

WELLSTART INTERNATIONAL

LACTATION MANAGEMENT EDUCATION PROGRAM
SESSION REPORT

May 20 - June 14, 1996

Prepared by:

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Supported by U.S. Agency for
International Development Office of
Health and Nutrition, Cooperative Agreement
No. DAN-5117-A-00-9099-00

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INTERNATIONAL

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Kenya
Swaziland
Thailand
Zambia

I. Introduction and Summary

A Lactation Management Education (LME) Program course was held at the Wellstart International facilities in San Diego, California from May 20 - June 14, 1996. The course was presented in English with seventeen multidisciplinary health professionals from four countries (Kenya, Thailand, Swaziland and Zambia) entering the LME Program by attending the four-week course.

Please see Appendix 1 for a list of all participants, with professional disciplines and affiliations noted.

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

Goal

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

Objectives

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

Methods used to meet the goals and objectives for the most part remain unchanged from previous LME courses. Details of specific course activities can be found in Appendices 2 and 3 (Course Schedule and Faculty List).

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

- (1) To determine if the experience in San Diego modified the quantity and/or quality of the participants' knowledge about breastfeeding, short unannounced pre- and post-tests were given. Results of these tests suggest that participants' knowledge base was increased at the completion of the four-week course. (Average scores rose from 54% to 78% correct answers, Appendix 4).
- (2) Individual session critiques were completed by participants for 38 didactic sessions provided during the course. Participants were asked to rate the usefulness, quality, and quantity of the presentation, as well as respond to whether the speaker and/or topic should be included in the future, and how they plan to put the information to use. The tabulated scores reflect a fairly high level of satisfaction with the quality of the material presented as well as with the speakers

themselves. The mean score for usefulness was 4.91, and the mean score for quality was 4.88 (using a scale of 0 to 5, with 5 being the highest possible score).

- (3) A comprehensive evaluation form was given to participants at the end of the course to allow them an opportunity to comment on all elements of the course experience. The results of these evaluations are summarized by discipline and for the group in Appendix 5.

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

II. Comments on Specific Program Components

Recruitment/Selection

Each the four countries represented in this course is already participating in the LME Program, and the participants of this course were selected to strengthen and expand existing teams of Wellstart Associates in their countries. The total number of Associates world-wide now stands at 592, from 54 countries.

The five participants from Kenya were nominated by senior Wellstart Associate Dr. Francis Onyango and Wellstart colleague and director of Kenya's National Training Center, Dr. Rachel Musoke. The team, which included Dr. Musoke, are from Kenyatta National Hospital in Nairobi and is designed to complement the existing resources and strengthen KNH's capability of functioning as a national (and eventually regional) training and resource center. Funding for this team was provided through core LME Program funds, and as of this course there are now 13 Associates working at KNH out of a total of 25 Wellstart Associates in Kenya.

The team from Swaziland was nominated by Mrs. Nomajoni Ntombela, senior Associate, Wellstart Advanced Study Fellow, and Regional Coordinator for IBFAN(International Baby Food Action Network) Africa, in order to strengthen the pool of regional trainers for not only Southern Africa but all of anglophone Africa. There is no medical school in Swaziland and although this was not a "traditional" multidisciplinary team from a teaching institution, breastfeeding training is well coordinated through the Swaziland Infant Nutrition Action Network (SINAN). This group will work in collaboration with IBFAN, the Ministry of Health, and the National Nutrition Council. Support for the four participants was provided by core LME funds, and the total number of Associates in Swaziland now stands at eight.

Senior Associate and Advanced Study Fellow Dr. Wirapong Chatranon nominated the Thai team in conjunction with the Lactation Training Center of the Faculty of Medicine, Siriraj Hospital in Bangkok. This team of four is designed to complement the existing resources and strengthen Siriraj Hospital's capability of functioning as a regional training and resource center (already so functioning) particularly in light of impending attrition due to retirement, etc. Funding for travel and per diem were provided by Siriraj Hospital, and the fee was covered through core LME Program funds. With the addition of these new Associates, there are now 17 Associates from Siriraj Hospital out of a total of 49 in the Wellstart network in Thailand.

Wellstart worked with the USAID mission in Lusaka (through the BASICS Project which is coordinating all child health cooperating agencies working in Zambia through the Zambian Child Health Project (ZCHP)) and Wellstart Associate Dr. Velepi Mtonga to select a team representing the University Teaching Hospital (UTH), the National Food and Nutrition Commission (NFNC), Chainama Hills College, and the Ministry of Health. The team's goals include integration of breastfeeding topics into

the curricula of the various schools for health professionals, serving as technical resources for the ZCHP, and strengthening the clinical and teaching abilities of the UTH at the national level. Wellstart agreed to "up-front" the costs for this team with the expectation that the mission will reimburse the total costs when they receive the FY'96 field support funds they are expecting. With the addition of this second team from Lusaka, there are now nine Associates in Zambia.

Although not all of the participant teams were made up of true multidisciplinary groups from teaching institutions, the mix of disciplines was similar to that of many courses. The group was composed of three pediatricians, one neonatologist, three obstetricians, one "other" physician, two nurse-midwives, three nurses, two nutritionists, one clinical medical officer, and one health educator.

Education/Motivation

The LME Program course was designed to assist the participants in meeting their specific needs for technical information, clinical skills, and program planning and evaluation expertise. Specially selected guest faculty provided a wide variety of state-of-the-art information on the science of lactation, maternal and infant nutrition, lactation management, breastfeeding promotion, appropriate weaning practices and related topics. (See Appendices 2 and 3). In addition, Mrs. Patrice Jelliffe, an internationally known figure in the field of nutrition and breastfeeding promotion, attended the team presentations on the final day of the course, and gave feedback on the program plans that were presented to the full group of participants and Wellstart faculty.

As with each course, changes and improvements to the course curriculum continue to be made in response to feedback from previous courses and based on the make up of the current group. For example, although this group was not as directly involved in the Baby Friendly Hospital Initiative (BFHI) as some recent teams, there continues to be interest in information and training related to the Initiative as it impacts their professional roles and responsibilities. An optional session, *Baby Friendly Hospital Assessment*, was offered during one evening and was attended by every participant. (The course curriculum also contains another BFHI-related session regarding needs assessment and training for implementing the 10 Steps, and this session has been revised periodically as the Initiative has evolved.)

Material Support

The formal course syllabus, including reading lists, is updated and improved for every course. Each participant received a set of text books, and each team received additional texts and a reprint library of more than 1,000 reprint articles. Reference lists by subject for all articles were included in the course syllabus.

Program participation fees also allow each participant team to purchase relevant teaching materials such as slides, text books, video tapes, teaching dolls, teaching equipment and aids, and breast pumps for use in their own service and teaching programs. Sessions designed to provide time for critique and review of many of the slides, videotapes, and other materials are provided before the teams select their materials. Information on establishing and maintaining their collections of teaching resources is also provided.

Breastfeeding Promotion Program Planning

An essential component of the LME Program course experience is the preparation and presentation of each team's plans for program implementation. A variety of individual, small group and large group sessions throughout the course are designed to assist teams in this process. Copies of these plans are included as Appendix 6.

On the final day of the course, the teams formally presented their plans to an audience of fellow participants, Program faculty and staff. As an important next step, they were urged to share their plans with their supervisors, the USAID Missions, Ministries of Health, UNICEF, and other potential donors, and others as appropriate. Program participants are expected to pursue the implementation of their program plans upon returning home, and to keep Wellstart faculty and staff informed of their progress through periodic communication.

III. Recommendations for the Future

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

Because most of the teams will be working on strengthening national and even regional centers or programs, further support and technical assistance should be focused on maximizing their potential as national and regional resources, and on enhancing their efforts institutionally as well as technically. For example, the involvement of the centers in Swaziland (IBFAN), Kenya, and Thailand in Wellstart's Affiliate Center Program should continue, and field visits (currently being planned for Kenya in the Fall) should be made to work with the now expanded center teams on action planning for Affiliate Center designation. Other priority needs for follow-up, such as advanced clinical skills development can be incorporated into such field visits. For example, plans are currently being developed to work with KNH, the University of Nairobi, and the MOH on holding a Regional Advanced Clinical Skills Workshop for Wellstart Associates from neighboring countries in the Fall. This will not only help to meet a follow-up need for all participants, but will also strengthen the Center's capabilities and regional credibility.

One key area of breastfeeding promotion that is currently recognized as being in need of priority attention is pre-service curriculum development and reform. Without revisions to existing information on breastfeeding in pre-service curricula, (or the inclusion of breastfeeding-related subject matter where it does not currently exist) there will continually be a need to reach practicing health care professionals to update, correct, and change existing knowledge and practices. Therefore, Wellstart has produced *The Lactation Management Curriculum, a Faculty Guide for Schools of Medicine, Nursing, and Nutrition* in both English and Spanish, and currently provides a copy to each LME Program participant team in addition to distributing it through other channels. More and more, teams are entering the LME Program through this course with the specific mandate to make curricular changes in support of breastfeeding at health professional schools throughout their country, and this course was no exception. This type of university-based effort should continue to be encouraged as a highly cost-effective means of reaching large numbers of current and future health care providers.

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

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

As these teams work to implement their program plans it is hoped that agencies with a vested interest in the success of these worthwhile efforts, such as the USAID Missions in-country, governmental and non-governmental organizations, and regional or international funding agencies such as UNICEF, will continue to lend their commitment and support. This will help assure that this important investment will continue to develop into long-term, institutionalized teaching and clinical service programs, and that these important resources will be well utilized for the successful promotion of breastfeeding and effective integration of maternal and child health activities throughout their respective countries and regions.

APPENDIX 1

Participants

Course Participants

Wellstart International
Lactation Management Education Program

May 20 - June 14, 1996

KENYA

**Kenyatta National Hospital, University of Nairobi
Nairobi**

Dr. Rachel Musoke
Pediatrician, Associate Professor

Dr. Eunice Cheserem
OB/GYN, Lecturer

Dr. Assumpta Muriithi
Pediatrician, Lecturer

Dr. Zahida Qureshi
OB/GYN, Lecturer

Dr. Elizabeth Obimbo
Pediatrician, Lecturer

SWAZILAND

**Ministry of Health
Mbabane**

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

Dr. Tyrone Lapidus
Senior Medical Officer

Ms. Nomvuyo Shongwe
Nurse
SINAN Coordinator

Mr. Duma Mamba
Health Educator

Ms. Danisile Vilakati
Nutritionist, Nutrition Program Manager

THAILAND

**Siriraj Hospital, Mahidol University
Bangkok**

Dr. Manee Piya-Anant
OB/GYN, Associate Professor

Ms. Pussara Hakularb
Obstetrical Nurse

Dr. Kriangsak Jirapaet
Neonatologist, Professor of Pediatrics

Ms. Thidaratana Wongvisutdhi
Pediatric Nurse

ZAMBIA

**Chainama Hills College
Lusaka**

**Ministry of Health
Lusaka**

Ms. Beatrice Nkonde
Deputy Head of Clinical Medicine

Ms. Ruth Siyandi
Nutritionist
National Food and Nutrition Commission

**University Teaching Hospital
Lusaka**

Ms. Rebecca Kalwani
Nurse-Midwife
Maternity Child Health/Family Planning
Coordinator

Ms. Maureen Chilila
Nurse-Midwife

APPENDIX 2
Course Schedule

Course Schedule

Wellstart International
Lactation Management Education Program

May 20 - June 14, 1996

Week I

Monday May 20	Tuesday May 21	Wednesday May 22	Thursday May 23	Friday May 24
<p>8:00-8:45 Escort to Wellstart and Tour of Facilities - A. Fulcher - J. Karam</p> <p>8:45-10:00 General Orientation to Program and Administrative Matters - A. Fulcher - J. Karam</p> <p>10:15-12:45 Faculty Introductions and Team Presentations - Timekeeper: LS</p>	<p>8:00-12:00 Breastfeeding and Child Survival - A. Naylor</p>	<p>8:00-10:30 Effects of Maternal Nutrition on Milk Volume and Composition - V. Newman</p> <p>10:45-12:15 Management of Successful Breastfeeding - E. Creer</p>	<p>8:00-8:30 Orientation to Program Planning Assignment - A. Brownlee - C. Guenther</p> <p>8:45-12:45 Program Planning and Evaluation - A. Brownlee</p>	<p>8:00-9:30 Oral-Motor Dysfunction in Infants: Assessment and Intervention - K. Peters</p> <p>9:45-10:15 Orientation to Case Management: Role Play - E. Creer</p> <p>10:30-12:15 • <i>HOSPITAL ROUNDS (Patio)</i> Lapidos Musoke Chilila Cheserem Wongvisutdhi</p> <p>• <i>INDEPENDENT STUDY</i> Mamba Vilakati Hakularb Piya-Anant Siyandi Muriithi Shongwe Qureshi Jirapaet Nkonde Obimbo Kalwani</p>
12:45-1:45 LUNCH	12:00-1:00 LUNCH with faculty and staff	12:15 - 1:15 LUNCH	12:45 - 1:45 LUNCH	12:15 - 1:15 LUNCH
<p>1:45-3:00 Overview of Wellstart International - A. Naylor</p> <p>3:00-3:30 Orientation to Syllabus and Daily Overview</p>	<p>1:00-3:00 Anatomy and Physiology of Successful Lactation - R. Lawrence</p> <p>3:15-4:00 The Immunological Implications of Breastfeeding - R. Lawrence</p> <p>4:15-5:00 Orientation to Clinical Experiences - E. Creer - L. Scott</p> <p>5:00-5:30 Orientation to Teaching Resources Review - R. Wester - M. King</p>	<p>1:15-3:15 Maternal Problems - E. Creer</p> <p>3:30-5:00 The Reluctant Nurser - R. Wester</p> <p>5:00-5:15 Daily Overview</p>	<p>1:45-5:15 • <i>LACTATION CLINIC (Patio)</i> Lapidos Mamba Chilila Siyandi Piya-Anant Wongvisutdhi</p> <p>• <i>NUTRITION COUNSELING (Gail's Office)</i> Vilakati Muriithi Hakularb</p> <p>• <i>BREAST EXAM REVIEW (Classroom)</i> Nkonde Qureshi</p> <p>• <i>AUDIOVISUAL REVIEW — SESSION I (Library)</i> Shongwe Cheserem Jirapaet Kalwani Obimbo</p>	<p>1:15-3:15 Maternal Nutrition - G. Woodward-Lopez</p> <p>3:30-3:45 Daily Overview</p> <p>3:45-5:15 Jeopardy - M. Meyer - G. Woodward-Lopez - E. Creer</p>

Week II

Monday May 27	Tuesday May 28	Wednesday May 29	Thursday May 30	Friday May 31
<p style="text-align: center;">MEMORIAL DAY HOLIDAY</p>	<p>8:00-9:30 Suitability of Human Milk for the Preterm Infant - R. Schanler</p> <p>9:30-10:00 Film: "Feeding Low Birthweight Babies"</p> <p>10:15-12:15 Breastfeeding Promotion and Social Marketing - C. Baume</p>	<p>8:00-10:30 Implementing the Ten Steps: Needs Assessment and Training - A. Brownlee - E. Creer</p> <p>10:45-12:30 • <i>HOSPITAL ROUNDS (Patio)</i> Mamba Siyandi Qureshi Piya-Anant</p> <p>• <i>INDEPENDENT STUDY</i> Lapidos Hakularb Chilila Muriithi Vilakati Shongwe Jirapaet Obimbo Musoke Nkonde Cheserem Kalwani Wongvisutdhi</p>	<p>8:00-10:00 Assessment and Management of Slow Gain/Insufficient Milk Syndrome - W. Slusser</p> <p>10:00-10:30 Induced and Relactation - W. Slusser</p> <p>10:45-12:30 • <i>HOSPITAL ROUNDS (Patio)</i> Vilakati Muriithi Hakularb Nkonde</p> <p>• <i>INDEPENDENT STUDY</i> Lapidos Mamba Chilila Piya-Anant Siyandi Shongwe Jirapaet Obimbo Musoke Qureshi Cheserem Kalwani Wongvisutdhi</p>	<p>9:00-9:15 Group Photos - C. Collins</p> <p>9:15-12:45 • <i>LACTATION CLINIC (Patio)</i> Vilakati Hakularb Muriithi Shongwe Jirapaet Obimbo</p> <p>• <i>NUTRITION COUNSELING (Gail's Office)</i> Lapidos Chilila Wongvisutdhi</p> <p>• <i>BREAST EXAM REVIEW (Classroom)</i> Cheserem Kalwani</p> <p>• <i>AUDIOVISUAL REVIEW — SESSION I (Classroom)</i> Mamba Piya-Anant Siyandi Musoke Qureshi Nkonde</p>
		<p>12:15-1:15 LUNCH</p>	<p>12:30 - 1:30 LUNCH</p>	<p>12:30 - 1:30 LUNCH</p>
	<p>1:15-2:15 Review of Effective Counseling in Lactation Management - L. Scott - G. Woodward-Lopez</p> <p>2:30-5:00 Curriculum Development - E. Creer - G. Woodward-Lopez</p> <p>5:00-5:15 Daily Overview</p>	<p>1:30-5:30 Program Planning Workshop I - A. Brownlee - E. Creer</p>	<p>1:30-5:00 • <i>LACTATION CLINIC (Patio)</i> Musoke Qureshi Nkonde Cheserem Kalwani</p> <p>• <i>NUTRITION COUNSELING (Gail's Office)</i> Mamba Siyandi Piya-Anant</p> <p>• <i>BREAST EXAM REVIEW (Classroom)</i> Vilakati Hakularb Muriithi</p> <p>• <i>AUDIOVISUAL REVIEW — SESSION I (Library)</i> Lapidos Chilila Wongvisutdhi</p> <p>• <i>INDEPENDENT STUDY</i> Shongwe Jirapaet Obimbo</p>	<p>1:45-3:15 Management of Maternal/ Infant Separation - L. Scott</p> <p>3:30-5:00 HIV and Breastfeeding - A. Ruff</p> <p>5:00-5:15 Daily Overview</p>

Week III

Monday June 3	Tuesday June 4	Wednesday June 5	Thursday June 6	Friday June 7
<p>8:00-8:15 Film: "Mother Kangaroo -A Light of Hope"</p> <p>8:15-9:45 The Mother Kangaroo Program - A. Hernandez</p> <p>10:00-12:00 Lactation Management for the Working Mother - L. Scott</p> <p>Film: "Investing in the Future - Women, Work, and Breastfeeding"</p>	<p>8:00-9:30 The Preterm Infant: Neuromotor and Physiological Factors Related to Breastfeeding - K. Peters</p> <p>9:45-10:05 Film: "Clinical Implications of Touch During Labor and Infancy"</p> <p>10:05-11:50 The Effect of Continuous Social Support During Labor on Perinatal Morbidity - M. Klaus</p>	<p>8:00-8:30 Course Feedback - A. Naylor - R. Wester</p> <p>8:30-10:15 Comparative Lactation - A. Naylor</p> <p>10:30-12:30 Program Planning Workshop IIb - A. Brownlee - E. Creer</p>	<p>7:45-12:45 Comparative Lactation Field Trip - J. Maxwell (Hotel Lobby 7:30)</p>	<p>8:00-11:30 • <i>CASE MANAGEMENT: ROLE PLAY</i> (Patio) Musoke Cheserem Nkonde Muriithi Kalwani Obimbo Qureshi</p> <p>• <i>TEACHING RESOURCES REVIEW AND SELECTION</i> (Classroom) Mamba Piya-Anant Vilakati Hakularb Lapidos Jirapaet Shongwe Wongvisutdhi</p> <p>• <i>INDEPENDENT STUDY</i> Siyandi Chilila</p>
12:00-1:00 LUNCH	11:50-12:50 LUNCH	12:30 - 1:30 LUNCH	12:45 - 1:45 LUNCH	11:30 - 12:30 LUNCH
<p>1:00-5:00 Training the Trainers: Effective Training Techniques - L. Bruce</p>	<p>12:50-3:00 Parent to Infant Bonding - M. Klaus Film: "The Amazing Newborn"</p> <p>3:15-5:00 Program Planning Workshop IIa - A. Brownlee - E. Creer</p>	<p>1:30-5:00 • <i>LACTATION CLINIC</i> (Patio) Lapidos Chilila Mamba Siyandi Piya-Anant Wongvisutdhi</p> <p>• <i>NUTRITION COUNSELING</i> (Gail's Office) Musoke Qureshi Nkonde</p> <p>• <i>BREAST EXAM REVIEW</i> (Classroom) Shongwe Jirapaet Obimbo</p> <p>• <i>AUDIOVISUAL REVIEW — SESSION I</i> (Library) Vilakati Hakularb Muriithi</p> <p>• <i>INDEPENDENT STUDY</i> Cheserem Kalwani</p>	<p>1:45-5:15 • <i>LACTATION CLINIC</i> (Patio) Musoke Qureshi Nkonde Cheserem Kalwani</p> <p>• <i>NUTRITION COUNSELING</i> (Gail's Office) Shongwe Jirapaet Obimbo</p> <p>• <i>BREAST EXAM REVIEW</i> (Classroom) Mamba Siyandi Piya-Anant</p> <p>• <i>AUDIOVISUAL REVIEW — SESSION II</i> (Library) Lapidos Chilila Vilakati Hakularb Muriithi Wongvisutdhi</p>	<p>12:30-2:00 Infant Nutrition and Weaning - G. Woodward-Lopez</p> <p>2:15-3:45 Growth Patterns of Breastfed Infants - K. Dewey</p> <p>4:00-5:30 Jeopardy - M. Meyer - G. Woodward-Lopez - E. Creer</p> <p>5:30-5:45 Daily Overview</p>

Week IV

Monday June 10	Tuesday June 11	Wednesday June 12	Thursday June 13	Friday June 14
<p>8:00-11:30 • CASE MANAGEMENT: ROLE PLAY <i>(Patio)</i> Vilakati Hakularb Mamba Shongwe Jirapaet</p> <p>• TEACHING RESOURCES REVIEW AND SELECTION <i>(Classroom)</i> Obimbo Muriithi Cheserem Chilila Qureshi Kalwani Mosoke Nkonde Siyandi</p> <p>• INDEPENDENT STUDY Lapidos Piya-Anant Wongvisutdhi</p> <p>11:45-12:45 Diarrheal Disease Control and Breastfeeding - M. Meyer</p>	<p>8:00-10:00 Drugs and Contaminants - P. Anderson</p> <p>10:15-12:00 • HOSPITAL ROUNDS <i>(Patio)</i> Shongwe Jirapaet Obimbo Kalwani</p> <p>• INDEPENDENT STUDY Lapidos Chilila Mamba Piya-Anant Siyandi Vilakati Hakularb Muriithi Musoke Qureshi Nkonde Cheserem Wongvisutdhi</p>	<p>8:00-11:00 Breastfeeding, Fertility, and Child Spacing - M. Arévalo</p> <p>11:15-12:30 Jaundice in the Breastfed Baby - L. Gartner</p> <p>12:30-12:45 Daily Overview</p>	<p>8:00-9:30 Contraindication and Controversies - A. Naylor</p> <p>9:45-11:45 Formula Marketing and the WHO Code - J. Schooley</p> <p>12:00-12:45 Administrative Matters - A. Fulcher - J. Karam</p>	<p>9:00-12:30 Team Program Presentations - Faculty - P. Jelliffe</p> <p>12:30-1:00 Film: "Breastfeeding - Protecting a Natural Resource"</p>
<p>12:45-2:45 LUNCH with Faculty by Discipline</p>	<p>12:00-1:00 LUNCH</p>	<p>12:45 - 1:45 LUNCH</p>	<p>12:45 - 1:45 LUNCH</p>	<p>1:00 - 2:00 LUNCH</p>
<p>2:45-3:15 Administrative Matters - A. Fulcher - J. Karam</p> <p>3:30-5:15 Community Support Systems - E. Creer - L. Scott</p>	<p>1:00-4:30 • LACTATION CLINIC <i>(Patio)</i> Vilakati Hakularb Muriithi Shongwe Jirapaet Obimbo</p> <p>• NUTRITION COUNSELING <i>(Gail's Office)</i> Cheserem Kalwani</p> <p>• BREAST EXAM REVIEW <i>(Classroom)</i> Lapidos Chilila Musoke Wongvisutdhi</p> <p>• AUDIOVISUAL REVIEW — SESSION II <i>(Library)</i> Mamba Piya-Anant Siyandi Nkonde Qureshi</p>	<p>1:45-5:15 • CASE MANAGEMENT: ROLE PLAY <i>(Patio)</i> Lapidos Chilila Piya-Anant Siyandi Wongvisutdhi</p> <p>• AUDIOVISUAL REVIEW — SESSION II <i>(Classroom)</i> Shongwe Jirapaet Obimbo Cheserem Kalwani Musoke</p> <p>• INDEPENDENT STUDY Vilakati Hakularb Muriithi Nkonde Qureshi Mamba</p>	<p>1:45-3:15 Clinical Skills Self Assessment - E. Creer - L. Scott</p> <p>3:30-5:15 Consultants' Report Seminar (Review of 20 Questions Assignment) - A. Naylor - R. Wester - G. Woodward-Lopez</p> <p>5:15-5:30 Daily Overview</p>	<p>2:00-4:30 Administrative Matters and Discussion of Post-Test - A. Fulcher - Faculty</p> <p>7:00-10:00 Closing Ceremonies and Farewell Banquet</p>

APPENDIX 3

Faculty List

Course Faculty

Wellstart International
Lactation Management Education Program

May 20 - June 14, 1996

Wellstart Faculty/Presenters

Ann Brownlee, PhD, Senior Technical Advisor for Program Development, Evaluation and Research, has had extensive experience in the areas of applied research, child survival program development, program evaluation and training. Dr. Brownlee has worked with WHO and with various country programs on program planning, evaluation and applied research over the past 15 years, and has published widely on issues concerning behavioral aspects of breastfeeding, training, and applied research. She provides the Lactation Management Education (LME) Program course participants with technical support to develop their hospital and country program plans, and offers follow-up support to country teams developing institutional and national-level programs. She also coordinates Wellstart's evaluation activities.

Linda Bruce, MA, MS, is Wellstart's Senior Training Advisor and works out of the Washington, DC, office. She has a Master's degree in Human Nutrition and Latin American History from the University of Florida. Linda has worked for ten years in breastfeeding promotion worldwide. She began promoting breastfeeding when working as a Public Health Nutritionist with refugee populations in the United States. She was responsible for designing a peer counseling network to provide support to breastfeeding mothers in DC Metropolitan area. For the past eight years she has worked in twenty-two countries worldwide assisting representatives from Ministries of Health and NGOs to develop effective strategies for training health care providers on breastfeeding promotion, develop and field test up-to-date curricula on health and family planning, and train trainers on effective facilitation skills and training techniques. She has also assisted local counterparts in Africa, Asia, and Latin America to develop culturally appropriate IEC materials on breastfeeding and other health interventions for low-literate populations. Linda speaks Spanish, Portuguese, and Dutch.

Lori Buchsbaum, MPH, Senior Program Specialist, Evaluation, Field Support and Proposal Development, has experience in planning, evaluation and implementation of community-based public health programs in multicultural settings. She received a Master's degree in Public Health, with an emphasis on Health Promotion, from San Diego State University in 1991. At Wellstart Lori conducts program evaluation, in coordination with Wellstart Associates in the field, and she is integrally involved in funding diversification efforts. She provides technical support in evaluation to participants in the Lactation Management Education (LME) Program. Other work has included design of educational materials, program planning, needs assessment, Baby Friendly Hospital assessment, and community outreach and development.

A. Elizabeth Creer, RN, FNP, MPH, is a Certified Family Nurse Practitioner with a wide variety of experiences caring for mothers and babies. Ms. Creer brings to Wellstart many years of experience in clinical practice in a family health center as well as curriculum development and teaching in nursing, medical and public health postgraduate programs. She serves as Assistant Clinical Professor of Pediatrics at the University of California, San Diego (UCSD) School of Medicine. Prior to joining the Wellstart staff, Ms. Creer developed and implemented child and community health programs at a university in Western Australia.

Margaret W. Meyer, MD, FAAP, is a board-certified pediatrician with more than twelve years experience. She has practiced pediatrics in a wide variety of settings, including private practice, a community clinic and an infant and toddler clinic affiliated with a birthing center. Dr. Meyer is also an assistant clinical professor of pediatrics at UCSD, where she has taught medical students, residents, and nurse practitioners.

Audrey J. Naylor, MD, FAAP, DrPH, President and Chief Executive Officer of Wellstart, provides overall guidance and medical expertise for the organization. She travels extensively throughout the world to provide technical assistance to participants in Wellstart's educational programs, as well as to conduct lectures, seminars, and workshops on breastfeeding and lactation management. Dr. Naylor is certified by the American Board of Pediatrics and serves as Associate Clinical Professor of Pediatrics at the UCSD School of Medicine.

Janine Schooley, MPH, Associate Director of Wellstart International, is responsible for overall program development and coordination for the corporation, including coordination of the Affiliate Center Program, proposal development, program planning and evaluation, and management of the WHO Collaborating Center. She received a Master's degree in Public Health with an emphasis on Maternal and Child Health from San Diego State University in 1985. Since joining Wellstart in 1985 as Program Manager, Janine has held several positions, including Director of Education Support Services, and has served as the LME Program's manager/coordinator for the past several years.

Lois Scott, RN, BSN, IBCLC, is a Lactation Nurse Specialist and Wellstart's Clinic Manager. As part of the clinical faculty, her duties include overseeing all clinic activities as well as providing counseling and assistance to mothers with breastfeeding questions and problems through clinic visits and Wellstart's telephone Helpline. She specializes in assistance for breastfeeding mothers who are returning to work. Ms. Scott has also developed patient education materials and teaches classes on breastfeeding and newborn care. Prior to joining Wellstart, she worked for ten years in the Family Maternity Care Center at the UCSD Medical Center, specializing in the care of postpartum mothers and their new babies.

Ruth A. Wester, RN, CPNP, Vice President and Deputy EO of Wellstart, is a Certified Pediatric Nurse Practitioner who has specialized in pediatric nursing and lactation management for more than twenty-five years. She provides nursing leadership and expertise for both the clinical and educational staff as well as for the outside consulting components of Wellstart. Ms. Wester is Associate Clinical Professor of Pediatrics at UCSD School of Medicine and also travels throughout the world providing technical assistance, continuing education and support for Wellstart's educational programs.

Gail Woodward-Lopez, MPH, RD, Senior Technical Advisor for Nutrition and Academic Program Development, provides education, technical, and programmatic support to health professionals in the areas of nutrition and curriculum program development. She currently serves as manager of the US Baby Friendly Hospital Initiative, and she also provides nutrition counseling, assessment, and management to pregnant and breastfeeding women. She previously coordinated a national program for Wellstart: the Lactation Management Education Curriculum Evaluation Project. Prior to joining Wellstart, Gail had worked broadly in the area of maternal and child health including one and one-half years with an adolescent pregnancy prevention and support project in Mexico City, and serving as director of a Comprehensive Perinatal Services Program at a community clinic in California.

Adjunct Faculty

Philip Anderson, PharmD, is a pharmacist specialist in drug information and Director of the Drug Information Service at UCSD Medical Center Department of Pharmacy. He also holds the title of Clinical Professor of Pharmacy at the University of California San Francisco School of Pharmacy. He is an expert in the area of drug use during breastfeeding, about which he has published numerous papers, including several review articles and book chapters. He has lectured extensively on this topic in the U.S. and in Chile where he has taught at the University of Chile with a Fulbright Scholarship. He is also the co-editor of the *Handbook of Clinical Drug Data, 7th Edition*.

Marcos Arévalo, MD, MPH, is the Medical Officer of the Breastfeeding and MCH Division of the Institute of Reproductive Health/Georgetown University. He is also Research Instructor at the OB/GYN Department of Georgetown Medical Center. His responsibilities include training in breastfeeding, LAM, and other topics of reproductive health, mostly in Latin America, but also in other parts of the world where IRH works, and management of some IRH projects in Latin America. He is the division's clinical expert and functions as a resource person when expertise in clinical topics is needed. He earned his MD and Ob/Gyn degrees from the University of El Salvador, and his MPH from Tulane University. He has experience in local and international programs in family planning, reproductive health, and quality of care. He also has experience in teaching, planning, and other academic activities. Some of his work has been in the public sector and with a preventive approach, and he has also worked in the private sector and as a clinician.

Carol Baume, PhD, works at the Academy for Educational Development in Washington, DC, as Senior Research Officer in the Social Development Division, which includes health, education, and environmental programs in its portfolio. Formerly, she served as Senior Technical Advisor for Communication and Social Marketing in Wellstart International's Expanded Promotion of Breastfeeding Program for three years (1992-95). Prior to that time, she was a researcher for health communication programs with Applied Communication Technology (ACT) in Menlo Park, California. In addition, she has five years of consulting experience for a variety of international organizations, focusing

primarily on technical assistance in social marketing and applied research. Dr. Baume holds a PhD in International Development Education and Communication (Stanford University); an EdS in Evaluation Research (Stanford University); an MA in International Development Education (Stanford University); and a BA from the University of Michigan.

Kathryn (Kay) Dewey, PhD, is a Professor in the Department of Nutrition and Associate Director of the Program in International Nutrition, University of California at Davis. Dr. Dewey is a past member of the National Academy of Science's Subcommittee on Nutrition During Lactation. She was also the Secretary-Treasurer, International Society for Research on Human Milk and Lactation from 1987 to 1990 and a member of its Executive Committee from 1992 to 1994. In addition, she served on the WHO Working Group on Infant Growth (1992-93), is a member of the Executive Committee for the Society for International Nutrition Research, and of the Professional Advisory Board for the International Lactation Consultant Association. She was recently elected as a Councilor for the American Institute of Nutrition. Her original research, regarding maternal and infant nutrition as it relates to human lactation, has been published extensively.

Lawrence M. Gartner, MD, was Chair of the Department of Pediatrics at the University of Chicago School of Medicine from 1980 to 1993. He continues as Professor of Pediatrics and Obstetrics/Gynecology at the University of Chicago (Wyler Children's and Chicago Lying-In Hospitals) where he is Co-Director of the General Care Nursery and Director of the Breastfeeding Program. He is internationally known and widely published in the field of jaundice in the neonate. He received his MD from Johns Hopkins University School of Medicine and has held numerous academic, administrative, and clinical positions. He is currently Chair of the Workgroup on Breastfeeding of the American Academy of Pediatrics; Chair of the Physicians' Breastfeeding Network of Illinois, a founding member of the board of the Academy of Breastfeeding Medicine and Editor of *News and Views*, the *Newsletter of the Academy of Breastfeeding Medicine*. He is also president of the Chicago Pediatric Society and was voted Pediatrician-of-the-Year for 1995 by the Illinois Chapter of the American Academy of Pediatrics.

Adolfo Hernandez Garduño, MD, is the Chief Neonatologist at the Hospital General in Mexico City, Mexico. Not only is he active in the Kangaroo Mother Program at the hospital, he has also been active in the Baby Friendly Hospital Program. Dr. Hernandez teaches pediatrics and neonatology, and is presently the Executive Secretary of the National Breastfeeding Training Center at the Hospital General (CENLAM). In addition, he is the Associate Investigator for the Institutes of Health in Mexico. His own training includes his participation in the Wellstart Lactation Management Education (LME) Program course in 1992, and a Wellstart Advanced Study Fellowship in 1993, as well as numerous consultancies for Wellstart in Central America; the XX Pediatric World Congress held in Rio de Janeiro, Brazil; and the first breastfeeding training course, sponsored by UNICEF, held in Havana, Cuba.

Marshall Klaus, MD, was formerly the Director of Academic Affairs, Children's Hospital of Oakland and is Adjunct Professor of Pediatrics, UC San Francisco. He is a distinguished researcher and neonatologist who became interested in issues relating to parent-infant bonding, having watched the interaction of mothers and babies (and their struggle to bond) in neonatal intensive care units. Dr. Klaus is the co-author of several standard works in the field, including *Parent-Infant Bonding*, *Care of the High-Risk Neonate*, *The Amazing Newborn*, *Mothering the Mother*, and the *Year Book of Neonatal and Perinatal Medicine*. Films, produced under his expert guidance include "The Amazing Newborn," shown in maternity hospitals and prenatal classes all over the U.S. He recently finished a new book, *Bonding: Building the Foundations of a Secure Attachment and Independence*.

Ruth A. Lawrence, MD, is a Professor of Pediatrics and Obstetrics and Gynecology, as well as the Director of the Breastfeeding and Lactation Study Center at the University of Rochester School of Medicine in New York. She is also the Director of the Normal Newborn Nursery at Strong Memorial Hospital. Dr. Lawrence has written extensively on topics of lactation, infant feeding and related subjects, and is the author of *Breastfeeding: A Guide for the Medical Profession*, which has become the standard textbook in the field of lactation management and is required reading at every Wellstart LME course.

Jim Maxwell has worked at the San Diego Zoo for more than ten years and has been a Lead Keeper with monkeys, apes, and koalas for the last five years. Mr. Maxwell has a degree in animal science from the University of Missouri and has traveled for the San Diego Zoo within the United States, Sweden, China, and the former Soviet Union.

Vicky Newman, MS, RD, is a Registered Dietitian with a Master of Science degree, who is also an Assistant Clinical Professor at the UCSD School of Medicine in the Department of Reproductive Medicine and in the Department of Family and Preventive Medicine. Vicky was the Director of the Prenatal Nutrition Project at UCSD for more than 10 years, during which time she consulted for the lactation education program that would become Wellstart International. She has been a full-time member of the Clinical Faculty at Wellstart International for the past 5 years, only recently returning to UCSD to again pursue nutritional research. Her publications have addressed vitamin A and breastfeeding, the nutritional management of pregnant and lactating women, prenatal weight gain and pregnancy outcome, and nutrition in health promotion. She researched and wrote the California guidelines entitled *Nutrition During Pregnancy and the Postpartum Period: A Manual for Health Care Professionals*, and is currently the editor of *The Perinatal Nutrition Report*, a newsletter published by the American Dietetic Association.

Kathryn Bouma Peters, OTR, Certified Pediatric Specialist, is a Clinical Specialist in Occupational Therapy at UCSD Medical Center. She has worked in pediatric occupational therapy since 1979 and has extensive experience with neonates, high risk, and preterm infants, particularly in the area of feeding and oral-motor problems. She has consulted at Wellstart since 1985, and has lectured frequently on infant oral-motor assessment and intervention.

Andrea J. Ruff, MD, is Associate Professor in the Department of International Health and Pediatrics and Co-Associate Director of the Pediatric Clinical Research Unit at Johns Hopkins School of Medicine. She received her MD degree from the University of California San Francisco, completed her residency in Pediatrics at Children's Orthopedic Hospital and Medical Center in Seattle, Washington, and her Fellowship in Infectious Diseases at Tulane School of Medicine in New Orleans, Louisiana. She received her BA in Biology here in San Diego at UCSD. She has received several research grants to study HIV and breastfeeding, has numerous HIV-related publications in respected journals, and has done extensive work with a primary focus on women and children in developing countries, particularly Haiti.

Richard Schanler, MD, is Professor of Pediatrics, Section of Neonatology, Baylor College of Medicine and Investigator at the USDA/ARS Children's Nutrition Research Center, Houston. He is Medical Director for the Lactation Support Program, and Director of the Neonatal Nutrition Service, Texas Children's Hospital. He was a founding member of the International Society for Research in Human Milk and Lactation and is on the Advisory Boards of the Human Milk Banking Society of North America, the La Leche League, and the Academy of Breastfeeding Medicine. Dr. Schanler is well known for his research and writings in the areas of milk banking and human milk for the premature infant.

Wendelin Slusser, MD, MS, is a pediatrician certified by the American Board of Pediatrics, with a Master's Degree in nutrition. She is currently consulting and part of the core faculty for the Medical School at UCLA. She worked at Wellstart for the past four years as a physician and recently as Director of Professional Services. Dr. Slusser also taught pediatrics to medical students and residents as an attending physician at Columbia University. From 1990 to 1991, she was the Primary Health Care Coordinator in the Health Unit of International Programs at Save the Children Federation. In Zimbabwe, Malawi, Bolivia, Indonesia, Bangladesh, and Nepal, she provided consultations and evaluation on breastfeeding, growth monitoring, AIDS prevention, child spacing, acute respiratory infection, diarrheal disease control, and health information systems in community-based child survival programs.

APPENDIX 4

Pre- and Post -Test Scores Summary

Pre-/Post-Test Summary

Wellstart International
Lactation Management Education Program

May 20 - June 14, 1996

Region	Discipline	Pre-Test			Post-Test			Difference Between Pre- and Post-Test Scores
		# incorrect	# correct	% correct	# incorrect	# correct	% correct	
Kenya	Obstetrician	13	17	57	6	24	80	+23
Zambia	Nurse	14	16	53	7	23	77	+24
Thailand	Nurse	16	14	47	10	20	67	+20
Thailand	Pediatrician	15	15	50	3	27	90	+40
Zambia	Nurse	14	16	53	12	18	60	+7
Swaziland	Other Physician	12	18	60	5	25	80	+20
Swaziland	Other	15	15	50	11	19	63	+13
Kenya	Pediatrician	17	13	43	4	26	87	+44
Kenya	Pediatrician	5	25	83	1	29	97	+14
Zambia	Other Physician	17	13	43	7	23	77	+34
Kenya	Pediatrician	11	19	63	3	27	90	+27
Thailand	Obstetrician	21	9	30	9	21	70	+40
Kenya	Obstetrician	11	19	63	5	25	83	+20
Swaziland	Nurse	13	17	57	7	23	77	+20
Zambia	Nutritionist	10	20	67	6	24	80	+13
Swaziland	Nutritionist	15	15	50	9	21	70	+20
Thailand	Nurse	15	15	50	5	25	80	+30
Group Averages		13.8	16.2	54	6.5	23.5	78	+24.1

APPENDIX 5
Course Evaluation Summary

Overall Course Evaluation Summary

Wellstart International
Lactation Management Education Program

May 20 - June 14, 1996

SCALES USED FOR OVERALL COURSE EVALUATION RATINGS

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

A total of sixteen evaluations were completed on the final day of the course with the following breakdown of disciplines indicated: two nutritionists; five nurses or nurse-midwives; one clinical officer; four pediatricians or neonatologists; three obstetricians; and one other physician.

	Nutr	Nurs	Othr	Ped	Ob	OthP	Physician (8)		Group (16)	
	(2)	(5)	(1)	(4)	(3)	(1)	Avg	Tot	Avg	Tot
VIDEOTAPES SHOWN DURING COURSE/SEMINARS										
"The Amazing Newborn"										
Usefulness ¹	5.0	4.8	5.0	5.0	5.0	3.0	4.8		4.8	
"Breastfeeding — Protecting a Natural Resource"										
Usefulness ¹	5.0	4.8	5.0	3.5	4.7	4.0	4.2		4.6	
"Feeding Low Birth Weight Babies"										
Usefulness ¹	5.0	4.8	5.0	4.3	5.0	4.0	4.5		4.7	
"Investing in the Future - Women, Work and Breastfeeding"										
Usefulness ¹	5.0	5.0	5.0	3.8	4.3	4.0	4.0		4.5	
"Mother Kangaroo - A Light of Hope"										
Usefulness ¹	4.5	5.0	5.0	4.5	5.0	4.0	4.6		4.8	
"Clinical Implications of Touch in Labor and Infancy"										
Usefulness ¹	4.5	4.6	5.0	4.8	5.0	4.0	4.8		4.7	
NON-DIDACTIC ACTIVITIES										
Orientation to Clinical Experiences and UCSD Medical Center										
Usefulness ¹	5.0	5.0	5.0	4.3	5.0	5.0	4.7		4.9	

	Nutr (2)	Nurs (5)	Othr (1)	Ped (4)	Ob (3)	OthP (1)	Physician (8)		Group (16)	
							Avg	Tot	Avg	Tot
Hospital Rounds										
Usefulness ¹	--	4.8	5.0	4.3	4.7	3.0	4.3		4.5	
# of sessions: not enough	1	2		1	1			2		5
just right	1	2		2	1			3		6
too many										
not answered		1	1	1	1	1		3		5
# of patients: not enough		2	1	2	1	1		4		7
just right	1	2			1			1		4
too many										
not answered	1	1		2	1			3		5
Lactation Clinic										
Usefulness ¹	--	5.0	5.0	4.0	5.0	4.0	4.4		4.3	
# of sessions: not enough		2			3			3		5
just right	2	2		3		1		4		8
too many										
not answered		1	1	1				1		3
# of patients: not enough		2	1	1	3			4		7
just right	1	2		1		1		2		5
too many										
not answered	1	1		2				2		4
Orientation to Case Management: Role Play										
Usefulness ¹	5.0	5.0	5.0	3.8	4.3	5.0	4.1		4.5	
Case Management: Role Play										
Usefulness ¹	4.5	5.0	5.0	4.0	5.0	5.0	4.5		4.7	
# of sessions: not enough		1								1
just right	2	4	1	1	2	1		4		11
too many				1				1		1
not answered				2	1			3		3

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	Nutr (2)	Nurs (5)	Othr (1)	Ped (4)	Ob (3)	OthP (1)	Physician (8)		Group (16)	
							Avg	Tot	Avg	Tot
Nutrition Counseling										
Usefulness ¹	5.0	4.8	5.0	4.5	4.0	5.0	4.4		4.6	
# of sessions: not enough		2		2	2			4		6
just right	2	3			1	1		2		7
too many										
not answered			1	2				2		3
# of patients: not enough		2	1	1	2			3		6
just right	1	3			1	1		2		6
too many										
not answered	1			3				3		4
Breast Examination Review										
Usefulness ¹	5.0	5.0	5.0	4.3	4.3	5.0	4.4		4.7	
Audiovisual Review										
Usefulness ¹	5.0	4.6	5.0	4.3	5.0	4.0	4.5		4.6	
Field Trip to the San Diego Zoo										
Usefulness ¹	5.0	4.8	5.0	4.3	4.7	4.0	4.4		4.6	
Breastfeeding in Jeopardy Game										
Usefulness ¹	5.0	5.0	--	4.5	4.7	5.0	4.6		4.8	
# of sessions: not enough			1							1
just right		4		2	2	1		5		9
too many										
not answered	2	1		2	1			3		6
Teaching Resources Review and Selection										
Usefulness ¹ of the Orientation to Teaching Review and Selection	5.0	5.0	5.0	4.3	5.0	4.0	4.5		4.7	
Helpfulness ² of Having Textbooks and Teaching Slides Available for Review Throughout the Course	5.0	4.8	5.0	4.7	4.7	4.0	4.6		4.7	
Allotted time was: not enough	2	3	1	2	2			4		10
just right		2		2	1	1		4		6
too much										
not answered										
Usefulness ¹ of the Process in General	4.5	5.0	5.0	4.8	5.0	4.0	4.8		4.8	

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	Nurs (5)	Othr (1)	Ped (4)	Ob (3)	OthP (1)	Physician (8)		Group (16)		
						Avg	Tot	Avg	Tot	
ASSIGNMENTS										
Contraindication and Controversies										
Usefulness ¹	5.0	5.0	5.0	4.3	5.0	4.0	4.5		4.8	
Lactation Management for the Working Mother										
Usefulness ¹	5.0	4.8	5.0	4.8	4.7	4.0	4.6		4.8	
Twenty Questions About Lactation and Breastfeeding										
Usefulness ¹	5.0	5.0	5.0	5.0	5.0	4.0	4.9		4.9	
Program Planning										
Usefulness ¹ of the Orientation to Program Planning Assignment	5.0	5.0	5.0	4.8	5.0	4.0	4.8		4.8	
Usefulness ¹ of the Program Planning Workshops	5.0	5.0	5.0	4.8	5.0	4.0	4.8		4.8	
# of workshop sessions: not enough	1	1	1	1	1			2		5
just right	1	1		2		1		3		5
too many										
not answered		3		1	2			3		6
Usefulness ¹ of the Process in General	5.0	4.8	5.0	4.8	5.0	4.0	4.7		4.8	
Adequacy ³ of the Number of Assignments	4.5	5.0	5.0	4.8	3.7	5.0	4.6		4.8	
MATERIALS PROVIDED										
Course Syllabus										
Ease of reading ⁴	5.0	4.8	5.0	4.8	5.0	5.0	4.9		4.9	
Helpfulness ²	4.5	5.0	--	4.8	5.0	5.0	4.9		4.9	
Course Textbooks										
Collective set was: not enough										
just right	2	5	1	4	2	1		7		15
too many										
did not read										
not answered					1			1		1
Usefulness ¹	5.0	4.8	5.0	4.5	5.0	5.0	4.8		4.8	
Use in future: yes	2	5	1	4	3	1		8		16
no										
not answered										

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	Nutr (2)	Nurs (5)	Othr (1)	Ped (4)	Ob (3)	OthP (1)	Physician (8)		Group (16)	
							Avg	Tot	Avg	Tot
Team Reprint Collection										
Collective set was: not enough					1			1		1
just right	2	4	1		1			1		8
too many		1		2				2		3
did not read				1				1		1
not answered				1	1	1		3		3
Usefulness ¹	5.0	5.0	5.0	5.0	5.0	5.0	5.0		5.0	
Use in future: yes	2	5	1	2	2	1		5		13
no										
not answered				2	1			3		3
MISCELLANEOUS IMPORTANT MATTERS										
The English Language										
Understandability ⁵ of seminars presented in English	5.0	5.0	5.0	4.8	5.0	5.0	4.9		4.9	
Ease of Reading ⁴ Material in English	5.0	5.0	5.0	4.8	5.0	5.0	4.9		4.9	
Ease of Speaking English ⁶	5.0	4.6	5.0	4.8	5.0	5.0	4.9		4.8	
Hotel Accommodations										
Adequacy ³	5.0	5.0	5.0	5.0	4.3	5.0	4.8		4.9	
Mail service: adequate	1	5		1	3	1		5		11
not adequate				1				1		1
not answered	1		1	2				2		4
Telephone: adequate	2	4	1	4	2	1		7		14
not adequate		1			1			1		2
not answered										
Hotel van: adequate	2	4	1	4	3	1		8		15
not adequate		1								1
not answered										
Use in future? yes	2	5	1	4	3	1		8		16
no										
not answered										

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	Nutr (2)	Nurs (5)	Othr (1)	Ped (4)	Ob (3)	OthP (1)	Physician (8)		Group (16)	
							Avg	Tot	Avg	Tot
OVERALL EVALUATION										
Usefulness ¹ of providing this program to multidisciplinary teams	5.0	5.0	5.0	4.8	5.0	5.0	4.9		4.9	
Increase in knowledge ⁷	5.0	5.0	5.0	4.5	5.0	5.0	4.8		4.9	
Recommend this program be provided for other health professionals from developing nations	yes	2	5	1	4	3	1		8	16
	no									
	not answered									
General rating:	excellent	1	3	1	3	2	1		6	11
	very good		2		1	1			2	4
	good									
	fair									
	poor									
	not answered	1								

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APPENDIX 6
Team Program Plans

LACTATION MANAGEMENT: KENYA

Dr. Rachel Musoke, Pediatrician, Associate Professor

Dr. Assumpta Muriithi, Pediatrician, Lecturer

Dr. Elizabeth Obimbo, Pediatrician, Lecturer

Dr. Eunice Cheserem, OB/GYN, Lecturer

Dr. Zahida Qureshi, OB/GYN, Lecturer

Presented June 14, 1996

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

1.0 INTRODUCTION

Kenya is a breastfeeding country with an initiation rate of 97% and a median duration of 21 months. Despite these impressive figures, it is recognized that there are still problems. Exclusive breastfeeding in the first 4 months has dropped from 25% to 17%. Infant mortality has not improved over the last 10-15 years. Diseases related to less than optimal breastfeeding are high - notably diarrheal disease, acute respiratory track infection, and malnutrition. It should also be realized that child mortality is an indirect cause of maternal mortality.

Activities to promote breastfeeding have been in place for the past 15 years. These have been mainly centered on health worker practices in health facilities. This was done with the realization that health worker practices have a great impact on maternal practices.

One of the ways of improving practices is improved knowledge through training. Most qualified health workers passed through their basic training with little knowledge of handling mother/baby breastfeeding problems. Consequently, these are inadequately dealt with when mother/infant pairs present at health facilities. To offset this shortcoming, a Lactation Management Centre (LMC) was started at Kenyatta National Hospital (KNH). This was a joint venture between the Ministry of Health (MOH), KNH and University of Nairobi (UON). It was felt that this kind of arrangement would help in involving all cadres of health workers. The LMC has so far concentrated on health workers within KNH, although a few workers within Nairobi have been trained. To date 130 KNH, 6 MOH, 9 UON and 12 Nairobi City Council (NCC) health workers have been trained.

There is a need to extend outside KNH as well as improving the preservice curricula. Otherwise one would not hope to improve on existing national data.

For KNH and possibly many of the existing health care facilities, although already declared baby friendly, some of the steps are not fully operational. Notably: Step 1 - KNH hospital policy in draft; Step 3; Step 4; and Step 10. Efforts should be taken to improve in these areas.

2.0 GOALS AND OBJECTIVES

2.1 Broad Goal

To intensify and improve the knowledge, attitudes, and practices of health workers and mothers by making breastfeeding feasible and practical.

2.2 Specific Objectives

- 2.2.1 To train the trainers from all over Kenya/region.
- 2.2.2 To provide practical experience to all cadres of health workers both students and qualified.
- 2.2.3 To provide technical update assistance on breastfeeding i.e. the centre to act as a resource centre/data bank.
- 2.2.4 To develop relevant resource material.
- 2.2.5 To coordinate and carry out research on breastfeeding.
- 2.2.6 To integrate breastfeeding with other existing GOBI/FFF programmes.
- 2.2.7 Review existing curricula for health workers with the view of improving pre-service training in breastfeeding.

- 2.2.8 To develop an appropriate curriculum for non-medical staff.
- 2.2.9 To improve the hospital practices to comply with all 14 steps of the BFHI.

3.0 STRATEGIES AND ACTIVITIES

3.1 Curricula

3.1.1 Pre-service - appertaining to the following cadres:

- Nurses
- Nutritionists
- Occupational therapists
- Clinical officers
- Medical students
- Post-basic clinical officers (Pediatrics)
- Post-basic ob/gyn residents
- Post-basic pediatric residents

3.1.2 Non-medical hospital staff including:

- Senior administrative staff
- Junior staff

The following curricula are already in existence but require review with reference to breastfeeding:

- pre-service for nurses, nutritionists, occupational therapists, and clinical officers
- post basic clinical officers (pediatrics)

The following curricula are already in an advanced stage in the review process:

- medical students, ob/gyn residents and pediatric residents, senior administrative staff

There is no curriculum for junior staff; this needs to be developed.

The existing KNH lactation management team curriculum is suitable for the service training of all post basic health workers.

It is proposed that a workshop be organized to carry out review of existing curricula and write up of junior staff curriculum. Instrumental representatives from the various institutions will participate; i.e.:

- 3 representatives from Nursing Council of Kenya
- 3 representatives from Kenya Medical Training Centre (trains clinical officers, occupational therapists, nurses)
- 2 representatives from the Division of Family Health
- 1 representative from Karen School of Nutrition

3.2 Training Courses

It is proposed that the core lactation management team will undergo a one week course to equip them with teaching skills.

3.2.1 The already ongoing two week in-service lactation management courses will continue.

3.2.2 It is proposed that training of trainers in lactation management be carried out in every province. The core Lactation Management Team (LMT) will travel to each province and train 15-20 health professionals (drawn from hospitals in the province).

3.3 Establishment of Lactation Clinic

3.3.1 Staffing

A lactation clinic will be staffed by 4 nurses/nutritionists, with doctors (pediatricians/obstetricians) available on call basis whenever need arises. The staff should all have undergone training in lactation management.

3.3.2 Place

The clinic will be housed in the Pediatric Demonstration Unit wing currently functioning as the Well Child Clinic and Nutrition Counseling Clinic). Here postnatal mothers may be seen and counseled, and referrals may be seen.

Two staff members will be attached to the KNH Antenatal Clinic where they will come into contact with prenatal mothers.

The staff will be answerable to the matrons in charge of the respective sites.

3.3.3 Activities

- Education of mothers on lactation by educational talks, counseling, demonstration.
- Management of lactation problems in mothers attending the clinic and referrals.
- Their activities will be integrated with the normal activities of the respective clinics.

3.4 Establish Mother Support Groups

All health personnel that have already undergone training in lactation management will be identified.

A half day seminar will be organized for them where they will be sensitized on the problem of lack of mother support groups and discuss strategies to rectify this.

Advocacy will be carried out with the administrators in the pediatric and obstetric wards for redistribution of such trained personnel to ensure at least one is present in every relevant ward. They will be encouraged to plan strategies to ensure adequate counseling and active mother support groups. The mothers in these words will be the active members but a health worker will be there as a resource person.

3.5 Establish Library

Look for Library Space

3.5.1 Furniture

The library will need to be furnished with furniture like shelves, tables, chairs, etc.

3.5.2 Data Base

There will be need to link up with other libraries like:

- University of Nairobi (UON) - Medical Library
- Kenya Medical Research Institute (KEMRI)
- Kenyatta University (KU) Library
- Jomo Kenyatta University College of Applied Technology
(J.K.U.C.A.T.) Library
- Egerton University Library
- Moi University Library
- African Medical Research Foundation (AMREF) Library
- Division of Family Health Library
- Ministry of Health Library (MOH)

In order to get a comprehensive abstract of all information available. A computer Health Net program can be created thereafter with that information.

3.5.3 Text Book/Journal

Look for the relevant text and subscribe to the relevant Lactation/Breastfeeding journals.

3.5.4 Audiovisuals

Teaching cassettes with TV and VCR will be acquired and manned by the library staff.

For smooth running of the library a trained Librarian will be employed and will be in charge of all the materials in that library. There will be need of a computer, printer and photocopier.

3.6 Develop Teaching Materials

Develop teaching materials relevant to the region.

In order to reach all mothers, we need to develop appropriate teaching aids (videos, posters, slides, etc.) using local people and local languages. We will also develop audio and visual programmes for use in the media.

3.7 Initiate Research Programmes

Effect of Mother Support group and lactation clinic on length of exclusive breastfeeding

3.8 Integration of Breastfeeding

Efforts will be made to lobby with the policy makers in the ministry of health to promote the incorporation of breast-feeding into ongoing primary health care programmes; e.g., control of diarrheal diseases (CDD); growth monitoring, immunization and safe motherhood.

3.9 Hospital Practices

- Finalize the Hospital policy and effect it
- Strengthen the weak area of the BFHI

3.10 Material Needs

In order to fulfill the above the following are required:

Television	9
VCR	13
Computer	1
Computer software (E mail, Medline, etc) diskettes	
Computer printer	
Audio cassette player	
Photocopy machine	
Facsimile (fax) machine	
Camera	
Video camera	
Models (dolls, breasts, etc.)	
Stationary	
Slide projector screen	
White board	
Video cassettes	

4.0 ORGANIZATION AND STAFF

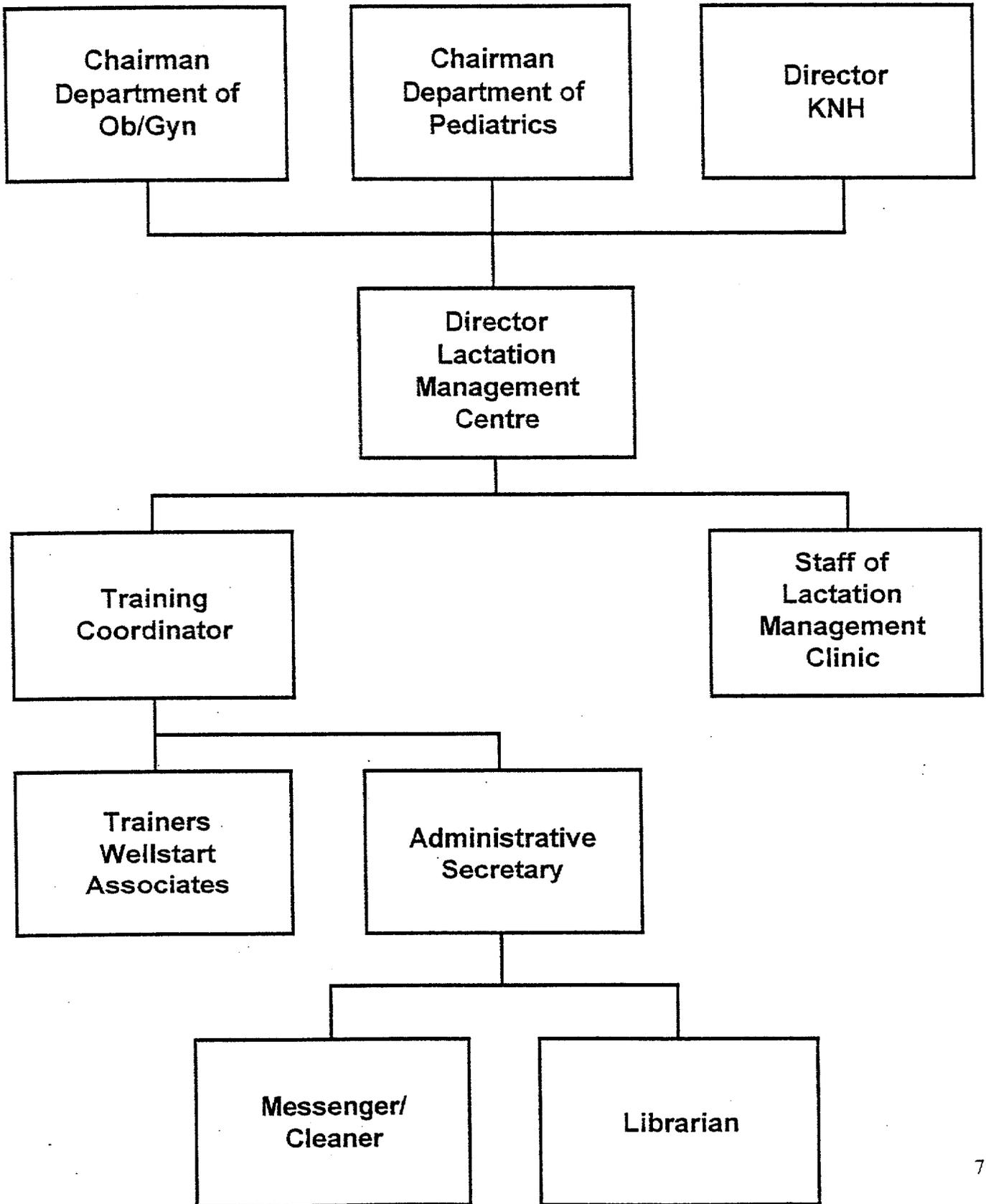
The Lactation Management Centre of Kenya will comprise of personnel from the University of Nairobi, Kenyatta National Hospital and the Ministry of Health.

The core team will comprise of the following:

- Director
- Training Coordinator
- Administrative Secretary
- Librarian
- Messenger/cleaner

All the trainers who are Wellstart associates and staff of the Lactation Clinic will work in conjunction with the core, to ensure that the Lactation Management Centre is a success.

4.1 Organizational Arrangements



4.2 Staff

4.2.1 Director

This will be a Wellstart Associate, a senior member of the Department of Pediatrics, University of Nairobi. The Chairmen of the departments of Pediatrics and Obstetrics and Gynecology, University of Nairobi, and the Director of Kenyatta National Hospital will oversee the work of the Director of the Lactation Management Clinic.

The Director will meet with these persons at regular intervals to inform them of the activities of the clinic.

The Director will be in charge of all the activities of the Centre, such as training, research, establishment of data bank and running of the Lactation Management Clinic. The Director will work in close collaboration with the training coordinators and the administrative secretary.

4.2.2 Training Coordinator

The coordinator will be a Wellstart Associate who will be conversant with the activities of the Lactation Management team at Kenyatta National Hospital. The person will co-ordinate all the training activities of the programme, and will work under direct supervision of the Director. The co-ordinator will also work closely with all the trainers, to inform them about forthcoming courses, getting their inputs into the efficient running of the course.

4.2.3 Administrative Secretary

This would be a medical secretary, with experience in administrative matters besides secretarial service, and will be answerable to the Director and training co-ordinator. She will organize the running of the training programs, be responsible for purchases, and supervise the Librarian and the messenger.

4.2.4 Librarian

This person will be responsible for all the texts, journals, and audio visual materials.

4.2.5 Staff of Lactation Management Clinic:

Initially this will comprise 4 nurses who are either a Kenya Registered Nurse/midwife or a nutritionist.

These persons will have undergone the 2 week in-service Lactation Management Course. They will work at the pediatrician Demonstrations Unit or Antenatal Clinic and will be responsible for teaching/counseling patients and consulting or referring patients appropriately. They should be able to train with the consultant in charge of the clinic in matters pertaining to patient management and for their normal daily

routine, they will be supervised by the matrons in charge of the respective clinic areas.

4.2.6 Messenger/Cleaner

This person will also undergo some training in lactation management.

4.2.7 Finances

The Director will be in charge of the finances. there will be three signatures to the account of which any two may sign at any given time.

5.0 EVALUATION

5.1 Curricula

5.1.1 It is hoped that senate approval of the university curricula will be obtained by December 1997. Assuming immediate implementation of the same, the first evaluation would then be carried out at the end of the following academic year for M.B., Ch.B., 3 and 5. Evaluation tool will be a questionnaire.

5.1.2 Other curricula (nursers, clinical officers, nutritionists, occupational therapists), it is hope that approval of the respective curricula will be obtained by respective authorities by December 1997. Assuming immediate implementation of the same, the first evaluation would then be carried out at the end of the following academic year by the respective schools.

5.2 Teaching Skills for Trainers

Evaluation of respective facilitators will be carried out by distributing evaluation papers to trainees to fill out at end of each teaching session.

Evaluation of trainees will be carried out by having them do role plays. Evaluation check lists will be used as the evaluation tool.

Tool: Adapt Wellstart evaluation form.

5.3 Lactation Clinic/Mother Support Groups

After above operational for 6 months, will determine the proportion of mothers exclusively breastfeeding at discharge from hospital, and at baby's age of 4 months. This will be compared with previous baseline studies on the same in KNH. Timing - December 1997.

Activities of the lactation clinic will also be evaluated by determining the number of mothers counseled, and the number of active mother support groups in place.

5.4 Database

Once established, inventory of all available data and tents will be taken.

5.5 **Research**

Record will be kept of papers published.

6.0 **BUDGET**

6.1 **Curriculum Development Workshop**
(For nurses, nutritionists, clinical officers, etc.)

1 Week	Amount in US Dollars
Accommodation for 16 people (10 participants from various departments; 4 resource people from core group, 1 secretary, 1 driver)	\$1,120.00
Per diem for 12 people	\$128.00
Honorarium for facilitators	\$320.00
Transportation (during and pre-workshop arrangements)	\$1,000.00
Computer paper (2 boxes)	
Computer ribbons - 5	
Hiring of computer	
Communication (faxing, telephone and mailing)	\$300.00
Report writing (4 curriculum)	\$200.00
Evaluation of curricula	

6.2 Inservice 2 Week Training

20 participants per course

3 courses per year

Budget for 2 years

Item	Quantity	Amount in US Dollars
Transparencies	6 boxes	
Overhead markers	6 sets	
Flip chart markers	6 sets	
photocopying paper	6 reams	
Stencils	10 boxes	
Cyclostyling paper	12 reams	
Ink for cyclo styling machine	24	
Writing paper	20 reams	
Pens	6 boxes	
Pencils	130	
Erasers	130	
Sharpeners	130	
Folders	130	
Helping Mothers to Breast-feed Text by Savage-King F	120	
Certificates - paper/printing		
Paper clips	3 boxes	
Stapling pins	3 boxes	
Session fee for facilitators 1,500 - per session Lunch and Tea for participants and facilitators. 25 persons per course x 6 courses		

6.3 Curriculum Development Workshop for Non-Medical Junior Hospital Staff

5 day workshop in Nairobi for 4 resource persons

Budget Item

Amount in
US Dollars

Hiring of conference room

Teas, Lunches

Stationary

-Photocopying paper

-Computer paper.

-Diskettes

-Computer Ribbons

6.4 Training of Trainers 3 Week Workshop

Accommodations for 25 persons

Participants	18-20
Facilitators	5
Driver	
Secretary	
Hire of vehicle	
Patrol	
Seminar fees for resources person at 1,500 - per session	
Transparencies	2 boxes
Flip charts	4 bundles
Stencils	2 boxes
Cyclostyling paper	3 reams
1 week for cyclostyling paper	2
Writing paper	3 reams
Pens	25
Pencils	25
Erasers	25
Sharpeners	25
Folders	25
Text by Savage-King	20
Paper clips	1 box
Stapling pins	1 box

Eight such workshops will be held over the next 3 years.

6.5 Teaching Skills Course - 5 Day

For 10 participants, 5 resource persons, 1 driver and 1 secretary -Total persons 17
Full board Accommodation, 17 persons for 5 days
Transportation, Fuel
Hiring of Car
Session fees at \$1,500 - per seminar
Stationary as per other courses.

6.6 Lactation Clinic/Mother Support Group

Television, 1
VCR, 13
Computer, 1
Computer software (E-mail, Medline, etc.) diskettes
Computer printer
Audiocassette player
Photocopy machine
Facsimile machine
Camera
Video camera
Models (dolls, breasts, etc.)
Stationary

6.7 Library

Furniture (bookshelves, tables, chairs)
Purchase of text books
Subscription for journals

6.8 Personnel

Personnel	Per Month	Per Year
Administrative Secretary	\$345.00	\$4,140.00
Librarian	\$172.50	\$2,070.00
Messenger/Cleaner	\$86.20	\$1,032.00
Director	\$345.00	\$4,140.00
Training Co-ordinator	\$172.50	\$2,070.00

Activities	1996						1997											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Review of curriculum	■	■	■	■	■	■	■	■	■	■	■	■						
Training inservice				■				■				■						
Teaching skills for trainers							■											
Lactation clinic	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Mother support group	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Data Base	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Research	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

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Workplan on Breastfeeding Programme: Swaziland

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Presented June 14, 1996

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

1.0 BACKGROUND

Swaziland is a small country situated in the south-eastern part of Africa. It's size is 17,365 sq km, and it is surrounded by South Africa in the north, west, and south, and Mozambique in the east. It has a population of 940,000 (1996 projection), increasing at a rate of 3.4% per year.

Swaziland is considered to be a traditional society, which is vividly demonstrated in the rural areas in which approximately 77% of the population lives. The whole country is divided into four administrative regions each headed by a Regional Administrator. Each region is in turn divided into local government areas called Tinkhundla, and each Tinkhundla consists of a number of chieftaincies.

There are a number of channels for effective implementation of programme communication activities. An array of community health and social workers is in place such as Rural Health Motivators, Traditional Birth Attendances, Agricultural Extension Workers, Traditional Healers, NGO field staff, social welfare workers, health educators and others. The 2,300 Rural Health Motivators and 8,000 Traditional Healers represent the largest net work of community health workers in the country and function as the backbone for face-to-face social mobilization. Traditional birth attendants are also vital since 46% of the deliveries are done at home.

National Health System

Swaziland has a mix of traditional and modern health service provision. Government provides 50% of health services while missions, companies, or private institutions provide some 50% of health services.

Mbabane Government Hospital Profile

Total number of beds:	421
Occupancy rate:	110%
Number of deliveries per year:	3,590 (Jan. 1995-Dec. 1995)
Mothers receiving prenatal care:	97%
Caesarian section rate:	8%
Length of postpartum stay:	24 hours normal deliveries 7 days for caesarian sections
Initiation of breastfeeding:	99%
Percent of women who leave hospital still breastfeeding:	99%
Number of beds in maternity ward:	64
Early labour	7
First stage	8
Postpartum NVD	22
Postpartum caesarian section	14
Sepsis ward	2
High risk	4
Pet	7

There is postnatal outpatient clinic at 6 weeks for women who had normal deliveries, and at 4 weeks for caesarian sections.

Modern Medicine

Most people make use of modern health facilities. The country has four administrative regions. In each region, there are one or two referral hospitals:

Manzini region: Raleigh Fitkin Memorial Hospital and Mankayane Hospital
Hhohho region: Mbabane Government Hospital and Piggs Peak Government Hospital
Lubombo region: Good Shepherd Hospital
Shiselweni region: Hlatikhulu Government Hospital

The Mbabane Government Hospital acts as a central referral hospital for the whole country. There are five health centers spread throughout the country. Each has satellite clinics (143 nation-wide) and outreach sites. The government policy is to have everyone within an 8 km radius from a health facility.

Private doctors are widely spread throughout the country but are focused mainly within the towns.

Traditional Healers

80-85% of the population believe and make use of traditional healers. They are usually used together with modern remedies. There are reportedly 2,500 registered traditional healers, registered under the Traditional Healers Organization. Efforts for closer working between traditional and modern medicine are being attempted.

Health Indicators

Under-five mortality rate	141/1000	(1991)	
Infant mortality rate	98/1000	(1986)	
Maternal mortality rate	110/100,000	(1993)	
Stunting (rural 3-59 months)		(1983)	30 percent
Wasting (rural 3-50 months)		(1983)	1 percent

Coverage

Antenatal clinic attendances			70 percent
Births in hospital			56 percent
Fully immunized before 1 year		(1989)	83 percent
Pregnant women immunized			
Against tetanus		(1989 estimate) TT2	63 percent

Access

Within 8 km of health facility	(1984)	70 percent
Potable water-rural	(1990)	42 percent
Potable water-urban	(1990)	86 Percent
Access to piped water supply	(1986)	42.7 Percent

Infant mortality remains high in Swaziland. Nearly 50% of infant deaths occur before the age of two months, and about 70% of all under five deaths occur before the age of six months (UNICEF 1987).

The practice of early introduction of breast-milk substitutes and bottle feeding are major factors undermining survival chances in early infancy and early childhood (UNICEF, 1987). These practices lead to early cessation of breast-feeding and predispose young infants to frequent infections and malnutrition, greatly contributing to infant mortality and morbidity which is avoidable.

Inappropriate young child feeding practices are widely used in Swaziland. Exclusive breastfeeding for more than six weeks is not common, even though it is universally accepted that maximum benefits of breastfeeding comes from a duration of a minimum of four to six months. The use of bottle and teat for infant feeding is discouraged at any time, and the use of breastmilk substitutes can only be acceptable when there is good indication on social and medical grounds.

The absence of full exclusive breastfeeding for the infant is the biggest problem in rural, and peri-urban areas (UNICEF, 1983). The 1987 situation analysis of children and women in Swaziland indicated a major factor underlying the poor likelihood on survival during childhood is the early widespread introduction of breastmilk substitutes which predisposes young infant to ascertain infection resulting in a malnutrition cycle (UNICEF 1987).

Current Infant Feeding Policies and Procedures

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

2.0 GOAL

To increase the percentage of exclusive breastfeeding from 19% to 50% by the year 2000 by ensuring that all mothers who deliver in hospitals breastfeed exclusively from birth to about 4-6 months and maintain it for a period of 2-3 years.

3.0 OBJECTIVES

- 3.1 By the end of the first year of the programme, at least 1-3 medical officers in each health facility will be trained on lactation management.
- 3.2 By the end of the first year of the programme, a National Lactation Management Team in the country will be established.
- 3.3 By the end of the first year of the programme, collaborative efforts and regional networking between IBFAN and the NATIONAL BREASTFEEDING CENTRE will be strengthened, i.e.:

- Facilitating regional trainings
- Conducting BFHI assessments
- Conducting research activities

- Monitoring and evaluation of breastfeeding programmes in the Southern Africa region.

- 3.4 By the end of the first year of the programme, appropriate IEC materials that will enhance effective promotion of breastfeeding will be produced and disseminated in the Health Education Unit and will continue through the year 2000.
- 3.5 By the end of the second year of the programme, a **NATIONAL BREASTFEEDING CENTRE** will be established and developed in the country.
- 3.6 By the end of the second year of the programme, at least 80-100 policy makers/ parliamentarians in the country will be sensitized on the importance of enforcing legislation on the Code of Marketing of Breastmilk Substitutes.
- 3.7 By the end of the second year of the programme, the component of breastfeeding in the training curriculum for Rural Health Motivators, Nurses, and Child Survival Programmes will have been revised and strengthened.
- 3.8 By the end of the second year of the programme, the impact of trainings conducted for breastfeeding counsellors from 1992-1995 will be reviewed.
- 3.9 By the end of the second year of the programme Lactation Management Centres will be established in all six (6) referral hospitals in the country.
- 3.10 By the end of the fourth year of the programme, different social groups in the country will know the importance of exclusive breastfeeding.
 - 3.10.1 Community leaders
 - 3.10.2 Trade unions and employer organisations
 - 3.10.3 Traditional healers
 - 3.10.4 Media houses
- 3.11 By the end of the fourth year of the programme, two Breastfeeding Mother Support groups will be established in each administrative region per year.

4.0 Budget 1996 - 2000

	<u>Item/Activity</u>	<u>Cost/Amount</u>	
		E	\$
4.1	Office(s)		
4.1.1	Equipment and Supplies		
	2 Tables	E1,000.00	\$200.00
	4 Chairs	300.00	60.00
	4 Benches	200.00	40.00
	10 Drop curtains	600.00	120.00
	1 Examination couch	500.00	100.00
	6 Gowns	120.00	24.00
	6 Dust coats	300.00	60.00
	4 Brooms	120.00	24.00
	2 Carpets	600.00	120.00
	3 Dustbins	90.00	18.00
	2 Heaters	800.00	160.00
	2 Fans	400.00	80.00
	1 Television	2,000.00	400.00
	1 VCR	2,000.00	400.00
	1 Fax machine	7,000.00	1,400.00
	1 Computer	30,000.00	6,000.00
	2 Filing cabinets	800.00	160.00
	1 Electric breast pump	5,000.00	1,000.00
	20 Manual breast pumps	16,000.00	3,200.00
	1 Photocopier	10,000.00	2,000.00
	Stationary	20,000.00	4,000.00
	50 Height boards	10,000.00	2,000.00
	100 Salec scales	25,000.00	5,000.00
	200 Weighing parts	10,000.00	2,000.00
	Demonstration ingredients	1,000.00	200.00
4.1.2	Transportation		
	4 x 4 Toyota Land Cruiser	E200,000.00	\$40,000.00
4.1.3	Hospital Lactation Centres		
	6 Tables	E3,000.00	\$600.00
	24 Chairs	450.00	90.00
	6 Cabinet drawers	3,000.00	600.00
	60 Manual breast pumps	12,000.00	2,400.00
	Subtotal	E362,280.00	\$72,456.00

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<u>Item/Activity</u>	<u>Cost/Amount</u>	
	E	\$
4.2 Social Marketing		
4.2.1 IEC Materials Production		
Leaflets	E20,000.00	\$4,000.00
Posters	20,000.00	4,000.00
Bumper stickers	5,000.00	1,000.00
T-shirts	16,000.00	3,200.00
Newsletter	32,000.00	6,400.00
Radio and TV spots	50,000.00	10,000.00
Video cassettes (local)	50,000.00	10,000.00
Banners	5,000.00	1,000.00
Umbrellas	5,000.00	1,000.00
Ball point ink pens	2,000.00	400.00
Subtotal	E160,000.00	\$32,000.00
4.3 Advocacy		
Workshop for parliamentarians	E15,200.00	\$3,040.00
Workshop for media houses	5,280.00	1,056.00
Workshop for trade unions and employer organizations	3,400.00	680.00
Subtotal	E23,880.00	\$4,776.00
4.4 Training		
Workshop for medical officers	E170,000.00	\$34,000.00
Workshop for traditional healers	18,600.00	3,720.00
Workshop for community leaders	51,360.00	10,272.00
Workshop for mother support groups	93,600.00	18,720.00
Subtotal	E333,960	\$66,792.00
GRAND TOTAL	SZLE880,120.00	\$176,042.00

Swaziland

Workplan on Breastfeeding Programme 1996-1999

Objective	Strategies	Time Frame	Responsibility	Outcome
1. Train at least 1-3 medical officers in each health facility on Lactation Management	Conduct one 2-day workshop	Last week in August 1996	Lactation Management Team, NNC, MOH, SINAN and IBFAN	Medical officers will acquire knowledge and skills on breastfeeding and ensure the enforcement of the Ten Steps to Successful Breastfeeding
2. Establish and strengthen a National Lactation Management Team and Networking	Formal formulation of a Lactation Management Team which will monitor and coordinate the breastfeeding programme in the whole country; e.g.: <ul style="list-style-type: none"> • Training on L.M. • Local assessments • Legislation of Breastfeeding code. • World Breastfeeding week celebrations 	June 1996	MOH, NNC, IBFAN	The LMT will see to it that all breastfeeding activities are carried out effectively and successfully
3. Establish and develop a National Breastfeeding Centre which will work in collaboration with IBFAN Africa as a regional training centre	Acquire office space at the National Public Health Unit which will be manned by a breastfeeding coordinator, a nurse midwife, and a driver	February 1997		This office is expected to be a focal point for breastfeeding.

Objective	Strategies	Time Frame	Responsibility	Outcome
<p>4. Sensitize different social groups on the importance of exclusive breastfeeding</p> <p>a. Traditional healers</p> <p>b. Community leaders</p> <p>c. Trade unions and employer organisations</p> <p>d. Media houses</p>	<p>a. Conduct three 3-day workshops of 20-30 traditional healers each year</p> <p>b. Conduct one 2-day workshop per year in each of the four administrative regions of the country</p> <p>c. Conduct a 1-day advocacy seminar for at least 80-100 participants</p> <p>d. Conduct a 1-day advocacy seminar for all media houses</p>	<p>May/June/July 1997-1999</p> <p>May-August 1997-1999</p> <p>September 1996</p> <p>July 1996</p>	<p>LMT/NNC/MOII/SINAN</p> <p>Regional Health Educators, NNC and SINAN</p> <p>LMT, NNC, MOH, SINAN and IBFAN</p> <p>LMT, NNC, MOII, SINAN, IBFAN</p>	<p>a. Trained traditional healers will improve cultural norms that hinder exclusive breastfeeding.</p> <p>b. Trained community leaders will promote, protect, and support breastfeeding in their respective communities.</p> <p>c. Sensitized employers and trade unionists will support and promote the availability of mother-friendly work places</p> <p>d. The sensitized media houses will be able to support and promote breastfeeding through various means of communication.</p>
<p>5. Solicit the support of policy makers/parliamentarians by sensitizing them on the importance of enforcing legislation on the national adoption of the Code of Marketing of Breastmilk Substitutes</p>	<p>Conduct a 1-day advocacy seminar of at least 80-100 participants</p>	<p>February 1997</p>	<p>LMT, IBFAN, NNC, SINAN, MOII</p>	<p>Enforcement of legislation which will prohibit the production and marketing of breastmilk substitutes within the country</p>

Objective	Strategies	Time Frame	Responsibility	Outcome
6. Produce relevant IEC materials that will enhance effective promotion of breastfeeding	Production of IEC materials through collaboration with the Health Education Unit	October 1996	LMT	<ul style="list-style-type: none"> • Pointed leaflets/brochures, pamphlets • Bumper stickers • Posters All to be distributed throughout the country <ul style="list-style-type: none"> • Radio spots and programmes
7. Foster the continued establishment of Mother Support Groups (MSGs) at community-level in all four (4) administrative regions through formal trainings on Lactation Management	Conduct one 4-day workshop in each of the four (4) administrative regions of the country	May/June/July 1997	LMT, Health Educators, NNC, SINAN	Trained women organisations will form and strengthen mother support groups in their respective communities
8. Review and strengthen the component of breastfeeding in the training curriculum for Rural Health Motivators, pre-service training for basic nursing, and post-basic nursing programmes and other child survival programmes (e.g., CDD, ARI, etc.)	Conduct one 2-day workshop for nurse tutors and programme managers	September 1997	LMT, IBFAN, NNC, MOH, SINAN	Designed revised curriculum that will include up-to-date information on breastfeeding management
9. Review the impact of the trainings conducted for breastfeeding counsellors from 1992-1995	Conduct a national survey	April 1997	LMT, IBFAN, NNC, SINAN, MOH	Finds that will help improve and strengthen the training programme

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ACTIVITIES	1996	1997	1998	1999	2000
1. CO-ORDINATION					
(I) Establish and strengthen a National Lactation Management Team (NLMT)					
(ii) Establish and develop a National Breastfeeding Centre (NBC)					
(iii) Develop strong working relations between the NBC, IBFAN and the NLMT					
2. ADVOCACY					
(I) Policy-makers (parliamentarians) one (1) day seminar					
(ii) Media Houses one (1) day seminar					
(iii) Trade Unions and Employer Organizations one (1) day seminar					
3. TRAINING					
(I) Medical Officers Workshop two (2) -three (3) days					
(ii) Community Leaders Workshop two (2) days					
(iii) Mothers Support Groups four (4) days					
(iv) Traditional Healers three (3) days					
4. SOCIAL MARKETING					
(I) Production of IEC materials					
(ii) Production of a local video on breastfeeding					
5. CURRICULUM DEVELOPMENT					
(I) Review and strengthen curriculum of RHMS, TBAS, Child Survival Programmes and Nurses.					
6. REVIEW					
(I) Conduct a study to evaluate the impact of trainings for Breastfeeding Counselors					

Monitoring and Evaluation

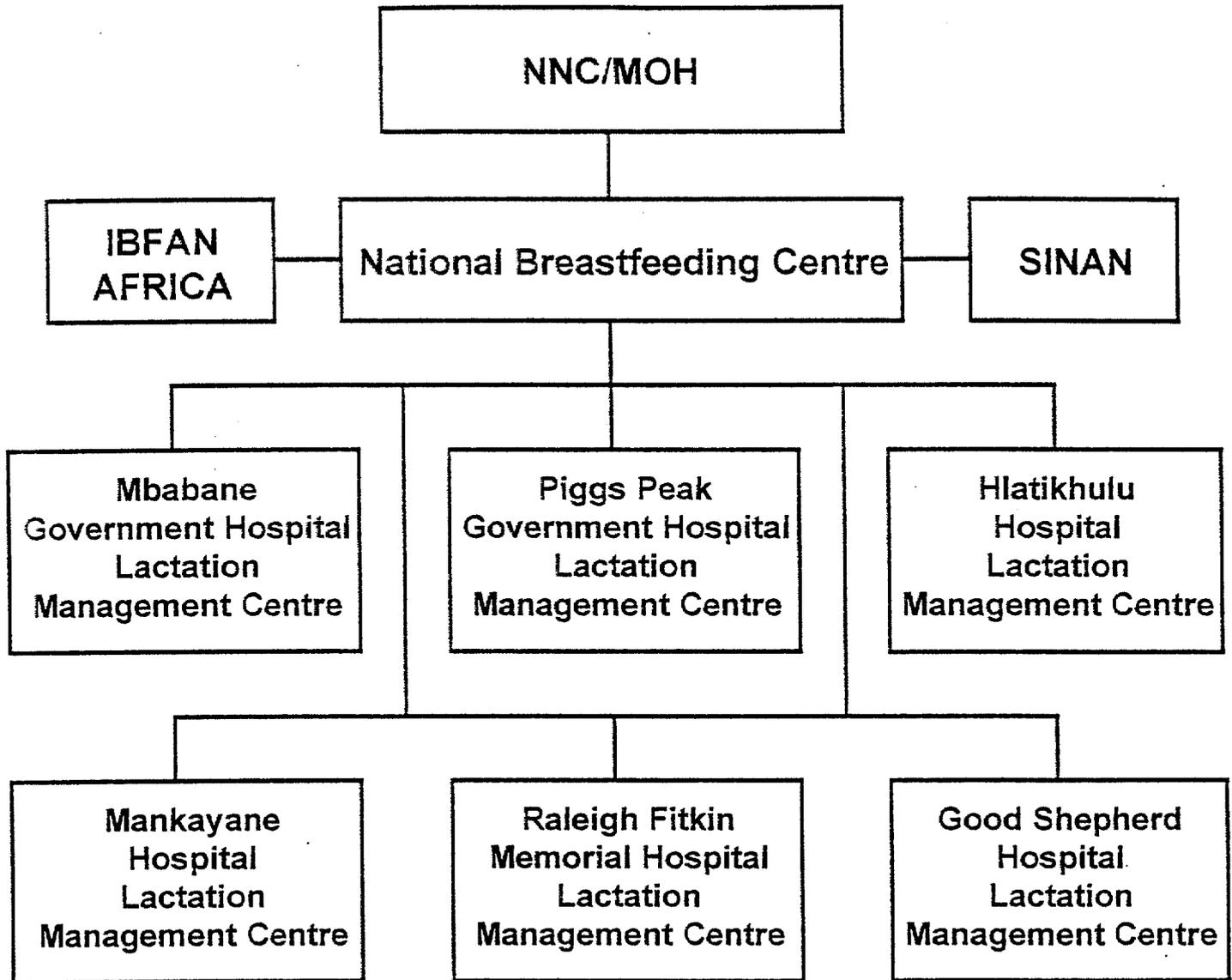
Tasks to be Monitored	Who	Where	How	
1. Establishment of NLMT	NNC/MOH	Office	Reporting	
2. Establishment of NBC	NLMT	Office	Spot-Check visits	
3. Establishment of hospital based LMC's	NBC	Hospital	Spot-Check visit, reports and records	
4. Develop work relations with IBFAN, NBC, and NLMT	NNC	Office	Regular meetings	
5. Advocacy			Short Term	Long Term
(I) Policy-makers/parliamentarians workshop	NNC, MOH, NLMT, SINAN	Office	Observe existence of two half hour nursing break. Existence of 3 months paid maternity leave	Observe Legislation put in place
(ii) Media Houses	NLMT, MOH, IBFAN, NNC, SINAN	Office	Observe positive reporting on Breastfeeding activities	
(iii) Trade Unions and Employer Organizations	LMT, NNC, MOH, SINAN, IBFAN	Office	Negotiations with labor department about working women's rights.	
6. Trainings				
(I) Medical officers	NLMT, MOH, SINAN, IBFAN, NNC	Hospital	Reports, Regular visits, Records	
(ii) Community Leaders	RHE's, NLMT	Regions	Regular home visits, community meetings, reports	
(iii) Traditional Healers	SINAN, NLMT, NNC, MOH	Office	Short Term	Long Term
			Pretest and Posttest	Visits
(iv) Mother Support Groups	RHE, NLMT, SINAN	Regions	Regular home visits, community meetings, reports	
7. Social Marketing				
(I) Production of IEC Materials	NLMT, II. Ed Unit	Office	Reports on Distribution	
(ii) Production on local video on breastfeeding	NLMT, NBC, SINAN, NNC	Office	Reports	

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Tasks to be Monitored	Who	Where	How
8. Curriculum Development (I) Review and Strengthen Curriculum	Program Managers, NLMT, MOH, MO. Ed	Office	Annual Reports
9. Review (I) Study to evaluate impact of trainings	NNC, NLMT, MOH	Hospital	Data collection analysis and report
10. National KAP Study	NNC, MOH, SINAN, IBFAN, NLMT	Countrywide	Data collection analysis and report

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ORGANIZATIONAL ARRANGEMENT



MOH - Ministry of Health

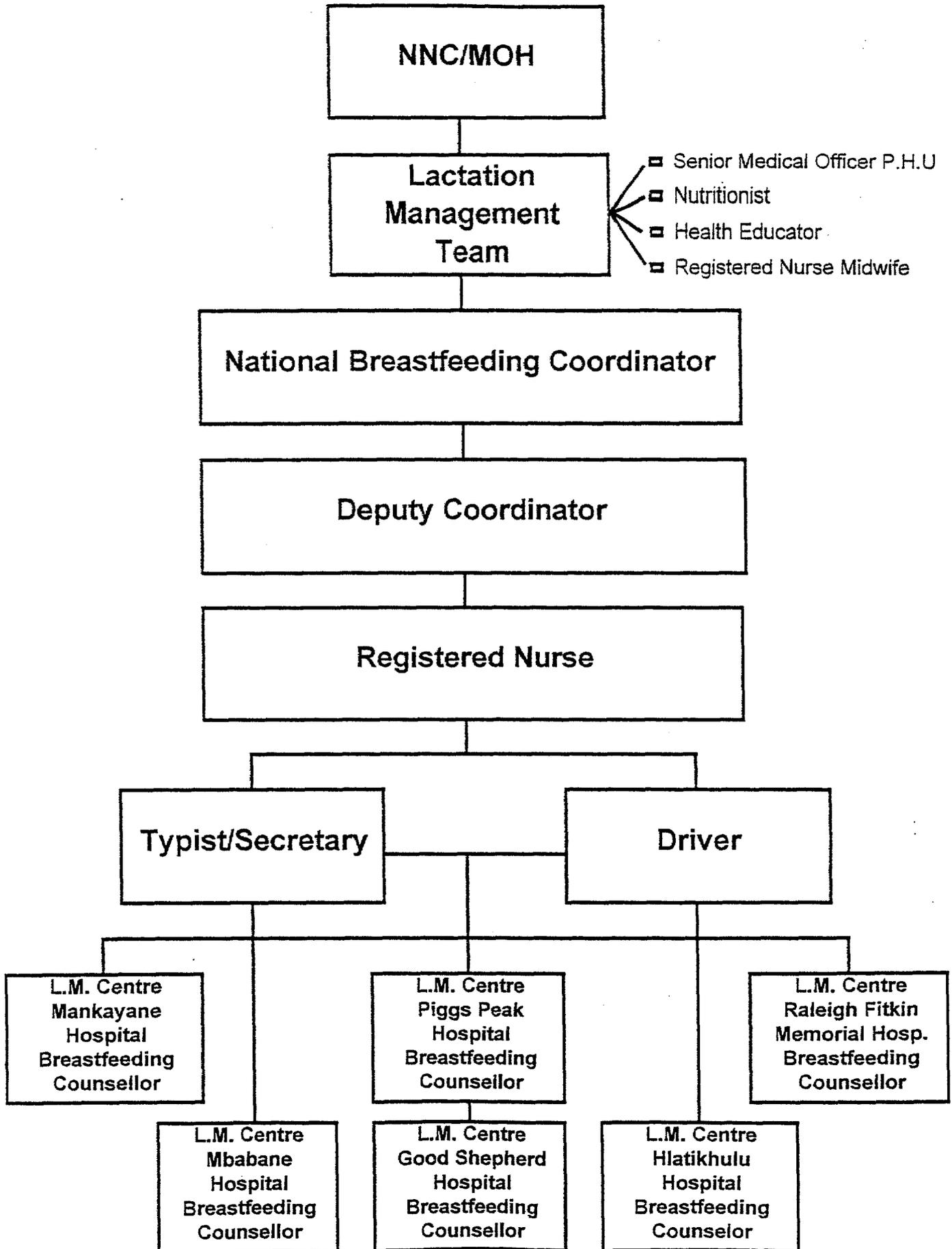
NNC - National Nutrition Council

IBFAN - International Baby Friendly Action Network

SINAN - Swaziland Infant Nutrition Action Network

LMC - Lactation Management Centre

STAFFING OF THE NATIONAL BREASTFEEDING CENTRE



Breastfeeding Program Plan: Thailand

Dr. Manee Piya-Anant, OB/GYN, Associate Professor

Dr. Kriangsak Jirapaet, Neonatologist, Professor of Pediatrics

Ms. Thidaratana Wongvisutdhi, Pediatric Nurse

Ms. Pussara Hakularb, Obstetrical Nurse

Presented June 14, 1996

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

SITUATION

Thailand has been one of the 12 leading countries in the Baby Friendly Hospital Initiative Program and has been very successful in establishing baby friendly hospitals throughout the nation. Since the end of 1995 all government hospitals have been designated baby friendly hospitals. The next target of the Ministry of Public Health is to establish baby friendly facilities in all community health centers in the rural area (approximately 8,000 centers) by 2001.

Siriraj Hospital has been operating several regional training programs, such as family planning services, sexually transmitted diseases programs, and a nursing training program supported by the Royal Thai Government and UNICEF for Laos, Kampuchea, and Vietnam. Being the National Lactation Training Center of Thailand and having been designated as a baby friendly hospital since 1993, Siriraj Hospital should have a role in supporting other countries in southeast Asia and all university hospitals in Bangkok to adopt the BFHI program and to establish baby friendly hospitals. To assure the full practice of all ten steps of the Ten Steps to Successful Breastfeeding at Siriraj Hospital, a strengthening program should also be carried out to train all health care staff in the skills necessary to implement breastfeeding policies.

OBJECTIVES

1. To establish BFHI programs at other university hospitals in Bangkok
2. To strengthen breastfeeding promotion by achieving all ten steps of BFHI at Siriraj Hospital
3. To establish a Regional Breastfeeding Training Center at Siriraj Hospital
4. To conduct a controlled trial study of breast shells and nipple pullers for flat and inverted nipples.

WORK PLAN

Objective	Activities	Key Person	Time Frame	Outcome
<p>1. Establish BFHI programs at at least one university hospital in Bangkok</p>	<ul style="list-style-type: none"> ■ Add BF training program to the national training curriculum of obstetrics and gynecology through the committee of Royal College of Obstetrics and Gynecology of Thailand ■ Provide BF program by using the curriculum prepared by Dr. Wirapong to train faculty members and nurses at other university hospitals ■ Work with individual university hospitals to assist them in implementing the Ten Steps to Successful Breastfeeding ■ Add questions about breastfeeding to the board examination for Ob-Gyn 	<p>Dr. Manee</p>	<p>Oct. 1996</p> <p>Jan. 1997</p> <p>Mar. 1997</p> <p>Jun. 1998</p>	<p>Obstetricians become more knowledgeable and supportive of the BFHI program. More university hospitals interested in BFHI program</p> <p>A core team of faculty members and nurses at at least one university hospital will have increased LM and teaching skills to train others on their staff</p> <p>At least one more university hospital in Bangkok designated baby friendly</p> <p>New obstetricians having skills in breastfeeding, counseling, prenatal breast preparation and breastfeeding management</p>
<p>2. Strengthen breastfeeding promotion by achieving all ten steps of BFHI at Siriraj Hospital</p>	<ul style="list-style-type: none"> ■ Arrange breastfeeding training program for new nursing staff at Department of Ob-Gyn twice a year ■ Arrange breastfeeding training program for new nursing staff at Department of Pediatrics twice a year 	<p>Ms. Sara</p> <p>Ms. Tida</p>	<p>Oct. 1997</p> <p>Dec. 1997</p>	<p>Maintain or increase success rate of exclusive breastfeeding at discharge in Siriraj Hospital by 5%</p> <p>Provide 24-hour postpartum support to all mothers. No need to bring mothers to BF Clinic available only on Wednesday and Thursday.</p>

Objective	Activities	Key Person	Time Frame	Outcome
	<ul style="list-style-type: none"> ■ Prepare Thai management guidelines on nipple and breast problems for mothers and nurses working on postpartum wards 	Dr. Sak	Sept. 1996	Disseminate management guidelines to postpartum wards at Siriraj Hospital and within Thailand
3. Establish regional lactation training center at Siriraj Hospital	<ul style="list-style-type: none"> ■ Provide lactation training/education by using Wellstart curriculum to Laos, Kampuchea, and Vietnam, building on the programs already in place for family planning and STD at least one training course for each country ■ Help establish and assess BFH in those three countries 	Dr. Manee	1997-1999	<p>Training courses given to Laos, Kampuchea, and Vietnam to get them ready for assessment.</p> <p>At least one country initiates BFHI.</p>
4. Conduct a controlled trial study of breast shells and nipple pullers for flat and inverted nipples	<ul style="list-style-type: none"> ■ Train nurses at Antenatal Care Clinic to screen pregnant women for flat and inverted nipples ■ Research proposal is shown on separate sheet 	Dr. Sak	<p>Sept. 1996</p> <p>1997-1998</p>	The results can be used for future recommendations for nipple preparation

EVALUATION PLAN

Objective	Outcome	Methods	Responsible Person(s)
<p>1. Establish BFHI programs at at least one university hospital in Bangkok</p>	<p>Obstetricians become more knowledgeable and supportive of the BFHI program. More university hospitals interested in BFHI program</p> <p>A core team of faculty members and nurses at at least one university hospital will have increased LM and teaching skills to train others on their staff</p> <p>At least one more university hospital in Bangkok designated baby friendly</p> <p>New obstetricians having skills in breastfeeding, counseling, prenatal breast preparation and breastfeeding management</p>	<ul style="list-style-type: none"> ■ Records of requests for information on LM ■ Records of pre and post-test of secondary training ■ Records that pass assessment ■ Examination results 	<p>Dr. Manee</p>
<p>2. Strengthen breastfeeding promotion by achieving all ten steps of BFHI at Siriraj Hospital</p>	<p>Maintain or increase success rate of exclusive breastfeeding at discharge in Siriraj Hospital by 5%</p> <p>Provide 24-hour postpartum support to all mothers. No need to bring mothers to BF Clinic available only on Wednesday and Thursday.</p> <p>Disseminate management guidelines to postpartum wards at Siriraj Hospital and within Thailand</p>	<ul style="list-style-type: none"> ■ Records of success rate of exclusive breastfeeding at discharge ■ Consultation records of number of mothers from postpartum wards coming to BF clinic ■ Records of request for guidelines and number sent 	<p>Ms. Sara</p> <p>Ms. Tida</p> <p>Dr. Sak</p>
<p>3. Establish regional lactation training center at Siriraj Hospital</p>	<p>Training courses given to Laos, Kampuchea, and Vietnam to get them ready for assessment</p> <p>At least one country initiates BFHI.</p>	<ul style="list-style-type: none"> ■ Course records ■ Correspondence or visits 	<p>Dr. Manee</p>
<p>4. Conduct a controlled trial study of breast shells and nipple pullers for flat and inverted nipples</p>	<p>The results can be used for future recommendations for nipple preparation</p>	<ul style="list-style-type: none"> ■ Referred by journal and textbooks 	<p>Dr. Sak</p>

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Objective No. 4

It has been encountered at Siriraj Hospital that a number of mothers who have flat, inverted, or retracted nipples require more postpartum support for successful breastfeeding if there is inelastic breast tissue, and some have breastfeeding failure because of a short hospital stay (an average of 24 hours) offered to the mothers. Since there are few extant studies on nipple preparation during pregnancy and the results showed negative outcome toward nipple preparation antenatally, further studies with better study design on nipple preparation are needed before conclusions can be made.

The purpose of this study is to investigate the effect of prenatal nipple preparation by using breast shells and nipple pullers for flat and inverted nipples on the success rate of breastfeeding.

Subject Criteria

Pregnant women who attend the antenatal clinic at Siriraj Hospital and fulfill the following criteria will be included in the study:

1. at least one flat or inverted nipple,
2. gestational age of < 24 weeks,
3. nulliparous,
4. intending to breast feeding, and
5. giving inform consent.

Subjects will be randomly assigned into three groups, 40 pregnant women in each group. Pregnant women in the nipple puller group will be instructed to gently pull the piston of the disposable syringe themselves and to maintain steady but gentle pressure for five minutes twice a day. If they experience pain, they will be instructed to push the piston back to decrease the pressure. They will also instructed to push back the piston while removing the syringe from the breast. Pregnant women in the breast shell group will wear breast shells during the day time for at least 8 hours a day. Women in the control group will be informed that assistance will be provided after delivery.

Method

Women in the treatment groups will receive nipple preparation for at least four weeks. Those who receive nipple preparation fewer than four weeks will be excluded from the study. Subjects will be followed by the investigator every four weeks. If uterine contraction develops during treatment period, nipple preparation will be withheld and subjects will be asked to come in for follow-up.

Group	Treatment	Number of Pregnant Women	
		Flat Nipples	Inverted Nipples
1	None	40	40
2	nipple pullers	40	40
3	breast shells	40	40

Outcome

Rates of success breastfeeding at 48 hours after delivery and exclusive breastfeeding at one month after delivery will be compared using Chi square test. Yate's correction will be used if the number of unsuccessful breastfeeding mothers in any group is less than 10.

Potential Source of Support

Funding will be requested from the Faculty of Medicine Siriraj Hospital and UNICEF.

Staffing

The National Lactation Training center will have a director whom will be appointed by Wellstart associates. The training staff will include two Wellstart associates trained in the past and four members in this team. In addition, staff trained by the associates will continue to work by giving lactation management support to mothers.

Lactation Management Education Programme Plan for Zambia

Miss Beatrice Nkonde, Chainama College of Health Sciences

Mrs. Maureen Chilila, University Teaching Hospital

Mrs. Rebecca Kalwani, Maternal and Child Health, Department - Ministry of Health

Miss Ruth M. Siyandi, National Food and Nutrition Commission

Presented June 14, 1996

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

Program funded by USAID's Office of Nutrition, DAN-5117-A-00-9099-00

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List of Abbreviations

MOH	Ministry of Health
DMOH	Deputy Ministry of Health
PS	Permanent Secretary
DPS	Deputy Permanent Secretary
DDMS	Deputy Director of Medical Services
HRIT	Health Reforms Implementation Team
NFNC	National Food and Nutrition Commission
GNC	General Nursing Council
EHT	Environmental Health Technician
MCH/FP	Mother and Child Health/Family Planning
NRDC	Natural Resources Development College
UNZA	University of Zambia
WHO	World Health Organization
UNICEF	United Nations Children Emergency Fund
USAID	United States Agency for International Development
DHMT	District Health Management Team
KAP	Knowledge Attitude and Practice
ZCHP	Zambia Child Health Project

1.0 BACKGROUND

Zambia is a landlocked country situated in southern Africa. It covers 752,000 sq km of land and has an estimated population of 9.8 million (1995) people with a growth rate 3.2 percent per year.

Administratively, Zambia is divided into 9 provinces subdivided into 62 districts. In total the population of Zambia is relatively dominated by young generation with 68.5 percent younger than age 25.

1.1 Current situation

In 1991, the government, through the National Health Policy adopted a Reformed Health Care System to decentralize health services to the district level. Budgets are now directly allocated as grants to the Districts as District Health Management Boards (DHMBs). These grants are used to plan and carry out interventions to address the priority health needs. Through the Health Reforms implementation Team (HRIT) health promotion programmes are expected to coordinate closely with them to ensure projects are integrated moving away from vertical implementation of programmes.

The current infant and under five mortality rates are estimated at 114 and 204 per 1,000 live births respectively. (UNICEF State of the World's Children 1996). Factors contributing to this include poor feeding practices resulting in undernutrition and increased infections through feeding methods.

A countrywide survey conducted in 1992 (DHS 1992) revealed that the infant feeding practices are as follows:

Early initiation of breastfeeding is practiced in only 40% of babies being put on the breast immediately after birth. It is recommended by WHO and UNICEF that infants should be exclusively breastfed for the first 4-6 months of life. This practice has been shown to significantly reduce incidences of diarrhoea, upper respiratory tract infections, and malnutrition. The prevalence of exclusive breastfeeding is 13% at 2 to 3 months of infant's age.

The need for addressing these problems has been recognized by Zambia by a National Breastfeeding Programme was put into place in 1992. The key achievements of the programme include:

- A National Breastfeeding Task Force to coordinate activities related to breastfeeding.
- A draft breastfeeding policy in place with a Code of Marketing of Breastmilk Substitutes as part of the policy.
- A Baby Friendly Hospital Initiative programme as per 1992 guidelines of UNICEF and WHO encouraging health facilities to practice the Ten Steps to Successful Breastfeeding as a way of promoting, protecting, and supporting breastfeeding. Forty facilities have been declared baby friendly.

Through the BFHI programme line, health professionals working in health facilities have had their knowledge in lactation management updated. The key element of the training being the promotion of exclusive breastfeeding as one of the strategies to improved child survival.

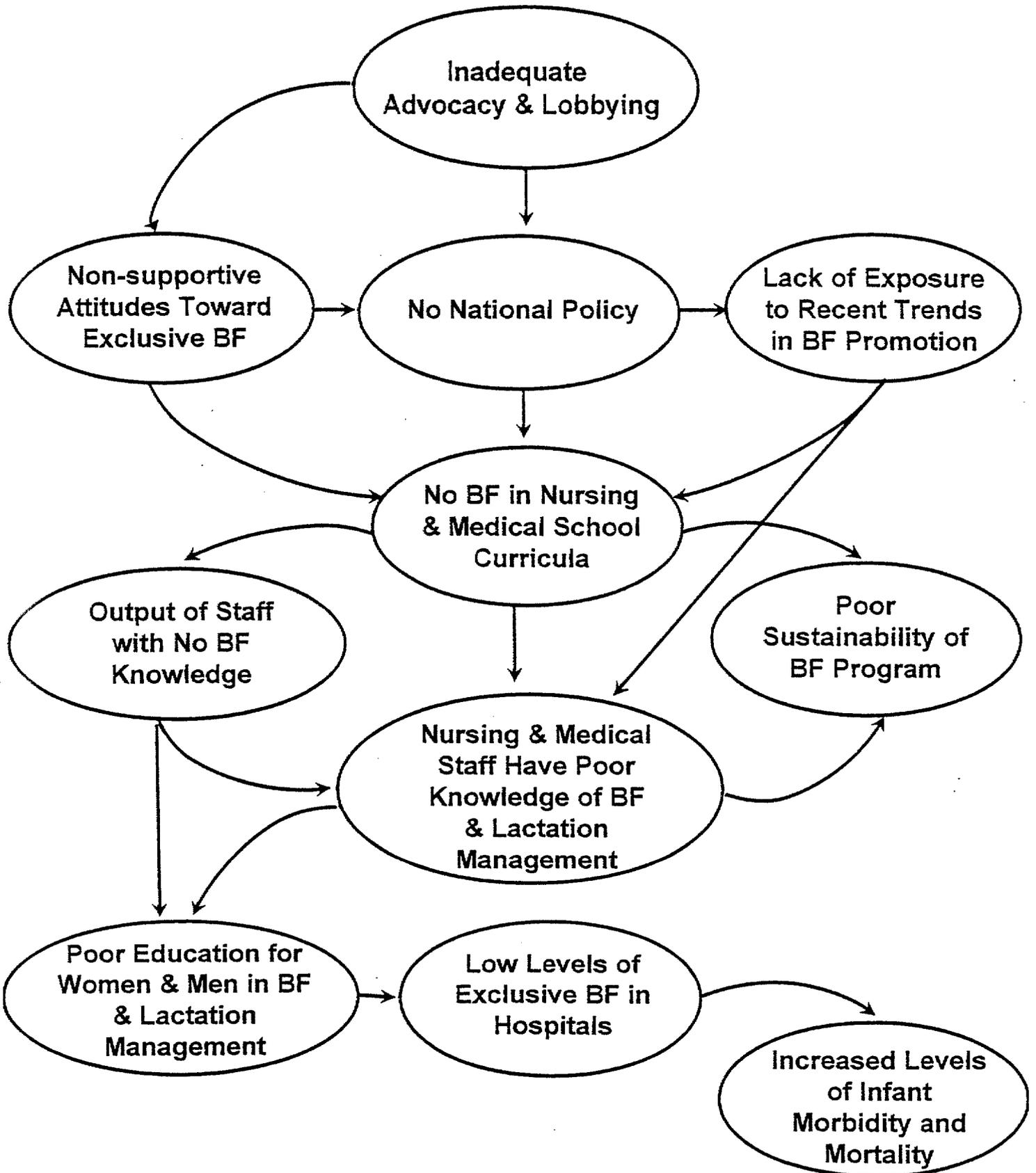
1.2 Problems

Despite the success of the programme, a lot more needs to be done in order to support the sustainability of this programme. Due to the turnover of staff at health facilities; i.e., different graduating professions of students joining these facilities do not have this updated information incorporated into their curriculum such that inservice training has to be continuous, which can be costly in terms of time and resources. Addressing this need, updating of the various preservice curricula is one of the most urgent needs for the National Breastfeeding Programme.

The programme has plans to increase the number of Baby Friendly Hospitals amongst many other items. This project will complement the efforts of the programme by development of curricula that can be used at various levels of preservice and inservice , ensuring that staff entering the work force will have updated information in the area of lactation management.

Furthermore, it is the plan of the Wellstart team to actively participate in the National Programme by providing their technical input.

PROBLEM ANALYSIS



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2.0 GOALS AND OBJECTIVES

2.1 Goal

To develop and implement standard lactation management curriculum that can be used at various levels of training (including preservice and inservice) in order to assist sustainability of the protection, promotion and support of breastfeeding.

2.2 Objectives

- 2.2.1 To strengthen the existing National Breastfeeding Task Force through active participation in the national breastfeeding programme.
- 2.2.2 To lobby for the approval of the national breastfeeding policy through sensitization and consensus building workshops of policy makers and relevant agencies.
- 2.2.3 To develop and implement a standardized lactation management curriculum to be used for pre-service and in-service training.

3.0 STRATEGIES AND ACTIVITIES

3.1 Strengthen the National Breastfeeding Task Force (NBTF)

- 3.1.1 Introduction and exchange briefing with NBTF, Wellstart Associates, and Zambia Child Health Project.
- 3.1.2 Review of National Breastfeeding Program activities and identification of areas of possible participation.

3.2 Advocacy and Lobbying for the National Breastfeeding Policy

- 3.2.1 Write and submit a detailed report to the following:
 - Ministry of Health - Deputy Director Primary Health Care (Basic Programmes)
 - BASICS' Zambia Child Health Project - Programme Manager.
 - University Teaching Hospital - Executive Director
 - Medical Council of Zambia - Registrar
 - General Nursing Council of Zambia - Registrar
 - Chainama College Hospital - Executive Director
 - Ministry of Health, Maternal and Child Health/Family Planning - Director

- National Food and Nutrition Commission - Executive Director.
- Ministry of Health, Health Reforms Implementation Team - Team Leader.

3.2.2 Sensitization/Consensus Building Workshop for policy makers and relevant agencies.

3.3 Development of a Standardized Curriculum

3.3.1 Formation of a committee to develop the lactation management curriculum.

3.3.2 Review existing advances towards the development of a breastfeeding curriculum.

3.3.3 Knowledge Attitude and Practices (KAP) study on breastfeeding amongst students and health professionals.

3.3.4 Dissemination workshop on KAP study.

3.3.5 Curriculum development through meetings to draft, pretest, finalize and incorporate the lactation management curriculum into different medical and nursing curricula.

3.3.6 Training of trainers in using the lactation curriculum.

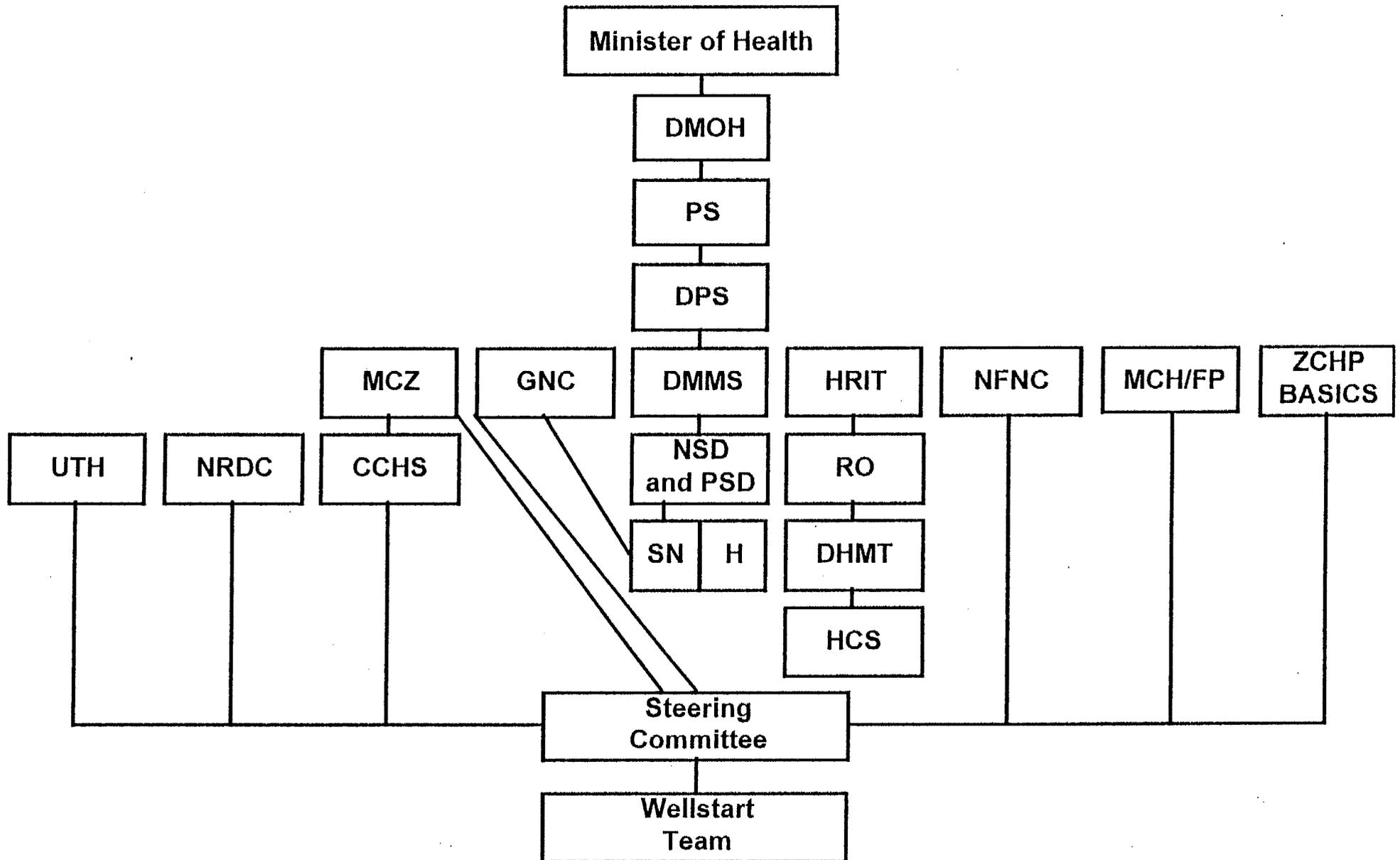
3.4 Workplan

Activities	Key Person	Timing in Months July 1996 - July 1997												Outcome		
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Jul	
Objective 3 To develop a standardized lactation management curriculum to be used for preservice and inservice training Activities <ul style="list-style-type: none"> • Formation of steering committee to develop curriculum • Review of existing advances in development of breastfeeding curriculum • KAP study on breastfeeding amongst students and in-service <ul style="list-style-type: none"> - write up proposal - study - report write up • Dissemination workshop • Curriculum development (draft, pretest, finalize and integration into various curricula) 	Mrs. Kalwani Mrs. Chilila Team and Steering Committee Team and Steering Committee				X											<ul style="list-style-type: none"> • Steering Committee is formed • Establishment of what has been done in the development of curriculum • Baseline data obtained and relevant agencies informed on current KAP • Curriculum Developed and integrated into

Activities	Key Person	Timing in Months July 1996 -July 1997												Outcome		
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Jul	
<ul style="list-style-type: none"> • Training of trainers in using curriculum 	Team and Steering Committee															<ul style="list-style-type: none"> • Up-to-date knowledge and skills in lactation imparted to trainers

4.0 ORGANIZATIONAL ROLES

4.1 Organogram for Curriculum Development



4.2 Roles of Different Institutions

- 4.2.1 Ministry of Health Headquarters (MOH, DMOH, PS, DPS and DDMS Basic Programmes)
- Policy formulation and endorsement
- 4.2.2 HRIT
- Capacity building of regional office and districts in programme.
- 4.2.3 NFNC
- Coordination of the National Breastfeeding Programme.
- 4.2.4 MCH/FP
- To work in close collaboration with NFNC in coordination of the National Breastfeeding Programme.
- 4.2.5 GNC
- Registration and training of nurses and nurse midwives
- 4.2.6 BASICS
- Providing some technical and material support in development of the curriculum.
- 4.2.7 MCZ
- Registration, training of clinical officers and environmental health technicians
- 4.2.8 Paramedical Services Department - MOH
- Coordinating clinical officers and EHT activities and deal with training
- 4.2.9 Nursing Services Department - MOH
- Coordinating nursing activities and deal with training.
- 4.2.10 Schools of Nursing, NRDC, UNZA, and Chainama College
- Training nurses, nurse midwives, nutritionists, doctors, clinical officers and EHT.
- 4.2.11 Regional Office
- Supervision and training of DHMTs.
- 4.2.12 DHMT, Hospitals and Health Centre
- Programme implementation
- 4.2.13 Steering Committee
- Coordinating and spearheading the curriculum development activities.

4.2.14 Wellstart Team

- Resource person providing consolidation of activities of Steering Committee.

5.0 COORDINATION

Coordination of activities will be done in collaboration with the Coordinator for the National Breastfeeding Programme at NFNC and the National Breastfeeding Task Force.

6.0 RESOURCES

6.1 Staff

Staff will function within the existing institutions as shown on the organizational structure.

6.2 Other Resources

6.2.1 Funding

6.2.2 Stationery (paper, pens, markers, transparencies, transparency, pens)

6.2.3 Computer, printer, diskettes, cartridge and software

6.2.4 Transportation

6.2.5 Temporary office space

6.2.6 Audiovisual aids - video, cassettes, overhead projectors, slide projector

6.2.7 Photocopier

6.3 Possible Sources of Resources

- USAID BASICS Child Health Project
- WHO
- UNICEF
- Ministry of Health
- Non-governmental Organizations

7.0 EVALUATION

The evaluation will be done continuously throughout the programme with a final one at the end. Evaluations will comprise of Wellstart Associates and members of the NBTF.

The results of the evaluation will be used to replan and ensure the programme is on course to meet the stated objectives.

EVALUATION PLAN

Objectives	Methods	Indicators
1. Strengthen the existing NBTF.	<ul style="list-style-type: none"> • Measuring participation of the contributing organizations. 	<ul style="list-style-type: none"> • Well coordinated activities • Implementation of scheduled activities
2. To obtain the approval of the national policy on breastfeeding.	<ul style="list-style-type: none"> • Lobbying 	Approval of the national policy on breastfeeding by the end of 1996
3. To develop and implement a standardized lactation management curriculum to be used for preservice and inservice training.	<ul style="list-style-type: none"> • Performance appraisal of team members • Pretesting of the curriculum 	<ul style="list-style-type: none"> • KAP Study done by April 1997 • Curriculum developed and integrated by June 1997 • Trainers trained and acquired necessary skills by July 1997 • Curriculum covers all important lactation management content areas and uses appropriate teaching methods.

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8.0 BUDGET

8.1 Funding

- Fuel
- Allowances for staff
- Teas for meetings
- KAP Study
- Stationery
- Sensitization workshop
- Traing of Trainers
- Printing of curriculum

*Budget breakdown to be inserted later.