Francisco Menéndez		3	6
- Santa Gertrudis		7	6
- Santa Teresa (Zacatecoluca)		7	3
- de Sonsonate		3	4
- de Usulután		2	6
Health Centers:	15		
- Metapán		7	9
- Chalchuapa		6	9
- Sensuntepeque		3	5
- Ilobasco		6	0
- Suchitoto		4	7
- Cojutepeque		8	9
- Nueva Concepción		5	9
- San Bartolo		8	5
- Ciudad Barrios		4	6
- Santiago de María		5	6
- Jiquilisco		4	6
- Nueva Guadalupe		4	6
- Gotera		5	9
- Santa Rosa de Lima		5	6
- La Unión		4	



For this assessment, the team interviewed four traditional birth attendants in a rural area of Panchimalco who had been trained by the MOH. The TBAs who had received training since 1992 were better informed about breastfeeding than the ones who had been trained earlier. The TBAs interviewed mentioned that many mothers do not want to receive prenatal care because they are embarrassed to discuss their pregnancies. Some TBAs reported that colostrum is good while others said that newborns need other liquids such as sugar water soon after birth because colostrum is not sufficient.

X. TRAINING PROGRAM FOR HEALTH CARE PROVIDERS

Professional Education

Table 14 lists the institutions that train health personnel. These institutions include universities, hospitals and NGOs. Annex 5 lists the professional societies that promote breastfeeding.

El Salvador was included in a multi-country study of medical schools and their training on breastfeeding. The results of the study, conducted by PAHO, are currently being analyzed in Washington. There appears to be little attention in medical curriculum to lactation management, appropriate complementary feeding or dietary management of diarrhea. Changes to include breastfeeding in the medical school curriculum have, however, been made at the National University of El Salvador, the University of Santa Ana, The Evangelical University, the National Nursing School in San Miguel and Francisco Gavidia University (Wellstart, 1992).

Training of Promoters

The MOH trains rural health promoters during a period of three months. Promoters receive an excellent manual containing information on breastfeeding and nutrition. The manual does not, however, contain information on how to avert breastfeeding problems nor does it discuss the importance of calorically-dense foods for young children.

This manual was written prior to the 1993 revision of the breastfeeding norms and recommends exclusive breastfeeding for four months. The revised norms extend the recommended period of exclusive breastfeeding to six months. The manual recommends breastfeeding for two years which is the recommendation of both the original and revised norms.

Midwifery Training

Traditional birth attendants receive training for two weeks and meet monthly with supervisors from the health units. TBAs fill out monthly forms showing the activities completed during the month, including prenatal care, deliveries, and referrals for family planning, vaccinations and treatment. UNICEF has proposed a project to retrain TBAs throughout the country. The breastfeeding module of the TBA curriculum has already been revised, but revisions are needed in the section on complementary feeding. The Department of Nutrition should be included in UNICEF's plans for retraining.

**Table 14: Institutions Providing Training in Health Care Human Resources****Students receiving formal training**

- Estudiantes de Medicina (medical students)
- Estudiantes de Tecnológica Materno Infantil (students in maternal child health-MCH)
- Licenciatura en Enfermería (graduate level nursing students)
- Enfermería y Auxiliares de Enfermería (nursing students and auxiliaries)
- Bachillerato en Salud (Bachelor of Science)
- Internado (interns)
- Año Social (social work students)
- Residentado en Pediatría (pediatric residents)
- Residentado en Gineco y Obstetricia (obstetric and gynecology residents)

Institutions providing formal training

- Escuela de Capacitación Sanitaria, Ministerio de Salud Pública y Asistencia Social
- Universidad de El Salvador
- Universidad Evangélica
- Universidad Alberto Masferrer
- Hospital de Niños Benjamín Bloom
- Hospital de Maternidad
- Hospital San Juan de Dios, Santa Ana
- Hospital San Juan de Dios, San Miguel
- Escuela de Enfermería Florencia Nightingale
- Escuela de Enfermería de Santa Ana: Cursos de Auxiliares
- Escuela de Enfermería de San Vicente: Cursos de Auxiliares
- Centro Novel
- Colegio Nazareth
- Instituto Nacional Francisco Menéndez
- Institutos Nacionales Departamentales: Bachilleratos en Salud

NGOS providing informal training

- CALMA
- CISI
- PROSAMI



XI. INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES

Overall Breastfeeding Communication Effort

The most intense level of breastfeeding promotion through the media occurs during World Breastfeeding Week when there are numerous television and radio shows reporting on special activities during the week. During other times of the year, there is no regular, planned mass media campaign. Promotional activities are usually in response to the availability of special funds.

Communication Regulation and Policy

Television and radio stations do not have a general policy of providing free broadcast time for social marketing activities as is often the practice in other countries. Nevertheless, if time is purchased, additional time may be donated. The extremely high cost of purchasing air time limits use of the mass media to immediate concerns, such as a cholera outbreak or a vaccination campaign. During World Breastfeeding Week, time was made available to UNICEF for the showing of a 30 second video, which was broadcast two to three times per day for two weeks. As a policy, UNICEF tries to establish alliances with other agencies in order to obtain free air time.

Interpersonal or Face-to-Face Communication

Educational materials

CALMA, the Ministry of Health and UNICEF have produced educational materials for breastfeeding promotion. The Ministry of Health is working with UNICEF on the production of a flip-chart for use in breastfeeding training. CALMA has produced numerous wall charts and pamphlets on lactation management for use in training health professionals and community workers and in counseling mothers.

UNICEF, in conjunction with the MOH, developed promotional materials on breastfeeding that will soon be published. UNICEF also reproduced 300 copies of Jairo Osorno's manual, "Toward Successful Breastfeeding." The MOH "Rehabilitation of the Social Sector" project will be another source of educational materials. This World Bank-assisted project includes a plan for social marketing of improved complementary feeding practices for infants and young children (Manoff Group, 1993).

XII. ORGANIZATIONS PROMOTING IMPROVED INFANT FEEDING

International Agencies

The United Nations Children's Fund (UNICEF)

UNICEF has been the principal international agency promoting breastfeeding in El Salvador, working primarily through hospitals and the Baby Friendly Hospital Initiative. UNICEF's budget for breastfeeding promotion in 1993 was around \$110,000. About one-third of this amount has been spent on training activities, primarily through the MOH. UNICEF's assistance for breastfeeding activities has also included evaluations as part of the Baby Friendly Hospital Initiative, seminars during World Breastfeeding Week and the purchase of 12 electric breast pumps and 200 hand pumps for distribution to hospitals and health centers. The seminars were a collaborative effort of UNICEF, several professional associations and the Social Security Institute.



*The Nutrition Institute of Central America and Panama (INCAP)/
The Pan American Health Organization (PAHO)*

The Nutrition Institute of Central America and Panama (INCAP) has conducted many studies on breastfeeding practices in El Salvador and has written a document called "General Plan of Action to Increase Appropriate Breastfeeding" in Central America. The strategies outlined for INCAP in this document include:

- Identify, through research and information analysis, areas where poor breastfeeding practices prevail.
- Integrate breastfeeding activities with maternal and infant care programs.
- Complement the activities of government and non-government institutions to enhance breastfeeding.
- Carry out basic and operational research to focus, support and complement social marketing and educational activities.
- Involve the individual, family and community in the development of activities to reestablish adequate breastfeeding.
- Train health personnel in lactation management and breastfeeding promotion.

Wellstart International

In 1987 ten professionals received training in lactation management by Wellstart in San Diego, California. In 1990 another three received training, and in March 1992, El Salvador's Wellstart Associates attended the Wellstart Latin American Congress on Breastfeeding in Oaxaca, Mexico. During the Congress, the associates worked together on the development of a strategy for breastfeeding promotion in El Salvador. In 1993, the head of maternal and child health at PAHO's San Salvador office participated in training at Wellstart.

National Organizations

Ministry of Health and Social Assistance (MOH)

In November 1990, the Government of El Salvador issued Ministerial Resolution No. 670, creating a National Integrated Program of Maternal Child Health in the MOH. Several departments within the MOH participated in the program's development: Maternal Child Health, Nutrition and Food, Health Education, Odontology and Mental Health. Program elements include development of a political and legal base to support breastfeeding, provision of services to mothers and their children and evaluation.

Department of Maternal Child Health

As previously stated, major breastfeeding activities of the MCH department include training activities in relation to the Baby Friendly Hospital Initiative and development of the Law to Promote, Protect and Support Breastfeeding. The department's role as coordinator for the Technical Breastfeeding Committee places it in a central position to promote breastfeeding.



Department of Nutrition

The Department of Nutrition supports many activities in complementary feeding and growth monitoring. There are three to five nutritionists in each region and seven in the central office. The Department of Nutrition produced a manual on growth monitoring promotion, 5,000 copies of training materials for nurses (a mobile wheel on nutrition and infant feeding) and 25,000 pamphlets on complementary feeding for distribution to mothers.

There are 300 nutrition workers ("colaboradores nutricional") and 78 volunteers in 78 municipalities. They receive 10 days of training and monthly supervision by nurses (one supervisor for five workers). The role of nutrition workers is to help teach mothers how to improve their child feeding practices.

The World Bank is providing support to the Department for training, production of training materials and purchase of scales for use in growth monitoring. The World Bank is also providing assistance for the production of a weaning cereal ("Nutri-cereal) through the World Food Program. The cost of making the cereal is four colones per pound; the cereal is sold to mothers for one colon. The target group for this weaning cereal is children 6-36 months of age.

The work of the Department of Nutrition is excellent and should be integrated with the breastfeeding promotion activities of the MCH Department. More promoters and nutrition workers are needed to carry out the programs of both departments, particularly home visits to households with children under five years of age.

Inter-Sectoral Committee for Child Survival (CISI)

According to a study conducted by the Maternal Health and Child Survival Project, there are 114 NGOs working in health and nutrition in El Salvador. Breastfeeding activities are included in the programs of 36 of these NGOs with growth monitoring one of the activities of 33 NGOs. CISI is an umbrella agency that coordinates for its members training activities related to child survival (Annex 6). Control of diarrheal disease and acute respiratory infections are priority areas for CISI.

Besides training NGO staff, CISI has trained staff from the National University, the San Salvador City Hall and the Hospital of the National Administration for Telecommunication. CISI is presently coordinating a national training program for different regions. The program, financed by the European Economic Community, includes modules on diarrheal disease control, growth monitoring, complementary feeding and breastfeeding. CALMA will prepare the module on breastfeeding and conduct five training seminars.

The Maternal Health and Child Survival Project (PROSAMI)

The Maternal Health and Child Survival Project (PROSAMI) works with 36 NGOs in areas of child survival, including diarrheal disease control, ARI, growth and development/nutrition, maternal health, perinatal/neonatal health, immunization and community participation. Breastfeeding and complementary feeding are included as part of the child survival activities.

About 400 promoters are involved in NGO activities through PROSAMI. PROSAMI uses the same training materials as the MOH. NGO community health workers often participate in the same training sessions with government promoters. Salaries of NGO community health workers associated with PROSAMI are less or equal to the salaries of MOH promoters. PROSAMI promoters are supervised by doctors or medical technicians. MOH promoters, on the other hand, are generally supervised by more



experienced promoters. There is only one physician to oversee the supervision of all the MOH promoters in a region.

PROSAMI has developed evaluation indicators for various child survival components but not for breastfeeding. An indicator showing rates of exclusive breastfeeding would encourage the promotion of exclusive breastfeeding.

Asociación Demografico Salvadoreño (ADS)

Aside from its extensive work in family planning and maternal health, ADS, also referred to as Profamilia, promotes child health and nutrition through nearly 800 promoters. These promoters work half-time in rural areas. They make home visits, provide condoms and oral contraceptives at low cost, distribute oral rehydration solution and check on vaccine schedules. They also distribute anti-parasite drugs and multiple vitamins to children under 5 and prenatal vitamins to pregnant women. ADS promoters serve a total of 146,000 families, 51,000 women aged 15-44 and 17,000 pregnant women.

ADS promoters receive two weeks of training followed by monthly in-service training meetings. In addition to training in family planning, they receive instruction in diarrheal disease control, acute respiratory infections, hygiene, vaccinations, pregnancy, lactation management, child growth and detection of malnutrition. The training unit on lactation management is quite detailed, but training on complementary feeding could be enhanced with specific feeding recommendations on ways to help prevent malnutrition. The activities of promoters are an excellent way of extending support for improved infant feeding to rural areas.

The Center for Breastfeeding Support (CALMA)

The role of CALMA is one of education and advocacy. CALMA's efforts are directed to the public and to the technical and professional staff of government and non-government offices, including private enterprise. CALMA plans breastfeeding campaigns, seminars, workshops and symposiums.

Another important role for CALMA is coordination. CALMA works with the MOH, PAHO, UNICEF, PROSAMI, Italian Cooperation, Interamerican Foundation, Canadian Foundation, CISI, ADS, Plan International, National Family Secretary, universities and many other organizations. One of the goals is to generate widespread support for policies, strategies and legislative initiatives to protect and encourage breastfeeding.

CALMA works with 16 rural health promoters, 40 maternal counsellors, eight support groups and many community councils. In 1992 CALMA served over 7,000 beneficiaries. CALMA receives support from the organizations that have requested its assistance. In 1993 CALMA received Colones 840,500 from donors and Colones 160,000 from its own operations.

Asociación Salvadoreña Pro-Salud Rural (ASAPROSAR)

The Rural Health Association of El Salvador supports 180 promoters working in 120 communities. The Association promotes breastfeeding through its educational materials and in its training programs for promoters (Olmedo de España, 1992). The Association also works with hospitals and health centers to support breastfeeding.



Other non-governmental organizations (NGOs)

There are several other NGOs in El Salvador that integrate breastfeeding and improved complementary feeding in their health and nutrition programs. These organizations include international NGOs such as Save the Children, World Relief, Plan International, Life Ministries, Catholic Relief Services (CARITAS), World Vision, the Lutheran Church and the Emanuel Baptist Church (Burleigh, 1989). Local NGOs with activities related to improved child feeding include Asociación de Promoción, Capacitación y Desarrollo (PROCADES), The Salvador Association for Integral Development (Asociación Salvadoreño para el Desarrollo Integral), and Fundación Salvadoreño del Desarrollo y Vivienda Mínima (FUNDASAL).

Mother support groups

The Center for Breastfeeding Support and the Rural Health Association of El Salvador have several mother support groups. These groups enable women to help each other with breastfeeding. There are no groups yet in urban areas or among middle-class women. The MOH has prepared "Guidelines for the Formation of Support Groups" and will be reproducing 750 copies for distribution to the staff of health centers and health units (unidades). CALMA also supports a rural breastfeeding support center in Panchimalco.

XIII. FINANCIAL SUPPORT

From 1982-1991 the government of El Salvador received \$250-300 million per year in economic aid from the U.S. government (Barry, T., 1991). Approximately \$31 million of this amount was spent each year on health programs. In 1991 U.S. foreign aid covered 30% of MOH operational costs and 77% of its expenditures for supplies. Some of this assistance helped to support breastfeeding activities of the MOH, PROSAMI and CALMA.

Aside from USAID support of the MOH, UNICEF is the largest funder in El Salvador of breastfeeding promotion activities. UNICEF's contribution totalled \$110,000 in 1993, primarily for the Baby Friendly Hospital Initiative.

PAHO/INCAP has a limited budget for breastfeeding promotion. There are two staff members in PAHO/INCAP's maternal and child health division in San Salvador who devote some time to breastfeeding. They also participate in the Technical Breastfeeding Committee.

The EEC is another donor providing some funds for breastfeeding promotion. World Bank assistance supports improved complementary feeding activities in conjunction with the World Food Program and the Ministry of Health.

XIV. RECOMMENDATIONS

This section provides policy and program recommendations to improve infant feeding practices in El Salvador. These recommendations are based on the results of this assessment and discussions held during the assessment.



Policy Recommendations

1. Legal Changes

Develop the legal framework needed to promote and protect breastfeeding.

Establish alliances to promote passage of the proposed law for the "Support, Promotion and Protection of Breastfeeding" and adoption of the International Code of Marketing of Breastmilk Substitutes.

Build public support and demand for changes in the Labor Law that will protect the rights of working women to breastfeed, including provisions for nursing breaks and child care.

2. Integrated Programs and Standardized Norms

Integrate infant feeding into child survival programs.

Standardize and disseminate norms on breastfeeding, dietary management of diarrhea and appropriate complementary feeding to all facilities providing health services.

3. Mass Communications

Support policies to increase the donation of free air time for broadcasting infant feeding messages.

4. Private Sector Initiatives

Encourage private sector businesses and industries to adopt policies that support improved infant feeding.

Program Recommendations

Program activities to improve infant feeding in part need to be based on the MOH health care system. In developing program activities, care must be taken to ensure that there are sufficient staff at each level to reach the proposed beneficiaries, primarily pregnant women and children less than two years of age. In the past, MCH programs in El Salvador have focused on children under the age of five. Reversing major problems of child nutrition is difficult after the age of two; therefore, it is important for the MOH to direct activities to children under two. The following describes the goal, objectives, strategies and activities within a proposed plan of action to improve infant feeding in El Salvador.

The institutions and suggested annual funding levels for the implementation of these program recommendations are illustrated in Table 15. A time line for doing so is illustrated in Table 16.

I. Goal of a National Program

Improve the health and nutritional status of children under two years of age in El Salvador.

II. Objectives

A. Increase the percent of mothers that exclusively breastfeed for six months.

B. Increase the percent of mothers that continue breastfeeding for two years.



Table 15: Estimated Number, Cost and Funding Source for Program Recommendations to Improve Infant Feeding

Component	No. of Meetings/ Seminars	No. of Parti- cipants	Estimated Cost	Donor	Priority for USAID Fundin g
1. Policy Promotion and Coordination					
a. Technical committee meetings	12	5-6			
b. Regional seminars	5	155	\$20,000	USAID	***
c. Formation of National Commission and regional commissions		25 400	\$10,000	UNICEF	
d. Seminars on enforcement of legislation to protect working women: MOH ISSS Private hospitals NGOs Universities Nursing schools		400 100 50 250 50 20			
2. Health Services In-service Training					
a. MOH regional hospitals and health centers			\$50,000	UNICEF	
b. ISSS hospital staff and site visit to Peru			\$25,000	USAID	***
c. Wellstart training (August)	1	6-8	\$5200/partici pant training; \$36,000 per diem	USAID	***
3. Community-level Training	5 regions				
a. MOH-Units, posts, promoters, midwives		200-250	\$50,000	UNICEF	
b. ISSS centers		750	\$5000	USAID	**
c. Culture houses		500	\$5000	USAID	**
d. NGOs		100			
e. Teachers		1000	\$20,000	USAID	**
4. Mass Communications		100	\$100,000	World Bank	
a. Development of materials					
b. Mass media campaign					
5. Establishment of Mother Support Groups					
a. Through Baby Friendly Hospitals	10	10	\$20,000	UNICEF	
b. Through NGOs	10	15	\$30,000	USAID	***
6. Operations Research					
a. Benefits of colostrum			\$100,000	USAID	*
b. Focus groups in hospitals			\$25,000	USAID	**



Table 16: Time Line of Activities

Component	1	2	3	4	5	6	7	8	9	10	11	12
1. Policy Promotion and Co-ordination												
a. Technical Comm. meetings	→	→	→	→	→	→	→	→	→	→	→	→
b. Regional seminars			—		—		—		—		—	
c. Formation of National Commission	→											
d. Seminars on enforcement of legislation to protect working women				—		—		—		—		—
2. Health Services In-service Training												
a. MOH regional hospitals and health centers	→											
b. ISSS hospital staff and site visit to Peru			→		→							
c. Wellstart training (August, 1994)								—				
3. Community-level Training												
a. MOH-Units, posts, promoters, midwives	→											
b. ISSS centers					→							
c. Culture houses	→											
d. NGOs	→											
e. Teachers	→											
4. Mass Communications												
a. Development of materials	→											
b. Mass media campaign						→						
5. Establishment of Mother Support Groups												
a. Through Baby Friendly Hospitals	→											
b. Through NGOs	→											
6. Operations Research												
a. Benefits of colostrum	→											
b. Focus groups in hospitals	→											



- C. Increase the percent of children ages 6-24 months that are fed appropriate complementary foods.

III. Plan of Action

A. Strategies

1. Policy promotion and coordination

- a. Health sector: Ensure coordination of activities and monitoring of norms within different health sectors including the MOH, the Social Security Institute, NGOs and the private sector.
- b. Education sector: Monitor the content of health, nutrition and food modules in school curriculum.
- c. Labor sector: Improve the labor protection laws for working mothers in both the formal and informal sector and enforce implementation of existing laws.
- d. Industrial and commercial sector: Collaborate in the monitoring and enforcement of regulations concerning the advertising and marketing of breastmilk substitutes.
- e. Agricultural sector: Improve El Salvador's food and agricultural policies by recognizing breastmilk as an essential element in the nation's food security plan.
- f. Communication sector: Provide support to the state's system of mass communication efforts to improve health.
- g. International donor agencies: Provide technical and financial support for the development of an integrated plan to improve infant feeding.

2. Health services in-service training

a. Clinical training for hospital personnel

- 1) Baby Friendly Hospital Initiative
- 2) Clinical training in lactation management

3. Community level training

- a. Training program for health personnel at the health units (unidades) and health posts, including MCH staff, nutrition staff and personnel of community health departments.
- b. Training program for personnel of NGOs, community groups, local governments (municipalities), PROSAMI and CISI.



- c. Training program for teachers and basic education workers in coordination with the Commission for Education and Health and PAHO/INCAP.
 4. Information, education and communication
 - a. Nutrition Education and Social Marketing Program through the MOH's Department of Nutrition and the Manoff Group.
 - b. Mass media campaign to illustrate that breastfeeding is not just for the poor but for all sectors of society.
 5. Mother-to-mother support groups
 - a. Support for community interventions in low-income areas through CALMA, PROSAMI and the MOH.
 - b. Support for middle-class sectors through organizations such as service clubs (Rotary, Lions Club), Activo 2030, Cámara Junior, and the Asociación de Secretarías Ejecutivas del El Salvador.
 6. Operations research
 - a. Research on the benefits of colostrum in the Social Security Institute's hospital.
 - b. Formative research to assess how to change hospital practices.
 - c. Formative research on how to increase exclusive breastfeeding in the community.

B. Activities

1. Policy promotion and coordination

To help implement the strategies outlined above, the Technical Committee for Breastfeeding would meet monthly as it currently does to monitor the plan and help coordinate all activities. Regional seminars would be held within the five regions to disseminate this report and to develop regional plans of action for improving infant feeding.

The formation of the National Commission and regional commissions should be an immediate priority in order that they can work on activities to improve infant feeding. In order to enable working women to breastfeed, seminars on the enforcement of current legislation would be useful. These seminars would be held with the MOH, the Social Security Institute, private hospitals, NGOs, universities and nursing schools.

2. Health services in-service training

Training of staff in MOH regional hospitals and health centers is part of the second stage of action for the Baby Friendly Hospital Initiative. It will be important to develop a



system of monitoring and supervision of previously trained staff to ensure that the guidelines provided through the training are implemented.

Because of the poor hospital practices in the Social Security Institute's hospital in San Salvador, a site visit by staff to another social security hospital is proposed (for example in Peru or Mexico) to learn how the hospital has implemented appropriate changes in hospital practices and the results of these changes.

Since no one within the MOH has in-depth training in lactation management, external training at Wellstart is recommended. The next Spanish course will take place in August, 1994.

3. Community level training

UNICEF's third stage of the Baby Friendly Hospital Initiative calls for the training of community level personnel, including promoters and traditional birth attendants, and staff at health units and health posts. There is also the need for community level training of teachers and the staff of non-governmental organizations, Social Security Institute centers and culture houses (local community centers).

4. Information, education and communication

The World Bank is supporting mass communication activities through the MOH Department of Nutrition to improve breastfeeding and complementary feeding practices. These activities need to be seen as integral to the activities of the national young child health and nutrition program.

5. Mother-to-mother support groups

It is proposed that 10 mother support groups be established through Baby Friendly Hospitals and 10 through NGOs. The formation of these groups is a high level priority to help provide support for exclusive breastfeeding and improved complementary feeding at the community level.

6. Operations research

Since there are extreme differences in practices between the MOH and the Social Security Institute hospitals in the use of colostrum, El Salvador would be an excellent location to conduct a study of colostrum's impact on neo-natal health. Although there has been extensive training through the Baby Friendly Hospital Initiative in many locales, few changes have been made. In order to improve program performance, focus groups among hospital staff are needed to ascertain why changes have not been made.



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Annex 1: Members of Assessment Team

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UNICEF
INCAP/PAHO
CALMA



Annex 2: Persons and Organizations Interviewed

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Director

Dr. Guillermo Martínez Medina
Head of Pediatrics
Head of Neonatology



Panchimalmaco Health Unit

Dr. Patricia Sandoval
Director

Lic. de Serramo
Local Supervisor of Nursing

Traditional Birth Attendants of:
El Divisarero
Pajales

Private Hospitals

Hospital Margaret Baldwin
Nursing Personnel

Hospital Bautista
Nursing Personnel



Annex 3: Policies and Laws Related to Breastfeeding in El Salvador

In Titles I and II of the Constitution, the State recognizes its responsibility for the health of its citizens. The section on human rights acknowledges the right to life. In Chapter II on "Social Rights," the first section concerns the family. Article 34 of this section declares that it is the State's duty to create institutions for the protection of mothers and children. In the same chapter, article 42 defines the labor and social security rights of the working woman, including the right to a paid maternity leave, job protection and provision of child care by the employer.

Section four concerns public health and social assistance. Article 65 recognizes that the health of the population is a public good and the responsibility of the State. Article 68 identifies the Superior Council of Public Health as the institution responsible for the nation's health. Article 69 confers upon the State responsibility for food quality.

Title VI, Chapter I, first section, article 131, clause 5 gives the Legislative Assembly exclusive power to decree, authentically interpret, reform and revoke secondary laws. Clause 7 of the same article talks about the Assembly's authority to ratify the treaties and agreements that the executive branch makes with other states and international organizations. Article 133 mentions that only the President of the Republic, through his ministers, can propose laws.

Legislación Existente Marco Legal

1ª disposiciones destinadas a apoyar a las madres trabajadoras		
Documento	Responsable	Contenido del Documento
A. Código de trabajo	Ministerio de Trabajo. Sector Privado. Sector Público.	<p>Establece algunas disposiciones en relación a las prestaciones de maternidad en los artículos del 309 al 312.</p> <p>Art. 309: El patrono está obligado a dar a la trabajadora embarazada en concepto de descanso por maternidad - doce semanas de licencia, seis de los cuales se tomarán obligatoriamente después del parto; además a pagarle anticipadamente una prestación equivalente al 75 por ciento del salario básico durante dicha licencia.</p> <p>Art. 310: Para que la trabajadora goce de la licencia establecida en el artículo anterior, será suficiente presentar al patrono constancia médica, expedida en papal simple en la que determine el estado de embarazo de la trabajadora, indicando la fecha probable de parto.</p> <p>Art. 311: Para que la trabajadora tenga derecho a la prestación económica establecida en este capítulo, será requisito indispensable que haya trabajado para el mismo patrono durante los seis meses anteriores a la fecha probable del parto; pero en todo caso tendrá derecho a la licencia establecida en el artículo 309.</p> <p>Art. 312: Si transcurrido el periodo de la licencia por maternidad, la trabajadora comprobare con certificación médica, que no se encuentra en condiciones de volver al trabajo, continuará suspendido el contrato por la causal cuarta del artículo 36, por tiempo necesario para el restablecimiento, quedando obligado el patrono a pagarle las prestaciones por enfermedad y a conservar su empleo.</p>
B. Reglamento del Instituto Salvadoreño del Seguro Social	Instituto Salvadoreño del Seguro Social. ISSS	-Prestaciones por maternidad, embarazo, parto y puerperio y asistencia al niño hasta dos meses de edad.

*Reproducido de un documento
de INCAP (1991).*

1º disposiciones destinadas a apoyar a las madres trabajadoras		
Documento	Responsable	Contenido del Documento
		-Observaciones: en ambos documentos, no hay nada específico sobre creación de guarderías y/o ps: para poder amamantar en horas hábiles al lactante.
2º Disposiciones destinadas a proteger a la madre y al niño.		
Documento	Responsable	Contenido del Documento
c. Anteproyecto de Código de Familia. Documento base.	Comisión Revisora de la Legislación Salvadoreña. Coredesal 1989.	-Exposición de motivos. -Libro Cuarto. Características sociales de la familia salvadoreña: Destacando los problemas y aspectos más relevantes de esa realidad natural, social y jurídica que se llama familia. -Los títulos: Título I los alimentos: art. 264 a art.288. Título II Cuidado personal: art. 227 a 237.
D. Código de menores.	Ministerio de Justicia, Consejo Salvadoreño de Menores. 1976	Título I: Disposiciones preliminares. - <u>Derechos Fundamentales de los Menores.</u> Art. 1: Este Código reconoce y regula los derechos que tienen los menores desde su gestación, a nacer y vivir en condiciones familiares y ambientales, que les permitan en obtener su completo y normal desarrollo físico-social. - <u>Protección legal a menores y mujeres grávidas.</u> Tienen derecho a la protección que establece este Código a los menores... y el derecho a esta protección integral lo tiene también la mujer durante la gestación, el parto y el puerperio. Título III. De los Servicios Técnicos Asistenciales. <u>Capítulo I. del Servicio de Protección Materno-Infantil.</u> Art. 18 al 25. Art. 18: El Servicio de Protección Materno Infantil, tiene por objeto la protección y asistencia a la mujer grávida y al menor hasta de cuatro años de edad. <u>Capítulo 2. Del servicio de Protección a Menores.</u> Art. 26. <u>Capítulo 3. Del Servicio de Asistencia Social.</u> Art. del 35 al 38.

2º disposiciones destinadas proteger a la madre y al niño

Documento	Responsable	Contenido del Documento
E. Política Nacional de Protección al Menor.	Consejo Salvadoreño de Menores.	<p><u>Capítulo 4. Protección Asistencial al Menor.</u> Asistencia Conjunta. Art. 48 y 49. Título VI. Protección laboral de los menores y de las mujeres grávidas. Trabajo de Menores y Mujeres Grávidas. Art. 53, 54 y 55.</p> <p>Lincamientos generales que orientan la protección al menor para dar cumplimiento al compromiso constitucional del artículo 34: - "Todo menor tiene derecho a vivir en condiciones familiares y ambientales que le permitan su desarrollo integral, para lo cual tendrá la protección del Estado" -El documento contiene: -Justificación. -Breve diagnóstico. -Los derechos del niño -El menor. Necesidades y Estrategias.</p>
F. El niño Salvadoreño y sus Derechos. Convención sobre los derechos del niño.	Consejo Salvadoreño de Menores. Secretaría Nacional de la Familia. Asociación Pro-Infancia. UNICEF.	<p>-Convención sobre los Derechos del Niño. Acuerdo de aprobación por el Organismo Ejecutivo y Decreto de Ratificación por la Asamblea Legislativa de la República de El Salvador. Acuerdo Nº 237. San Salvador 18 de Abril de 1990. D.O. Nº 1... Tomo 307. 9 de Marzo de 1990.</p>

3º Medidas Tomadas para Poner en Práctica Código de Comercialización.

Documento	Responsable	Contenido del Documento
G. Código para el Mercado de Sustitutos de Leche Materna.	OMS/UNICEF	<p>Propuesta a la Vigésima Séptima Asamblea Mundial de la Salud. 28 - 5 - 1974. -"Reafirmando que se ha comprobado que la lactancia materna es la solución más adecuada y exitosa para el desarrollo armónico del niño". -Para fórmulas infantiles y otros productos que se usan como sustitutos de leche materna. - a) Principios Generales. - b) Código de Ética y de Estándares Profesionales para Publicidad. Información sobre Productos y Servicios de Asesoría. Art. 1: Relaciones con el público. Art. 2: Relaciones con la Madre.</p>

3º Medidas Tomadas para Poner en Práctica Código de Comercialización.		
Documento	Responsable	Contenido del Documento
H. Código Nacional de Mercadeo. (Propuesta) 1980.	Ministerio de Salud.	<p>Art. 3: Relaciones Con Instituciones de Servicio y de Salud.</p> <p>Art. 4: Relaciones con Personal de Salud.</p> <p>Art. 5: Relaciones con Empleados de Compañías.</p> <p>Art. 6: Calidad.</p> <p>Art. 7: Procedimientos.</p> <p>-Para fórmulas infantiles y otros productos que se usan como sustitutos de la leche materna.</p> <p>-Código de Etica y de Estandares Profesionales para Publicidad.</p> <p>-Información sobre Productos.</p> <p>-Servicio de Asesoría.</p> <p>-Información al Consumidor.</p> <p>-Relaciones con Profesionales de Salud.</p>
I. Proyecto de Ley sobre el Uso de la Leche Materna como Alimento Prioritario para Infantes y Niños. -Uso de Alimentos Complementarios. -Sucedáneos de la Leche Materna y Aditamentos para su Administración. 1986	Ministerio de Salud. Ministerio de Economía. Ministerio de Trabajo. Ministerio del Interior. Ministerio de Agricultura. Consejos Municipales.	<p>-El Proyecto de Ley consta de 23 artículos que tienen por objeto la "Promoción de la Lactancia Materna, procurando el uso adecuado de los alimentos infantiles complementarios, de los sucedáneos de la leche materna y aditamentos para su administración.</p> <p>La norma es aplicable a la comercialización de los sucedáneos, alimentos infantiles complementarios, incluyendo biberones y chupones.</p> <p>-La autorización y supervisión de los diferentes sistemas de información.</p> <p>-Los fabricantes o centros de producción, distribución y expendio se regirán por las normas de comercialización emitidas para dicho fin.</p>
J. Decreto Legislativo Nº 384.30 - 11 - 1989.	Ministerio de Economía.	<p>-Disposiciones citadas y la Ley de Comercialización y Regulación de Precios. Acuerda:</p> <p>"Decláranse como esenciales los siguientes productos: leche en polvo íntegra y para lactantes".</p>



Annex 4: MOH Norms Related to Infant Feeding

WELLSTART INTERNATIONAL

Annex 4: MOH norms related to infant feeding

NORMAS DE LACTANCIA MATERNA CONTENIDAS EN LAS NORMAS INTEGRADAS DE LA ATENCION MATERNO INFANTIL

1. ATENCION DE SALUD REPRODUCTIVA.

1) ATENCION AL DESARROLLO DEL EMBARAZO.

NORMAS TECNICAS	NORMAS OPERATIVAS	SUGERENCIAS METODOLOGICAS
<p>orientación sobre los cuidados durante el embarazo, periodicidad e importancia de los controles y preparación para la lactancia materna, involucrando al padre y al resto del grupo familiar.</p>	<ul style="list-style-type: none"> • <u>Pre Consulta</u> Actividades educativas sobre cuidados de la embarazada y preparación para la lactancia materna. • <u>Consulta</u> • Examen físico • Examen de mamas y pezones. Investigar antecedentes de período de lactancia materna. • Educación individual • Alimentación y nutrition adecuada durante el embarazo y lactancia materna. • Apego y alojamiento conjunto. • Duración y ventajas de la lactancia materna. • Técnicas sobre preparación de pezones. • Educación en grupos de madres. <p>BEST AVAILABLE COPY</p>	<ul style="list-style-type: none"> • Entrevistas, charlas participativas, demostraciones, utilizando material educativo y tecnología apropiada. • Durante el examen de mamas, demostración de preparación de <u>pezones</u> y biberón del bebé, si no hubiere <u>contraindicaciones</u>. • Orientación individualizada, demostración, utilización de material de apoyo. • Orientar en cuanto a la disponibilidad de alimentos en el hogar. • Seleccionar grupos de embarazadas de Consulta Externa y hospitalización según necesidad; para desarrollar sesiones educativas. • Preparación para la lactancia.

NORMAS DE LACTANCIA MATERNA CONTENIDAS EN LAS NORMAS INTEGRADAS DE LA ATENCION MATERNO INFANTIL

2. ATENCION AL PROCESO DEL PARTO.

NORMAS TECNICAS	NORMAS OPERATIVAS	SUGERENCIAS METODOLOGICAS
<p>Colocar al recién nacido normal en la primera media hora después del parto, (Apego precoz) y alojar al niño junto a su madre durante el puerperio inmediato.</p> <p>Preparar a la madre en el inicio temprano y mantenimiento de la Lactancia Materna.</p>	<ul style="list-style-type: none"> . Hospitalización de la Atención del Parto. . Atención inmediata del recién nacido y apego precoz del niño normal, incluyendo los nacidos por cesárea (según Normas de Atención al Neonato). Si es cesárea llevar al niño con la madre lo más pronto posible sino hubiere contraindicación. . Traslado y mantenimiento del niño con su madre a Sala de Puerperio. . Inicio inmediato de líquidos orales a la madre en Sala de Puerperio, sino existen contraindicaciones. . Orientación a la madre, enfatizando en los siguientes aspectos: <ul style="list-style-type: none"> . Importancia del apego precoz, alojamiento conjunto y lactancia materna exclusiva, iniciándolo con el calostro. . Técnicas para una lactancia materna exitosa. . Alimentación de la madre durante la lactancia. 	<p>Demostración sobre técnicas adecuadas de amamantamiento.</p> <p>Demostración sobre técnicas de amamantamiento y alojamiento conjunto.</p> <p>Demostración.</p> <p>Charla participativa.</p>

NORMAS DE LACTANCIA MATERNA CONTENIDAS EN LAS NORMAS INTEGRADAS DE LA
ATENCIÓN MATERNO INFANTIL

3. ATENCIÓN AL PROCESO DE POST-PARTO.

NORMAS TÉCNICAS	NORMAS OPERATIVAS	SUGERENCIAS METODOLÓGICAS <i>Rispoli</i>
<p>Toda puérpera debe recibir atención y orientación integral.</p>	<ul style="list-style-type: none"> . Cuidados durante el puerperio y lactancia materna: . Evaluación clínica de la puérpera, incluyendo: <ul style="list-style-type: none"> . Examen de mamas y pezones. . Identificación de problemas de lactancia: . Orientación a la madre sobre: <ul style="list-style-type: none"> . Alimentación y nutrición de la madre durante la lactancia. . Técnicas para una lactancia materna exitosa. 	<ul style="list-style-type: none"> . Charlas participativas . Entrevistas . Demostraciones . Uso de material educativo adecuado

NORMAS DE LACTANCIA MATERNA CONTENIDAS EN LAS NORMAS INTEGRADAS DE LA
ATENCION MATERNO INFANTIL

4, ATENCION EN PLANIFICACION FAMILIAR.

NORMAS TECNICAS	NORMAS OPERATIVAS	SUGERENCIAS METODOLOGICAS
<p>En mujeres lactantes que requieran de un método anticonceptivo de elección, será el dispositivo intrauterino. Si existiere contraindicación para su uso los métodos recomendados en orden de prescripción serán:</p> <ul style="list-style-type: none"> . Progestágenos inyectables sintéticos. . Anovulatorios Orales de baja concentración hormonal estrogénica. 	<ul style="list-style-type: none"> . Consulta. . Impartir educación individual. . Orientar a las madres lactantes sobre la importancia de la utilización de métodos anticonceptivos que no interfieran con la lactancia materna, considerando la anticoncepción permanente en señoras de acuerdo a Normas de Atención en Planificación Familiar. . Orientar a la madre sobre las ventajas de la lactancia exclusiva y/o sobre demanda y como método para el espaciamiento intergenésico. 	<p>Entrevistas.</p> <p>Utilización de material educativo.</p>

NORMAS DE LACTANCIA MATERNA CONTENIDAS EN LAS NORMAS INTEGRADAS DE LA
ATENCIÓN MATERNO INFANTIL

5. ATENCIÓN DEL RECIÉN NACIDO.

NORMAS TÉCNICAS	NORMAS OPERATIVAS	SUGERENCIAS METODOLÓGICAS
<p>Se iniciará el apego precoz a todo recién nacido con APGAR de 7 ó más y se alojará con su madre.</p> <p>Todo Recién Nacido que por su estado no esté alojado con su madre y tenga indicado vía oral, deberá ser alimentado exclusivamente con leche materna.</p> <p>Todas las madres atendidas por parto a nivel institucional, deberán ser orientadas sobre Lactancia Materna como alimentación exclusiva en los primeros seis meses.</p>	<ul style="list-style-type: none"> . Asegurar en el recién nacido el inicio de la Lactancia Materna: <ul style="list-style-type: none"> . Colocando al niño al seno materno en los primeros 30 minutos después de nacido. . Alojando al niño con su madre para permanecer con ella día y noche. . Orientando y apoyando a cada madre en el inicio de la Lactancia Materna, resolviendo los problemas técnicos que se presenten. . La técnica de alimentación a utilizar con leche materna, será de acuerdo a indicación médica. <ul style="list-style-type: none"> . Facilitar el acceso a las madres para amamantar al Recién Nacido si está indicado. . Educación individual y grupal a madres sobre: <ul style="list-style-type: none"> . Importancia de la Lactancia Materna como alimentación exclusiva alrededor de los seis meses. 	<p>Observación y demostración de técnicas de amamantamiento.</p> <p>Estimular a la madre para que participe de apego precoz del niño.</p> <p>Estimular a la madre sobre la práctica de la Lactancia y explorar dudas o problemas en relación a la práctica de la Lactancia Materna.</p> <p>Demostración sobre extracción manual de leche.</p> <p>Demostración de técnica más adecuada a la condición del niño.</p> <ul style="list-style-type: none"> . Hacer demostraciones sobre diferentes técnicas de amamantamiento con las mismas madres. . Intercambio de experiencias. . Evitar promoción de toda índole sobre sustitutos de la Lactancia Materna.

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NORMAS DE LACTANCIA MATERNA CONTENIDAS EN LAS NORMAS INTEGRADAS DE LA
ATENCIÓN MATERNO INFANTIL

ATENCIÓN DEL RECIÉN NACIDO.

NORMAS TÉCNICAS	NORMAS OPERATIVAS	SUGERENCIAS METODOLÓGICAS
<p>A todo recién nacido normal atendido por Partera Empírica capacitada se le facilitará el apego precoz y alojamiento conjunto.</p>	<p>. Atención Domiciliar del Recién Nacido:</p> <ul style="list-style-type: none"> . Colocar al niño al seno materno en los primeros 30 minutos después de nacido. . Colocar al niño después del parto junto a su madre para permanecer con ella día y noche. . Dar orientación y apoyo a la madre en el inicio de la Lactancia Materna y resolución de los problemas técnicos que se presenten. 	<ul style="list-style-type: none"> . Estimular a la madre para que aplique el apego precoz del niño. . Charlas participativas. . Entrevistas. . Demostración de técnicas y métodos de conservación de la leche.

ESQUEMA DE ALIMENTACION DEL NIÑO MENOR DE 2 AÑOS

EIDADES	NORMA	RECOMENDACION BASICA
Menor de 6 meses	Lactancia Materna Exclusiva.	
De 6 a 9 meses	<p>Continuar con Lactancia Materna.</p> <p>Iniciar alimentación complementaria en el orden siguiente:</p> <ol style="list-style-type: none"> 1. Introducir cereales (arroz, maiz, trigo, avena, cebada) 2. Verduras en puré. 3. Jugos diluidos de frutas y verduras (excepto cítricos). 4. Frijoles molidos y colados. 	<ul style="list-style-type: none"> - En la introducción de nuevos alimentos evitar mezclas de éstos. . Dar uno por uno con intervalo de 3 a 4 días entre cada nuevo alimento, comenzando con pequeñas cantidades y aumentándolas en la medida que el niño los acepta y tolera. . Posteriormente proceder al uso de mezclas de alimentos. . Agregar aceite vegetal en pequeñas cantidades en las preparaciones.
9 a 12 meses	<p>Continuar con Leche Materna y alimentos ya introducidos.</p> <ul style="list-style-type: none"> . Jugos de frutas (excepto cítricos). . Hojas verdes machacadas. . Carnes molidas (pollo, conejo, res, etc.) . Iniciar yema de huevo en forma gradual (siempre y cuando no haya antecedentes alérgicos). . Iniciar derivados de la leche (queso fresco, requesón, crema cocinada). . Alimentos en biberón a partir del 10 mes. . Utilizar aceite vegetal en las preparaciones. 	<ul style="list-style-type: none"> - La introducción de alimentos diferentes a la Leche Materna se hará preferentemente con cucharita. - La ampliación de la alimentación se hará en forma gradual, tomando en cuenta la calidad, cantidad, sabor y consistencia, adaptándola a la mama del niño. - Todos los alimentos y utensilios que se usen en la alimentación del niño, deben estar bien lavados y protegidos. - Los cítricos no deberán introducirse antes del año.

ESQUEMA DE ALIMENTACION DEL NIÑO MENOR DE 2 AÑOS

EIDADES	NORMA	RECOMENDACION BASICA
Después de los 12 meses.	<ul style="list-style-type: none"> . Continuar con leche materna hasta los 2 años y alimentación anterior. . Incorporar al niño a la dieta familiar <u>pro</u>porcionándole: <ul style="list-style-type: none"> . Huevo completo. . Pescado fresco en sopa, frito. . Frutas cítricas diluidos primero y luego puros. 	



Annex 5: Academic Societies Promoting Breastfeeding

**SOCIEDADES ACADEMICAS A PARTICIPAR EN LA MOVILIZACION DE
LACTANCIA MATERNA**

Sociedad de Perinatología Colegio Médico	Dr. Noé Ayala
Sociedad de Pediatría Blvd. de Los Héroes y 25 C. Pte. Condominio Los Héroes Norte No.215	Dr. Luis Esau Coreas
Sociedad de Infectiología Edificio Diagonal, 1a. Planta Pje. 5, Urbanización La Esperanza	Dr. Eduardo Suárez Castaneda
Sociedad de Salud Pública MINSAL	Dr. Santos Adán García
Colegio Médico	Dr. Miguel Angel Murga
Sociedad de Gineco-Obstetricia Unidad de Riesgo Reproductivo, Oficina Administrativa ISSS	Dr. Douglas Jarquin
Asociación Nacional de Enfermeras Calle Gabriel Rosales y Matias Alvarado, Reparto Los Héroes	Sra. Gladys Jiménez Carías
Asociación de Nutricionistas y Dietistas de El Salvador 10 Av. Sur 1130, Apto. 18 Barrio San Jacinto	Lic. Alma Gavidia
ISSS Oficinas Administrativas	Lic. Roberto Ortiz Avalos Director
Sociedad Médica de Occidente TRANSPORTE OFICIAL MINSAL	Dra. Ana María de Gamero Jefe Atención Médica
Asociación de Mujeres Médicos Departamento Materno Infantil MINSAL	Dr. Raúl Martínez Secretaria de la Dirección Regional Sra. Naty Calderón
Asociación de Medicina General Colegio Médico	Dra. Miriam O. de Navarrete
	Dr. Mario Miguel Zablah

Instituto Salvadoreño de Protección al Menor	Lic. Maria Teresa de Mejia
OPS	Dr. Hugo Villegas Dr. Adan Montes
Asociación Demográfica Salvadoreña	Lic. Jorge Hernández Isuzi Gerente Ejecutivo
Ministerio de Trabajo	Lic. Pedro Samuel Rodriguez Director General
Asociación Médica Cristiana Centro de Diagnóstico	Dr. Luis Urrutia
Asociación Dental Avenida Olímpica No. 2640	Dra. Esmeralda de Arriaza
Asociación de Tecnólogos Materno Infantiles OEFE Tel. 253750	TM Sonia Milagro Batres de Pineda
Asociación Pediátrica de Santa Ana Departamento Pediatría, Hospital San Juan de Dios, Santa Ana	Dr. Reynaldo Dueñas Mackall
Sociedad Salvadoreña de Odontología Infantil Avenida Olímpica No. 1640	Dr. Rafael Martinez
Directora Nacional de Educacion Edificio TV Educativa	Lic. Gladys Aparicio de Cortez
Junta Directiva de CALMA 71 Ave. Nte. No. 219 Colonia Escalón	Dr. Hebert Betancourt
Sociedad Medica de Oriente 4a. Calle Ote. No. 501 San Miguel	Dra. Julia Alba Fuentes
Universidad Nacional	Dr. Rafael Monterrosa Decano Facultad de Medicina Dra. Leticia de Amaya Secretaria General Facultad de Medicina

Universidad Evangélica

Dr. Alvaro Ernesto Pleitez
Decano Facultad de Medicina.

Comisión de la Infancia, La
Mujer y La Familia
Asamblea Legislativa

Lic. Iliana Mixco
Presidenta

Secretaría Nacional de la
Familia

Sra. Margarita de Cristiani
Dra. Sofia de Delgado

Ministerio de Salud Pública
Departamento Materno Infantil

Dr. Rogelio Ramirez Menjivar

ASAPROSAR
Apartado Postal No. 52
Santa Ana

Dra. Vicky Guzmán de Luna



Annex 6: Organizations Registered with CISI



Urb. La Esperanza 1a. Diag. Plaza Monterrey, #202, San Salvador El Salvador
Teléfono 26-9928

Comité Intersectorial de Supervivencia Infantil

I. IDENTIFICACION DE LA ORGANIZACION

1. NOMBRE : ASOCIACION COMITE INTERSECTORIAL DE SUPERVIVENCIA INFANTIL (CISI)
2. DIRECCION : Urbanizacion La Esperanza 1a. Diagonal Plaza Monterrey Loc. 202
3. TELEFONO : 26-9928
4. EJECUTIVO RESPONSABLE : Dra. AURA MARINA TORRES NOLASCO

II. ASPECTOS GENERALES

1. AFILIACION : de carácter nacional con:
Ministerio de Salud Pública y Asistencia Social
2. VINCULACION : Con 30 Instituciones públicas y privadas que coordina el Comité
Las agencias participantes del Comité Intersectorial de Supervivencia Infantil son las siguientes:
 1. VISION MUNDIAL-EL SALVADOR
 2. CENTRO DE APOYO DE LACTANCIA MATERNA (C.A.L.M.A.)
 3. CARITAS DE EL SALVADOR
 4. COMITE DE INTEGRACION Y RECONSTRUCCION NACIONAL (C.I.R.E.S.)
 5. ASOCIACION SALVADOREÑA PRO-SALUD RURAL (A.S.A.P.R.O.S.A.R.)
 6. ASOCIACION BAUTISTA DE EL SALVADOR (A.B.E.S.)
 7. CLINICA BAUTISTA "ENMANUEL"
 8. ASOCIACION SALVADOREÑA PARA EL DESARROLLO INTEGRAL (A.S.A.L.D.I.)
 9. ASOCIACION SALVADOREÑA DE PROMOCION CAPACITACION Y DESARROLLO (P.R.O.C.A.D.E.S.)
 10. DESARROLLO JUNENIL COMUNITARIO (D.J.C.)
 11. COMITE EVANGELICO SALVADOREÑO DE AYUDA Y DESARROLLO (C.E.S.A.D.)
 12. FUNDACION SALVADOREÑA PARA EL DESARROLLO DE LA MUJER Y EL NIÑO (F.U.N.D.E.M.U.N.)
 13. INSTITUTO SALVADOREÑO DE TRANSFORMACION AGRARIA (I.S.T.A.)
 14. ALCALDIA MUNICIPAL DE SAN SALVADOR
 15. ASOCIACION DE MUJERES CAMPESINAS SALVADOREÑAS (A.M.C.S.)
 16. UNIVERSIDAD DE EL SALVADOR -FACULTAD DE MEDICINA
 17. CENTRO DE DESARROLLO INTEGRAL PARA EL SALVADOR (CEDIES)
 18. FUNDACION KNAPP
 19. C.R.E.A. INTERNACIONAL
 20. ASOCIACION DE COMANDOS DE SALVAMENTO

21. OFICINA TECNICA PARA EL DESARROLLO
22. CLINICA CRISTIANA REVERENDO JUAN BUENO
23. HOSITAL DE A.N.T.E.L.
24. ORGANIZACION PROFESIONAL DE DESARROLLO
(OPRODE)
25. FUNDACION DE DESARROLLO PARA LA REACTIVACION
DE EL SALVADOR (FUNDEPRENS).
26. ALFALIT DE EL SALVADOR
27. ASOCIACION SALVADOREÑA DE EXTENSIONISTAS EM-
PRESARIALES DEL I.N.C.A.E. (A.S.E.I.)
28. ASOCIACION PARA EL DESARROLLO HUMANO(A.D.H.U.)
29. FUNDACION SÁLVADOREÑA PARA LA SALUD Y DESARRO
LLO SOCIAL (F.U.S.A.L.)
30. FUNDACION TAZUMAL.

3. SITUACION
LEGAL :

Por resolución del Ministerio de Salud Pública y asistencia Social No.131 del 25 de marzo de 1988, se da carácter oficial al Asociación Comité Inter sectorial de Supervivencia Infantil,

El 3 de septiembre 1992 fueron aprobados los Estatutos firmado y sellado por Ministerio del Interior.



Annex 7: Organizations Registered with PROSAMI

LISTA DE 36 ONG'S SELECCIONADAS

1. ASOCIACION AGAPE DE EL SALVADOR
Ing. Ramon Alberto Vega
Director Ejecutivo
Km. 63, Carretera a Sonzacate
Sonsonate, El Salvador
Tel.: 51-2667/1456
Fax: 51-1234

2. ASOCIACION PARA EL DESARROLLO HUMANO (ADHU)
Lic. Humberto Rivera
Director Ejecutivo
12a. Calle Poniente #2632
Col. El Rosal
San Salvador, El Salvador
Tel.: 23-0726
Fax:

3. ASOCIACION PARA LA ORGANIZACION Y LA EDUCACION EMPRESARIAL
FEMENINA (O.E.F. DE EL SALVADOR)
Licda. Dinorah de Sanchez
Directora Ejecutiva
Calle San Antonio Abad #2321
Col. Centroamerica
San Salvador, El Salvador
Tel.: 25-3750
Fax: 33-0257/0112

4. ASOCIACION SALVADOREÑA DE PROMOCION, CAPACITACION Y
DESARROLLO (PROCADES)
Licda. Claudia Caceres
Directora Ejecutiva
Ave. B, #213, Col. El Roble
San Salvador, El Salvador
Tel.: 25-1002
Fax: 26-8399

5. ASOCIACION SALVADOREÑA PARA EL DESARROLLO INTEGRAL
(ASALDI)
Lic. Carlos Adams Zamora
Director Ejecutivo
23a. Ave. Nte. Pje. San Ernesto #1314
San Salvador, El Salvador
Tel.: 26-6524
Fax:

6. ASOCIACION SALVADOREÑA PRO-SALUD RURAL**(ASAPROSAR)**

Dra. Eduviges Guzman de Luna
Directora Ejecutiva
Km. 62½, Carretera Panamericana
Col. El Mora
Santa Ana, El Salvador
Tel.: 40-7216
Fax: 40-7216

7. DIOCESIS DE ZACATECOLUCA

Dr. Leonel Antonio Azucena
Director Ejecutivo
1a. C. Ote. #3
Zacatecoluca, El Salvador
Tel.: 34-0081
Fax:

8. FUNDACION SALVADOREÑA PARA EL DESARROLLO DE LA MUJER Y EL NIÑO (FUNDEMUN)

Licda. Sara del Carmen Ventura
Directora Ejecutiva
Jardines de Serramonte #2
Avenida Bernal, Senda #1, Casa #18
San Salvador, El Salvador
Tel.: 74-1800
Fax: 74-1800

9. ORGANIZACION PROFESIONAL DE EL DESARROLLO (OPRODE)

Dra. Cecilia Melendez/Directora Ejecutiva
Pje. Chaparrastique #45
Col. Miramonte
San Salvador, El Salvador
Tel.: 79-0319/0156
Fax: 79-0156

(SEGUNDA RONDA)

10. ASOCIACION DE MUJERES CAMPESINAS SALVADOREÑAS

(AMCS)

Sra. Adela Lopez Moran/Directora Ejecutiva

6a. C. Pte. #4-7A

Ahuachapan, El Salvador

Tel.: 43-0537

Fax: 43-0537

11. ASOCIACION SALVADOREÑA DE DESARROLLO HUMANO (ASADEIH)

Lic. Modesto A. Rebollo/Director Ejecutivo

Reparto Miralvalle, Ave. Amsterdam, Pje. Berna #475

San Salvador, El Salvador

Tel.: 74-0171

Fax:

12. ASOCIACION SALVADOREÑA PROMOTORA DE SALUD

(ASPS)

Sra. Maria Elena Diaz/Directora Ejecutiva

Urbanizacion Buenos Aires 4

San Salvador, El Salvador

Tel.: 26-1341

Fax:

13. CENTRO DE APOYO DE LACTANCIA MATERNA

(CALMA)

Licda. Josefa de Garcia/Directora Ejecutiva

71a. Ave. Nte. #219

Col. Escalon

San Salvador, El Salvador

Tel.: 23-5949

Fax:

14. COORDINADORA NACIONAL DE LA MUJER SALVADOREÑA

(CONAMUS)

Sra. Isabel Ramirez

Directora Ejecutiva

Pje. Las Palmeras #130

Urbanizacion Florida, Metrocentro

San Salvador, El Salvador

Tel.: 26-2080

Fax:

15. COMITE DE INTEGRACION Y RECONSTRUCCION PARA EL SALVADOR

(CIRES)

Licda. Eileen Rosin/Directora Ejecutiva

41a. Ave. Sur y 12a. C. Pte. #2137

Col. Flor Blanca

San Salvador, El Salvador

Tel.: 22-4334/6630

Fax: 71-0924

16. FUNDACION CUSCATLAN "MANUEL FRANCO"

(FUNDAC)

Licda. Clara Rico/Directora Ejecutiva
 Final 31a. Ave. Sur y 12a. C. Pte. #1701
 Col. Flor Blanca
 San Salvador, El Salvador
 Tel.: 22-0571
 Fax:

17. FUNDACION DE DESARROLLO SOCIAL

(FUNDESO)

Licda. Lindaura de Cea/Directora Ejecutiva
 Calle Cuscatlan Ote. y Pje. 2,
 Antiguo Cuscatlan
 San Salvador, El Salvador
 Tel.: 23--5599
 Fax:

18. FUNDACION KNAPP

Dr. Santiago Orallana Amador/Director Ejecutivo
 27a. Ave. Nte. #1149
 San Salvador, El Salvador
 Tel.: 25-6387/9819
 Fax:

19. FUNDACION MARCO ANTONIO VASQUEZ

(FUNDAMAV)

~~Dr. Mariano Alegria
 Director Ejecutivo
 31a. C. Pte. y 21a. Ave. Nte. #1205
 Col. Layco
 San Salvador, El Salvador
 Tel.: 25-1504/26-5613
 Fax:~~

A FUGATA

20. FUNDACION MAQUILISHUATL

(FUMA)

Sra. Martha Elena Rauda
 Directora Ejecutiva
 Ave. Sierra Nevada, Calle Cerro Verde #3008
 Col. Miramonte
 San Salvador, El Salvador
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22. **ASOCIACION DE MUJERES SALVADOREÑAS
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24. **ASOCIACION SALVADOREÑA DE INVESTIGACION Y PROMOCION ECONOMICA Y
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25. **COMITE DE MADRES Y FAMILIARES CRISTIANOS PARA LA PROMOCION Y
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26. **COMITE DE SOLIDARIDAD PARA EL DESARROLLO DE LAS COMUNIDADES
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27. **CONSEJO PARA EL DESARROLLO COMUNAL DE USULUTAN
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COMUNIDADES UNIDAS DE USulután

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Sr. Israel González Ramos

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29. **FUNDACION PARA LA AUTOGESTION DE LOS TRABAJADORES
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30. **COORDINACION PARA EL DESARROLLO COMUNAL DE LA UNION
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31. **COORDINADORA COMUNIDADES Y COOPERATIVAS PARA EL
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33. **FUNDACION PARA EL DESARROLLO Y REACTIVACION NACIONAL
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34. **INICIATIVA PARA EL DESARROLLO ALTERNATIVO
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35. **ORGANIZACION DE MUJERES SALVADOREÑAS
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36. **PATRONATRO DE COMUNIDADES DE MORAZAN
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37. **PROMOGESTORA DE COMUNIDADES SOLIDARIAS
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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.

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

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