

FINAL VERSION

SITE VISIT REPORT
TO ASSESS OPPORTUNITIES FOR USAID SUPPORT
OF BREASTFEEDING PROMOTION ACTIVITIES
IN THE PHILIPPINES

July 10-21, 1988

Prepared by

Nancy E. Williamson, Ph.D.
Family Health International
Research Triangle Park, N.C.

Audrey Naylor, M.D., Dr.P.H.
Wellstart/The San Diego Lactation Program
San Diego, Ca.

Claudia Fishman, Ph.D.
Porter/Novelli Omnicom PR Network
The Nutrition Communication Project
Academy for Educational Development
Washington, DC.

Nancy Powers, M.D.
Wellstart/The San Diego Lactation Program
San Diego, Ca.

Submitted to USAID/Manila and A.I.D./Washington, September, 1988.
Revised November 17, 1988.

41
ISSN = 69859
0004-3
0001410
PNAB #081

TABLE OF CONTENTS

Acknowledgments	
Summary	i
I. SITE VISIT	
A. Objectives	1
B. Team	2
C. Approach	2
D. Limitations.	3
II. FINDINGS	
A. Overview.	4
B. National Movement for the Promotion of Breastfeeding (NMPB)	6
1. Management of NMPB	7
2. Accomplishments of NMPB.	8
a. Policy.	8
b. IEC	9
c. Research.	9
C. Five Year Plan (1988-1992).	9
1. Goal and Objectives.	9
2. Steps to Achieving Objectives.	10
a. Policy Framework.	10
b. Implementing Plan	10
c. Components of the Plan.	11
D. Joint Funding of NMPB Activities.	13
E. Proposed Projects	13
LIST OF PROJECTS	13-18
III. RECOMMENDATIONS	19
A. USAID Support of BF Promotion Activities.	19
B. Training.	19
C. IEC	20
D. Research and Evaluation	22
E. Philippine BF Promotion Program	22
F. Priority Women.	23
G. Need for Cost Estimate of Implementing DOH Rooming-in Policy	23

APPENDICES

- A. Persons Contacted
- B. Proposals Submitted
- C. Notes on Visits to Health Facilities
- D. References
- E. Letter Requesting Proposals (with list of recipients)

ACKNOWLEDGMENTS

Our visit was arranged by the Philippine Department of Health (DOH), MCH Services, headed by Dr. Elvira Dayrit; by the National Movement for the Promotion of Breastfeeding (NMPB); and by Mr. William Johnson, Chief of Health and Population, U.S. Agency for International Development. The team gratefully acknowledges the assistance of the following people in making the many logistical arrangements for our visit: Mrs. Marichi de Sagun, USAID/Manila; Dra. Gloria Casabal and Dra. Marinela Gonzales of DOH; and Mrs. Mila Uysingco, and Ms. Luzviminda Cavite, Secretariat of NMPB.

We give special thanks to DOH and Dr. Ricardo Gonzales of Jose Fabella Memorial Hospital for providing vehicles and drivers for the site visits. We appreciated both the hospitality of Dr. Gonzales and the other Wellstart alumni and their efforts to promote breastfeeding. Finally, we would like to thank the many organizations that prepared proposals and generously shared with us their experiences and insights on promoting breastfeeding in the Philippines.

We also note that A.I.D./Washington, particularly, Dr. Chloe O'Gara, Dr. James Shelton, and Karen Nurick, provided the impetus for this site visit and worked out with us the scope of work.

SUMMARY

At the request of A.I.D. Washington (Population and Nutrition) and with the concurrence and support of the USAID Mission/Manila, a four-person team visited the Philippines from July 10-21, 1988. The purposes of the trip were (1) to learn about the Philippine breastfeeding promotion program, (2) assess the amount of interest in BF promotion among Philippine organizations, and (3) explore the possibility of USAID funding BF promotion activities. Before the visit, a letter was sent to 25 organizations, informing them of the visit and inviting them to prepare brief proposals on activities related to BF promotion that they would like to undertake.

Our visits to organizations involved in BF promotion and to health facilities were coordinated by the Department of Health (MCH Services), the National Movement for the Promotion of Breastfeeding and the USAID Mission. We had two briefings at DOH with the NMPB management committee. In the first one, the draft Five Year Plan for BF promotion was presented to us. In the second, we discussed our impressions of the Philippine BF promotion program. The visit began and ended with briefings at USAID.

The team visited the 25 organizations contacted in advance plus several professional organizations (Ob/Gyn, nurses, midwives) and nine health facilities. Three of the health facilities were in Region III while the rest were in Metro Manila. Appendix C contains notes on the visits to health facilities. The facilities encompassed a wide range from those with excellent rooming-in and BF education programs to those with inadequate programs.

We concluded that there was considerable interest in BF promotion among private and public health, population, and nutrition organizations. We received many proposals and even more project ideas in the areas of training, IEC, research, and service delivery. The team has indicated the projects it feels should have high priority.

Since the BF promotion activities began in the early 1980's in the Philippines, there have been many accomplishments. The Milk Code was written, approved by the President, and disseminated. The DOH recently adopted a policy requiring that rooming-in be made available in public health facilities. Improvements have been made in the medical curriculum. An annotated bibliography was prepared on BF research in the past 30 years in the Philippines. Educational materials have been developed including several mass media campaigns. And most recently, a Five Year Plan has been drafted.

In the view of the team, the time is right for expansion of the BF promotion program. The groundwork has been laid. The NMPB provides a means of mobilizing and coordinating the activities of the private and public sector. Since the estimated cost of implementing the Five Year Plan for BF promotion in the Philippines exceeds by a wide margin the resources of the funding agent currently funding the program (UNICEF), it appears to be a most opportune time for USAID to put resources into BF promotion in the Philippines.

If USAID is able to support breastfeeding promotion activities in the Philippines, two questions remain unresolved: (1) how to administer funds and provide technical assistance to those Philippine organizations involved in BF promotion and (2) where the money will come from. These complicated issues were discussed at a briefing at A.I.D./Washington in October, 1988.

I. THE SITE VISIT

A. Objectives

A site visit was made from July 10-21, 1988, at the request of A.I.D./Washington and with the concurrence and support of the USAID Mission/Manila. The objectives of the visit were:

- o To learn about the Philippine BF promotion program;
- o To assess the extent of interest among Philippine organizations in participating in breastfeeding (BF) training, promotion, IEC, and research/evaluation activities
- o To identify opportunities for USAID to support BF promotion activities in the Philippines;
- o To explore possible mechanisms for USAID support of BF promotion activities in the Philippines; and
- o To make other recommendations regarding specific aspects of BF promotion (training, IEC, target populations, research and evaluation).

B. The Team

The four-person team included specialists in research, training, social marketing and communication. Dr. Nancy E. Williamson, the team leader, is a sociologist and Director, Program Evaluation Division, Family Health International. She has organized several BF research projects in the Philippines (with Silliman University, Philippine General Hospital, the Institute of Public Health, and the University of the Philippines Population Institute) and worked on the Bohol MCH/FP Project from 1976-1980. Her specialty is evaluation research.

Dr. Audrey Naylor is a pediatrician with additional expertise in lactation and breastfeeding. She is founder and Co-Director of Wellstart/The San Diego Lactation Program, a non-profit organization which promotes a lactation management education program for perinatal health care professionals from teaching hospitals. Ten Filipinos have participated in this program so far.

Dr. Claudia Fishman is a medical anthropologist working for Porter/Novelli OMNICOM PR Network. She is the Senior Technical Advisor for the S&T/N Nutrition Communication Project, managed by the Academy for Educational Development. Dr. Fishman has researched Asian nutrition and health practices for 10 years and has designed breastfeeding and infant nutrition promotion materials

for Southeast Asian refugees in the United States. In addition, she provides social marketing expertise to HEALTHCOM/Philippines, as well as PRITECH and SOMARC projects in other regions.

At Wellstart's request, a fourth member was added to the team. Dr. Nancy Powers, also a pediatrician with expertise in lactation and breastfeeding, is Director of Professional Services for Wellstart and a member of the organization's core faculty. Dr. Powers recently worked closely with the Filipino Wellstart participants during discussions of their future role in the Philippine national efforts to promote and protect breastfeeding.

C. Approach

Working in close collaboration with the Government of the Philippines (GOP) Department of Health, MCH Service, the team visited numerous local non-governmental and professional organizations active in, or desiring collaboration with the National Movement for the Promotion of Breastfeeding (NMPB); health facilities offering maternity services at the regional, provincial, district, and barangay level; as well as organizations such as the Peace Corps, UNICEF, and WHO.

Prior to the visit, letters were sent to 25 organizations in the Philippines, describing our intentions and requesting descriptions of breastfeeding promotion activities they might like to implement. (See Appendix E: letter) We visited these organizations plus several others, particularly, professional societies suggested in-country. In both the initial letter and the site visit, we offered no advice on what kinds of activities A.I.D. might consider supporting. This appears to have resulted in organizations suggesting their own priorities for research and program implementation without undue concern for our views--which was our intention.

We also sought to observe how effectively breastfeeding was being promoted in health facilities. Some or all of the team visited health facilities in Metro Manila (Quezon City Lying-in Clinic, National Children's Hospital, Philippine Children's Hospital, Manila Central University Hospital, Philippine General Hospital, Makati Medical Center, and Jose Fabella Memorial Hospital) plus one regional, one provincial, and one district hospital in Region III.

D. Limitations

Due to the shortage of time, we could not visit organizations based outside Manila, aside from a one-day visit to DOH facilities

in Lubao, Pampanga, and Bulacan (Region III) and could not visit all organizations affiliated with NMPB. Furthermore, the visits to health facilities were short. However, the team, guided by the pediatricians, attempted to ascertain infant feeding practices in the health facilities visited. Notes on these visits appear in Appendix C.

Due to the structure of the site visits and time constraints, no attempt was made to systematically evaluate the effectiveness of the NMPB. However, a summary of their accomplishments as well as our suggestions for how the Movement could benefit from technical assistance appear in this report.

II. FINDINGS

A. Overview

Over four-fifths of Philippine women breastfeed (83% in urban areas and 90% in rural areas in 1983). For those infants who are breastfed, the average duration is about 12 months. (Popkin et al., 1986) This is certainly a more favorable situation than in many developed countries.

However, the situation is less favorable than it seems. The duration of BF in urban areas and for well educated women is much shorter (8 mos. for those who initiated breastfeeding) than in rural areas and most women begin to supplement very early---within several weeks or months. Early supplementation can lead to sickness and malnutrition for the infant when unsanitary and unnutritious foods or liquids are substituted for breast milk. Early supplementation also reduces the child spacing effects conveyed by breastfeeding. Given the poor economic conditions in the Philippines, few women have the facilities or income to feed infants safely with infant formula.

Many health professionals in the Philippines, reflecting what they were taught, believe that artificial feeding is just as good as BF and better in some situations. Hospital practices, especially in private urban hospitals, in some teaching hospitals, and for private paying clients, are often inhospitable to establishing BF. Some of the problems observed in several Metro Manila health facilities appear in Appendix C.

In response to this situation, BF promotion activities began in the early 1980's and by now, are quite sophisticated compared to many developing countries. A Philippine Milk Code was adopted in 1986, after years of discussion among concerned groups. In 1987, the Department of Health (DOH) promulgated a policy requiring rooming-in within government facilities. Other accomplishments including the preparation of curriculum on infant feeding, particularly BF, for medical schools; publication of a review of the BF research literature for 1956-1986; preparation of educational materials (posters, pamphlets, flip charts); a mass media campaign on public transportation vehicles; establishment of a reporting system to assess the implementation of the rooming-in program; training of selected health professionals; monitoring of BF trends and patterns; and a draft Five Year Plan for the Promotion of BF.

Up to now, USAID/Manila has not provided major funding for the Philippine breastfeeding promotion program although it has funded some breastfeeding research and has facilitated training of health professionals through the Wellstart program in addition to its

major support of health and population programs. The Mission has also facilitated centrally-funded breastfeeding projects.

There are several reasons for the lack of major USAID funding for BF promotion in the Philippines. To date, USAID has not received a request for funding the BF promotion program. The Five Year Plan was only recently drafted and is still not ready for submission to funding agencies. Some Filipinos we spoke with thought that USAID could not support BF activities, given that the U.S. voted against the WHO/UNICEF Milk Code.

There is also a question about whether a single Philippine organization can be identified that is able to develop a comprehensive BF promotion program and can receive and administer funds. (The NMPB at this point is not a legal entity.)

For its part, the USAID Mission does not have the staff to develop and administer relatively small amounts of money or a small grant program. It has also not been clear whether future support for BF should be part of the USAID Population Project, the Child Survival Project, or through a buy-in or other mechanism. Up to now, there has been no ongoing USAID/Manila Project under which breastfeeding promotion activities could fall administratively.

There has also been a question of whether the decline in BF in the Philippines is sufficiently serious to warrant a special program. (See discussion above.)

Some of the A.I.D.-supported research on BF has provided information on trends, patterns and infant feeding practices, on mothers' decision-making regarding infant feeding, and on the contraceptive benefits of BF. A good start has also been made with the training of ten Filipino health professionals in the A.I.D.-supported Wellstart program. Many of these individuals have initiated rooming-in programs and are attempting to change hospital policies and staff attitudes toward BF.

However, there is much work to be done within and outside health facilities. Fortunately, the team found interest, progress, and resourcefulness within the Philippine breastfeeding promotion program. The Philippine organizations comprising the National Movement for the Promotion of Breastfeeding (NMPB) as well as collaborating non-member agencies have well qualified experts in the field of maternal and child health and nutrition, materials design and pretesting, and research and evaluation as well as advocacy.

Serving in a voluntary capacity, individuals participating in the NMPB have demonstrated their ability and willingness to work together and have accomplished a number of policy and programmatic objectives (described below). The NMPB, of which the Department of Health (DOH) is the lead agency, is currently exploring its options for becoming a "legal entity" which would al-

low it to administer funds from a variety of sources.

The BF promotion program in the Philippines could benefit from:

---Technical assistance to the NMPB to develop its Five Year Plan into a strategic document which coordinates program objectives with responsible institutions. Many of the proposals submitted to the Site Visit Team describe implementation projects which could be matched with NMPB objectives.

---Limited technical assistance in integrating training, marketing, public relations, and communications as well as research and evaluation.

---Funds for implementing the Five Year Plan.

With greater financial and technical support, we feel that the Philippines clearly has the potential to develop an effective and sustainable breastfeeding promotion program which could serve as a model in the region.

B. National Movement for the Promotion of Breastfeeding

A National Program on breastfeeding emerged in the Philippines in 1983, with the NMPB as the chief implementor. The NMBP is an inter-agency organization led by the DOH and housed at the Maternal and Child Health Services Division of DOH. Concerned about a decline in breastfeeding prevalence and duration (see below), the NMPB has undertaken a number of activities including passage of the "Milk Code" (breastmilk substitute or formula marketing and distribution regulations) in 1986 and mandatory rooming-in of healthy neonates with mothers in government hospitals in 1987. A number of community-level IEC and health professional/paraprofessional training activities have been implemented in the past five years.

Breastfeeding Prevalence and Duration and Related Health Statistics (DOH)

	Percentage of Women Initiating Breastfeeding	Duration of Breastfeeding (Partial or Exclusive) (in months)
1973	86.8	12.3
1978	84.6	11.4
1983	83.2	9.6

Diarrhea Mortality Rate for Under 5 Years: 8.6/1000
(1985 DOH Survey)

Infant Mortality Rate: 55.3/1000

Leading Cause of Infant Death: Pneumonia, respiratory conditions of newborn, diarrhea

1. Management of NMPB

The NMPB Management Committee, describing itself as the Movement's "workhouse," includes the following individuals and organizations:

Dr. Manuel Roxas	Undersecretary of Health, DOH, Chair
Dra. Elvira Dayrit	Chief, MCH Service
Dra. Gloria Casabal	Chief, MCH Division
Mrs. Tita Bautista	NEDA (National Economic Development Authority)
Dra. Corazon Raymundo	University of the Philippines Population Institute
Dra. Minerva Inciong	Nutrition Foundation of the Philippines
Mrs. Alma Jose	Food and Nutrition Research Institute
Dr. Ricardo Gonzales	Jose Fabella Memorial Hospital
Dr. Sadiri Malapit	Nutrition Center of the Philippines and and National Nutrition Council
Mrs. Mila Uysingco	Secretariat
Dra. Marinela Gonzales	DOH, MCH, NMPB Coordinator

With the close integration of the DOH and NEDA, activities of the NMPB and member organizations fit into the national development plan. Any BF promotion project that may require external funding passes through NEDA for evaluation. (NEDA is a review organization, not a funding agency.)

The NMPB currently has a fledgling small grant program which could be expanded. The relevant subcommittees (Human Resource Development; IEC; Enforcement and Regulation of the Milk Code; Research; and Service Delivery) review proposals and assign a priority for outside donor funding. UNICEF currently supports a number of projects implemented by NMPB member agencies that were first approved by NMPB. Member organizations also receive funds

independently of the NMPB. Once a proposal is endorsed by the sub-committee and the NMPB, it goes to NEDA for endorsement and is then sent to a funding agency. UNICEF has funded most activities to date. UNICEF has also provided technical assistance and encouragement to the program.

The NMPB coordinates the efforts of various groups that are active in BF promotion. Essential to this coordination is the two-person secretariat which provides administrative support to the NMPB. Dra. Gloria Casabal, Chief of MCH Division, drafted the Five Year Plan (1988-92) which will serve as the basis for future NMPB activities and funding initiatives.

2. Accomplishments of NMPB

a. Policy

Executive Order No. 51 "Milk Code" was signed into law by President Corazon Aquino on Oct. 20, 1986. The Code restricts the sales and promotion of breast milk substitutes (formula) directly to the public and through hospitals. Two guidelines were formulated: a) implementation of the milk code and b) rules and regulations governing advertisements of breastmilk substitutes and related products. An NMPB task force on Milk Code monitoring was set up to monitor compliance. Infractions that the NMPB is currently trying to regulate:

(1) Companies are trying to get soy milk "delisted" (exempted) from the milk code. The NMPB said they will not delist it as a category but that companies can ask on a case-to-case basis.

(2) Since companies cannot donate formula to hospitals, they are now making "loans."

(3) Companies sponsor training courses and per diem expenses for doctors, nurses, and midwives.

The DOH rooming-in policy is being strengthened to include private hospitals since most private hospitals practice only token rooming-in. The NMPB plans to bring hospital administrators together to work out guidelines for the rooming-in policy. DOH has some control over private hospitals since they must be licensed by the government. Some hospitals now require mothers to sign a release form that specifies that if the baby rooms-in with its mother, the hospital is not responsible for the baby's care.

NMPB would like to require that if a hospital provides a first quantity of infant formula (a "starter dose"), the doctor and hospital must demonstrate the necessity.

The NMPB has also drafted and supported labor policies regard-

ing maternity leave. Twelve companies have recently increased maternity and paternity leaves. Currently the government gives women 60 (calendar) days while the private sector gives 25. NMPB is also working on policies for companies to provide room or space for milk expression.

b. IEC

NMPB organizations have prepared a handbook of standardized BF messages which can be used in educational programs. They have also developed, produced and disseminated pamphlets, posters for the Light Rail Transit, and radio and television messages. Through the midwives association, NMPB has conducted BF training. Curricula on BF have been prepared for medical students, nutritionists, and dieticians.

c. Research

The Food and Nutrition Research Institute and the U.P. Population Institute have both been conducting BF research including a KAP survey on BF (FNRI) and research dissemination seminars (UPPI). A annotated bibliography of research projects on BF in the Philippines (from 1956-86) was recently published by the Nutrition Foundation of the Philippines. Since 1986, there has been a proliferation of research on BF in the Philippines so an update may be needed soon.

C. Five Year Plan (1988-1992)

The Five Year Plan prepared by the NMPB is still in draft form and is likely to change. Hence, we have not attached it here. However, a summary follows.

1. Goal and Objectives

Goal: To improve quality of life among mothers and children through the promotion of proper breastfeeding practices.

Objectives:

By 1992, the general objectives are:

- o To decrease the IMR from 55.3/1,000 (1986) to 47/1,000
- o To decrease the diarrhea mortality rate among children under age five from 8.6 (1985) to 4.5
- o To decrease diarrhea morbidity from 2.8 episodes/child/year to 2.0

By 1992, the specific BF objectives are:

- o To increase prevalence of BF practice from 83% (1983) to 90%
- o To ensure that 90% of newborns initiate BF
- o To increase the duration of breastfeeding from 9.6 months (1983) to 12 months

COMMENT: In this first draft, the goals and objectives are not closely tied to planned activities nor was there a clear rationale for the objectives. It is likely that a future draft will provide more details.

2. Steps to Achieve these Objectives:

a. Policy Framework

The 1986 Philippine Constitution reiterates in Article II, Section 15:

"The State shall protect and promote the right to health of the people and instill health consciousness among them."

"The State shall protect working women by providing safe and healthful working conditions taking into account their maternal functions."

The Medium-term Philippine Development Plan for 1987-1992 states:

"To arrest the increasing incidence of nutritional deficiencies and diarrheas there will be a more intensive implementation of policies and programs supportive of breastfeeding, growth monitoring and oral rehydration therapy."

Through Executive Order No. 51 and recent DOH policies regarding rooming-in, current government policies clearly emphasize the importance of improving, maintaining, and reviving the practice of BF. The goals and objectives of the Five Year Plan are consistent with the development plans of GOP and the DOH.

b. Implementing the Plan

The Plan has five components: Human Resource Development; IEC; Enforcement and Regulation of the Milk Code; Research and Development; and Service Delivery. The NMPB has task forces corresponding to these components. However, membership in the NMPB is voluntary and dependent upon contributed time and resources. It is therefore impossible to assign true responsibility for implementation of tasks outside the DOH and other governmental units. Apart from the

one DOH physician assigned to the Movement and the two-person Secretariat, all DOH staff have multiple duties in addition to the NMPB.

The implementation schedule in the Five Year Plan has most activities happening at once and they are not tied to any individual organization's efforts. And, as noted above, the objectives have not yet been tied to implementation activities. But this first draft is a good beginning to the development of a BF promotion strategy.

The member organizations of NMPB are willing to implement many of the tasks in the Five Year plan, should resources become available. If the NMPB is to be the main locus of activities, it is important that the Secretariat, now funded by UNICEF, be continued to handle administrative work and provide continuity and coordination for NMPB member organizations.

c. Components of the Plan

Human Resource Development. One objective of this component is to provide training and support to health workers and other implementors of BF activities by using packaged training modules. Another is to bring about the systematic integration of BF into formal education curricula. A third is to conduct BF advocacy seminars and workshops for local and regional officials to generate interest and commitment to the BF program.

COMMENT: The National Nutrition Foundation has produced a training curriculum and packaged course of study. But due to budgetary limitations, it has not been produced in sufficient quantities to have a wide impact. A repeated theme during our visits was that prototypes have been developed but resources have been insufficient to reach the intended audience.

Information, Education & Communications. This component is concerned with the development, production and dissemination of IEC materials. To date, the following have been produced:

1. Motivational posters: 52,000 copies in English and six dialect versions were developed, pre-tested, produced and distributed using the LRT (light rail transit).

2. Instructional posters: 60,000 in English and six dialect versions have been produced and distributed to health centers.

3. Pamphlet (Gatas ng Ina): 306 copies in English, Pilipino and Cebuano dialects.

4. BF Jingle (radio)---one master and 270 duplicates distributed through KBP and broadcasted in 1983 and 1986.

5. Spot announcements (radio): four spots (15 and 30 seconds) on the advantages of BF, colostrum, misconceptions and working mothers were produced in regional offices in 10 dialects. The first three spots were aired in 1984; another set on colostrum and milk flow was aired in 1986.

6. TV spot: master and five dubbed copies completed and distributed to Metro Manila channels through KBP. Broadcast in 1983.

7. Documentary Video Tapes: Three tapes were produced on the advantages of BF, misconceptions, and correct BF practices.

8. Instructional Materials: Materials for health care providers; medical school curriculum, instructional manual and slide sets; teacher-child-parent (Nutrition Center of the Philippines and DECS).

9. Handbook on BF messages: This contains basic BF messages, questions mothers ask about BF, an inventory of BF materials, a directory of organizations involved in BF promotion or research, and text of the Milk Code.

COMMENTS: While NMPB has received funding from UNICEF and other donors to develop BF promotion materials, they have not been produced in sufficient quantities to make a sustained impact. The Plan calls for expanded production as well as research and development to produce more materials. The Plan will need to have a realistic production schedule and budget. The budget for materials development and pre-testing appears to be inadequate.

To date, the approach for development of IEC materials could be considered "top down" rather than attempting to first ascertain community needs and then involve community representatives in developing materials. This community based approach is sometimes referred to as "social mobilization." Several member organizations (Research Institute for Tropical Medicine, Food and Nutrition Research Institute, and the Nutrition Center of the Philippines in particular) proposed projects involving social mobilization. This is also a new emphasis of UNICEF in the Philippines. UNICEF has recently established a position of social mobilization officer. Dr. Ophelia Valdecanas has been appointed to this position. She was formerly a researcher at FNRI and has a strong interest in BF.

Enforcement and Regulation of the Milk Code. This section is the responsibility of DOH and is well spelled out.

Research and Development. The NMPB will continue to screen proposals and advocate for funding those which meet its priorities. The Plan calls for continued dissemination of research results through seminars and a quarterly bulletin.

COMMENT: High priority research activities include evaluating the impact of the rooming-in policy (including morbidity and costs/benefits) and continued monitoring breastfeeding trends and patterns.

Service Delivery. Both lactation management training and milk banking are called for in the Five Year Plan.

COMMENT: The Plan emphasizes hospital policy and training of health personnel to ensure adherence to the DOH rooming-in policies. Training needs appear to be underestimated and the ability of individuals who have received Wellstart training to do "echo training" is probably overestimated, given the need for BF training in public and private hospitals throughout the Philippines. An explicit strategy for reaching the large number of health facilities in the Philippines with training in lactation management would be very useful.

D. Joint Funding of NMPB Activities

To date, UNICEF has provided most of the external assistance for BF promotion activities in the Philippines. It has funded the Secretariat, the BF bibliography, prototype materials, and activities related to the development of the Milk Code. WHO has supported meetings and consultants to develop the Milk Code and provides needed foreign exchange to DOH. A Japanese foundation has supported the production of some BF educational materials.

UNICEF can fund development of materials but not mass production. Its priorities are services and training but not research and staffing. WHO will provide money to produce IEC materials that are modified from existing materials.

Both in the amount of funding needed (UNICEF is likely to be able to support only about 20% of the Five Year Plan which is estimated to cost 41 million pesos) and the types of funding (for mass production, staffing, research), there are gaps which USAID might be able to fill.

E. Proposed Projects

In our visits to local organizations and health facilities, we found considerable interest in BF promotion activities. Many organizations had prepared proposals in advance; some of these were quite elaborate. Others had met with their staff and orally presented project ideas to the team. Projects were diverse and focused on training, research, IEC, and service delivery. Below we simply list the proposed projects. They are described briefly in

Appendix B. The proposals themselves will be kept on file for future reference. The organizations submitting proposals have been put into five categories: (1) health, (2) nutrition, (3) population, (4) research, and (5) other. Projects that the team felt were of special interest are starred (*) while those with the highest priority are indicated by (**). However, many of the other project ideas are excellent and worthy of funding.

LIST OF PROJECTS

ORGANIZATION	TITLE OF PROJECT
(1) Health Organizations	
Dept. of Health	Implementation of DOH policies on BF [no specific proposal received]
Institute for Maternal & Child Health	The Effectiveness of Direct Services to Pregnant Women (up to post-natal period) in Promoting BF Strategies for Promoting BF: Training, Service, Research and IEC in Selected Barangays in Laguna and 20 FP clinics in Luzon
Children's Medical Center Philippines	Study of BF in Filipino Infants 1 year and below with Diarrhea Enteritis Deterrents to Rooming-in Practice in Some Private Hospitals (Metro Manila, Cebu, Davao, Zamboanga City, and Bacolod) Relactation to Prevent the Onset and Recurrence of Diarrhea in Filipino Infants
Jose Fabella Memorial Hospital	
Service Projects	* Development of Counseling Procedures for BF Mothers regarding Appropriate Initiation of FP Establishment of a Mother's Milk Bank for Sick and Premature Babies Development of a Relactation Program for Pediatric Ward Admission Expansion of the Retired Midwives' Voluntary

Lactation Brigade

- | | |
|--|--|
| Research
Projects | <ul style="list-style-type: none">** Duration of BF after Hospital DischargeEffect of Birth Control Pills on Quantity and Quality of Breastmilk** Cost Analysis of a Rooming-in Policy* Development of Rooming-in Quality of Care Indicators* Case Control Study of Morbidity Among Breastfed vs. Formula-fed Infants |
| Education
Projects | <ul style="list-style-type: none">* Provision of Courses in Lactation Management<ul style="list-style-type: none">---Service Providers---Hospital Administrators---Master Trainers |
| Mixed
Projects | <ul style="list-style-type: none">Development of a Lactation Clinic to Provide Services, Research, and Education* Expansion of the Fabella Lactation Activities as a National Center for Training and Research |
| Philippine
General
Hospital | <ul style="list-style-type: none">BF Promotion ProjectBF Education for Mothers in Pre- and Post-natal Clinics* Training of FP Service Providers in the Provision of Health Education and FP Services for BF WomenFertility Awareness Among BF Women* Development of a Breastfeeding Training Program for Health Care Providers |
| Philippine
Obstetrics &
Gynecology
Society | <ul style="list-style-type: none">IEC Materials on BF for Mothers Participating in the ARCC Program of POGSIEC Materials (posters, billboards, handouts) on BF to be distributed through POGS* Professional Education on BF through Scientific Meetings of POGS |
| Integrated Mid-
wives Association
of the Philippines | <ul style="list-style-type: none">KAP Study of Midwives on FP and Subsequent Preparation of Training Materials |

(2) Nutrition Organizations

Nutrition Foundation of the Philippines Training of Mother Trainers in Tondo (an urban slum area) to Run Under-Fives Clinics

National Nutrition Council Approaches to the Promotion of BF: Video Tapes, Nutrition Information Center, and BF Training

Food & Nutrition Research Inst. (FNRI)

Topics Generated at Annual Seminar: Why is the Davao BF Program So Successful?

Effects of Significant Others on Women's Decisions to BF

Impact of IEC Efforts on BF Practices

Contraceptive Effects of BF

Effect of Supplementation of Mothers' Diets on Lactation

* How Long Can Expressed Milk be Kept Unrefrigerated?

What Percent of Doctors and Nurses Really Promote BF?

* What Messages are Most Effective in Getting Women to BF and Do Messages Need to Vary by Social Class?

FNRI Proposals: * Social Mobilization as a Developmental Approach to BF Promotion

Follow up of Newly Delivered Mothers (who delivered in different types of facilities) to assess Breastfeeding Practices

Nutrition Center of the Philippines * Evaluation of the Impact of BF IEC Materials

* Impact of Short TV and Radio Spots on BF Knowledge, Attitudes, Behavior

(3) Population Organizations

Population Center Foundation * Promotion of BF among Working Mothers in 50 Factories
A Campaign to Promote BF among Medical Practitioners

Commission on Population [No proposals submitted from POPCOM but POPCOM served as a conduit for projects to be submitted from PCF and the Institute for Social Sciences and Action]

(4) Research Organizations

U. of the Phil. Pop Institute Evaluation of BF Knowledge, Attitudes, Practices, and Skills of Health Personnel, Mothers, and Significant Others (urban focus)

Publication of a BF Research Digest

Analysis of BF Practice and Related Health Services using 1987 National Health Survey

** BF Trends and Patterns (1968-1988). This will await availability of 1988 survey data from the Census and Statistics Dept.

** Consultation and assistance for studies planned at Jose Fabella Memorial Hospital. (Note: This activity will probably take place without any external funding.)

Research Instit. for Tropical Medicine Extending Follow up of Children to Two Years in Infant Feeding Practices Study

* Evaluation of Community Health Worker Interpersonal BF Promotion and Expansion of IEC Distribution Program on BF

* How Long does Breast Milk Remain Uncontaminated under Home Conditions?

* Effect of BF on Acute Respiratory Infection (ARI)

Tropical Disease Foundation * Effect of BF on Incidence and Severity of ARI

College of Public Health Training and Utilization of Barangay Health Workers in the Promotion of Breastfeeding in the Rural Communities

Food & Nutrition Research Institute [See section on nutrition]

(5) Other Organizations

Natl Movement for Promotion of BF ** Support for Implementation of National BF Program Five Year Plan

Institute for Social Studies & Action * The Involvement of Grassroots Women in the Promotion of BF

Kabalikat ** Assessment of the Philippine BF Program and Preparation of a Video on Its Accomplishments to Date

III. RECOMMENDATIONS

A. USAID Support of BF Promotion Activities

Recommendation #1: We recommend that USAID provides financial support for BF promotion activities in the Philippines.

The time is right for expansion of BF promotion activities in the Philippines. Currently available funding appears to be insufficient to support planned BF promotion activities. USAID has supported related activities (FP, child survival) for many years and has supported several important BF research projects in the Philippines. Thus, it would be a logical extension of past USAID projects in the Philippines. Also BF promotion is less controversial than some USAID activities and could be a bridge to religious organizations, including church-affiliated hospitals.

Recommendation #2: More specifically, we recommend that USAID collaborate in funding the Five Year Plan for BF promotion in the Philippines.

Extensive groundwork has been completed by the DOH and the NMPB, including legislation supporting the Milk Code and rooming-in for the promotion of BF, review of previous research, preparation of IEC materials, urban mass media programs, and close coordination among many of the most relevant governmental and non-governmental organizations. The NMPB and DOH have prepared a new Five Year Plan. It describes planned activities in each of its five components and gives estimated budgets. UNICEF is providing support to the program now but will be unable to provide the level of funding required to implement the Plan.

B. Training

Recommendation #3: Training activities to implement the government's policy on rooming-in should be given high priority.

Rooming-in along with active BF promotion can improve infant health and save money for the hospital and for mothers. However, in order to implement effective rooming-in in urban hospitals, a systematic training strategy will be needed. Training will be required for hospital administrators, obstetricians, pediatricians, and nurses in both public and private hospitals.

To be most effective, an overall plan for education and training in lactation management for Filipino perinatal health professionals which will enhance the national breastfeeding

promotion efforts (including rooming-in) should be developed. The plan should incorporate and strengthen the previously developed medical school curriculum, and make maximum use of the resources and experience of the Jose Fabella Hospital and the Children's Medical Center of the Philippines. Consideration should be given to expanding the lactation activities at Fabella Hospital as a national training center.

However, due to the enormity of the training task, it would be desirable to also consider developing several other centers for training (eg. three in Metro Manila, one in Cebu, Davao, and possibly another urban center). The selected institutions would be responsible for implementing effective rooming-in/BF promotion programs and then training other teams of health professionals from other institutions in their areas. One approach would be to identify the institutions to be designated as training sites and arrange for participation in the Wellstart lactation management education program.

Recommendation #4: The NMPB should be encouraged to provide leadership for developing a national plan for education and training in lactation management.

Recommendation #5: Major professional organizations and societies (OB/Gyn, pediatrics, nurses, midwives, hospital administrators and deans of medical and nursing schools as well as directors of midwifery programs) should be actively involved in the training plan.

Arranging for Wellstart participation for leaders in these organizations should be given serious consideration.

Recommendation #6: Additional BF training activities should be initiated with members of relevant professional societies (Ob/Gyn, pediatricians, nurses, midwives, and hospital administrators).

Recommendation #7: After a national lactation management training center has been established in the Philippines, the Philippines could be considered as the site of a regional lactation management training center.

Recommendation #8: Although some specialized BF training will be required, whenever possible, BF training should be integrated into MCH, nutrition, and FP training.

C. IEC

The Philippines offers a unique challenge in the areas of BF communication and social marketing. Some of the most sophisticated concepts in rural health education (such as the Nutri-bus which is a mobile interactive video unit, mother's classes and

supplementary food distribution) and the social mobilization approach to health education (empowering the community to participate step-by-step in the development of nutrition education materials and programs) are being used in the Philippines.

DOH, assisted by USAID/Manila through the HEALTHCOM Project, has begun experimenting with social marketing approaches to child survival interventions such as immunization and diarrheal disease control. A number of NMPB member organizations have participated in these efforts and preliminary results are promising. Therefore, funding BF IEC projects in the Philippines could be cost effective, by building on these previous efforts.

Recommendation #9: Through technical assistance to the IEC subcommittee of the NMPB, the Five Year Plan should be developed into a strategic document for coordinating communication projects. This could include TA on social marketing approaches to BF promotion, public relations for the NMPB, BF promotion campaign tracking and impact evaluation.

Recommendation #10: Mass media campaigns to promote BF need to be conducted on a more sustained basis.

The infant-formula companies promote their products day-in day-out while campaigns to promote BF have been sporadic.

Recommendation #11: IEC materials should be produced in large enough numbers to meet the target audience, or, if the broadcast media are used, to vary and maintain campaigns for sufficient duration that behavioral changes are likely.

Recommendation #12: A video or slide show should be produced which reviews NMPB activities and accomplishments. This could be used for presentations by DOH and NMPB as they try to mobilize individuals and organizations to support the BF promotion program.

Recommendation #13: Market research could be conducted among patients, visitors, physicians, nurses, and administrators to identify constraints and opportunities to promote rooming-in in private hospitals.

The results could be used to produce patient and visitor information cards which explain the rooming-in policy and no-formula rules and why breastmilk is incomparable. Another product might be a hospital-based video which teaches mothers how to breastfeed and answers commonly asked questions. These could also be shown and sold to physicians for use in their own offices or for them to rent to patients.

Recommendation #14: Before attempting to enforce DOH rooming-in policies in private facilities, a campaign should be launched to generate demand for rooming-in in private hospitals and explain

the importance of rooming-in and BF.

Recommendation #15: IEC efforts should be directed toward BF promotion in the worksite. (See Claudia Fishman's trip notes for project ideas for worksites.)

D. Research and Evaluation

Recommendation #16: Trends and Patterns in BF should continue to be monitored closely.

We need to know whether BF is continuing to decline in rural areas and increasing slightly in urban areas. It is also important to know whether BF incidence and duration are decreasing among the urban poor and whether mothers are supplementing earlier or later. The 1988 National Demographic Survey will be able to answer some of these questions and should be analyzed as soon as possible. If outside support is required for this analysis, this should be a high priority for funding.

Recommendation #17: The BF promotion program, including the Five Year Plan, needs to be closely monitored to see whether its goals are being reached.

Recommendation #18: Standardized criteria for monitoring the BF promotion activities of hospitals providing maternity and/or neonatal care should be developed. The NMPB should provide leadership in this activity and ensure that professional societies for perinatal care providers play a major role in this endeavor.

Recommendation #19: BF promotion programs in hospitals designated as training centers should be carefully evaluated, preferably by an independent research/evaluation unit.

Recommendation #20: Factors affecting the duration of exclusive BF should be studied, including but not limited to, the influence of hospital BF promotion programs.

E. Philippine BF Promotion Program

Recommendation #21: Support should be continued for the NMPB Secretariat, either through DOH resources or external resources.

Given the voluntary nature of participation in the NMPB, it is important to have a coordinating and administrative body to facilitate the work.

F. Priority Women

Recommendation #22: Although BF promotion is important for all women, the initial priority should be on programs for low income urban women and women delivering in hospitals that discourage BF.

G. Need for Cost Estimate of Implementing the DOH's Policy on Rooming-In in Public Health Facilities

Recommendation #23: DOH should be encouraged to prepare a time table and estimate the costs of implementing its rooming-in policy throughout its facilities and if the costs cannot be supported by available funds, to seek outside funding.

Although our report deals with BF promotion under the auspices of the numerous organizations in the NMPB, the ability of DOH to implement rooming-in and promote BF within its own facilities is important and should be assessed separately. The upcoming World Bank-funded health project is one possible source of funds to support some DOH BF promotion activities. Unfortunately, the team did not have an opportunity to meet with the World Bank team working on the next Health Project.

5. USAID could fund DOH directly (possibly through a trust account) which in turn would subcontract to organizations to implement BF promotion and evaluation activities.

In discussions with USAID (Johnson and Muniak), it appears that they consider only the first option to be practical although they will discuss option (2) internally.

The next question is where the funds will come from. Here again there are several possibilities: (1) the upcoming Population Project (starting Oct. 1989), (2) the new Child Survival Project (starting Oct. 1990), or (3) reprogramming unspent funds originally allocated for contraceptive commodities. USAID favors the third option which will be explored with A.I.D./Washington. However, even before the funding issues are resolved, it may be possible for the three organizations represented on the team to fund several small projects with present resources.

APPENDICES

APPENDIX A

Persons Contacted

7/11/88

USAID/Manila:

Mrs. Marichi de Sagun, Program Specialist, Health
Mr. Edward Muniak, Population Officer

Department of Health (DOH):

Dr. Manuel G. Roxas, Undersecretary of Health
Dra. Elvira Dayrit, Chief, MCH Service
Dra. Gloria Casabal, Chief, MCH Division
Dra. Marinela Gonzales, MCH

National Movement for Breastfeeding Promotion (NMBP):

Secretariat:

Mrs. Mila Uysingco and Ms. Luz Cavite

Participating Organizations:

Mrs. Tita Bautista, National Economic Development Authority
Dr. Sadiri D. Malapit, National Nutrition Council (NNC)
Dr. Minerva Inchion, Nutrition Foundation of the Philippines (NFP)

7/12/88

DOH:

Dra. Carmencita Reodica, Asst. Sec. for Public Health Services and
OIC, National Capitol Region
Dra. Linda Milan, Chief, Foreign Assistance Coordination Service

University of the Philippines Population Institute (UPPI):

Dra. Corazon Raymundo, Director
Dra. Lita Domingo, Demographer
Dra. Zelda Zablan (by phone 7/13/88)

Institute for Philippine Culture (IPC), Ateneo de Manila:

Dra. Romana P. de los Reyes, Director
Ms. Cynthia C. Veneracion, Res. Assoc.

San Francisco Lying-in Clinic:

Staff Obstetrician

Quezon City Health Department:

Director of Training

Capitol Medical Center

7/13/88

Jose Fabella Memorial Hospital:

Dr. Ruben Apelo (retired)

Institute of Community and Family Health (ICFH) and
Institute for Maternal and Child Health (IMCH):

Dra. Flora Bayan, Director
Dra. Trinidad Gomez
Dra. Fe Del Mundo, Founder and Director, Children's Medical
Center, Philippines
Mrs. Cristina Palangdao, Nurse (Wellstart alumna)

Nutrition Foundation of the Philippines (NFP):
Mrs. Delfina B. Aguillon, Vice Chairman
Dra. Minerva Belen-Inciong, Executive Director
Several other staff and board members

National Children's Hospital:
Dra. Isabelita Gozon (Wellstart alumna)

Commission on Population (POPCOM):
Dra. Carmen Garcia, Executive Director
Mr. Oscar Escobar, Deputy Executive Director
Mr. Tomas Osias, Planning Chief
Ms. Airie Santiago, Planning Officer
Mrs. Flo Dumlao, Regional Population Officer, NCR
Mrs. Marissa Socorro Camacho-Reyes, Head, Management of Information
Unit, Population Center Foundation (PCF)
Ms. May Corpuz, Program Officer, PCF

Philippine Pediatric Society:
Dra. Sonia Sarcia

Philippine Children's Medical Center:
Dra. Sonia Sarcia
Dra. Esperanza Rivera, Chief of Pediatrics
Dr. Lilian Lee, Director

Integrated Midwifery Association of the Philippines (IMAP)
& Association of Philippine Schools of Midwifery (APSOM):
Cleo B. El Medolan; Beth M. Dumaran; Sara M. DeLeon; Cecille
B. Santoz; Mercy O. Sueno; Villi S. Macataygr; Remedios
Bathclan; Leonila Magcale; Rosalina Santiago; Celestina C.
Chua (Sec., IMAP); Evangeline A. Valencia

7/14/88

National Nutrition Council (NNC):
Dr. Sadiri D. Malapit, Chief, Management, Planning, Information
Ms. Rachel A. Abroleda, Editor, FNP Monitor (newsletter of NNC)
Mrs. Regas

Manila Central University Hospital (Caloocan City):
Dra. Esperanza Rivera, Medical Director
Dra. Lutgarda Quito, Dean of Medical School

Dra. Castro, Chief of Pediatrics

World Health Organization (WHO):

Dr. N.V.K. Nair, Nutrition

Dr. Rita Thapa, MCH/FP

Peace Corps:

Mrs. Barbara Pabotoy, Deputy Director

Wellstart Alumni (technical session at Midtown ("Ramada")
Hotel)

7/15/88

Jose Fabella Memorial Hospital:

Dr. Ricardo Gonzales, Medical Chief

Dra. Consolation de Guzman, Head, OB/GYN

Dra. Rebecca Ramos, Director, Comprehensive FP Center

Dra. Isabelita Vital-Gozon (Past Chief of Pediatrics)

Ms. Emerita Santos, RN, Sup. Ob/Gyn, Nursing Supervisor

Guest: Mrs. Jacquelyn Schramm Honculada (Prepared report on
"Infant Feeding Policies and Practices in Selected Metro Manila
Hospitals, Phase I and II")

Philippine General Hospital (PGH):

Dr. Augusto Manalo, Chair, Dept. of OB/GYN

Dr. Natividad Puertollano

Dr. Gatmaiton, neonatologist

Dr. Isleta, neonatologist

Chief, Resident in Pediatrics

Philippine Obstetrics and Gynecology Society (POGS):

Dra. Patricia B. Navarro, President

Dra. Herminia Panlilio, Committee on Nationwide Statistics

Dra. Isabelle M. Ila, Chair, Community Service

Dr. R. Mineola, President, ABCC Project (Anti-abortion,

Breast feeding, Conception Control, and Cancer Screening)

Dinner hosted by Wellstart Alumni

7/18/88

Field visit to Lubao, Pampanga

Dr. Marinela Gonzales, DOH

Mrs. Evangeline Valencia, Integrated Midwives Assoc. of the
Philippines

Dra. Aurora S. Villarosa, Regional Health Officer, Region III

Mrs. Editha Trinidad, Regional Nursing Supervisor

Dr. Rogelio Reyes, Director, Central Luzon Regional Hospital

Dr. Valencia, Provincial Health Officer, Pampanga (Dist. Hospital)

Dr. Ricardo Trinidad, Provincial Health Officer, Bulacan

Dra. Castro, Chief of Pediatrics

World Health Organization (WHO):

Dr. N.V.K. Nair, Nutrition

Dr. Rita Thapa, MCH/FP

Peace Corps:

Mrs. Barbara Pabotoy, Deputy Director

Wellstart Alumni (technical session at Midtown ("Ramada")
Hotel)

7/15/88

Jose Fabella Memorial Hospital:

Dr. Ricardo Gonzales, Medical Chief

Dra. Consolation de Guzman, Head, OB/GYN

Dra. Rebecca Ramos, Director, Comprehensive FP Center

Dra. Isabelita Vital-Gozon (Past Chief of Pediatrics)

Ms. Emerita Santos, RN, Sup. Ob/Gyn, Nursing Supervisor

Guest: Mrs. Jacquelyn Schramm Honculada (Prepared report on
"Infant Feeding Policies and Practices in Selected Metro Manila
Hospitals, Phase I and II")

Philippine General Hospital (PGH):

Dr. Augusto Manalo, Chair, Dept. of OB/GYN

Dr. Natividad Puertollano

Dr. Gratmaiton, neonatologist

Dr. Isleta, neonatologist

Chief, Resident in Pediatrics

Philippine Obstetrics and Gynecology Society (POGS):

Dra. Patricia B. Navarro, President

Dra. Herminia Panlilio, Committee on Nationwide Statistics

Dra. Isabelle M. Ila, Chair, Community Service

Dr. R. Mineola, President, ABCC Project (Anti-abortion,
Breast feeding, Conception Control, and Cancer Screening)

Dinner hosted by Wellstart Alumni

7/18/88

Field visit to Lubao, Pampanga

Dr. Marinela Gonzales, DOH

Mrs. Evangeline Valencia, Integrated Midwives Assoc. of the
Philippines

Dra. Aurora S. Villarosa, Regional Health Officer, Region III

Mrs. Editha Trinidad, Regional Nursing Supervisor

Dr. Rogelio Reyes, Director, Central Luzon Regional Hospital

Dr. Valencia, Provincial Health Officer, Pampanga (Dist. Hospital)

Dr. Ricardo Trinidad, Provincial Health Officer, Bulacan

Dr. Amado del Vario Jr, Asst. PHO, Bulacan
Dr. Gonzales, Asst. PHO, Bulacan
Midwives at Puericultural Center and Barangay Health Station

7/19/88

Food and Nutrition Research Institute (FNRI):
Dr. Rodolfo Florentino, Director
Mrs. Patrocinio De Guzman, Deputy Director
Ms. Alma M. Jose, Sr. Science Research Specialist (NMPB representative)
Ms. Cecilia U. Celestino
Ms. Leticia M. Vicente
Ms. Milagros A. Lasquety
Ms. Ma. Bettina J. Monsod

Research Institute on Tropical Medicine (RITM):
Dra. Mediadora Sanieel, Director, Diarrheal Disease Research
Dra. Cecile Santos-Acuin, Researcher

Nutrition Center of the Philippines (NCP):
Dr. Florentino Solon, Executive Director
Mrs. Mercedes Solon, Deputy Executive Director
Ms. Elvira C. Inpitan, Senior Trainer
Ms. Chona C. Floro, Chief, Video/Radio Production Division
Ms. Rosemarie L. Gerolaga, Instruction, U.P. Statistical Center
Ms. Elena D. Ocampo, Chief, Training Division
Ms. Levita P. Tuebo, Chief, Program Planning Services
Mrs. Jacquelyn Schramm Honculada, graduate student

7/20/88

UNICEF:
Ms. Bituin Gonzales
Dr. Ophelia Valdecanas
Ms. Reggie Molera

Tropical Disease Foundation:
Dr. Thelma Tupasi-Ramos
Ms. Nellie Mangubat

Makati Medical Center:
Dr. Monohan, Director (Ob/Gyn)

KABALIKAT:
Ms. Teresita Marie P. Bagasao, Deputy Exe. Director
Ms. Maricel L. Pabalan, Technical Coordinator
Ms. Ruthy D. Libatique, Project Manager (Communications)

Philippine Nurses Association:
Mrs. Victoria Aguilar, VP for Operations

7/21/88

IMCH:

Dr. Trinidad Gomez

College of Public Health:

Ms. Ophie Saniel

Ms. Ophie Mendoza

Dr. Noel D. Lawas

Presentation of findings at USAID:

Mr. William Johnson

Mr. Edward Muniak

Mrs. Marichi de Sagun

Dr. Claudia Fishman

Dr. Nancy Williamson

Presentation of findings at DOH:

Dra. Consuelo D. Aranas, Regional Director, Office for Public Health Services, Asst. to Undersec. Roxas

Dra. Elvira Dayrit, Chief, MCH Division

Dra. Gloria Casabal, Chief, Medical Division II

Dra. Marinela Gonzales, Medical Consultant

Ms. Ma. Clarissa Tardaguella, PHC Financing Project, Monitoring Asst.

National Movement for the Promotion of Breastfeeding (NMPB):

Secretariat:

Mrs. Milagras Uysingco, Sr. Program Officer

Ms. Luzminda Cavite, NMPB, Program Officer

Management Committee:

Dr. Minerva Inciong, Nutrition Foundation of Philippines, Exe. Dir.

Ms. Susie Quibilan, UPPI, Sr. Research Assistant

Mrs. Alma Jose, FNRI, Supervising Science Research Specialist

APPENDIX B

PROPOSED PROJECTS ON BREASTFEEDING PROMOTION IN THE PHILIPPINES LISTED BY TYPE OF ORGANIZATION

(1) Health Organizations

Department of Health, MCH Services

DOH gave a presentation to the team on the National Breastfeeding Program Five Year Plan (1988-1992) which covers anticipated activities of the NMPB. No specific proposals for funding of purely DOH activities were made although Dra. Elvira Dayrit expressed concern that DOH did not have funds to fully implement its own BF promotion activities (training of doctors, nurses, midwives, TBAs), IEC materials, and implementation of the rooming in policy).

Recently, the DOH staff involved in the NMPB have focused on securing funds for the Five Year Plan (to be carried out through NMPB member organizations) rather than for internal DOH activities. Our team did the same. The complexities of DOH funding (GOP, World Bank, WHO, USAID, etc.) were beyond the team's expertise and availability of time. However, given the importance of promoting BF within DOH's national network of health providers and hospitals, this is an important gap in our report. Such an assessment might be done as part of planning for new World Bank or USAID health projects, particularly in the context of training programs.

Institute for Maternal and Child Health

A. Institute for Community and Family Health (Dra. Flora Bayan)

A proposal was submitted on "The Effectiveness of Direct Services to Pregnant Women up to the Post-Natal Period in Promoting Breastfeeding." The study, to be done in areas with IMCH facilities, involves recruiting 100 low income pregnant women as early as possible during pregnancy. They would be given a comprehensive package of prescribed prenatal care including intensive BF promotion. The women would be followed through 12 months post partum and evaluated on BF behavior and infant mortality and morbidity. A group of 100 pregnant women would serve as a control group. Estimated cost of this two-year project was \$13,000. Training costs would be borne by ICFH.

A second project idea, proposed by Dr. Trinidad Gomez, dealt with strategies for promoting breastfeeding. This two-year project would work in selected barangays in Laguna and 20 FP clinics in Luzon. The project would first train physicians from 20 clinics in Luzon and nurses or midwives from 10 selected barangays in La-

guna. The trainees would then promote BF among prenatal and postpartum women. An IEC and a research component is included. Estimated cost: \$50,000.

B. Children's Medical Center Philippines, Inc. (Dra. Fe del Mundo)

Three project ideas were suggested:

(1) A Study of Breastfeeding in Filipino Infants 1 Year and Below with Diarrhea Enteritis

This is a longitudinal study comparing breastfed and bottlefed babies in regard to frequency of infection, particularly diarrhea. [Note: This proposed study is similar to that of E. Crescencio and M. Simpson-Hebert (1985).]

(2) Deterrents to Rooming-in Practice in Some Private Hospitals (Metro Manila, Cebu, Davao, Zamboanga City and Bacolod)

This study would determine the knowledge of rooming-in practice of mothers, physicians, and other hospital staff; identify problems encountered in rooming-in; and evaluate satisfaction with rooming-in on the part of mothers, physicians, and hospital staff. The focus would be on private hospitals. Approximately 1,000 babies would be studied with their mothers interviewed while in the hospital and two weeks after discharge. Estimated cost was \$17,500.

(3) Relactation to Prevent the Onset and the Recurrence of Diarrhea Problem in Filipino Infants Under 1 Year

This study proposes to relactate mothers whose infants were weaned and subsequently had diarrhea; to assess the effect of BF on the course of an episode of diarrhea; and to determine how long mothers persisted and succeeded in BF. Infants less than 1 year old who were admitted to hospital for diarrhea and who were formula fed would be included in the study. Although the study did not include a control group of infants who were similar but whose mothers were not relactated and who received the routine medical treatments for diarrhea (usually, ORT), this design might increase the interest of the study. Estimated cost of this one-year study (without the control group) is \$7,500.

Jose Fabella Memorial Hospital (Dr. Ricardo Gonzales)

As noted in the field notes (Appendix C, 7/15/88), the rooming-in program is well advanced at Jose Fabella Memorial Hospital. The staff now want to evaluate the effects of rooming-in and expand their program within the hospital and to other facilities. The Director emphasized the need to collect information on BF continuation rates among rooming-in patients. At this point, they know that almost all their infants leave the hospital BF, but

do not have any idea how long women keep it up or when they begin supplementing. Thus, they would like to do a follow up study to look at duration of BF and BF patterns after discharge.

The hospital staff would like to document the health and financial impacts of rooming-in and will likely work with researchers from UPPI in the data analysis.

Other proposed projects include: (1) becoming an in-country Lactation Management Center; (2) establishment of a milk bank for sick neonates and premature babies; (3) master trainer courses for health teams from other hospitals in the Philippines and possibly elsewhere in the region; (4) establishment of a relactation program for pediatric ward admissions; (5) expansion of their Voluntary Lactation Brigade which uses retired midwives to counsel new mothers and (6) other research, service, and education projects listed in the text.

Dr. Rebecca Ramos, who is head of the family planning center at the hospital, expressed interest in developing counselling procedures for BF women regarding when to start contraception.

Philippine General Hospital (PGH) (Dr. Augusto Manalo)

Three project ideas were proposed:

---BF Promotion Project of Dept of OB/GYN, Pediatrics at UP-PGH Medical Center

This project involves three phases: Education/Information (medical personnel, paramedical personnel, preparation of educational materials, mother's classes, etc.); Implementation Strategies to promote Immediate BF; and Evaluation of IEC and Implementation Strategies.

---BF Education for Mothers in Pre- and Post-natal Clinic

This project would determine education opportunities during routine pre- and postnatal clinic; obtain baseline data on present BF practices and prenatal concerns of low income women; determine social constraints and/or health problems that affect attendance at clinic as well as BF practice; and develop and test health educational materials on BF and prenatal concerns. This is a 2 1/2 year project.

---Training of FP Service Providers in the Provision of Health Education and FP Services for BF Women

This project seeks to promote BF by integrating BF IEC into the FP service delivery and enable FP service providers to provide BF mothers with the appropriate FP methods. This project would be done with POPCOM.

---Fertility Awareness Among BF Women

This project would make BF women aware of their cervical mucus pattern and determine if the cervical mucus method can be used as a contraceptive method for BF women. 1 1/2 year project. [Note: FHI and Georgetown University are already conducting a very careful multi-country study on this topic.]

---Training for PGH Staff in Lactation Management

We discussed the possibility of a team from PGH receiving intensive training in lactation management from Wellstart. It is up to PGH to make a formal request for this training.

Philippine Obstetrics and Gynecology Society (POGS)

The following projects related to BF were discussed:

---IEC materials for mothers participating in the ABCC program of POGS.

---IEC materials (posters, billboards, handouts) on BF to be distributed through POGS

---Professional education on BF through scientific sessions of POGS. One suggestion was that a session be devoted to breast disorders. There are journals and newsletters of POGS which could also be used to disseminate information on BF to obstetricians and gynecologists.

Integrated Midwives Association of the Philippines

There are 120 chapters of IMAP, each with about 100-200 members. The fifteen members of the Manila chapter who met with us listed the following priorities:

---Continuing education on BF. The formula companies currently sponsor continuing education seminars. In order to compete with these industry-supported seminars, the costs of registration and transportation would need to be supported by a donor more compatible with BF promotion

---IEC for mothers and midwife training materials. The current midwife manual provided by UNICEF was published with 10,000 copies whereas there are 60,000 trained midwives in the Philippines.

---KAP or market research among midwives to develop materials more appropriate to their training and mode of operations

---Changes in midwife basic curriculum

(2) Nutrition Organizations

Nutrition Foundation of the Philippines (Dr. Minerva Inciong)

The Nutrition Foundation of the Philippines is an independent NGO, supported, in part, by the Philippines Charity Sweepstakes. The NFP (in particular, Dr. Inciong) has played a leading role in setting the agenda of the IEC subcommittee of the NMPB. Dr. Inciong prepared the annotated bibliography on BF research. NFP has developed educational pamphlets on BF for mothers and "mother trainers." The NFP trains nutritionists and dieticians and prepares community nutritionists for government licensing. It also helps to develop curricula in nutrition.

NFP would like resources to train mother trainers in Tondo, an urban slum area. This would be done through a Zonta Club feeding program. Neighborhood women would be trained to conduct Mother's Classes for their neighbors. The goal would be to develop a teaching module and educational materials that could be used elsewhere. The focus would be on nutrition and BF.

Nutrition Center of the Philippines (NCP) (Dr. Florentino Solon)

Over the past 12 years, the NCP has worked to tap local and international private resources to support work on food and nutrition in the Philippines. The NCP developed many innovative approaches, materials and programs including use of video-equipped vans in rural areas to do nutrition education and distribute weaning food. It also developed a teacher-child-parent curriculum on nutrition and has produced many high quality materials on nutrition including flashcards for health workers to use in BF instruction for women.

The most important need identified by NCP is to evaluate the impact of their educational materials on BF attitudes and practices. The proposed project would measure BF knowledge, attitudes and practices of target mothers before and after exposure to selected BF promotion interventions. Specifically, it would measure changes in KAP before and after exposure to BF modules in Teacher-Child-Parent Packages, BF flashcards, and BF video tapes. These materials have already been developed and produced in small numbers but not tested for effectiveness.

Food and Nutrition Research Institute (FNRI) (Dr. Florentino)

The FNRI undertakes biological, cultural and technological research in nutrition and disseminates this information within the public and private sectors. FNRI has been evaluating IEC developed by NMPB for institutions, health workers, and individuals. It took the lead in developing the handbook on basic BF messages. The FNRI also studied the use of the public transport

system to communicate BF messages.

The 14th Annual FNRI seminar that we attended on food and nutrition research included a paper on breastfeeding research in the Philippines (7/18-7/19/88). The following were suggested by panel members as priority research issues:

- Explanations for the impressive BF promotion program in Davao City
- Effects of significant others (husbands, relatives, health providers, etc.) on women's decisions to BF.
- How BF promotion can be integrated into MCH services in urban areas?
- Impact of IEC efforts on BF practices
- Contraceptive effects of BF
- Effect of supplementation of mothers' diets on lactation
- How long can expressed milk be kept unrefrigerated? How should it be fed? (spoon? cup? bottle?)
- What percent of doctors and nurses really promote BF?
- What messages are most effective in getting women to BF and do the messages vary by social class?

FNRI submitted a detailed project, "Social Mobilization as a Developmental Approach to Breastfeeding Promotion." This project would use an area-based BF promotion program where beneficiaries (individuals and communities) actively participate in planning and implementation of the program. The goal would be to increase BF prevalence and duration and decrease infant mortality. "Social Mobilization" refers to "a process of generating and sustaining the active and coordinated participation of all sectors at various levels to facilitate and accelerate the improvement of the situation of children, women and other vulnerable groups." The project would use a pretest-posttest control group design: the experimental area would have the social mobilization program while the control area would receive the usual health services. The study would last 3 years and focus on all mothers and children of the selected barangays. The study sites would be selected by soliciting interest through the national nutrition administrative structure. Estimated cost: \$70,600.

A second FNRI proposal requests funding to examine the effectiveness of an IEC model for the promotion of BF in the maternity care service of a peri-urban district hospital. Prevalence and duration of BF follow exposure to various IEC interventions would be examined. Estimated cost: \$30,300.

National Nutrition Council (NNC) (Dr. Bongga)

The National Nutrition Council is a policy-making body that coordinates activities of all government departments and the private sector in nutrition. Implementation is carried out by the member organizations. NCC acts in an administrative capacity and provides oversight of projects which are implemented by its members.

A five-year project was suggested on approaches to the promotion of BF. This project has three components: the development, production, and distribution of video tapes on BF to District/City and Regional Program Coordinators; establishment of a nutrition information center; and participant training on BF. We also discussed the possibility of including BF talks in ongoing professional meetings as well as a national conference on various aspects of the national BF program: implementation, IED, research, mass media, etc.

(3) Population Organizations

Population Center Foundation (PCF)

Two proposals were submitted by PCF:

(1) Promotion of BF Among Working Mothers

This project would be implemented in approximately 50 companies where PCF has assisted or is currently assisting in the setting up of an in-plant FP program. The project aims to demonstrate the benefits that will accrue to both management and female workers from an intensive in-plant campaign to promote BF; to convince management to provide a facility for nursing mothers to express and store their milk; and encourage working mothers to breastfeed. The estimated cost of this 3 year project is \$150,000.

(2) A Campaign to Promote BF among Medical Practitioners

This project will attempt to influence pediatricians, obstetricians, nurses, midwives and other general practitioners from government and private health institutions to actively promote BF among their clients. The information program will be evaluated according to changes in medical practices and the effectiveness of the program in influencing mothers to breastfeed. Within two years, the project will hold a series of symposia or lecture-discussion sessions among doctors, nurses, and midwives on the benefits of BF; conduct motivational skills training to help medical practitioners in BF counselling; and ascertain any causal effects of the training and educational inputs on performance of medical practitioners in BF promotion.

The estimated cost is \$90,000.

Commission on Population [submitted no proposals but served as a channel for proposals from other organizations]

(4) Research Organizations

University of the Philippines Population Institute (UPPI)
(Dr. Corazon Raymundo)

UPPI is one of the three major demographic research centers in the Philippines. (The others are at Xavier University in Cagayan de Oro and U. of San Carlos in Cebu.) One of UPPI's contributions to the national BF promotion program has been to analyze trends and patterns of BF including documenting the major contribution BF makes to child spacing in the Philippines. It has also been active in information dissemination, particularly through regional research dissemination seminars.

UPPI suggested the following projects:

---A comprehensive documentation and evaluation of the knowledge, attitudes and practices/skills of health personnel, mothers, and significant others on breastfeeding.

---Publication of a breastfeeding research digest.

---Analysis of breastfeeding practice and related health services using the 1987 National Health Survey.

---Assistance to Jose Fabella Memorial Hospital in analyzing its data on the effects of rooming-in. [This is likely to take place in the next few weeks or months.]

Another potential project we discussed was analysis of the 1988 National Demographic Survey (being conducted by the Census Dept.) for BF trends and patterns from 1968-1988. It should also be noted that the two other demographic centers could also do this kind of work. The Office of Population Studies at the U. of San Carlos in particular has very extensive research experience in breastfeeding.

Institute for Philippine Culture (Dra. Ramona de los Reyes)

No projects were suggested since IPC is not conducting health research right now. IPC is experienced in process documentation of intervention projects and teaching of qualitative evaluation techniques. IPC's strength is in assessing the implementation of development programs.

Research Institute for Tropical Medicine (RITM) (Dr. Meliadora Sanfel)

RITM has completed longitudinal studies of the etiology of diarrheal disease among infants and of infant feeding practices among 900 mother infant pairs. RITM is starting an intervention program to improve infant feeding practices and reduce morbidity and mortality of infants. Current funding is for only through age 1. One project idea was to follow up children up to age 2 with the goal of assessing the protective effect rendered by breastfeeding. That is, do infants who are breastfed during the first year of life do better during the second year of life also (compared to those who were bottlefed)?

A second idea was to expand the distribution of IEC materials developed during the intervention program. The materials are for community health workers and deal with breastfeeding and weaning.

A third idea was to study how long expressed breastmilk remains uncontaminated under typical home conditions and whether it is better to store expressed breastmilk in a baby bottle or a cup. (Previous research of RITM has indicated that bottles are particularly prone to contamination.)

A final idea was to study the effect of infant feeding patterns on acute respiratory infection. Previous research has been inconsistent on this question.

Tropical Disease Foundation (Dr. Thelma Tupasi-Ramos)

A proposed longitudinal study would look at the effect of BF on both incidence and severity of acute respiratory infection for infants from birth to age one year. Two comparable groups of infants, approximately 330 breastfeeding and 330 bottlefeeding would be compared. Field workers would visit mothers and infants weekly to determine feeding practices and monitor ARI morbidity. The study would also study possible mechanisms by which breastfeeding may be protective, specifically whether mother's milk contains factors which block the attachment of respiratory bacterial pathogens. Nasopharyngeal secretions and urine would be obtained from infants with ARI for etiologic studies. Estimated cost (excluding laboratory tests) was \$202,000 for three years.

College of Public Health (Dr. Noel D. Lawas)

A project was proposed on, "Training and Utilization of Barangay Health Workers in the Promotion of Breastfeeding in the Rural Communities." The objective is to promote BF among rural mothers as the accepted and unequalled method of infant feeding. In this project, mothers would be encouraged by BHWs to BF their infants for a minimum of one year. The proposed site is four

upland municipalities of Cavite. Four levels of evaluation would be used: impact evaluation (incidence and duration of BF), performance of BHW's, learning evaluation (on BHW training course), and reaction evaluation (response of mothers). This four-year project is estimated to cost \$154,800.

Food and Nutrition Research Institute [see section on nutrition organizations]

(5) Other Organizations

National Movement for the Promotion of Breastfeeding (NMPB),
MCH Services

The NMPB is made up of 14 governmental organizations (with 26 governmental units represented in all) and 25 non-governmental organizations. DOH is the lead agency and houses the NMPB Secretariat. Accomplishments of the NMPB have been mentioned in the report.

The NMPB estimates that the cost of implementing the National Breastfeeding Program Five Year Plan (1988-1992) through the NMPB will be 41 million pesos (\$2 million). UNICEF's support is expected to be around 5 million pesos, leaving a large gap. Furthermore, UNICEF does not usually fund certain activities including research, institution building, and materials production--important activities in the Plan. If additional funds are not found, many BF promotion activities will not be funded and much of the Plan will not be carried out.

Institute for Social Studies & Action

A project entitled, "The Involvement of Grassroots Women in the Promotion of BF," was submitted through POPCOM. This project would train 15 women volunteers to help provide information and motivate pregnant women and lactating mothers to breastfeed their babies. The pilot area would be Barangay Veterans Village (BVV), a depressed community in Quezon City where ISSA has been conducting its Outreach Clinic and IEC activities. Specific objectives are to equip 15 organized women volunteers from BVV with updated information on BF; train them to motivate pregnant women and lactating mothers to BF their babies; develop BF teaching aids; provide for a follow up mechanism to monitor mothers in the program; and assess effectiveness and usefulness of the training program, teaching aids, and information materials in improving BF practices in BVV. The estimated cost for one year is \$4,000.

Kabalikat (Ms. Teresita Marie Bagasao)

Kabalikt ng pamilyang pilipino (Support for the Filipino Family) is an NGO originating from a PATH/PIACT project. Kabalikat currently provides marketing research for DOH programs. It is working with RITM on a project on BF and its relation to diarrheal disease. It has been an innovator in developing educational materials and exploring new communication channels. During our meeting, we suggested that Kabalikat submit a proposal to AED to conduct an evaluation of the NMPB program and prepare, as an output of the project, a slide or tape presentation on the Philippine BF promotion program. Estimated budget: \$7,000.

APPENDIX C

NOTES ON SITE VISITS
TO HEALTH FACILITIES

4/2

DATE: July 12, 1988 - Tuesday 3:30 - 4:30 pm

PLACE: Capital Medical Center

PRESENT: Audrey J. Naylor, MD
Nancy Powers, MD
Marinela Gonzales, MD.
Chief Resident, Pediatrics
Director of Nurses

Capital Medical Center is a private hospital but does have residency training programs in both Obstetrics and Pediatrics. Tour was led by the chief resident in pediatrics.

Most patients are paying, middle class or upper income though the hospital does serve some poor patients. Rooming-in is available but only 15 to 20 % of patients accept this option and few of those who do, elect to breastfeed. (Only one mother was rooming-in during this visit. This was not a matter of her choice but because she had delivered BOA in a taxi. She was not breastfeeding). Staff reported that mothers do not want rooming-in because they believe they should rest while in hospital. Another influence might be the release form which they must sign for rooming-in which emphasizes that the hospital is not responsible for any problems which may result from rooming-in. For mothers who wish to breastfeed but not to have rooming-in, a small room (about 4 feet by 6 feet) is available next to the nursery. With three chairs and two doors it is very crowded).

During our visit 6 babies were in cribs in the nursery. All had bottles of formula in the cribs. Supplemental and replacement formula feedings are standard practice.

Other deterrents to the initiation of lactation include scheduling of breastfeedings (every three hours), a 6 hour (minimum) period of observation following delivery and routine prelacteal feedings of water.

The pediatric service was also briefly toured. Most patients are in private rooms and a parent or family care taker must room-in with the child. For lower income families care is provided in a four bed room. Parent stay is also required in this situation.

Several infants were under care for diarrhea treatment. All were bottle fed. Re-lactation is not currently undertaken. During the tour, no formula promotional materials were visible.

IMPRESSION: This hospital has a sincere and dedicated staff who clearly desire to provide the best care for mothers, infants and children. At present, however, neither breastfeeding nor rooming-in are significantly promoted. This deficiency appears to be due to inadequate knowledge among the professional staff regarding lactation and breastfeeding. Those who met with the team during this visit seemed very interested in having an opportunity to learn more. A continuing education opportunity for key staff would probably lead to major improvements in postpartum care procedures.

POSSIBLE PROJECTS:

Continuing education concerning lactation for both medical and nursing staff.

DATE: July 13, 1988 10:00 am - 12:00 pm

PLACE: Quezon City Health Department
San Francisco Lying-In Clinic
San Francisco Health Center

PRESENT: Training Director, Q.C., Health Department
Obstetrician San Francisco Lying-In Clinic
Midwife, San Francisco Lying-in Clinic
Audrey J. Naylor, MD
Nancy Powers, MD
Marinela Gonzales MD, DOH

Tour of Lying-In Clinic; a 10-bed facility attached to adjacent Health Center. Each "district" contains about one lying-in Clinic per ten health centers. About 150 deliveries per month occur in these clinics. Each lying-in clinic provides prenatal care to normal, low-risk, and low-moderate risk patients. Labor and delivery service for anticipated normal deliveries is also provided by 1 Ob-Gyn and 2 midwives. The staff can stabilize and transfer (by taxi, 5-10 minutes) developing high risk situations. Mothers and infants room-in immediately, no bottles were visible, no prelacteal feeds. Mother and infant are discharged 6-12 hours after birth. Visitors are allowed. Follow-up at home occurs daily, by a midwife for 1 week and again at 2 weeks.

Return appointments to the Health Centers for infant immunizations (6 weeks) and maternal post-partum visit/Family planning are then arranged.

IMPRESSION:

- Already a positive atmosphere for promotion of Breastfeeding.
- Good potential for normal deliveries to increase rates of prenatal care and to decrease "hospital interventions" that disrupt feedings.

POSSIBLE PROJECTS:

1. Further training, IEC to MD's and midwives (updates etc), regarding breastfeeding.
2. Printed materials for patients.

DATE: July 13, 1988 12:30 pm - 3:00 pm

PLACE: National Children's Hospital (NCH)

CONTACT: Dr. Isabelita Vital-Gozon, Director, Wellstart participant 1984

PRESENT: Nancy Powers, MD; Claudia Fishman; Audrey Naylor, MD, Nancy Williamson; Marinela Gonzales, MD.

Hospital Characteristics:

250 beds. Charity Hospital serving the urban poor, (old facility with 50 beds out of use because of a water pipe problem). No delivery service. Tertiary referral center with pediatric residency training (40).

Major admissions: Malnutrition with infection, gastroenteritis.

This hospital has the potential for a major role in Breastfeeding and Nutritional rehabilitation and/or Relactation.

At present, Dr. Gozon is the only trained individual and she is too busy with her new job as Hospital Director to begin a new project.

DATE: July 13, 1988 - 3:00 pm to 6:00 pm

PLACE: Philippine Pediatric Society (PPS), (Meeting Occurred at the Philippine Children's Medical Center [PCMC])

PRESENT: Sonia Sarcia, MD, Secretary, PPS; Lilian Lee, MD, Director, PCMC; Esperanza Rivera, MD, Chief of Pediatrics, PCMP; Audrey Naylor, MD; Nancy Powers, MD; Marinela Gonzales, MD.

Dr. Sarcia expressed regrets from the president of PPS who had another conflicting appointment and could not join us.

PPS is the official professional association for Philippine pediatricians and has about 1000 members. The organization is responsible for pediatric board certification and is very influential in setting standards for medical and pediatric education. The PPS considers itself to be active in breastfeeding promotion (see attached list).

During the meeting, PPS did not offer a specific proposal for funding but both Dr. Sarcia and Dr. Rivera shared several ideas for projects at PCMC:

1. Develop milk bank at PCMC and carry out research regarding biochemical and immunological content of human milk.
2. Develop a Gastroenterology/Nutrition unit which would focus on training and research related to breastmilk and breastfeeding.
3. Undertake a relactation project.
4. Provide IEC materials for PCMC waiting room.

Interest in participation in the Wellstart Lactation Management Training Program was also expressed. (PCMC was to have sent one physician in June 1988 but due to visa problems she was unable to attend)

At the conclusion of our discussion a tour of PCMC was provided. This 200 bed, rather modern hospital is exclusively for children and is administered as a government corporation with only a small subsidy from the government. Patients are billed. About 40% are defined as private patients; 60% as charity. The facility was originally built by Mrs. Marcos as a "show place" of Philippine pediatric care. In many respects it is more "show place" than functional. (eg: beds are too low, rooms are too far from nurses stations to monitor, etc.)

A full range of pediatric specialists participate in both in-patient and out-patient services. They pay for the office space which they use. About 4000 outpatient visits a month are recorded.

At present there is no obstetrical service and thus all neonatal patients are referrals from elsewhere. However, a 12-bed high-risk obstetrical unit adjacent to their perinatal center is about to open. The unit has impressive new high tech equipment donated by the Japanese.

The hospital is an accredited pediatric training program with 40 residents and fellows. It also offers a highly regarded pediatric surgical residency as well as a pediatric anesthesiology program. Trainees often come as teams of two.

In spite of the highly specialized type of care offered at PCMP, the primary problem which they deal with is malnutrition and secondary infection.

During this tour numerous cases of neonatal sepsis and diarrhea were seen. Without exception all were bottle fed.

IMPRESSION:

The PPS seems interested in participating in breastfeeding promotion activities but did not offer specific proposals. Because of the organization's prestige and influence on pediatric training it would be desirable to assure that they are included to the extent possible.

Because the PPS leadership also provides leadership for the PCMC, any assistance given to PCMC would simultaneously involve the PPS.

Philippine Pediatric Society activities which promote breastfeeding:

1. Representation (3) on the NMPB
2. PPS Breastfeeding Policy
3. Articles in the PPS Newsletter
4. Articles in the Philippine Pediatric Journal
5. Actively lobbied for the Philippine Milk Code. (Note the PPS is not supportive of the code's sanctions against physicians)
6. Requires rooming-in for PPS approval as an accredited pediatric training program
7. Breastfeeding questions are included in pediatric specialty board examination
8. Assisted in the design and implementation of an undergraduate curriculum (pre-clinical) in infant nutrition and breastfeeding
9. Work with the Association of Philippine Medical Schools to increase experience with breastfeeding issues during clinical training years.

DATE: July 14, 1988 Wednesday 7:00 - 9:30 am

PLACE: Ambassador Hotel

PRESENT: Leaders of the Integrated Midwives Association (IMA), (see attached list); Dr. Ricardo Gonzales, MD, MHA, Obstetrician, Hospital Administrator and Member of the Midwifery Board of Examiners; Claudia Fishman, PhD; Nancy Powers, MD; Audrey Naylor, MD.

This dinner meeting was arranged to learn about the view trained midwives have of their role in promoting breastfeeding. (There are about 4000 trained midwives in the Philippines.)

All present noted that their training included some information on breastfeeding though not very much. (Midwifery training is a 2 year course which is taken after completion of high school). All are aware of the importance of breastfeeding and encourage their patients to initiate nursing. All were aware of the value of colostrum but only one reported that she promoted immediate nursing. The others waited several hours and some delayed for over 24 hours. A number of those present stated that many of their patients had no milk for several days. When questioned about the signs of "no milk" they clarified that attempts to hand-express were unsuccessful and the babies did not seem content. A full explanation for these observations could not be done in the time available. However, most of those present reported that they gave their patients Methergine three times a day for three days. This routine could in part delay lactogenesis.

The overall impression from this meeting was that the trained midwives are an enthusiastic group, interested in learning more. Continuing education programs and curriculum strengthening could have considerable impact since about 50% of the 75% of babies who are born at home are attended by midwives. It is also important to note that a significant amount of the current continuing education of midwives is sponsored by the drug companies and infant formula companies. In addition much of their patient education materials are from the industries.

DATE: July 14, 1988 11:00 - 2:00

PLACE: Manila Central University (MCU)

PRESENT: Esperanza Rivera, MD, Medical Director, MCU Hospital; Dr. Quito, Dean, MCU Medical School; Dr. Castro, Chief of Pediatrics; Nancy Williamson, PhD; Claudia Fishman, PhD; Nancy Powers, MD; Audrey Naylor, MD.

MCU is a private university with a medical school (about 600 students). The University owns and operates its own hospital. Breastfeeding is only passively promoted. Most private patients do not elect rooming-in and do not breastfeed. (A breastfeeding room is provided next to the nursery).

Recently a "package deal" of prenatal and perinatal services has been made available to families seeking obstetrical services. Rooming-in is required in the package.

The dean of the medical school, Dr. Quito, expressed interest in working with the Association of Philippine Medical Schools to get Clinical training regarding breastfeeding and lactation into the medical school and residency curriculum.

IMPRESSION:

As with other hospitals visited during this consultation, breastfeeding is not actively being promoted. Again, however, the major barrier appears to be lack of knowledge on the part of the staff regarding the scientific fundamentals of lactation management. An educational opportunity would be well received by the leadership of MCU.

DATE: July 15, 1988 8:30 am - 12:30 pm

PLACE: Fabella Hospital, Visit and Presentation of Proposals
(350 beds, charity, urban poor clientele, old facility)

PRESENT: *Dr. Consolacion De Guzman, Chairman Ob-Gyn; *Dr. Aurora Pabustan, Pediatric Consultant; *Dr. Isabelita Vital-Gozon, Prev. Chief Pediatrics, Current Director NCMC; *Emerita Santos, RN, Supervisor OB-Gyn Ward; *Dr. Ricardo Gonzales, Director; *Dr. Gloria Casabal, DOH; Dr. Marinela Gonzales, DOH; Mila Uysingco NMPB; Jacquelyn Schramm Honculada; Nursing Supervisor; Nancy Powers, MD; Audrey Naylor, MD; Nancy Williamson, PhD; Claudia Fishman, PhD.

(* Wellstart Participants 1984-1988)

1. Tour of OB WARDS (80-100 deliveries/day)

- TOTAL ROOMING-IN for normal mothers and babies, vaginal birth - 200 beds
- C/S mothers room-in after 24 hours. Infants in nearby C/S room receive no prelacteal feedings - 70 beds.
- No bottles allowed.
- Nurses instructing mothers, examining breasts, expressing milk, etc. Mothers RESTING with babies, feeding, baby care.
- Clean, quiet atmosphere in old, large wards. Babies mostly quiet or sleeping or breastfeeding.
- Nursing staff, 1 RN per 50-100 patients plus 6-8 student midwives, student nurses, and 1 attendant.
- If mother and infant must be separated, breast milk is expressed and fed to the infant by another method.

2. Tour of NICU - 50 beds.

- Some infants are able to directly breastfeed and mothers come in to feed them.
- Some infants receive their own mother's expressed breast milk.
- Some infants still receive formula (mother's milk not available).

3. Tour of Pediatrics - 150 beds

- Many "septic" newborns - mostly bottle or mixed feeding at admission.
- Large gastroenteritis ward - almost all bottle or mixed feeding and with malnutrition.
- Many Malnutrition/Infection cases.

Pediatrics Ward:

- Attempts to relactate mothers of babies under 4 weeks old.

4. Presentation of Current and Proposed Projects

- Emphasis on integrating Breastfeeding programs into "Safe Motherhood" as part of Comprehensive Care.

PROPOSALS:

1. Master Trainers Course.
 2. Service Providers Course.
 3. Course for Hospital administrators.
 4. Voluntary Lactation Brigade (retired midwives)
 5. Milk Banking
 6. Lactation Clinic
 7. Relactation Project
 8. Research:
 1. Cost analysis of rooming-in.
 2. Quality indicators of rooming-in care.
 3. Case control study of morbidity among breast-fed vs. formula-fed infants.
 4. Breastfeeding continuation rates.
 5. Effect of BCP on Breastmilk. Quality and quantity.
 9. Fabella Lactation Program as a Major National Center for training and research
5. Honculada Report cites Fabella as meeting 7 out of 8 criteria for promoting pure breastfeeding. (Other aspects of the report are pertinent to the current situation in other hospitals, Milk Code, etc.) Honculada discussed her findings.

IMPRESSIONS:

Jose Fabella Memorial Hospital already has an impressive and sound foundation for promoting breastfeeding in the hospital, and for providing ECHO training.

Significant Positive Factors include:

1. Strong core of Trained Physicians/Nurses.
2. Commitment to exclusive breastfeeding and use of breastmilk.
3. Policies in place to promote early breastfeeding, rooming-in with exclusive breastfeeding.
4. Actual practices are in place to demonstrate model rooming-in, etc.
5. Large delivery service can be a source of rapid data accumulation for research projects.
6. Major training program for midwives and residents, rapid multiplier effect.
7. Strong Family Planning program:
 - incentive for follow-up appointments
 - can combine Breastfeeding and Family planning projects
 - is already a Model Program for National Training similar to that proposed for Lactation Center
8. The program is at a point where major expansion could be achieved relatively rapidly, given resources.

9. Weaknesses at this point:

1. Core faculty are all busy in other capacities where they are needed
2. Core faculty is relatively small for the amount of expansion proposed.
3. Understaffed with Nurses (problem in ALL hospitals).
4. Apparent lack of cooperation and/or cross-training of the other major Metro-Manila hospitals. In-country training will probably not carry the "prestige" of a US program, even if comparable in quality.

DATE: July 15, 1988 Friday 2:00 - 3:30 pm

PLACE: Philippine General Hospital

PRESENT: Chief of the Obstetrics Department; Dr. Natividad Puertollano, past chief; Dr. Gratmaiton, Neonatologist; Dr. Isleta, Neonatologist; Chief Resident of Pediatrics; Nancy Williamson, PhD; Claudia Fishman, PhD; Nancy Powers, MD; Audrey Naylor, MD.

PGH is a large (1000 bed) teaching hospital associated with the Medical School of the University of the Philippine. There are 148 OB-Gyn beds and 400 deliveries per month (about 100 per week, 10-15 per day). They estimate that 50-70% are considered high risk due to inadequate prenatal care. Ten to twenty percent of the newborns are classified as premature by gestational age and an additional 10-20% have other problems.

Rooming-in is currently in place but in a modified fashion (not full 24 hours). A number of barriers to full rooming-in were identified:

- Large patient volume and limited nursing personnel.
- Short hospital stay.
- Fear of cross infection.
- Risk of infant kidnapping.
- Inadequate education of the nursing staff.
- High percentage of sick and pre-term infants.
- Beds are not suitable (too saggy - 2 infants deaths registered due to suffocation).

There are also delays between delivery and a mother being assigned to rooming-in due to discharge delays. Babies who will room in are kept separated until mothers are actually located in the rooming-in ward. There was concern about what to feed them. Currently they are given glucose water.

Three proposals had been prepared for discussion

1. Training of family planning service providers in how to include breastfeeding promotion in their activities.
2. Breastfeeding education for mothers in the pre- and postnatal clinics.
3. A breastfeeding training program for health care providers which would be jointly carried out by the departments of obstetrics and pediatrics.

Discussion of these proposals and of the perceived barriers to rooming-in offered considerable evidence that there is much interest in promoting breastfeeding. As has been noted in many similar institutions, faculty and staff lack sufficient scientifically based knowledge to proceed with needed changes. They also anticipate and fear possible increases in staffing and costs, (neither of which occur). This hospital is probably a good candidate for developing a lactation management team.

DATE: July 15, 1988 4:00 - 5:00 pm

PLACE: Philippine Obstetric and Gynecology Society (POGS)

PRESENT: Dr. Patricia Navarro, President; Dr. Isabel Iluo, Information; Dr. Hermina Panhillo, Statistics; Dr. Puertollano, Perinatal committee; Dr. Manuel Ramos, MCH committee; Dr. Rogelio Mendiola, ABCC; Nancy Williamson, PhD; Nancy Powers, MD; Audrey Naylor, MD.

The group which had gathered to meet with us represented the chairs of the Standing Committee. Current projects which they would like to seek funding for were reviewed. Breastfeeding did not seem to be a topic of major interest. A need was noted for patient education materials and teaching materials for the continuing education they provide for general practitioners and midwives. There was limited interest in offering further education among OB-Gyn specialists.

After some discussion, it was agreed that inclusion of scientific speakers in regional and annual meetings would be useful. In addition a especially designed seminar might be of interest (eg. the Obstetrician and the diagnosis and treatment of Breast disorders).

In general, there was rather minimal interest in the issue of breastfeeding promotion but the door is not closed.

7/18/88

After some or all of the team visited four (out of six) urban hospitals which had uneven implementation of rooming-in and BF promotion, it was a pleasure to visit facilities outside Metro Manila which have implemented rooming-in thoroughly. Dr. Marinela Gonzales (DOH), Dr. Fishman, and Dr. Williamson visited three DOH facilities in Region III: the Central Luzon Regional Hospital, the Pampanga District Hospital, and the Provincial Hospital in Bulacan. All were practicing rooming-in and had phased out their nurseries except for infants having problems. We saw no bottles and saw many contented babies sleeping with their mothers. The facilities were crowded, especially in the Regional Hospital, which makes BF counselling difficult. The hospital staff we talked with did not report problems implementing rooming-in and two even reported cost savings.

The Regional Office has backed these changes and is monitoring progress. Their statistics for the 1st Quarter, 1988, show that most provinces have 80% of liveborn babies leaving the health facility breastfeeding with two exceptions: Pampanga (61%) and Angeles City (11%). The latter is especially discouraging since 71% of the livebirths in city facilities occur in Angeles City, the home of many hospitality girls and unwanted pregnancies. The monitoring system set up by DOH in July 1987 allows the prompt identification of provinces and cities lagging in BF promotion in public facilities. The reporting system requires the health facilities to justify every instance where an infant is given starter milk formulas.

The Regional Health Office has identified a number of problems remaining (inadequate knowledge of BF among health workers, inadequate data, inadequate BF counselling for mothers, short duration of BF, insufficient support of the BF program by pediatricians, obstetricians, and non-governmental health workers, etc.). Nonetheless, the situation we found in Region III appears to be much better than in Metro Manila.

7/20

In the course of visiting Dr. Thelma Tupasi-Ramos, an infectious disease specialist at Makati Medical Center, Dr. Fishman and Dr. Williamson met briefly with the Medical Director and head of OB/GYN to discuss the Wellstart program. We later provided Dr. Tupasi with written material on the program. It will be interesting to see whether MMC follows up on this.

APPENDIX D

References

Action Guide On Implementing the International Code of Marketing of Breastmilk Substitutes, UNICEF, 1984.

Cresencio, Elias N. and Mayling Simpson-Hebert, Morbidity and Nutritional Status of Breastfed and Bottledfed Low Income Urban Filipino Infants, Infant Feeding Project Working Paper No. 2, Ramon Magsaysay Award Foundation, 1985.

Fernandez, Ma. Erlinda L. and Barry M. Popkin, Prelacteal Feeding Patterns in the Philippines, Carolina Population Center, Nov. 1987 (submitted for publication).

Fishman, Claudia, Warm Bodies, Cool Milk: Conflicts in Post-partum Food Choice for Indonesian Women in California, Soc. Sci. Med., 1988.

Honculada, Jacquelyn Schramm, Infant Feeding Policies and Practices (IFPP) in Selected Metro Manila Hospitals, Phase I and II, Submitted as partial requirement for Social Work Field Practice, June 29, 1988.

Huffman, Sandra L. and Cheryl Combest, Promotion of Breastfeeding: Yes, It Works!, Center to Prevent Childhood Malnutrition, Bethesda, Md., April, 1988.

Inciong, Minerva (ed.), Annotated Bibliography: Breastfeeding in the Philippines 1956-1986, Nutrition Foundation of the Philippines, 1987. [Available in July 1988.]

International Nutrition Communication Service. A Retrospective and Prospective Look at International Breastfeeding Promotion Programs. Sponsored by the U.S. Agency for International Development, 1985.

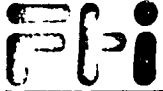
Makil, Lorna Pena and Mayling Simpson-Hebert, Family Planning, Breastfeeding and Pregnancy among Urban Filipino Women, Infant Feeding Project Working Paper No. 1, Ramon Magsaysay Award Foundation, 1985.

National Breastfeeding Program Five Year Plan 1988-1992. Prepared by National Movement for Promotion of Breastfeeding, DOH (lead agency), Manila, Philippines, 1988.

Naylor, Audrey and Ruth Wester, Training Health Professionals About Breastfeeding, Mothers and Children. Bulletin on Infant Feeding and Maternal Nutrition, Vol. 5, No. 2, April-June 1986.

- Naylor, Audrey and Ruth Wester, Providing Professional Lactation Management Consultation, Clinics in Perinatology, Vol. 14, No.1, March 1987.
- Paras, Victoria and Mayling Simpson, and Emmeline Verzosa, Infant Feeding Policies and Practices in 13 Hospitals and 8 Health Centers, in Metro Manila: Case Studies, An IPC Working Paper, Institute of Philippine Culture, October 1984.
- Popkin, Barry M., John S. Akin, Wilhelm Flieger, and Emelita Wong, Socioeconomic Change and Breastfeeding Trends: The Case of the Philippines, U. of North Carolina, Oct. 1, 1986.
- Potts, Malcolm, Shyam Thapa, and M.A. Herberson (eds.) Breastfeeding and Fertility, Journal of Biosocial Science Supplement No. 9, 1985. (Includes four papers on the Philippines.)
- Simpson-Hebert, Mayling, Infant Feeding in Metro Manila: Infant Formula Marketing, and Health Institution Policies, RMAF Research Report, Vol. II (Manila, Philippines: Ramon Magsaysay Award Foundation, 1986).
- Sanghvi, Tina, Summary of International Assistance for Breastfeeding Promotion Activities, American Public Health Association, Clearinghouse on Infant Feeding and Maternal Nutrition, December, 1985.
- Simpson-Hebert, Mayling, Elias N. Cresencio, and Lorna P. Makil, Infant Feeding in Metro Manila: Infant Feeding Decisions, Infant Health and Family Planning Among Low Income Families, RMAF Research Report, Vol. I (Manila, Philippines: Ramon Magsaysay Award Foundation, 1986).
- Williamson, Nancy E. Breastfeeding Women and Family Planning Programs: Special Needs and Opportunities, Asian and Pacific Population Forum, Vol. 1, No. 5, Nov. 1987.
- WHO Regional Director, Infant and Young Child Nutrition and Implementation of the International Code of Marketing of Breastmilk Substitutes, 1987.

APPENDIX E



SAME LETTER SENT TO:
See Attachment

Family Health International • Research Triangle Park, NC 27709 USA • 919/549-0517 • Telex 579442

June 10, 1988

NOTE: The Philippine Department of Health sent a similar letter to these same organizations, requesting brief proposals on breastfeeding promotion.

Dr. Carmen Garcia
Executive Director
POPCOM
Welfareville Compound
Mandaluyong, Metro Manila
Philippines

Dear Dr. Garcia,

I am writing to advise you and members of your institution of a planned team visit to the Philippines to develop breastfeeding promotion projects. Family Health International (FHI), Well-Start, and the Academy for Educational Development (AED) are collaborating to jointly submit a package of breastfeeding proposals for possible bilateral funding from USAID/Manila. It is our hope that your organization will be interested in developing and participating in some of the breastfeeding projects.

The team consists of Dr. Nancy Williamson (Team Leader), Director, Program Evaluation Division, FHI; Dr. Audrey Naylor and Dr. Nancy Powers, Well-Start; and Dr. Claudia Fishman, AED. The planned dates for the visit are July 11-22, 1988. The team will be based at the Manila Hotel and will plan to contact you upon their arrival to set up working appointment times at your convenience.

We are particularly interested in determining the extent of local interest in breastfeeding promotion, especially in the development of breastfeeding promotion programs. All of the proposals developed will need to include an evaluation component. Of critical importance is that you have your project ideas written up prior to the team visit. We request you have a draft 1-2 page concept proposal, including budget projections for each proposed project idea, available prior to our visit. (Attached is a suggested outline which you may want to use.) As the visit is relatively short to accomplish all of our objectives, it is important your written ideas be available as a starting-off point. We are hoping to be able to work with you should you be interested in breastfeeding promotions and should funds be available. Very best wishes.

Sincerely yours,

Nancy E. Williamson, Ph.D. (Team Leader)
Director
Program Evaluation Division
Family Health International

NEW/SK/jbj
ATTACHMENT

NOTE:

cc's: McIntyre
Dr. Audrey Naylor
Dr. Nancy Powers
Dr. Claudia Fishman
Dr. Jim Shelton

**SUGGESTED OUTLINE B
BREASTFEEDING PROMOTION PROJECT**

- A. Long Term Objectives
- B. Specific Goals
- C. Brief Description of Project
- D. Duration of Project
- E. Evaluation Plan
- F. Cost Estimates
- G. Capability of Organizations to carry out project (include names, addresses, phone numbers on the current proposal)

SAME LETTER SENT TO:

Dr. Elvira Dayrit
Chief, Maternal & Child Health Services
Department of Health
San Lazaro Hospital Compound
Sta. Cruz, Metro Manila
Philippines

Dr. Corazon Raymundo
Director
U.P. Population Institute
Diliman, Quezon City
Metro Manila, Philippines

Mrs. Dulce Laurel-Bocobo
Executive Director
National Nutrition Council
NCP Bldf., South Superhighway
Makati, Metro Manila
Philippines

Mr. William Johnson
Chief, Health, Population and Nutrition
USAID/Philippines
17th Floor, Ramon Magsaysay Center
1680 Roxas Blvd.,
Metro Manila, Philippines

Ms. Teresita Marie P. Bagasao
Deputy Executive Director
KABALIKAT
MC P.O. Box 189
Makati 3117, Metro Manila
Philippines

Dr. Carmen Garcia
Executive Director
POPCOM
Welfareville Compound
Mandaluyong, Metro Manila
Philippines

Ms. Bituin Gonzales
UNICEF
NEDA sa Makati Building
Amorsolo St., Legaspi Village
Makati, Metro Manila
Philippines

Mrs. Ophie Saniel
Institute of Public Health
625 Pedro Gil
Metro Manila, Philippines

Dr. Natividad Puertollano
Philippine General Hospital
Department of Ob/Gyn
Taft Avenue
Metro Manila, Philippines

Dr. Isidro Benitez
Chairman
Department of Ob/Gyn
Taft Avenue
Metro Manila, Philippines

Dr. Julieta De La Cruz
Philippine General Hospital
Department of Ob/Gyn
Taft Avenue
Metro Manila, Philippines

Dr. Azucena Suplido
Philippine General Hospital
Department of Ob/Gyn
Taft Avenue
Metro Manila, Philippines

Mr. Ben de Leon
47 Finance St.
GSIS Village
Quezon City, Metro Manila
Philippines

Dr. Thelma Tupasi-Ramos
Research Institute of
Tropical Medicine
Alabang, Metro Manila
Philippines

Ms. Ginnie Peterson
UNFPA
NEDA Bldg. Amorsolo St.
Legaspi Village
Makati, Metro Manila
Philippines

Dr. Rita Thapa
World Health Organization
United Nations Avenue
P.O. Box 2932
Ermita, 2801 Metro Manila
Philippines

--- OVER ---

Dr. J. Malcolm Bolton
c/o Merle Anderson
W.P.R.P., WHO
P.O. Box 2932
1077 Metro Manila
Philippines

Dr. Wilfredo Arce
Director, Institute of Philippine
Culture
Ateneo de Manila University
Loyola Heights, Quezon City
Metro Manila
Philippines

Ms. Emelina S. Almarico
Executive Director
KABALIKAT
MC P.O. Box 189
Makati 3117, Metro Manila
Philippines

Dr. Ruben Apelo
Project Director
Dr. Jose Fabella Memorial Hospital
Lope de Vega St.
Sta. Cruz, Metro Manila
Philippines

Dr. Flora Bayan
Executive Director
Institute of Maternal and Child Health (IMCH)
11 Banaue St.
Quexon City, Metro Manila
Philippines

Dr. Florentino Solon
Executive Director
Nutrition Center of the Philippines (NCP)
Makati, Metro Manila
Philippines

Mrs. Barbara Pabotoy
Deputy
Peace Corps
2139 Fidel A. Reyes St.
Malate, Metro Manila
Philippines

Ms. Luisa Nartatez
Officer-in-Charge, Research Unit
POPCOM
Welfareville Compound
Mandaluyong, Metro Manila
Philippines

Dr. Rebecca Ramos
Deputy Director
Dr. Jose Fabella Memorial Hospital
Lope de Vega St.
Sta. Cruz, Metro Manila
Philippines