



The Consultative Group on Early Childhood Care and Development

PROGRAMME REVIEWS

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Honduras: The PROALMA Project—Breastfeeding Promotion

PROALMA (Proyecto de Apoyo a la Lactancia Materna) is an example of a successful, urban, breastfeeding-promotion project. The primary goal of the project is to change health professionals' knowledge and attitudes about breastfeeding and to encourage hospital policies and practices to promote breastfeeding. Among the objectives of the project are these: adoption of a national breastfeeding promotion policy and maternal/infant nutrition norms by Honduran Government agencies; development and distribution by PROALMA of educational materials for both health professionals and the general public on maternal/infant nutrition and parental bonding; training courses, seminars, and workshops, offered by PROALMA, to teach health workers theory and practice of maternal/infant nutrition; adoption of hospital procedures supportive of breastfeeding and maternal/infant bonding; establishment of a clearinghouse in the national teaching hospital for information concerning breastfeeding and parental/infant bonding; and adoption of plans for the institutionalization of breastfeeding promotion activities in hospitals and health clinics after completion of the project.

With funding from the U.S. Agency for International Development, PROALMA was initiated in 1982 as a joint project involving the Ministry of Public Health, the National Social Security Institute, and the National Social Welfare Agency. The project initially focused its efforts on

three hospitals serving urban populations in two cities. At each hospital, PROALMA staff trained health professionals on breastfeeding management, counseled maternity patients on the benefits of breastfeeding, distributed educational materials, and developed public policies to support breastfeeding.

Results from a pre- and post-implementation survey conducted in 1982 and 1985 indicate the tremendous success of the initial pilot project. Analysis of the surveys found that the knowledge, attitudes, and practices of health professionals about promotion of breastfeeding improved. For example, the proportion of health professionals recommending that women initiate breastfeeding at birth increased from less than 40 percent in 1982 to over 75 percent in 1985. Hospitals surveyed reported an elimination of the routine distribution of infant formula to healthy infants and glucose water and oxytocin to breastfeeding mothers, these having been replaced with the initiation of postpartum breastfeeding. As a result of these changes, the hospitals reported an increase in savings related to the costs of drugs, infant formula, and baby bottles.

Additional USAID funds have been obtained to enable the project to expand its activities to reach a broader target population. The objectives of the second phase was to determine if the PROALMA model can be successfully transported to semi-rural areas of the country. Additional programme goals include efforts to promote the extended duration of breastfeeding into the weaning period.

Kenya: Promotion of Breastfeeding for Low-Birth-Weight Infants

While the majority of low-birth-weight babies are not fed breastmilk, a programme to support feeding low-birth-weight infants with their mothers' breastmilk underscores the advantages for both mother and infant. At the University of Nairobi, Department of Pediatrics, efforts to change hospital practices have met with success. The hospital policy now supports and encourages rooming-in, expression of breastmilk, feeding breastmilk to infants who cannot yet suck or swallow, and education of staff in supporting and teaching mothers to breastfeed. To encourage these practices, mothers of low-birth-weight infants stay within the hospital premises until their infant is discharged. All mothers are taught to manually express their milk. Infants below 1600 grams are tube fed, while infants above that weight are cup fed with the tube in situ. Once the baby is fully established on cup feeding, the tube is removed. At that time mothers are encouraged to put the baby on the breast with supplemental cup feedings as necessary. In addition, supplements of iron, calcium, phosphate, and vitamins are given when needed.

The results of this programme indicated the successful growth of low-birth-weight infants fed with human milk. It was recognized, however, that the continued education of staff is needed to support and encourage this practice.

Also recommended is a videotape describing two hospitals in Kenya that support breastfeeding of low-birth-weight infants, which was developed to train health practitioners. Though produced in Kenya, the programme information presented has wide applicability and is relevant to all regions. This video, titled "Kenya: Feeding Low-Birth-Weight Babies," is in English and is available from UNICEF/ESARO, Communication and Information Services, P.O. Box 44145, Nairobi, Kenya.

Philippines: Integration of Breastfeeding in the Medical Curriculum

As a result of the 1982 International Conference on Action Needed to Improve Maternal and Infant Nutrition in Developing Countries, the need to strengthen the role of physicians in promoting breastfeeding was recognized. As a result of this recognition, the Association of Philippine Medical Colleges (APMC), in collaboration with the Nutrition Center of the Philippines (NCP), embarked on a national breastfeeding promotion programme for medical students.

The main objectives of the joint APMC-NCP project is to strengthen the knowledge, attitudes, and skills of physician-educators on breastfeeding by providing them with accurate and simplified teaching packages to promote breastfeeding among medical students, and ultimately among mothers, thus improving the nutritional status of infants and preschool children.

The specific goals of the project are the following:

- Development of a curriculum for integration of breastfeeding in the medical curriculum.
- Development of the breastfeeding multi-media teaching package.
- Orientation of deans and physician-educators of participating medical schools in the project and the utilization of the package as a tool for integration of breastfeeding in their respective colleges.
- Dissemination of the package to at least 80 percent of the 26 AMPC member medical colleges.
- Monitoring the progress of project implementation.

In addition to the integration of breastfeeding within the medical curriculum, three other critical initiatives have been undertaken in the Philippines to promote breastfeeding, including a national movement for the promotion of breastfeeding with the government health sector taking the lead; a national code for the marketing of breastmilk substitutes; and rooming-in as a requirement in government and eventually in private hospitals.

Colombia: Bienestar—An Innovative Approach to Childcare

Bienestar ("Wellbeing") is an innovative programme designed to reach young children in the poorest sections of Colombia. According to the latest census, seventeen percent of Colombia's population is children under seven years of age. Of these, two million are malnourished. Bienestar, which was initiated in 1987, is a community-level response to the need to provide day care services for working women. Unlike traditional "centres," the Bienestar programme selects mothers within the children's neighborhood community to care for up to fifteen children within their own homes. The programme helps these daycare mothers to obtain funds to upgrade their homes and provide a percentage of their salary. In addition to providing eighty percent of each child's daily nutritional requirements, the programme provides a stimulating environment for

enhanced child development; a source of income for day care mothers; and a relief from childrearing for working mothers of young children.

At present more than 30,000 children have been enrolled in approximately 2,000 homes around the country. Under the supervision of the National Institute for Family Wellbeing, the Colombian Social Service, and the Colombian Institute for Family Health, the programme hopes to increase enrollment by 300,000 each year, until the entire preschool population is covered.

Mexico: Oaxaca Workshop

The State Government of Oaxaca, Mexico, and UNICEF are collaborating in a programme of child survival and development. Seven basic strategies provide the programme with coherence and congruence: multisectoral and inter-institutional coordination; decentralized planning; community participation; training of community members, and the upgrading of institutional staff; strengthening of existing services; promotion of alternative health methods; and educational communication.

The educational communication strategy is conceived as an integrating element in the programme. This communication strategy takes as a fundamental objective the growth of popular awareness about problems and possible actions affecting child survival and development. Rather than persuading people through marketing of preconceived ideas about what should be, this approach emphasizes both the creation of discussion and dialogue leading to the rediscovery and strengthening of traditional knowledge, and the adaptation to local circumstances of new scientific knowledge. Rather than simply transmitting survival and development messages, the programme will include discussion of presented themes.

Within this communication and educational framework, a review was commissioned to examine childrearing practices and beliefs among the sixteen main ethnic groups in Oaxaca. The findings of this review are being used to modify discussion themes and to prepare a variety of radio programmes, games, comic books, and other materials for use in stimulating discussion of child care and development topics.

Vietnam: An Informal Programme of Family-Based Day Care

Vietnam has a long history of programmatic efforts focussed on the health, nutrition, and psychosocial needs of children in the 0-6 age group. Emphasis on this age group has received renewed attention as economic and social factors, including increased rates of maternal employment and school enrollment, as well as changes to the extended family system, have given rise to an increasing number of young children in need of care.

Recognizing this demand, the Ministry of Education has placed early childhood development high on its agenda. A new department has been created with responsibility to provide adequate health, nutrition, and early education services; to increase coverage of both formal and informal

programmes; and to provide parental education programmes focussed on health, education, nutrition, and family planning.

In Vietnam, child-care services for children 0-3 are provided through both formal and informal systems. Approximately thirty percent are enrolled in formal day care programmes. Parallel to this system is an indigenous, informal arrangement of family day care. Family or home-based centres are most often run by elderly retired grandmothers who have raised several children of their own. Capitalizing on this indigenous form of care, UNICEF, in collaboration with the Ministry of Education, has agreed to strengthen this low-cost community-based strategy. In accomplishing this objective, the Ministry of Education with collaboration from UNICEF has agreed to:

- Support the development of a Network of Home Day Care Centres located within the community in an effort to recognize and build on local practices.
- Enable Home Day Care Centres to meet the developmental needs of children through the establishment of governmental standards and regulations.
- Develop an informal training programme that emphasizes the psychomotor, sensory, and emotional stimulation of children.
- Integrate the Home-Based Child-Care Centre with existing social support services, including community and district health centres.

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Early Childhood Counts: Programming Resources for Early Childhood Care and Development.
CD-ROM. The Consultative Group on ECCD. Washington D.C. : World Bank, 1999.