

Report:

Recommended Breastfeeding  
Strategy

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## LIST OF ACRONYMS

AFPAMNIG	Women's Association for the Promotion of Breastfeeding and Infant Nutrition in Guinea
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
BEPR	Studies, Planning and Research Division
BFHI	Baby Friendly Hospital Initiative
CRD	Rural Development Committee
DHS	Demographic and Health Survey
ENAMOG	Food and Nutrition Survey in Middle Guinea
ENCOMEC	Household Consumption Survey in Conakry
FAO	Food and Agriculture Organization
FP	Family Planning
GDO	General Development Office
HIV	Human Immunodeficiency Virus
IBFAN	International Baby Food Action Network
IEC	Information, education and communication
INSE	Institute for Child Health and Nutrition
HPA	Health and Population Assessment
KAP	Knowledge, Attitudes, and Practices
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry of Health
NGO	Non-Governmental Organization
NPHCP	National Primary Health Care Program
PSI	Population Services International
SIAC	Community-based Nutrition Information System
SID	Social Indicators of Development
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VITA	Volunteers in Technical Assistance
WDR	World Development Report
WHO	World Health Organization

## I. EXECUTIVE SUMMARY

USAID/Guinea requested the assistance of a breastfeeding specialist from Wellstart International to participate in a team to prepare recommendations for future Guinea family planning and health activities. The Mission recognizes the importance of breastfeeding to child health and intends that the project have a strong breastfeeding component.

Although there are no national statistics on the nutritional status of infants and children, regional and localized studies indicate widespread malnutrition among this group. The prevalence of acute malnutrition (wasting) was found to be greater than 10% throughout the country, with the exception of Guinée Forestière where the prevalence rate was 4.7%. Chronic malnutrition was reported to be 27.3% in Moyenne Guinée (ENAMOG, 1990) and 18.2% in Conakry (ENCOMEC, 1990).

As in many countries throughout Africa, breastfeeding initiation is almost universal in Guinea (93%). However, studies indicate that exclusive breastfeeding is rare. Guinea's Demographic and Health Survey (1992) found that only 4.4% of infants 0-1 month of age are exclusively breastfed. Percentages for exclusive breastfeeding fluctuate during the 2-6 month of life; however, the overall prevalence for exclusive breastfeeding up to 6 months of age remains low at around 9%. Late supplementation also appears to be a problem. Thirty-four percent of one year olds were reported to be on breastmilk and water only.

The Government of Guinea has indicated their support for the issue by including a specific strategy for breastfeeding promotion in their National Food and Nutrition Policy. Furthermore, the Ministry of Health has designated a coordinator for breastfeeding-related activities from within the Division of Food and Nutrition. Currently, UNICEF and the World Bank Health Project are carrying out, or have a plan for, activities related to breastfeeding promotion, which include:

- \* National breastfeeding KAP survey (in analysis)
- \* Study on the commercialization of breastmilk substitutes
- \* Formulate a code regulating the commercialization of breastmilk substitutes
- \* Production of educational and promotional materials
- \* Training health personnel in lactational management
- \* Organize community support groups

L'Association pour la Promotion de l'Allaitement Maternel et la Nutrition de l'Enfant en Guinée (AFPAMNIG) was created in 1993 as the Guinean counterpart to IBFAN, the International Baby Food Action Network. Although not a completely operational organization, the Association with UNICEF's assistance has been involved in a breastfeeding promotional workshop and seminars.

Recently UNICEF provided training for 20 Association members. They were trained to organize and supervise community-based support groups for breastfeeding women. Organization of these groups is planned to start in 1995.

With consideration to the on-going and planned breastfeeding-related activities in Guinea, the following goal and objectives are recommended for USAID's future family planning and health activities:

**GOAL:** To assist the Government of Guinea in implementing strategy #5 "Promotion of Breastfeeding" of the National Food and Nutrition Policy in order to improve early child feeding practices.

**OBJECTIVES:**

1. Increase the percentage of mothers who breastfeeding within one hour after birth
2. Increase the percentage of exclusively breastfed children from birth through 6 months of age
3. Increase the percentage of children 6 months to 2 years old who are fed nutritious complementary foods in addition to breastmilk

The overall proposed strategy is to create an environment of awareness and support so that Guinean women can understand and choose optimal feeding practices for their children. Specifically the strategy is to:

- \* Increase capability of the Guinean government to program for the protection, promotion and support of breastfeeding
- \* Increase awareness of mothers and all concerned of the critical role of optimal infant feeding for child health
- \* Reduce activities that interfere with the initiation and establishment of breastfeeding practices
- \* Establish more effective coordination of breastfeeding promotion activities with other primary health care efforts (ex. immunization, ARI, family planning, diarrheal disease prevention and treatment)

The recommended approach for realizing the strategy includes:

1. Establishing necessary **legislation and norms** to reach consensus and confirm national commitment to a strategy and plan of action that fosters breastfeeding improvements in Guinea
2. Promote behavior change by disseminating breastfeeding **information** through **education and communication** activities focusing on mobilizing active participation of communities

3. **Training** (integrated into the primary health care system) of health staff from relevant institutions at all levels to increase capabilities to assess, analyze and take appropriate action on problems of infant feeding.
4. **Curriculum development** and integration in all health and medical schools
5. Further **research** to better understand breastfeeding practices and constraints to optimal infant feeding in Guinea
6. **Community outreach** to assist mothers in management of breastfeeding
7. Assisting the Ministry of Public Health to **monitor and evaluate** their activities through the Health Information System

This proposed strategy for breastfeeding promotion is designed to offer a comprehensive package of activities to improve infant feeding from exclusive breastfeeding through weaning. It will provide a logical approach to building onto and strengthening existing and proposed project activities. Recommended activities will complement the activities of the major donors in breastfeeding-related activities and fill many of the gaps that currently exist in breastfeeding programming.

## II. INTRODUCTION

USAID/Guinea requested a Wellstart breastfeeding program specialist to participate in team to prepare recommendations for future family planning and health activities.

Specifically, the breastfeeding program specialist was asked to: 1) identify child feeding problems that need to be addressed, 2) propose project objectives and verifiable indicators related to child feeding, 3) propose feasible and complementary project activities, 4) determine the types and levels of input that will be required from USAID and the project's other partners, and 5) contribute to the project paper annexes with a technical analysis of the child feeding situation in Guinea.

### Methodology:

- \* Review of existing documentation related to infant feeding practices in Guinea and neighboring countries (annex 1).
- \* Conduct interviews with government, non-governmental and donor agency officials (list of contacts can be found in annex 2)
- \* Site visits to health facilities in Conakry. Due to the lack of formalized breastfeeding promotional activities in the field and the short time that the consultant had available, site visits outside of Conakry were not made. Additionally, obtaining appointments with the Ministry of Health officials was delayed several days, because of communication complications.

## III. COUNTRY BACKGROUND

The Republic of Guinea, situated on the coast of West Africa, covers 246,000 km<sup>2</sup>. Guinea shares borders with 6 countries: Guinea Bissau to the west, Senegal and Mali to the north, Cote d'Ivoire to the east and Liberia and Sierra Leone to the south. The country is divided into 4 natural regions: La Basse Guinée or Guinée Maritime, La Moyenne Guinée or Fouta Djallon, Haute Guinée, and Guinée Forestière.

The ethnic makeup of the Guinean population is diverse. The three principal groups are the Fulani, who are concentrated mainly in the Fouta Djallon; the Malinke of northeastern Guinea; and the Susu, who inhabit the coastal area. Approximately 85% of the population is Muslim; Christians form a small portion of the total population. French is the official language, but the country has many national languages, including Malinke, Susu, Fulani, Kissi, Basari, Loma, Koniagi, and Kpelle. Conakry, the capital, is the largest city with about 1 million people. Other major cities are Kankan, Kindia, Labe and N'Zerekore.

### Demographic Trends

According to demographic projections based on the 1983 National Population Census, the current total population of Guinea is approximately 6.4 million people of which 26 % live in urban areas (population > 10,000). With an average annual growth rate of 2.8%, Guinea's population will double within 29 years (HPA, 1994). Although the population is mainly rural, Conakry's population exceeds 1 million and is growing at an annual rate of 5% (World Bank, 1993). Approximately 47% of the population is under the age of 15; 17% of the population are children 0-5 years of age. Women of reproductive age comprise 25% of the population<sup>1</sup>. Crude birth rate is 45 per 1000 population, and the total fertility rate of 6.0 is similar to that of other countries in the region. Life expectancy at birth is 44 years.

#### IV. HEALTH INDICATORS

From 1958 to 1984, Guinea followed a socialist-centralist planning model that resulted in one of the lowest incomes per capita and some of the poorest health and education conditions in West Africa. When the Second Republic was declared in 1984, it inherited a health system that had almost totally collapsed, resulting in health indicators that ranked among the worst in Sub-Saharan Africa.

In 1987, the Government of Guinea began the implementation of their National Primary Health Care Program (NPHCP) employing the Bamako Initiative model. Significant progress has been made in increasing accessibility, utilization and effective coverage of basic health services. To date, 304 of the 346 health centers have been integrated into the system (BEPR, 1994). The Ministry of Health (MOH) estimates that 75% of the population lives within a five kilometer radius of an operational health center.

Despite the strides made by the Government of Guinea in increasing the accessibility of health services, overall health service coverage and utilization rates are low. Many health centers and hospitals have extremely low caseloads. Actual utilization and coverage of health services is very difficult to estimate because of a variety of data collection, processing, and analysis problems. (HPA, 1994)

Health data show high infant, child and maternal mortality rates, 153/1000 live births, 252/1000 live births and 666/100,000 live births respectively. Together, measles and acute respiratory infections account for about 1/3 of deaths in children. The next top four causes are malnutrition (13%), malaria (11%), diarrhea (9%) and tetanus (9%). The leading causes of morbidity among children 0-5 years in 1991 (MOH) were malaria (28%), ARI (25%), diarrheal diseases (15%) and intestinal worms (14%). Only 1% of visits are for malnutrition, suggesting that few effective

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<sup>1</sup> These statistics do not take into account the influx of refugees from Sierra Leone and Liberia.

services are offered for this condition. The high rate of maternal mortality is caused primarily by attempted illegal abortion, hemorrhage and toxemia in pregnancy (World Bank, 1993).

In April 1986, the first case of AIDS was diagnosed in Guinea. Over 1548 cases have since been reported, the majority of cases in men (69%). Although the HIV prevalence rate is low compared to that of other countries, the high rate of gynecological infections among the Guinean population makes the potential for a serious HIV/AIDS public health problem a real concern.

Republic of Guinea  
Demographic and Health Indicators

Demographic Data

Population (Million, estimated)	6.4 (HPA, 94)
Urban Population (%)	26
GNP Per Capita (US\$)	460 (WDR, 91)

Population Data

Crude Birth Rate (per 1,000 pop.)	45
Crude Death Rate (per 1,000 pop.)	18
Annual Population Growth Rate (%)	2.8 (HPA, 94)
Total Fertility Rate	6.0
Population Age Structure (% of Total)	
0-14 years	47
15-64 years	51 (WDR, 91)
Contraceptive Prevalence Rate	
all women (%)	1.5
Women in union using contraception (%)	1.0

Health Data

Infant Mortality Rate (per 1000 live births):	153
Under 5 Mortality Rate (per 1000 live births):	252
Maternal Mortality Rate (per 100,000 live births)	666
Life Expectancy at Birth (yrs.)	44
Population per Physician	6,570 (SID, 90)
Population per Nurse	5,164 (SID, 89)
Women receiving prenatal care(%)	
Urban	90
Rural	53
Deliveries in formal health facilities	
Urban (%)	58
Rural (%)	14
Deliveries by trained attendant (%)	
Urban	69
Rural	17.5
Vaccination during first year (%) (at least one vaccination)	
Urban	85
Rural	56

Educational Data

Literacy (>15 years old) (%)	28 (UNICEF, 1994)
Female	13 (WDR, 91)
Gross Enrollment Rates (% of school-age group)	
Total	40 (USAID, 93/94)
Female	26

Source: DHS, Guinea (1992) was used except where noted. World Development Report (WDR), 1993; Social Indicators of Development (SID), 1990; USAID Health and Population Assessment (HPA), 1994; USAID Report on Education, 1993/94; UNICEF Country Activity Report, 1994

## V. NUTRITION SITUATION

Comprehensive national data on nutritional status are not available for Guinea. However, regional and localized studies as well as medical data from health facilities indicate widespread serious malnutrition among children and pregnant and lactating women. In a review of the available data, the Ministry of Health reported that one out of every 10 children less than 5 years old suffer from acute malnutrition and one out of every three children were found to be stunted (Table I). In fact, with the exception of Guinée Forestière (prevalence 4.7%), the prevalence of acute malnutrition was higher than 10% throughout the country (17.1% in Haute Guinée, 12.1% in Moyenne Guinée). Thirteen percent of the children under 5 years old in the capital city, Conakry, are acutely malnourished (ENCOMEC, 1990). Wasting was most prevalent in the regions of Haute Guinée and Guinée Forestière (over 40% in both regions). The ENAMOG (1990) study in Moyenne Guinée found chronic malnutrition in 27.3% of the cases studied; Conakry reported a prevalence rate of 18.2% (ENCOMEC, 1990).

Table I  
Prevalence of Acute and Chronic Malnutrition by Region

Region	Acute Malnutrition (Wasting) %	Chronic Malnutrition (Stunting) %
Conakry	13	18.2
Guinée Forestière	4.7	?
Moyenne Guinée	12.1	27.3
Haute Guinée	17.1	?

Classified using the GOMEZ categories of slightly, moderately and severely malnourished, the following pattern arises in Conakry and Moyenne Guinée:

GOMEZ classification (% malnourished)

	Conakry (ENCOMEC)	Moyenne Guinée (ENAMOG)
Slightly	32	42.1
Moderately	10.2	15.8
Severely	1.2	2

Alarming rates of micronutrient deficiency have been reported. 75% of the population in Moyenne Guinea were found to be iodine deficient, with a 2% rate of cretinism (ENAMOG, 1990). The 1990 annual health statistics (BEPR) revealed that iron deficiency constituted 2% of the reported general morbidity, with especially high rates in pregnant and lactating women and 1.6% prevalence rate among children receiving a medical consultation. Vitamin

A deficiency has not yet been studied, however medical consultation reports indicate that it may be a seasonal health problem especially in the northern part of the country.

The nutritional status among Guinean women and men also paints an alarming picture. The MOH estimates that 25% of mothers suffer nutritional deficiencies. The ENCOMEC (1990) study conducted in Conakry found that 10.7% of adult women and 34% of adult men were malnourished. In Moyenne Guinée, malnutrition affected 23.5% of women of procreation age who were not pregnant (ENAMOG, 1990). Given these statistics, it is not surprising that the prevalence of low-birth weight (<2,500 g) is reported to be 18-25% (BEPR, 1990).

### Infant feeding practices

Most of the data available on infant feeding practices comes from the Guinea Demographic and Health Survey (DHS) of 1992. Several medical students have done isolated studies looking at local infant feeding practices. However, the faculty of medicine does not have an organized library of theses; it would therefore take some time to dig through the available research to find relevant material. The Ministry of Health with assistance from the World Bank recently carried out a national KAP survey on breastfeeding practices. This information, available in the next few months, will assist the project to identify more specific strategies for specific target groups.

As in many of its neighboring countries, Guinean children's health is compromised by sub-optimal<sup>2</sup> infant feeding practices. Although 93% of Guinean children are ever breastfed (with the exception of Haute Guinea where the percentage was 88), the optimal practice of exclusive breastfeeding to 4-6 months is rare. Only 4.4% of infants are exclusively breastfed during the first month of life. Prevalence of exclusive breastfeeding increases to 10.6% for 2-3 month olds and 12.9% for 4-5 month olds (DHS, 1992). This pattern may be explained by the fact that nearly all Guinean babies receive either water, sugar water, or teas before receiving breastmilk. According to the DHS (1992), 57.6% of children received water and 33.3% received other food or drink in addition to breastmilk before 4 months of age. Among

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<sup>2</sup> Optimal breastfeeding is defined as:

- \* Initiation of breastfeeding within the first half hour after birth
- \* Exclusive breastfeeding until the infant is six months of age
- \* Frequent, on-demand breastfeeding (including night feeds)
- \* Continuation of breastfeeding for up to two years
- \* Supplementation of breastmilk with appropriate weaning foods by the time the infant has reached six months of age.

all children studied less than 4 months of age, 7.2% received formula, 9.6% received other milks, 16.2% received other liquids besides water and 15.7 received solids. Bottles were used in approximately 10% of the cases.

Only 37.5% of infants are put to the breast within an hour after birth and 57.5% within the first 24 hours (DHS, 1992). Regional variances occur ranging from 24% in Moyenne Guinée to 59.5% in Guinée Forestière for initiation of breastfeeding within one hour after birth and 36% in Haute Guinée to 82% in Guinée Forestière for initiation within the first 24 hours. A study conducted in the prefecture of Maferinyah by Beavogui, et. al, 1994 found that colostrum was withheld from babies. Before the mother's milk arrived, babies were given sugar water, coconut milk or a local tea. Although there is anecdotal information that this practice occurs in other parts of the country, it has not yet been documented.

The majority of Guinean women (97%) continue to breastfeed their children until one year of age and 81% until two years of age. The median duration of breastfeeding is 23.5 months, ranging from 20 months in Conakry to 26 months in Moyenne Guinée (DHS, 1992).

Eighty-eight percent of Guinean mothers feed their children (less than 6 months old) six or more times during a 24 hour period (DHS, 1992). Although reliable data is not yet available, it is generally reported that mothers do feed on demand and mothers sleep with their infants (Beavogui, et.al, 1994, interviews with researchers in process of collecting data).

According to the definition of optimal breastfeeding, supplementation of breastmilk with appropriate weaning foods should begin by the time the infant has reached six months of age. However, in Guinea only 58% of children aged 6-7 months had begun to receive other foods in addition to breastmilk. Even at one year of age 34% of children were not receiving supplementary foods in addition to breastmilk. Beavogui, et al. (1994) found that nearly exclusive breastfeeding (breastfeeding mixed with water or teasines) was practiced until 7-8 months.

Given the identification of sub-optimal early infant feeding practices, it is recommended that the following problems be addressed:

- \* Low percentage of immediate initiation of breastfeeding
- \* Low percentage of exclusive breastfeeding for the first 4-6 months of life
- \* Inappropriate weaning practices

## Summary of DHS 1992 Results in Breastfeeding

## Infant Feeding Practices

- \* On average, 93% of children were breastfed for some period, except in the region of Haute Guinée<sup>3</sup> where 88% of infants were breastfed.
- \* On average, 37.5% of newborns were fed within the first hour of life, percentages being a bit higher (39% compared to 33%) in rural areas vs. urban areas. 57.5% were fed during the first day following birth (36.1% in the Haute Guinée Region)
- \* Median duration of breastfeeding is approximately 23 months.
- \* For those infants under the age of 6 months, approximately 88% were breastfed 6 or more times during the 24 hour period preceding the survey.

Age	Not breastfed	Breastmilk only	<u>Breastmilk and:</u>	
			Plain water	Other complements
Under 1 month	0.4	4.4	63.2	32.0
2 - 3 months	2.8	10.6	52.0	34.6
4 - 5 months	2.3	12.9	38.1	46.7
6 - 7 months	2.7	3.0	38.8	55.5
8 - 11 months	3.5	6.3	27.8	62.4
12- 13 months	4.9	1.8	26.1	67.3
14- 23 months	15.3	0.8	22.6	61.3
24- 35 months	67.2	0.6	4.2	28.0

Source: Keita, M.L, M.C. Bah, M.B. Diallo and B. Barrere. Enquête Démographique et de Santé, Guinée 1992. Direction Nationale de la Statistique et de l'Informatisation Ministère du Plan et des Finances Conakry, Guinée et Claverton, Maryland U.S.A. Novembre, 1994.

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<sup>3</sup> Haute Guinée is a region of savanna country broken by occasional rocky plateaus. The Niger River and its tributaries dissect the land into terraces of flooded rice fields. Although distinguished by a long dry season with relatively high temperatures, Haute Guinée boasts abundant river fish and favorable conditions for livestock.

## VI. BREASTFEEDING PROMOTION AND SUPPORT

### Government of Guinea's Policy and Action Plan

Based on the recent nutrition studies and recommendations developed during the International Conference on Nutrition (1992), in 1994 the Government of Guinea drafted a Food and Nutrition Policy and action plan (annex 3). Although the document has never been signed by the Government, the policy and action plan have been accepted and adopted. Strategy number 5 of the policy calls for the promotion of breastfeeding, which addresses two of the policy's specific objectives:

Specific objective #4: Develop a national training and IEC program for nutrition adapted to the socio-economic realities and the distinctive regional variances and comprising:

- \* multi-disciplinary training strategies
- \* training methods adapted for the community
- \* nutrition education strategies for schools
- \* evaluation of education programs
- \* adaptation of nutrition education activities to the socio-economic realities

Specific objective #5: Bring about a change in attitude of officials, especially health personnel

In order to accomplish these objectives, the strategy proposes the following activities:

- \* Development of a national breastfeeding policy
- \* Cascade training for health personnel in breastfeeding
- \* Social communication to present the advantages of breastfeeding and appropriate weaning practices based on locally available foods
- \* Social communication to present the importance of breastfeeding and continued breastfeeding during diarrheal disease episodes
- \* Enhance public awareness of the formation of community-based breastfeeding support groups at the Baby Friendly Hospitals
- \* Determine appropriate working conditions for breastfeeding women
- \* Adopt legislation regulating the commercialization of breastmilk substitutes

Subsequent to drafting the Food and Nutrition Policy and action plan, the Ministry of Health named a national breastfeeding coordinator, who is a member of the Division of Nutrition at the MOH. MOH began implementation of various activities with the assistance of UNICEF and the World Bank. The Government of Guinea is also in the process of creating an inter-ministerial committee for breastfeeding promotion. Five or six ministries have already selected representatives.

### UNICEF's Activities in Breastfeeding Promotion

UNICEF has been working with the MOH to promote breastfeeding in Guinea since 1992. The first step in their strategy is to concentrate on IEC activities and institute the Baby Friendly Hospital Initiative (BFHI) throughout Guinea in a larger effort to reach the mass. One of their first activities was to train personnel from the Ignace Deen Hospital, a tertiary care hospital located in Conakry. Ignace Deen Hospital is now the only hospital near attaining Baby Friendly status, with only condition 10, organization of community support groups, left to meet.

In October, 1994 and January 1995, MOH in collaboration with UNICEF, conducted a training of trainers for 11 national trainers using the WHO-UNICEF-CFDAM training modules (both the long and the short). These 11 national trainers now form the core training team that will train health agents from each of the 33 prefecture hospitals as the first step toward implementing the Baby Friendly Hospital Initiative (BFHI). Five health agents will be trained from each hospital, including the Hospital Director, Head of the Maternity, Head of the Pediatrics, Midwife/Maternity and Head nurse of Pediatrics. World Health Organization's 18 hour training module will be used for training of hospital staff. Training is programmed to be completed before the end of August, 1995.

Additionally, 20 members of the "L'Association pour la Promotion de l'Allaitement Maternel et la Nutrition de l'Enfant en Guinée" (AFPAMNIG) received training from UNICEF. This group received lactational management training as well as training on how to organize and supervise neighborhood support groups for breastfeeding women. Support groups within the community will be set up through the hospitals and health centers. Trained women from the AFPAMNIG will go out with health agents during their pre-natal consultations at which time they will locate the patient's home and identify women in the community who can/will support the pregnant woman through her birth and breastfeeding.

UNICEF/MOH recently began an economic study on the commercialization of breastmilk substitutes. Study results will serve as the foundation of a national code for regulating commercialization of breastmilk substitutes. A consultant is due to arrive in April to help draft the code. UNICEF plans to have the code drafted and submitted to the Government for signature before the end of May.

IEC activities have included the distribution of a poster and some broadcasted messages concerning exclusive breastfeeding on television and Rural Radio. UNICEF has also sponsored billboards around Conakry with specific child health messages, including a message to exclusively breastfeed until 6 months of age.

### World Bank's Activities in Breastfeeding Promotion

The World Bank recently awarded the Government of Guinea \$27,000,000 to execute a Health and Nutrition Project (1995-2000). The project will finance production of educational materials, specialist services, workshops, training, KAP studies to determine family planning, breastfeeding and other health behaviors and operating costs to implement the health and nutrition information, education and communications component. In-service training for technical staff in interpersonal skills and for community representatives in social mobilization will be major activities. Furthermore, information will be disseminated through "Radio Rurale", a regional radio network of the Ministry of Communications.

Total funds allocated for breastfeeding promotion activities are approximately \$137,000 for the life of the project. Social marketing is the major activity planned, including a KAP survey, message development, technical fiche development, transmission of messages using the technical fiche and an evaluation. Activities are just getting underway. Questionnaires for the breastfeeding KAP survey have been completed and are now being analyzed. Results should be available in the next few months. Another breastfeeding KAP survey is scheduled for 1998.

### Women's Association for the Promotion of Breastfeeding and Infant Nutrition in Guinea (AFPAMNIG)

AFPAMNIG was formed in 1993 as the local representation of IBFAN, the International Baby Food Action Network. The Association's strategies include IEC, training, policy, operations research, supervision and evaluation. Although AFPAMNIG is recognized as a local NGO, these activities have been meager. In 1994, with UNICEF financing, AFPAMNIG organized a workshop for health providers throughout the country to increase awareness for the need to promote and support breastfeeding. Recently, UNICEF trained 20 women within the association on methods to organize and supervise community-based breastfeeding support groups. The Association will be employed by UNICEF to assist hospitals in meeting the 10th condition of the Baby Friendly Hospital Initiative.

As appears to be the case with many of the Guinean Associations, AFPAMNIG is operational but not necessarily functional. Most of the Association's members have job responsibilities apart from the Association. Without institutional support and financing, it is likely that the Association will continue to promote breastfeeding through adhoc activities. However, with assistance, the NGO could be helpful in establishing community-based activities.

### World Health Organization, FAO

WHO, FAO and UNICEF collaborated with the MOH in the development of the National Food and Nutrition Policy and Action Plan.

Currently, WHO has a resident advisor for food and nutrition who is assisting the community growth monitoring project in 6 communities and in the iodination of salt.

FAO has provided technical assistance to develop a nutrition training manual, in collaboration with UNICEF.

## VII. STRATEGIC OPTIONS FOR USAID'S FAMILY PLANNING AND HEALTH PROJECT FOR GUINEA

Breastfeeding plays a critical role in the health of mothers and children. Because of the numerous health benefits afforded by breastfeeding, programs attempting to improve child health need to promote and support optimal breastfeeding practices.

### Breastfeeding Strategy Goal and Objectives

The recommended goal of the breastfeeding strategy is to assist the Government of Guinea in implementing strategy #5 "Promotion of Breastfeeding" of their National Food and Nutrition Policy in order to improve early child feeding practices.

Specific objectives are to:

- \* Increase the percentage of mothers birthing in health centers who breastfeed within one hour after birth
- \* Increase the percentage of exclusively breastfed children from birth through 6 months of age
- \* Increase the percentage of children 6 months to 2 years old who are fed nutritious complementary foods in addition to breastmilk (baseline data should be taken, if available, from the breastfeeding KAP survey)

### Proposed Overall Strategy for Breastfeeding Promotion

The proposed overall strategy is to create an environment of awareness and support so that Guinean women can understand and choose optimal feeding practices for their children. Specifically the strategy is to:

- \* Increase capability of the Guinean government to program for the protection, promotion and support of breastfeeding
- \* Increase awareness of mothers and all concerned of the critical role of optimal infant feeding for child health
- \* Reduce activities that interfere with the initiation and establishment of breastfeeding practices
- \* Establish more effective coordination of breastfeeding promotion activities with other primary health care efforts (ex. immunization, ARI, family planning, diarrheal disease prevention and treatment)

It is recommended that USAID provide technical assistance and support to the Ministry of Health to promote optimal infant feeding practices through an integrated package of maternal and child health and family planning interventions. Integration at the peripheral level will be supported by strong technical expertise at the more central levels. A combination of efforts

through the public health system and community outreach will ensure that mothers have the aptitude and encouragement to optimally breastfeed their children. Integration cannot be fully accomplished through adding one component to another component, such as figuring out how breastfeeding can fit into the growth monitoring component or the family planning component. It will take a rational approach to family health to engineer a truly integrated program.

To achieve complete integration of MCH/FP activities, a comprehensive package of child survival interventions must be designed. Implementation and sustainability of such a project will depend on broad political support, perhaps not so much in monetary form, as the Guinean Government may not be able to financially support the project at this point of time, but more in terms of political will and commitment.

The general strategic approach that is proposed includes:

1. Establishing necessary **legislation and norms** to reach consensus and confirm national commitment to a strategy and plan of action that fosters breastfeeding improvements in Guinea
2. Promote behavior change by disseminating breastfeeding **information** through **education and communication** activities focusing on mobilizing active participation of communities
3. **Training** (integrated into the primary health care system) of health staff from relevant institutions at all levels to increase capabilities to assess, analyze and take appropriate action on problems of infant feeding.
4. **Curriculum development** and integration in all health and medical schools
5. Further **research** to better understand breastfeeding practices and constraints to optimal infant feeding in Guinea
6. **Community outreach** to assist mothers in management of breastfeeding
7. Assisting the Ministry of Public Health to **monitor and evaluate** their activities through the Health Information System

#### Target Groups

The sub-prefecture and villages are possible targets for the breastfeeding component. However, in order for this component to get ample recognition and support, all administrative levels must be addressed, from the Central level to the village level. At the beginning of the project, a core lactational management team should be organized and trained. By the end of the project

most of the activities should be focused in the health centers at the sub-prefecture level and in the villages.

Community Level: Pregnant and lactating women are the primary targets at the community level. To assure improvement in breastfeeding practices, it is necessary that women have support in their environment. Thus, community level targets must also include those people in the community that heavily influence mothers and fathers. Local surveys and focus group discussions will assist in identification of the community network system. Target audiences can be chosen from the findings of the investigation. Some examples might be: mothers who have had positive breastfeeding experiences (mother-to-mother support groups), community outreach workers, health promotion committees, religious authorities, traditional birth attendants, System d'Information Assise Communautaire (SIAC) agents, etc. In communities where no network is in place, rural development committee workers can be trained in participatory approaches to access communities and start creating a supportive environment.

Health Provider Level: Health providers at all levels of the health system are possible targets for training and follow-up supervision. During the next year, UNICEF's focus will be establishing Baby Friendly Hospitals. It is recommended that USAID assist this effort as well as complement these activities by targeting health providers at all administrative levels, including the community level, for training and IEC. World Bank's Health Project will be designing messages for the promotion of breastfeeding. USAID could assist in helping design specific messages appropriate for all levels of care.

Decision Makers: Administrative and local leaders are targets for IEC efforts at all administrative levels. Often influential leaders are entrance points into communities and are instrumental in promotional campaigns.

#### **Technical Base for Breastfeeding Promotion**

Because of the importance of breastfeeding and the complexity of launching a truly effective breastfeeding promotional campaign, it is highly recommended that the project provide a technical advisor for breastfeeding activities. Possible functions for the technical advisor could include:

- \* Provide technical assistance on infant feeding within the USAID project
- \* Assistance in country breastfeeding strategy and action plan development
- \* Coordinate activities among supporting organizations and agencies, public and private
- \* Assist in research on, and subsequent strategies for, early infant feeding practices
- \* Facilitate activities in communication and social marketing and training

Given the current low level of technical knowledge on breastfeeding and lactational management and program design and management, it is recommended that an expatriate technical advisor be assigned to the project for the first 3 years, during which time the in-country capacity to provide technical assistance to the project could be evaluated. The technical advisor for breastfeeding could be, and possibly should be, a person inter-disciplinary advisor, who could act as advisor to several aspects of the project. It is imperative, however, that the person chosen have a strong background in breastfeeding promotion.

Furthermore, it is recommended that a core cadre be organized and trained to assist in development of lactation education programs, changing health care practices that negatively influence breastfeeding practices, and facilitating policies that encourage breastfeeding. Ideally, this team should include a senior-level administrator or manager who could oversee management issues with all collaborating institutions, a senior-level technical advisor, a pediatrician, obstetrician, nurse-midwife, postpartum nurse, and a nutritionist. The coordinator of the National Breastfeeding Program should also be included.

The technical advisor and core cadre should work closely together with the Ministry of Health/Division of Food and Nutrition, INSE, and selected NGOs and community groups.

Recommended Activities: Option A

Strategic Option A is presented as the optimal plan for breastfeeding promotion activities to be supported by USAID's future family planning and health activities. If this plan is adopted, it is recommended that a technical advisor be included for the total life of project. Additionally, given that UNICEF's breastfeeding activities for 1995 will likely finish in mid-year and World Bank's emphasis is directed toward IEC, it is recommended that the advisor be chosen immediately, perhaps pre-project, in order that breastfeeding promotional activities in Guinea continue without interruption. Activity interruption may cause a loss in momentum, which could have damaging effects to breastfeeding promotion especially in policy development.

**Policy:** Through breastfeeding policy development the Government of Guinea can show their commitment to the strategy. In order to gain support for breastfeeding promotion, an increase in awareness of national leaders is an important first step. A National policy on breastfeeding would provide an official and legal basis upon which to build breastfeeding promotion. Additionally, with an official written policy and operational guidelines for the integration of breastfeeding into existing MCH/FP services, the promotion of breastfeeding would have a higher profile and a chance to attract additional financing.

Project activities could include:

- 1) Coordination with UNICEF, World Bank, WHO and FAO to assist the Ministry of Health/Government of Guinea to develop a National Breastfeeding Policy and action plan
- 2) Close collaboration with MOH and UNICEF to assure development of a code regulating commercialization of breastmilk substitutes
- 3) Upon official adoption of the code, organize seminars throughout the country with health providers to raise awareness of the existing policies and to foster a supportive environment for positive changes in health facility practices
- 4) Use the National Plan of Action for Breastfeeding Promotion as a framework for the formulation of more detailed plans with sub-prefectures and local communities
- 5) Review and revise labor legislation to enable working mothers more time with their breastfed infants

Resources Needed:

- \* Technical assistance to coordinate activities and assist in advocacy of breastfeeding promotion and the formulation of policies

- \* Materials and logistical resources to organize awareness seminars
- \* Technical and logistical assistance to help sub-prefectures and local communities formulate detailed action plans for breastfeeding promotion

IEC: IEC has been proven effective in creating demand and establishing a supportive environment conducive to behavior change. IEC activities can be used to enhance understanding of the consequences of early childhood malnutrition, promote specific feeding and related behaviors, enhance knowledge of health workers and mothers on lactation management and promote local projects and interventions that address these concerns. An effective IEC program for the promotion of optimal breastfeeding will have to be based on research to determine appropriate messages and approaches. Results from the KAP survey should be able to identify the issues that influence child feeding practices and indicate specific target audiences and identify areas of concern for breastfeeding promotion.

Recommended activities include:

1. Mass Media Communication

A mass media communication strategy could be used to promote optimal breastfeeding practices as well as foster an awareness of breastfeeding promotional activities. The project needs to identify how and with what results existing communication channels such as "Rural Radio" and television are being used. This project could assist in the effort to disseminate breastfeeding information through mass media channels.

2. Support for Health Providers

The Ministry of Health is in the process of improving their capacity to implement IEC activities. This project should assist the MOH in their effort. The Division of Food and Nutrition and INSE both have one staff member designated for IEC/nutrition activities. However, the staff has received little training in IEC techniques and has virtually no materials. For example, the Division of Food and Nutrition currently has a poster presentation designed to promote appropriate feeding practices. However, there are no funds available for duplication of the posters nor for training in their use.

Activities could include:

- \* Collaborating with the World Bank's health project, UNICEF, AFPAMNIG, and other organizations including Peace Corps, VITA, Medcin Sans Frontier, etc. to promote breastfeeding information dissemination

through education and communication activities in hospitals and health centers

\* Providing technical assistance to the MOH/Division of Nutrition and/or to INSE to build the capacity of the IEC unit. Perhaps INSE could serve as a base for all IEC training and material development activities for breastfeeding promotion. An in-depth evaluation should be undertaken to assess INSE's capacity to take on such an operation.

### 3. Village Level IEC Activities

At the village level, IEC activities are an important aspect of breastfeeding promotion. Mothers and those who heavily influence mothers and fathers need to be targeted. Education and communication activities that focus on mobilizing active participation of communities can create a supportive environment for on-going counseling through breastfeeding support groups, community health agents, and other community resource networks. UNICEF has trained 20 women from the NGO "AFPAMNIG" in methods of establishing community-based breastfeeding support groups; they are scheduled to start organizing communities this year. This cadre could be used to set up pilot community-based breastfeeding support groups, an activity that could be evaluated through operations research.

It is also necessary to include the Village Chief, religious leaders and other influential authorities in awareness campaigns. Leaders have tremendous clout in their communities.

Pilot models to community participation in breastfeeding promotion should be designed during the early stages of the project. Model implementation at this stage would allow time to properly evaluate each model and make changes before project-wide execution is made.

#### Resources Needed:

\* Technical and logistical assistance in the areas of:

- 1) identification of barriers and obstacles to optimal feeding practices and ways to address these obstacles. The KAP survey recently conducted by the World Bank Project could provide baseline information. However, during message development, it will be necessary to have in-depth information on specific practices and obstacles to those practices.

2) pre and post-tests of messages and models to meet particular cultural and geographic needs of both the rural and the urban populations

3) dissemination of messages and implementation of models at the local level (possibilities of dissemination through public and private sectors)

\* Training resources (including logistical support) for training MOH staff in IEC techniques and training of trainers so that IEC activities can be decentralized

\* Material resources (ex. audio-visual equipment, reproduction equipment, transparencies, video equipment, etc.) to build the capacity of MOH (INSE and/or Division of Food and Nutrition) to develop and disseminate messages

\* Material and logistical support for awareness seminars that will target administrative and community leaders

**Training:** Although MOH/Division of Food and Nutrition has taken a leadership position in the promotion of breastfeeding, various technical and managerial weaknesses are evident. Some of these problems can be addressed through training. Training health personnel will also ensure the establishment of adequate planning, monitoring, evaluation and coordination systems overseeing breastfeeding promotion. Personnel involved in the perinatal care of women and newborns need education in multi-disciplinary lactational management.

Additional training in lactational management can be targeted to community-based health workers (ex. tradition birth attendants, volunteers, private physicians, etc.). Selection of appropriate community-based agents will need to be accomplished with MOH, NGOs working in villages, UNICEF, World Bank, etc.

Training activities could include:

1) Training of a core cadre of 7-10 health providers and administrators at the Central level, that will be able to advocate for breastfeeding promotion (ex. senior-level administrator or manager who could oversee management issues with all collaborating institutions, a senior-level technical advisor, a pediatrician, obstetrician, nurse-midwife, postpartum nurse, a nutritionist, and the National Breastfeeding Program Coordinator). Establishing a multi-disciplinary lactation specialist team will facilitate institution of policies, change in medical and nursing school curricula, set up training programs at the sub-regional level, and work to set up a complete and appropriate breastfeeding promotion program for Guinea. The training for the core cadre should be 3-4 weeks long and include a mix of theory, practicum and program development and evaluation. Follow-up should be scheduled 2-3 months after the training to assure that activities have been

planned and initiated. It is recommended that this project activity start immediately, perhaps even before the rest of the project begins. Having a solid team on the ground at project onset will certainly facilitate breastfeeding promotion activities.

2) Training of trainers and training team organization at the regional and prefecture level. The MOH is in the process of decentralizing training. In support of their effort, the project should assist the MOH in setting up training teams at the regional and prefecture level, which would consist of training in pedagogical techniques and training in content. These teams could then be used for training at the sub-prefecture and village level.

The project should assist UNICEF in completing their hospital training plan to assure that all senior maternity staff and their co-workers have received lactational management training.

Breastfeeding management curricula should be integrated into other health training sessions (such as family planning, management of diarrheal disease, growth monitoring, immunization, etc.). It is important that a fully developed curriculum for breastfeeding be addressed and incorporated into each of these training sessions.

3) Training and follow-up for health workers at the sub-prefecture and village level. Again, training can and should take an integrated approach, with serious consideration given to breastfeeding within each training session.

4) Monitoring of breastfeeding activities should become routine part of a supervisory visit. The supervisory checklist should include questions concerning breastfeeding promotion. New information on lactation management can be shared with the health provider at this time.

Periodic in-service training, supervision and training follow-up is necessary to keep health workers abreast of new information concerning breastfeeding and other health related issues. It is also a time when health workers can share their experience and glean new ideas. It is recommended that USAID consider supporting training follow-up visits and constant supervision.

Resources needed:

- \* Technical assistance for the development of training modules and integration of modules into on-going training plans and medical, health and secondary schools

- \* Training material development and production

- \* Logistical support for training and follow-up and supervision

**Curriculum development:** Revision of existing educational materials in the medical and health schools to include lactational management will ensure that students graduating from these institutions will already have a base for assisting breastfeeding mothers.

Activities could include:

- 1) Technical assistance for the development of training modules and integration of modules into on-going training plans and medical and health schools. The core cadre could be instrumental in this area.
- 2) Evaluate the feasibility of incorporating breastfeeding and child health information into secondary school curricula.

Resources needed:

- \* Technical assistance to work with the core cadre.
- \* Logistical resources to carry out feasibility study.
- \* Material and logistical resources for development of curricula and its integration into the various schools.

**Research:** Little information is available on breastfeeding practices in Guinea. The most complete data are from the Demographic and Health Survey of 1992. There are scattered studies that have looked at breastfeeding practices, giving some indication of varying practices throughout the country. The World Bank Health Project recently conducted a breastfeeding Knowledge, Attitudes and Practices (KAP) survey. When these data are available, they will give a clearer picture of obstacles and beliefs pertaining to breastfeeding and help identify the real issues that are directing behavior. A number of research activities could be carried out to give a clearer picture of directions this project should take.

Examples of research topics:

- \* Operations research to test innovative program strategies and program components (ex. community-based support groups, different approaches to individual counseling)
- \* Studies to evaluate the impact of breastfeeding promotional activities
- \* Collaboration with the World Bank's Health Project to conduct a follow-up breastfeeding KAP survey to discern changes in knowledge, attitudes and practices
- \* Study of current labor laws and what effect they have on breastfeeding women

Resources Needed:

- \* Contingent on chosen activities

**Community Outreach:** Long-lasting changes in infant feeding behaviors can be achieved only where there is support of family and the community. Potential partners at the community level must be identified, trained in counseling technics and community organization. The partners can then assist in the design and implementation of community-based support groups. Possible collaborators are: traditional birth attendants, community development workers, SIAC workers, NGOs, agricultural agents, women's leaders, etc.

Specific activities could include:

- 1) Assisting women's associations or clubs and community development groups to determine needs and mobilize the community to address infant feeding problems in their community.
- 2) Design and implement community-based support program for breastfeeding promotion
- 3) Pilot test design and conduct operations research to test the model

Resources Needed:

- \* Training materials and logistic support for chosen associations, groups, etc.
- \* Logistical support for organization, follow-up and supervision of community-based groups
- \* Technical and logistical support for operations research

**Monitoring and Evaluation:**

Proposed activities:

- 1) Develop breastfeeding indicators to be incorporate into the Health Management Information System and train health administrators and health providers in their use
- 2) Contribute indicators for integrated monitoring and evaluation system and provide training on how to use the information gained from the indicators to improve the program
- 3) Include staff of MOH/Division of Food and Nutrition and INSE (program managers) in Health Information System training. This will allow the Division to generate and manage data and provide more accurate, reliable and timely information.

Resources needed:

- \* Material and logistical support for training

### **Recommended Activities: Options B and C**

Basically, the same strategy should be applied for options B and C with the following suggestions for change:

#### **Option B:**

\* Long-term technical assistance would be on the project for 3 years instead of 5 years.

\* The core cadre would be limited to 4-7 health personnel

\* Other activities would be streamlined without compromising the quality of the activities chosen

#### **Option C:**

\* Long-term technical advisor would be on the project for 2 years.

\* The core cadre would be limited to 4 health personnel.

\* Other activities streamlined without compromising the quality of chosen activities.

### **Sustainability**

Because of the nature of breastfeeding promotion, sustainability in to some extent conferred through integration within the whole primary health care system. Through full integration into pre- and post-MCH/FP training sessions and integrated supervision schemes, breastfeeding promotion will become an integral part of the health workers normal routine. Sustainability is further enforced through the recommended communication strategies, which aim to create a supportive environment for optimal breastfeeding practices and the creation of local breastfeeding advocacy groups.

To attain sustainability of IEC activities, budgets will have to consider reoccurring costs for materials. The central level materials should have some usable, modern equipment that can be maintained. However, the prefecture and sub-prefecture levels could have low cost, low maintenance, equipment and materials that could be used during times when other, more sophisticated materials were unavailable.

Enabling conditions for successful breastfeeding promotion

- \* Continued commitment from GOG to this aspect of the program (Some commitment has already been affirmed by the naming of a breastfeeding program coordinator)
- \* Continued commitment from international organizations (USAID, UNICEF, World Bank, FAO, WHO, etc.)
- \* Availability of on-ground technical assistance
- \* Collaboration among MOH/Division of Food and Nutrition and INSE, USAID, UNICEF, World Bank, and WHO
- \* Strong sectorial action and inter-sectoral coordination

USAID'S contribution to the success of the breastfeeding promotion:

- \* Sustained commitment and support for breastfeeding promotion
- \* Willingness to support operational costs of key efforts, especially for technical assistance, research and innovative activities
- \* Committed collaboration with Ministry of Health, other donors and non-governmental organizations
- \* Investment in training and education
- \* Complimentary project to strengthen national health education departments. Technical assistance, health education materials, in-country courses, and skill transfer to non-professional health educators could be provided.

USAID's comparative advantage

- \* Extensive and proven training network on breastfeeding promotion
- \* Extensive experience with conducting studies and assisting governments in formulating policies on breastfeeding promotion
- \* Capability of providing on-site technical assistance
- \* Available funding

### Partner's Contribution

The major partner in implementing breastfeeding promotional activities in Guinea would be the Ministry of Health/Division of Food and Nutrition and INSE. The Ministry of Health can show commitment to breastfeeding promotion by:

1) Naming a team of health providers to serve as the core cadre for breastfeeding promotional activities in Guinea. This team would be required to work together with the technical advisor of the project to develop project plans for breastfeeding promotion. The team should comprise MOH personnel who will be **available** to operate as a team and be available to the project as needed.

2) Working toward implementing policies and action plans that will create a supportive legal base for promotional activities.

The Women's Association for Breastfeeding Promotion could be an influential partner for community networking. The capacity of AFPAMNIG to undertake activities will need to be evaluated.

Other collaborative partners should include World Bank, UNICEF, WHO and FAO. Because Guinea is at the initial stages of breastfeeding promotion, organizing national coordinating mechanisms and plans of action among supporting organizations and agencies is indispensable to success. Contributions from donors may include: technical assistance, IEC materials, and complementary projects and activities.

### VIII. Recommendations for Prioritization

Review of available studies and literature reveals an urgent need for a comprehensive program to promote optimal breastfeeding practices in Guinea.

The first year of activities should be used as an opportunity to build a strong foundation for breastfeeding promotion in Guinea. Breastfeeding activities should start immediately with the training of the core team, since it will take approximately one month for training and 1-2 months to get a program designed. Technical assistance could be used immediately to identify needed research and information gathering, assure that a National Breastfeeding Policy and Action Plan is written and adopted, assist the core team with program plans and activities, work with other agencies to coordinate activities, begin to identify best means to ensure integration of breastfeeding into the primary health care system, identify specific needs for IEC capacity building and begin to design some pilot community-based support models.

Priority activities include:

Integrated training of health workers in optimal breastfeeding practices.

- \* A core group of trainers needs to be trained to assist with project design and implementation.
- \* Key personnel within the health system, such as maternity administrators and head nurses should be trained using an integrated training approach.
- \* Pre-service and in-service curricula need to be revised to teach skills for optimal breastfeeding.
- \* Health providers need to be trained to offer appropriate support to breastfeeding mothers during all maternal and child care services.

Policy Development Needs.

- \* A comprehensive breastfeeding policy should be developed.
- \* A Code for the Marketing of Breastmilk Substitutes needs to be drafted and signed by the Guinea Government.

Hospital Practices Need to Change

- \* UNICEF's Baby Friendly Hospital Initiative should be supported throughout the country.

Information, education and communication activities are needed to raise public awareness of the need to promote optimal breastfeeding.

- \* KAP survey results need to be examined to identify key

issues inhibiting optimal breastfeeding practices

- \* Specific target audiences need to be identified and appropriate messages developed.

Research is necessary to help promote appropriate breastfeeding practices.

- \* Qualitative research is needed on what will motivate exclusive breastfeeding.

- \* Operational research strategies need to be designed for community-based interventions

Curriculum needs to be developed and integrated into the medical and health schools.

- \* Pre-service training should include ample education on lactational management.

**ANNEXES**

## ANNEX 1

## 1. Bibliography

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## ANNEX 2

## 2. List of Contacts

## I. USAID MISSION

Mr. Thomas Park	Deputy Director
Ms. Helene Rippey	TAACS advisor/GDO
Mr. Andy Lohof	Logistics advisor/GDO
Ms. Sally Sharp	Program Officer
Mr. Charles Morgan	Project Design Officer

## II. MINISTRY OF HEALTH

Dr. Kandjoura Drame	Minister of Health
Dr. Ousmane Bangoura	General Secretary of Health
Dr. Mohamed Kader	Head, Food and Nutrition Division, MOH
Dr. Oulare Makora	Coordinator, Breastfeeding, Food and Nutrition Division, MOH
Professor Sali Djallo and staff	Head, Maternity, Ignace Deen Hospital
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Mrs. Fofana Keita	Nutrition Education and Rehabilitation Center/INSE
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Mme. Hadja Tete Conde	Dietician IEC, INSE
Mme Fofana Saran Keita	Dietician, Head, Recuperation Center and Nutrition Education, INSE
Dr. Vohou Sakovogui	Head, Nutrition-Hospitalization, INSE
Dr. Balde Cellou	Head, Service Neonatal, INSE

### III. INTERNATIONAL AGENCIES

Mr. Prosper Nyandagazi	UNICEF, Responsible for Health and Nutrition
Mr. Marc Moens	FAO, Head of Programs
Dr. Mamadi Conde	Coordinator, Health and Nutrition Project, World Bank Financed
Dr. Mamadou Cisse	WHO, Program Officer
Ms. Maria	Peace Corps, Health Officer

### IV. NON-GOVERNMENTAL ORGANIZATIONS

Dr. Jean-Patrick Du Conge	PSI, Family Planning Expert,
Ms. Viola Vaughn	PSI, IEC Expert
Mr. Malcolm Donald	PSI, Chief of Party
Mrs. Diaby	Vice-President, Women's NGO Coordination
Mr. Paul Rippey	VITA, Country Director
Mrs. Haja Touré	President, AFPAMNIG

### V. OTHERS

Ms. Elise Levin	Fulbright Scholar, Dabala
Dr. A.H. Beavogui	PhD. candidate, University of Conakry

ANNEX 3

3. Guinea's Food and Nutrition Policy

## ANNEX 4

## 4. Additional Possibilities for Collaboration

**Peace Corps:** Peace Corps currently has 33 Volunteers serving in their health program. The Volunteers work under the direct supervision of the health center directors on health promotion projects, principally health education in schools, mosques, at outlying health posts, and in the center itself. The Volunteers are also assisting the Rural Development Committee (CRD) office in project design and management. Volunteers could be very helpful in identifying community-based networks and assisting with IEC activities.

**VITA:** VITA works throughout the country to provide training and loans for small business enterprise. 70% of the participants are women, approximately 3,500 women. The participants attend a monthly on-going training sessions during the period of their loan, which ranges from 6 months to 1 year. VITA agents could be used as a contact point for a great number of women throughout the country.

**Association des ONG Feminines de Guinea:** An organization formed to coordinate, monitor and evaluate activities of women's NGOs in Guinea. The organization is run by a coordination committee of 10 members. NGO members of this organization could be possible collaborators.

## ANNEX 5

## 5. Design Team SOW: Breastfeeding

1. Update and expand on the 1994 Health and Population Assessment findings in your focus area by reviewing all recent documents and interviewing MOH officials, NGOs, USAID and other international donor agencies.
2. Work with Guineans counterparts, BASICS Team members and USAID Mission to :
  - a. Pinpoint and describe those child feeding problems which will be addressed by USAID's project;
  - b. Propose those project objectives and verifiable indicators specifically related to child feeding, and work with other team members to propose those which cut across conditions, causes and target groups.
  - c. Propose feasible and complementary project activities.
3. Prepare and contribute to annexes for the Project Paper, including the technical analysis of :
  - a. The most common problems in child feeding, and identification of high risk groups to be targeted for intervention.
  - b. Review the status of public and private sector child feeding programs and services.
  - c. The current and potential interface between child feeding programs and child survival, MCH, and FP programs and services other than USAID for infant and child feeding programs.
  - d. Identify and describe the institutions necessary to the attainment of project results in child feeding, and assess the capacity of each to provide the services and carry out activities required. Identify key constraints and assumptions pertaining to the institutions.