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**"Sub-regional Programme of Support to National Efforts to Improve Infant Feeding Patterns in Central America " memo attaching draft programme. UNICEF, Central America and Panama**

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**The Draft programme sets out the general situation leading to a decline in breastfeeding, and the resulting loss in childhealth, summarizes actions needed to change the situation, analyzes constraints and challenges, and propose a strategy. Objectives, Impacts, course of action, schedule, administrative structure and evaluation methods, are also discussed.**

Print Name of Person Submit Image

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SAROJA DOUGLAS

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~~cc: Kennedy~~  
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GNY-032/83

17 January 1983

Mr. Bertil G. Mathsson  
Chairman  
Task Force on Infant and Child Feeding  
UNICEF NYHQ

Dear Bert:

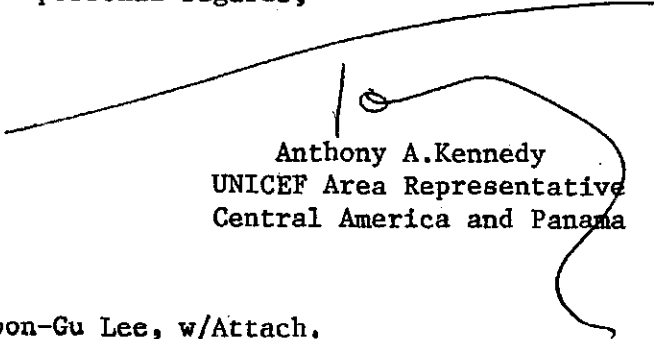
Improving Infant Feeding Patterns in Central America & Panama

Before the New Year grows much older (was New Year's Day only three weeks ago?), I would like to invite your attention in your role as Chairman of the Task Force on Infant and Child Feeding to the noted project for Central America and Panama which is on page 229 of the 1982 sales book, and for which I attach a more complete project description.

The project is one about which UNICEF Headquarters was unusually complimentary at the time of its submission. As no funds have yet been forthcoming, I hope that the Task Force may be able to take some decision that will facilitate its funding at an early date in 1983. We believe that much important work needs to be done in this subregion, and while we are providing modest support to the promotion of breast feeding in several countries through the use of regular programme funds, more is needed.

We have been invited by the Nutrition Institute for Central America and Panama (INCAP) to participate in a conference on breast feeding in April. One of the main purposes is to identify what international organizations can do. Can we find funds before that date?

Kindest personal regards,

  
Anthony A. Kennedy  
UNICEF Area Representative  
Central America and Panama

CC: Mr. Yoon-Gu Lee, w/Attach.  
Mr. James R. Himes

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## DRAFT PROGRAMME DESCRIPTION

### SUB-REGIONAL PROGRAMME OF SUPPORT TO NATIONAL EFFORTS TO IMPROVE PATTERNS OF INFANT AND YOUNG CHILD FEEDING IN CENTRAL AMERICA

(Note: As separate Plans of Operation are expected to be signed with each of seven governments in the Sub-Region a general programme description is presented in place of a Draft Plan of Operations and Explanatory Notes.)

#### 1. The Situation as regards Infant and Young Child Feeding in Central America

Roughly 3/4 million children are born in Central America each year. Some ten per cent of these children are now being totally deprived of the well documented nutritional, immunological, behavioural and economic benefits of their mother's milk. Another quarter of a million are started on breast milk substitutes within the first two months of life and are thus exposed to the risk of infection, of malnutrition-infection interactions and of growth retardation at a very vulnerable age.

The tendency away from breast-feeding and toward the early introduction of commercial baby formulas and other breast milk substitutes is accelerating. There are very few longitudinal studies to back up this statement but few authorities would dispute it. In Costa Rica (where very recent interventions may have started to turn the tide) a severe deterioration in the situation apparently took place in just three years, as indicated by the National Nutrition Surveys of 1975 and 1978. In 1975, among children already weaned, 23.7% had never been breast-fed. By 1978 this figure had risen to 39%. The decline in breast-feeding, together with the introduction of inappropriate weaning foods, constitutes one of several reasons why the overall nutritional status of Central American children has failed to show significant improvement over the past twenty years.

##### 1.1 Statistical Indicators by Country

Three main indicators illustrate the situation in Central America: a) the failure even to initiate breast-feeding, b) the early introduction of breast milk substitutes, and c) complete cessation of breast-feeding at an early age.

- a) Breast feeding not initiated: According to a 1977 survey, 23% of urban children in Nicaragua were never breastfed. In Panama in 1979, 24% of all children (26% of urban children) were similarly deprived of even initial maternal feeding.
- b) Early introduction of breast milk substitutes: According to a 1979 private voluntary agency study in Guatemala, 43% of mothers in poor urban areas surveyed had introduced breast milk substitutes within the first two months of their child's life. In Costa Rica 61% of urban and rural children in 1978 had been introduced to bottle feeding before one month of age.
- c) Early Termination of Breast Feeding: In Honduras, according to government figures for 1976-1979, 22% of urban children and 10% of rural children are weaned before the age of three months. In Panama the 1979 nationwide figure for the same interval is 28% and the urban figure is 34%. In Costa Rica 37% of rural children are weaned before they are one month old.

#### 1.2 The influence of Urbanization and Institutionalized Childbirth

The available data indicate that the situation is generally worse in urban than in rural areas and worse in Panama, Costa Rica and Nicaragua, which are also the more highly urbanized countries of Central America. Several characteristics of urban areas may account for this. Participation of women in paid occupations away from home is higher in urban areas, as are women's educational levels and exposure to media promotion of consumerist values. But some authorities think that the most significant correlation can be drawn between the decline of breast feeding and the frequency of institutionalized childbirth. In support of this, it is worth pointing out that Costa Rica, which according to most customary classifications has only the third highest percentage of urban population in Central America, seems to have the lowest levels of breast feeding in the entire area. The situation in rural Costa Rica is only slightly better than in the urban areas of that country. What

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distinguishes Costa Rica from the rest of Central America is its very high rate of institutionalized childbirth. Nearly ninety percent of Costa Rica women give birth in hospitals or other health institutions. An experimental study in the rural Costa Rican canton of Puriscal is demonstrating that it is not so much the institutionalization of childbirth as such that is at fault but rather the institutional practice of separating mothers from their newborn infants that contributes to the decline of breast feeding.

### 1.3 Breast feeding, diarrhoea and growth retardation

Recent studies inside Central America show a very close association between weaning, diarrhoeal disease and growth retardation in infants and small children. In rural areas, where exclusive breast feeding lasts longer, diarrhoea generally does not occur until weaning begins. When weaning starts, however, diarrhoea and its concomitant nutritional damage is severe. In urban areas (as well as in rural Costa Rica and Panama) where water supply is less contaminated and access to education and health services is easier, the impact of diarrhoeal disease may not be as devastating, but it tends to occur earlier because weaning begins earlier. The evidence suggests that reductions in the rates of infant and young child mortality and morbidity that have been occurring in countries like Costa Rica and Panama could have been even more dramatic were it not for the adverse effect of early introduction of breast milk substitutes. In those countries where water supplies, health education and health services are less adequate, the extension to rural areas of current trends away from breast feeding can only have the most serious consequences for infant and young child mortality and morbidity as well as for growth retardation.

### 1.4 Promotion of Commercial substitutes

As a general rule, commercial infant formula companies in Central America no longer use the mass media to promote the sale of their products directly to mothers. The current danger lies more in promotion of these products to health professionals and para-professionals. It is through the health professionals and para-professionals that the trend away from breast feeding can be most easily extended to rural

areas. It is through these same professionals that much can be done to arrest the trend. Not only is legislation needed to stop all promotion of commercial formula and weaning foods to health professionals but massive education and re-education of doctors, nurses, nurses aides, auxiliary community health workers and health volunteers is required to change attitudes and impart the benefit of the latest discoveries in this field.

Some commercial weaning foods are still promoted directly to the public. While they represent less of an immediate danger because they cost too much for most families, this promotion must also be brought under control.

#### 1.5 Women in the work force

Increased participation of women in paid employment outside the home is undeniably a factor in the trend away from breast feeding. Roughly thirty percent of Central American women are considered to be in the "economically active" population. A very large proportion of this group are engaged in domestic service or small commerce. Only a minority are engaged in jobs that can be easily regulated by laws that provide for maternity leave, day care facilities and time off for nursing, but the number of women who can be covered by such legislation is growing. Legislation throughout Central America covering medium size and large businesses is fairly good, but in some parts of the sub-region the laws are not enforced.

These countries of the sub-region that have effective legislation and enforcement mechanisms to protect the rights of domestic servants and their children will probably also experience a gradual decline in this type of employment. But as long as domestic service persists in its present form, the most effective way to influence breast feeding practices among servants is probably through their employers or their religious organizations.

Another factor about which there is currently very little information is the participation of women in the rural migrant labor force and its impact on breast feeding. It is known that there are serious nutritional deficiencies among the children of coffee and cotton pickers in

Central America. The impact on breast feeding practices can only be guessed at.

1.6 Milk distribution programmes

Some governments and private voluntary agencies in Central America also still promote programmes that distribute powdered milk to mothers with newborn infants. There is much to be done along the lines of, for example, getting these agencies to see that the mothers drink the milk themselves and then breast feed their infants.

2. Summary of Actions needed to change this situation

The situation described above calls for a response on several fronts. The following list summarizes the actions already suggested:

2.1 Revision of hospital practices. Initiatives taken in Costa Rica appear to be demonstrating that compulsory "rooming-in" has a significant effect on subsequent breast feeding practice. This and other revisions of hospital practice before, during and after childbirth may constitute the most important type of intervention in those areas where institutional childbirth is the norm.

2.2 Training and re-training of health professionals and para-professionals at all levels

This is necessary not only to implement changes in hospital practice but also to prevent the spread of the decline in breast feeding in rural areas where childbirth at home is the norm.

2.3 Legislation to control the promotion of commercial infant formulas and weaning foods, especially to the medical profession

2.4 Enforcement of laws protecting the rights of working women

2.5 Revision of the norms of food distribution programmes

2.6 Education of Secondary School students in the advantages of breast feeding .

2.7 General Public information on the advantages of breast milk over substitutes

2.8 Changes in popular attitudes and "images" surrounding this question

### 3. Government and Non-Government Response to this Situation

Prior to the WHO/UNICEF Meeting on Infant and Young Child Feeding in Geneva (9-12 October 1979) isolated responses to this problem were beginning to emerge, but that meeting, followed by Central American Workshop in Tegucigalpa in March 1980, really stimulated activity in the subregion.

#### 3.1 The Tegucigalpa Workshop

The Tegucigalpa Workshop, which included representatives of Health, Education, Social Welfare and Planning Ministries of six Central American countries, emphasized that actions to promote breast feeding must be considered within the framework of Primary Health Care. It recommended the establishment of national policies on Infant and young child feeding, revision of existing norms of maternal-child health care as regards attention before, during and after childbirth, establishment and enforcement of effective measures to enable working women to breast feed their infants, community involvement in breast feeding promotion and the establishment of National Commissions for the promotion of Breast Feeding.

#### 3.2 National Commissions

In response to these recommendations both Guatemala and Nicaragua have already established national commissions. Proposals to do the same are under consideration in Costa Rica. Panama has an interministerial commission while Honduras and El Salvador have commissions within their Ministries of Health.

#### 3.3 Legislation

The Tegucigalpa Workshop also called for strong action to control the distribution of commercial substitutes for human milk. It recommended that industry should not participate in the formulation of codes of conduct and ethics for the distribution of such products and that "once the Code for Marketing Human Milk Substitutes proposed by OMS/UNICEF to the World Health Assembly is approved, it should be made known to the industrial sector in order to establish a strategy for its application." Health Ministries should assure "massive divulgation" of the Code and, with the help of other go-



vernment institutions, provide the necessary controls and sanctions. Without waiting for the World Health Assembly, Nicaragua has already enacted a code at the level of a Health Ministry regulation. Costa Rica also has a Ministerial Code under consideration. Guatemala has drafted a code for Presidential decree. After an initial spate of activity in this field, the present tendency seems to be to wait for the approval of a general code by the 1981 World Health Assembly.

#### 3.4 Hospital Practice

Several hospitals in Central America have begun to change. In Costa Rica, the National Children's Hospital in the Capital City and a number of regional hospitals have begun the institution of rooming-in or modified rooming-in. The National Children's Hospital in Panama City has also had rooming-in as a standard practice for some years.

Human milk banks exist in some hospitals of Costa Rica, Guatemala, Nicaragua and Panama, and perhaps other countries as well. Infant and young child feeding is probably getting more emphasis in teaching curricula of health professionals than it got, say, ten years ago.

#### 3.5 NGO Activity

Private voluntary organizations that include the promotion of breast feeding among their objectives exist in at least Costa Rica, Guatemala and Nicaragua.

Including the national commissions to promote early child stimulation established with the support of UNICEF in every country of the sub-region, it may be said that a very adequate network of government and private institutions now exists for the implementation of effective action in this field.

#### 4. Support from other International Agencies

The Tegucigalpa Workshop mentioned above was organized by INCAP (The Nutrition Institute of Central America and Panama) with financial assistance from WHO and local support from the PAHO office in Tegucigalpa. INCAP which is represented on the Guatemala National Commission, has also carried out and supported research and information gathering throughout

Central America that is of vital importance to this field. PAHO's orientation in this field is to promote breast feeding as part of its broader programme activities at three levels: in the conduct of technical assistance, with health and education personnel of all kinds and within the family. An example of PAHO's activity at the second of these levels is the support it is giving, together with the Government of Cuba, to the Health Technology Institute in Nicaragua where training courses are offered in 16 different health careers including nurses aides. Promotion of breast feeding is part of the overall curriculum. A potential resource for the production of educational materials in infant and young child feeding is the Educational Materials Production Unit within the Community Health Training Programme for Central America and Panama (PASCAP) in Costa Rica. USAID supported a national workshop on this subject in Panama in November 1980.

The combination of PAHO's Oficina Sanitaria Centroamericana and INCAP, both receiving WHO support, together with UNICEF constitutes a strong sub-regional mechanism for international action in this field. Collaboration with UNESCO and ILO should also be sought in this regard.

#### 5. Review of Past and Present UNICEF Co-operation/Assistance

In Guatemala UNICEF helped to organize a national workshop on breast-feeding in 1979. One result of that workshop was the creation of a national commission of which a UNICEF representative has been an active member since its inception.

In Nicaragua during 1980 UNICEF contributed six thousand dollars in support of two national and eight regional workshops for training of medical officers, nurses, auxiliary nurses, other medical personnel and community health workers, (about 1100 persons) as part of the national campaign to promote breast feeding.

In Costa Rica UNICEF is contributing 1,200 dollars for a sub-study within a larger national survey of infant and young child feeding practices. This sub-study is of mothers in slums and shanty towns of the San José

Metropolitan area. Its purpose is to try to discover what special measures, if any, are necessary to improve infant and young child feeding practices in low-income urban areas as distinct from rural and higher income urban areas.

UNICEF's sub-regional programme on Early Child Stimulation has promoted breast feeding as an integral part of its advocacy message. This experience has also demonstrated how relatively small amounts of money can be used effectively to sell an idea and bring about widespread changes in attitude and approach.

The IV Meeting of Directors of Family and Child Welfare Institutions of Central America, Mexico and Panama (organized by UNICEF and the Mexican Government in November 1980) included infant and young child feeding as one of its major themes. The Mexican host government donated fifty thousand dollars to UNICEF for the purpose of follow-up to this meeting. UNICEF's Executive Director, who attended the meeting, has proposed that this money be used to support a very high level conference to promote breast feeding and the speedy enactment of national codes of conduct for the marketing of commercial infant formulas and weaning foods in the Mexico-Central America area. Preliminary discussions are under way concerning the organization of such a high-level conference.

## 6. Analysis of Constraints

6.1 Social and economic structures. The obstacles to breast feeding outlined by Marie-Angélique Savané in her article "Yes to breast feeding but...how? (Assignment Children Nos. 49/50, Spring 1980, pp. 81-87) are as present in Central America as elsewhere:

- a) "Social expectations faced by women in privileged positions."
- b) "For those in the service sector, inappropriate working conditions."
- c) "For women from the poorest sectors, an impossible struggle to meet their children's needs."

The structural forces behind the statistically measurable phenomena of increased rural-to-urban migration, increased proletarianization of the rural work force, increased number of female heads of household and increased participation of women in paid labour outside the home, are difficult for UNICEF to influence directly. The measures suggested

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in this proposal do not pretend to be able to influence these forces. They can only be expected to limit their negative influence on infant and young child feeding. It is important, nevertheless, to recognize that there are strong socio-economic forces that make it more and more difficult for women to breastfeed their children and that these forces are not likely to disappear as a result of the actions proposed here.

6.2 Industry Opposition Although WHO and UNICEF are working at the multi-national level to obtain the Infant Food industry's support for the Code of Conduct that is expected to be approved by the 1981 World Health Assembly, it must be recognized that an increase in the incidence and duration of breast feeding as well as the use of home-prepared weaning foods can only mean a loss of sales in commercial breast milk substitutes. A loss of sales means a threat to jobs and promotions within the industry and it is only to be expected that, at the local level, industry opposition to national efforts to promote breast feeding may persist. The power of such opposition in some parts of Central America should not be underestimated.

7. The Strategy of the proposed programme of UNICEF support

The strategy of this proposal is based on the following considerations:

- a) In rural areas where childbirth normally takes place at home, the situation would seem to call for efforts to preserve existing traditions and prevent harmful opposing influences while in urban areas and those rural areas where institutionalized childbirth is the norm, efforts are needed to reverse a pattern that is already well established.
- b) Mass media campaigns to promote breast feeding to the general public can be very expensive. As long as the socio-economic forces that make it more and more difficult for women to breast feed are operative in this sub-region, spending large sums of money on indiscriminate television, radio, poster and leaflet campaigns, without a careful evaluation of their impact, could be like throwing straw to the wind. On the other hand there is need for experimentation in carefully targeted media messages on this subject so that more can be learned about public response to them.

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- c) Two specific abettors of the trend away from breast feeding have been identified: the health profession and the infant food business, the former frequently serving as agent for the latter. If these harmful influences can be removed it is hoped that the trend can at least be slowed down and possibly reversed.
- d) Health professionals and para-professionals who now appear to be serving as active discouragers of breast feeding and promoters of commercial substitutes can be turned into active supporters of breast feeding at relatively low cost.
- e) The enactment of strong legislation to halt the harmful promotion of infant formula and weaning foods is basically a political decision and it costs in itself practically nothing. UNICEF could play an important advocacy role in getting top level politicians to commit themselves publicly to such legislation and, through follow-up publicity, embarrassing them into following through on such a commitment. Funds for exercising this advocacy role are expected to come from sources independent of this submission.
- f) Enforcing compliance with infant food marketing codes will be more difficult and costly than getting the codes passed.
- g) Any programme that focuses on work with health professionals in this sub-region and in the field of child nutrition must be implemented in close co-operation with PAHO and INCAP.
- h) Ignorance about the physiology and advantages of breast feeding among secondary school students and community workers can also be corrected at relatively low cost.

The strategy of this submission, therefore, is as follows:

1. Invest the bulk of funds available to UNICEF in programmes and materials for the training and re-training of all types of health professionals and para-professionals that have any relation to childbirth and infant and young child feeding, as well as for educating community workers and secondary school students in the advantages of breast feeding.
2. Work closely with PAHO and INCAP in the preparation of such programmes and materials.

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3. Make full use of the other resources that already exist within Central America for this purpose.
4. Support some small experiments in targeted media promotion of breast feeding and other appropriate infant and young child feeding practices, but only those that have a serious evaluation component.
5. Support, in at least a few countries of the sub-region, an effort by non-governmental organizations that have no links with the food industry to monitor compliance with the marketing codes that are expected to be passed in the near future as a result of separate efforts by UNICEF, WHO and others.

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## 8. Objectives of the proposed UNICEF programme

This programme is aimed at assisting national efforts in Central America to reverse the current decline in the incidence and duration of breast feeding and the increased use of inappropriate weaning foods. These national efforts include national campaigns and the setting up of national (Guatemala, Nicaragua), interministerial (Panamá, Costa Rica) and ministerial (El Salvador, Honduras, Belize) commissions for the promotion of breast feeding along with the efforts of various non-governmental agencies in this field.

### 8.1 Service Coverage Objectives

This programme will support national efforts in all seven countries of the sub-region.

Some of the national efforts aim to reach the entire population with an educational message. Others are more concentrated on the health profession, teachers the secondary school population, mothers in poor urban or rural areas, etc.

The UNICEF programme proposed here will concentrate on the health profession at all levels aiming for a substantial re-orientation of the attitudes and the imparting of the knowledge in this field. The goal is to make it fashionable and up to date for all practitioners in the medical fields in Central America to promote, rather than to discourage, breast feeding and the use of simple, safe and inexpensive home prepared weaning foods. While not aiming directly for a change in hospital organization, it is expected that a shift to rooming-in an other practices that promote breast feeding would be a natural consequence of a shift in attitudes.

To the extent permitted by available funds the UNICEF programme will also concentrate on teachers and students in secondary education and community workers to try to reduce ignorance in these important sectors.

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The UNICEF programme will also contribute to two or three modest-size experiments in mass media promotion of breast feeding and appropriate weaning foods on the condition that these experiments are subject to serious impact evaluation. In this way it is hoped that the way can be prepared for future efforts to re-educate the entire population, or that part of the population that has already begun to abandon breast feeding and introduce inappropriate weaning foods.

### 8.2 Impact Objectives

One government (Nicaragua) has set for itself the objective of "a) assuring that 100% of mothers who receive institutional attention at childbirth initiate breast feeding, and b) the prolongation of up to one year of breastfeeding by 80% of mothers who do initiate it." Other governments have not so quantified their objectives but all aspire to a reversal of the current trends.

Such a reversal would mean:

- a) In the rural areas of Guatemala, Honduras and El Salvador, initiation of breast feeding, its exclusive maintenance up to five months and the non-introduction of commercial weaning foods among 90% of mothers.
- b) In all urban areas plus the rural areas of Costa Rica and Panamá, initiation of breast feeding, its exclusive maintenance up to two months and the continuation of mixed feeding up to three months among 80% of mothers.

Such goals are probably over-ambitious because they underestimate the strength of the forces at work in contemporary Central American society that are influencing, if not forcing women a) to migrate from rural to urban areas, b) to seek paid employment in occupations outside the household, c) to

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conform to certain behavioral patterns, all of which make it more and more difficult for women to breast feed their infants exclusively and for long periods of time. The Guatemala Area Office of UNICEF considers that simply arresting the current trend would be a more realistic goal for the coming three years.

Among the forces militating against an improvement in the current situation is the promotion of breast milk substitutes and commercial weaning foods by the national and multinational infant food industry. A separate worldwide effort is under way to obtain industry support of a new code of conduct that would severely curtail such promotion. An additional objective of this programme is to assure local compliance with such a code by funding a small network of independent voluntary groups that would keep track of commercial promotion throughout the sub-region.

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## 9. Course of Action

9.1 UNICEF Programme Officers responsible for each country of the sub-region will maintain contact with the national, inter-ministerial and ministerial commissions and appropriate private agencies in this field and share with them all materials produced by, and available to, UNICEF.

9.2 UNICEF, working in coordination with PAHO and INCAP, would advocate that these commissions, their participating ministries and private agencies:

- a) take stock of the strength of the forces that are making it more and more difficult for women to breast feed in contemporary Central America,
- b) establish the bases for sustained long term efforts to reverse a powerful trend,
- c) concentrate forces in those areas where the greatest impact can be achieved with the resources available,
- d) before committing funds to expensive media campaigns, to carry out experiments that will assure that the message reaches its target population most efficiently, and does not produce unwanted side-effects.

9.3 To give substance to this advocacy effort UNICEF will contribute, in each country of the sub-region, according to the needs and strategy of each national effort, funds for:

- a) workshops, seminars and minicourses aimed at training or re-training health professionals, para-professionals, volunteers, teachers and community workers at all levels in appropriate aspects of infant and young child feeding.
- b) preparation of educational materials such as manuals, slide shows, charts and teaching kits for use in the education or re-education of health professionals, para-professionals,

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health volunteers, teachers and secondary school students and community workers on this subject.

c) short-term consultant services related to the above.

9.4 If it appears feasible that educational materials of the type mentioned above can be prepared to suit the needs of more than one country of the sub-region, UNICEF will support joint efforts in this field, taking advantage of sub-regional resources such as the Community and Health Training Programme for Central America and Panama (PASCAP) in Costa Rica.

9.5 In up to three countries UNICEF will support modest experiments in mass media promotion of appropriate infant and young child feeding practices together with evaluations of these experiments and possible short-term consultant services that may be needed in this connection.

9.6 For the use of all funds mentioned above, UNICEF will sign with each participating country a simple plan of operations or its equivalent.

9.7 Through a network of private voluntary agencies interested in this field UNICEF will contribute a modest amount to defray the costs of monitoring food industry compliance with international and national codes of conduct covering the promotion of breast milk substitutes and commercial weaning foods.

#### 10. Schedule

The programme is to last from mid 1981 through 1983. As the national effort has its own timing in each country no overall schedule can be realistically presented in detail. Also the expenditure of funds depends upon when they may be forthcoming. Nevertheless, the 1981 World Health Assembly, and a possible high level Mexico-Central America Area meeting to publicize the Code of Conduct for Infant Formula marketing tentatively under consideration for mid-1981 (to be supported with separate funding) would constitute the moment for a new impulse to the efforts already initiated..

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The production of educational materials would require considerable lead time. It would be preferable to have such materials on hand before holding seminars and workshops for the health workers intended to be reached by these materials.

Assuming, under optimum circumstances, that funding becomes available in June 1981 and that the responsible groups in each country identify educational materials as a basic need of their programmes, the bulk of expenditure in the second half of 1981 and first half of 1982 could be for such materials production while thereafter it would be for workshops. Experimental media campaigns and monitoring of code compliance would be conducted simultaneously.

#### 11 Administrative Structure

The UNICEF programme will be administered by the Guatemala Area Office with each country programme officer carrying essential responsibility for programme supervision and monitoring in the country of his/her responsibility under the overall authority of the Area Representative. One member of the Area Office staff will be designated as programme coordinator with responsibility for reporting on the programme and distributing pertinent information. Funds allocated in budget item 13 will be distributed on a roughly equal basis per country but consideration will be given to the relative costs in each country of achieving equal coverage of all target groups, the implementing capacity of the national institutions involved and the merits of the detailed proposals received. The Area Representative will be responsible for decisions in this regard.

Funds under budget item 13.2 will be distributed similarly but in no more than three countries of the sub-region according to the merits of proposals submitted through the country programme officer.

Funds under budget item 13.3 will be distributed directly by the Area Representative in consultation with the appropriate authorities in the countries where monitoring of industry compliance is to be carried out. Programme implementation will be the responsibility of the appropriate national organization/institution or, if production of educational

materials suitable for more than one country proves feasible, by the sub-regional institution designated for that purpose with the consent of the participating national institutions.

12. Evaluation

Overall evaluation of the impact of this programme can only be measured by periodic nutrition surveys in each participating country. Such surveys take place at varying intervals, with different methods, indicators and coverage. It would be highly desirable if such information could be standardized throughout the sub-region but such an effort lies outside the scope of this proposal. From the sporadic data available, it should be possible to detect whether or not the principal goal of this programme, to arrest the current trend toward inappropriate infant and young child feeding, has been achieved.

The experiments in mass-media promotion of appropriate infant and young child feeding practices will, of course, be evaluative of their very nature.

13. Budget (in thousands of U.S. dollars)

	<u>1981</u>	<u>1982</u>	<u>1983</u>
13.1 Fund for assistance to national efforts: training grants, preparation of training materials, technical assistance (7 countries)	70	140	140
13.2 Evaluated Experiments in mass-media promotion of appropriate infant and young child feeding practice	20	35	35
13.3 Support to monitoring of code compliance	5	15	15
13.4 Programme support services	<u>5</u>	<u>10</u>	<u>10</u>
TOTAL	100	200	200

TOTAL for 1981-1983: 500