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Final Evaluation Report

Breastfeeding Advocates and Breastfeeding Mothers Support  
Groups/Child Survival Projects

La Leche League Guatemala  
Guatemala City, Guatemala

and

La Leche League Honduras  
San Pedro Sula, Honduras

and

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Breastfeeding Advocates and Mothers Support Groups:  
Final Evaluation of La Leche League International  
Child Survival Projects - Guatemala and Honduras

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**PART I - GUATEMALA**

## INTRODUCTION

Guatemala is a unique and an ideal country for a breastfeeding promotion program or a breastfeeding child survival program because of the co-existence of La Leche League Guatemala and the Guatemalan Commission for the Promotion of Breastfeeding, CONAPLAM. La Leche League Guatemala, LLLG, has existed for seventeen (17) years and has worked in the formation of mother to mother support groups adapting the meeting schedules and course content utilized by La Leche League International in the United States to Guatemala.

What follows is a brief summary of La Leche League of Guatemala and of the Guatemalan National Commission for the Promotion of Breastfeeding, CONAPLAM.

La Leche League Mother to Mother Support Group(s)

Before we begin, a definition of what constitutes a mother to mother support group is in order. A "Mother to Mother Support Group," is formed by a La Leche League leader, pregnant women, and women who are currently breastfeeding or have breastfed a child.

La Leche League offers a series of four monthly meetings, each with a pre-determined breastfeeding topic. The expectation is that the basics of what a mother needs to know about breastfeeding, before and after the birth of the baby, will be covered in the series. The topics in the series include:

1. Advantages of breastfeeding to mother and baby
2. Baby arrives: the family and the breastfed baby
3. The art of breastfeeding, avoiding difficulties, and how to overcome them
4. Nutrition and weaning

Besides assuring that each mother will receive the basic information about breastfeeding, the repetition of the four topics serves to develop a cadre of mothers with sustained knowledge of breastfeeding and confidence in counseling other mothers.

The "core" of the breastfeeding mothers support groups, however, is formed from those women who come and participate in group meetings and activities for a year or more.

Although transmission of correct breastfeeding information is important, the creation within the group of a "positive, caring, and sharing atmosphere" is also necessary.

La Leche League works to provide two ingredients in breastfeeding mothers support groups:

1. A base of breastfeeding information broad enough that each mother can make her own decision, and
2. An atmosphere of respect, support, and caring.

In September 1988 La Leche League International (LLLI) received support for a three year Child Survival Project\* (with a subsequent extension of one year) through the United States Agency for International Development (USAID), Office of Private and Voluntary Cooperation, Bureau for Food and Humanitarian Assistance (AID/FVA/PVC). La Leche League of Guatemala was the implementing organization. The La Leche League Child Survival project has differed from other USAID child survival projects in that it is primarily a project that educates, promotes and supports breastfeeding by building community networks of mother to mother support groups with trained breastfeeding advocates.

There is no direct service delivery within this child survival project with the exception of teaching the "Lactational Amenorrhea Method," of child spacing. Traditional child survival strategies such as growth monitoring, oral rehydration, and immunizations are integrated into breastfeeding and are not taught separately. For example: in the management of diarrhea, continued breastfeeding, more frequent breastfeeding, and use of home or package oral rehydration solution are advised and encouraged.

In the case of immunizations, the message is that colostrum is the first natural vaccination in the baby's life; however, the La Leche League Leaders, breastfeeding advocates and mothers are all taught the accepted Ministry of Health immunization schedule. Mothers are advised and encouraged to have their babies immunized according to the said schedule. La Leche League's consistent message to the mothers, professionals and counterpart institutions is that "breastfeeding is the nucleus of all child survival strategies or interventions."

When the health problems or needs of a mother and/or child can not be met by the breastfeeding advocate or La Leche League Leaders, that mother or child is referred to the existing Ministry of Health system, i.e., a child needing immunizations would be referred to a community health center.

\* Child survival projects are financed by competitive child survival grants program funds awarded to registered US based private volunteer organizations (PVOs) to provide community based child survival activities in AID emphasis countries.

In 1979, as part of Guatemala's commemoration of the International Year of the Child, the Guatemalan National Commission for the Promotion of Breastfeeding (CONAPLAM) was formed. In 1981 the Guatemalan government officially recognized CONAPLAM and decreed that CONAPLAM would "promote, encourage, coordinate . . . programs and activities that publicize and promote the practice of breastfeeding."

The four primary tasks of CONAPLAM are:

1. To keep an updated profile of the country's breastfeeding practices.
2. To define general guidelines for short, mid and long-term breastfeeding goals.
3. To propose projects and activities that will promote breastfeeding.
4. To assign responsibilities to various groups involved in the promotion of breastfeeding and to coordinate these activities.

CONAPLAM is a multi-sectoral commission composed of 13 member institutions and advisors from four international organizations. (Refer to Attachment 1, for Organizational Chart for CONAPLAM.)

The members include both government and private institutions and CONAPLAM has the ability to influence policy while remaining "free," from political pressures. CONAPLAM was instrumental in the Guatemalan government's adoption of the international code of commercialization of breastfeeding substitutes. This makes Guatemala unique as the only Central American country having adopted this code.

La Leche League of Guatemala is a member of CONAPLAM and has been assigned (unofficially) the task of implementing the tenth step of the Innocenti Declaration, the formation and support of mother to mother support groups. Currently La Leche League of Guatemala has twenty-two (22) peri-urban mothers support groups in Guatemala City and has trained a total of one-hundred-fifty-four (154) breastfeeding advocates over the past four years of the child survival project.

La Leche League of Guatemala is well integrated with its target communities and their individual women, Ministry of Health, and counterpart institutions. Since La Leche League of Guatemala is a legal and local institution, it is the most appropriate to carry out activities related to the training of breastfeeding advocates and forming mother to mother support groups within Guatemala.

What follows this introduction is a report of the final evaluation of La Leche League Guatemala Child Survival Project.

The reader should bear in mind that the primary focus of this evaluation is sustainability as dictated by the United States Agency for International Development (USAID). However, it must be stated that at the onset of the project, USAID did not emphasize sustainability and the project was not originally planned with sustainability as one of its major goals.

(For a more specific and detailed history of the evolution of La Leche League of Guatemala and La Leche League of Honduras and the child survival projects, please refer to Attachment 2, Evaluation of La Leche League from U.S. to peri-urban and rural communities in Central American p. 1-3.)

## Attachment 11

SUSTAINABILITY QUESTIONS AND ISSUES TO BE ADDRESSED BY THE PVO  
CHILD SURVIVAL PROJECT FINAL EVALUATION TEAM

## A. Sustainability Status

A1. At what point does A.I.D. funding for child survival project activities end?

Child Survival Funding ends September 19, 1992; however, a no-cost extension has been requested and approved. This no-cost extension will terminate on February 19, 1993.

A2. At what point does the organization plan to cease child survival project activities?

The La Leche League of Guatemala does not intend to cease child survival project activities. The fact that Child Survival funding is ending does not signify that the work of La Leche League of Guatemala will end. The traditional work of volunteer mother to mother support groups, education in breastfeeding and lactation management, and technical assistance will continue as in the past. Child survival activities will need to be trimmed back and maintained at whatever level is reasonable with the present limited resources within the organization.

A3. How have major project responsibilities and control been phased over to local institutions? If this has not been done, what is the plan and schedule?

The major project responsibilities and control have not been phased over to local institutions. In addition, there are no plans to phase these responsibilities to such institutions. La Leche League of Guatemala will continue its activities of forming mother to mother support groups, etc., when child survival funding ends.

La Leche League of Guatemala has trained and will continue to train counterpart institutions in order for them to continue to form mother support groups. Staff from the Social Security Institute of Guatemala (Instituto Guatemalteco de Seguro Social) and women who are members of the Church of the Latter Day Saints have received or are receiving training on breastfeeding and in the formation of mothers support groups. In this manner, the child survival project activities will continue through two strongly entrenched and dispersed Guatemalan organizations. To summarize, child survival project activities will continue but will not be able to be maintained at their present level.

B. Estimated Recurrent Costs and Projected Revenues

- B1. Identify the key child survival activities that project management perceives as most effective and would like to see sustained.

The La Leche League of Guatemala perceives its key child survival project activities as the following:

- B1.1. Training of breastfeeding advocates to lead the mother to mother support groups.
- B1.2. Formation and continued support of mother to mother support groups.
- B1.3. Giving and delivering the message that breastfeeding is the nucleus of all child survival activities.
- B1.4. Breastfeeding training utilizing participative teaching methods.
- B1.5. Technical assistance to counterpart institutions.

- B2. What expenditures will continue to be needed (i.e., recurrent costs) if these key child survival activities are to continue for at least three years after child survival funding ends?

Recurrent costs are projected to be \$63,000 per year. This includes a coordinator and two technical assistants all working full time. (Refer to Attachment 3, Monthly Expenses, La Leche League of Guatemala.)

- B3. What is the total amount of money in US dollars the project calculates will be needed each year to sustain the minimum of project benefits for three years after child survival funding ends?

\$63,000 per year

- B4. Are these costs reasonable given the environment in which the project operates? (e.g., local capacity to absorb cost per beneficiary)

Yes, these costs are reasonable within the context of Guatemala.

- B5. What are the projected revenues in US dollars that appear likely to fund some child survival activities for at least three years after A.I.D. child survival funding ends?

Presently, La Leche League of Guatemala can count on \$100,000 additional money from Wellstart, Washington, D.C., for its collaboration and sponsoring of the upcoming conference, "Strengthening Breastfeeding through Mother Support Groups." This conference will follow the Regional Latin-American La Leche League Leaders' Workshop, II. The following have been invited to attend: Two (2) La Leche League Leaders from thirteen (13) Latin American countries for a total of twenty-six (26), plus two (2) representatives from other breastfeeding support groups from nineteen (19) other Latin American countries for a total of thirty-eight (38).

The Georgetown Institute for Reproductive Health Project has allocated \$20,000 to the writing of proceedings from the May, 1991 Conference plus the development of projects for disseminating the Lactational Amenorrhea Method (LAM) to La Leche League groups in other countries. This additional money can be utilized to pay for utilities, supplies and office rental to keep the La Leche League office open for three months from October through December, 1992.

- B6. Identify costs which are not likely to be sustainable.

There are many costs which are not likely to be sustainable. The major ones are salaries for central staff; development, publication and purchase of educational materials; financing of workshops and seminars; continuing education (short courses) for staff; in-country travel expenses for "breastfeeding advocates;" and foreign travel.

- B7. Are there any lessons to be learned from this projection of costs and revenues that might be applicable to other child survival projects, or to A.I.D.'s support of those projects?

The major lesson to be learned is that because of Guatemala's difficult economic situation, it is unrealistic to expect a PVO to auto-finance itself or receive financing from in-country institutions at the same level of funding as USAID. Equal or comparable financing is an impossible goal within the economic reality of poor countries who live in constant financial and social crisis.

There will always be a dependency for child survival project funding on out-of-country institutions. This dependency will not end until the political and socioeconomic structure of the country changes.

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The concept of "total volunteerism," is difficult although certainly not impossible to implement in poor countries with few economic resources such as Guatemala. In economically disadvantaged countries "total volunteerism" can be competitive with necessary "day to day" tasks for survival and therefore prejudicial for maternal and family health. In order for PVOs and NGOs to avoid the negative consequences of volunteerism, there must be evident tangible support of the volunteer albeit at times this is minimal. The NGO will always need to have direct or indirect costs within the budget of the project for support of its volunteers. The support can be tangible in the form of provision of educational materials or food, honorariums, travel expenses, etc. In addition, the support can be intangible but valuable, such as emotional or moral support. La Leche League of Guatemala has been able to provide the breastfeeding advocates and individual women with a strong feeling of belonging and always being welcome at La Leche League Headquarters in Guatemala City, a sense of a loving, caring and concerned family, and minimal monetary support towards travel and per diem.

### C. Sustainability Plan

C1. Please identify number and position of project staff interviewed, and indicate the extent of their involvement in project design, implementation and/or monitoring/evaluation.

The following staff persons were interviewed as part of the final evaluation. (All staff participate in breastfeeding advocate training, mother support group monitoring, technical assistance to government and non government organizations, and monthly evaluations.)

- C1.1 Maryanne Stone-Jimenez - Project Director responsible for overseeing the design and implementation of project activities; participated in the design of DIP, Detailed Implementation Plan.
- C1.2. Maria de Lourdes de Ruano - Coordinator of Training of Breastfeeding Advocates and Formation of Mother Support Groups; participated in the design of DIP. Contributed to the implementation of project activities and was involved in the MTE, Midterm Evaluation and FE, Final Evaluation.
- C1.3. Irma Chavarria de Maza "Mimi" - Coordinator of Technical Assistance; monitors mother support groups; participated in the design of the DIP; contributed to the implementation of project activities and was involved in the MTE and FE.
- C1.4. Alba Lisette Barragan Fernandez de del Valle - Technical Assistant to Project; assisted in the FE.

- C1.5. Ligia Castro de Barrera - Technical Assistant at Roosevelt Hospital; coordinates the Mother Support Group and assisted in the FE.
- C1.6. Milvia Gonzalez - Technical Assistant to Project; utilizes "street theater" and assisted in the FE.
- C1.7. Irene Magaly Lopez C. de Gatica - Technical Assistant to Project; Representative of Child Survival Project in Programa Integrado de Salud (PIS)\* in three (3) peri-urban communities where there are trained breastfeeding advocates but inactive mother support groups; tracks informal encounters made by the breastfeeding advocates, assisted in the FE.

C2. Briefly describe the project plan for sustainability as laid out in the DIP, or other relevant A.I.D. reports.

C2.1. Detailed Implementation Plan, DIP

The following are quotes from the past technical review of the DIP with follow-up comments from the Final Evaluation Team.

- C2.1.1. La Leche League of Guatemala child survival project places primary responsibility for community promotion in the hands of community members with little infrastructure, capital outlay, administrative burden or recurrent costs. This has positive implications for the potential sustainability of project activities.

In reality the mothers support groups will continue because they are integrated into the community. As a consequence of the ending of the child survival funding, the mother support groups will continue with limited supply of educational materials, central office supervision and moral support, and no travel expenses.

It is possible that some of the mother support groups may not have the will, desire, or economic resources to continue without minimal central office economic or moral support.

- C2.1.2. Feedback on community priorities through the mother support groups and collaborating agencies in the communities.

The mother support groups have integrated themselves with, or collaborated with, Unidas Para Vivir Mejor (UPAVIM - income

generating project for women), Programa Integrado de Salud\*, local Ministry of Health Center(s), and municipal dispensaries (small clinics).

C2.1.3. The child survival project will facilitate (author's words) empowerment of women. These women (author's words) will be self-motivated to help other mothers. This would create mother to mother sustainability.

In actuality, many cases were seen during the course of this evaluation where this phenomenon did occur. Certain women were observed to have acquired self-esteem with new courage to fight and continue to improve themselves. The breastfeeding advocate identification card (wallet size), breastfeeding advocate metal plaque outside her house, confidence in command of knowledge of breastfeeding, and successful breastfeeding increased a women's self-esteem as a person, woman and mother.

Indeed, an increase in self-esteem and empowerment does represent sustainability potential, not only mother to mother, but to organizations or groups interested in issues about women in development.

Being able to measure changes in self-esteem, or self-efficacy that can be attributed to having participated in a mother to mother support group through social science research methods, can create a proxy measure for a positive group process impact.

If participation in breastfeeding mother to mother support groups increases self-esteem and self-efficacy in women, then groups can be promoted for being "beneficial for women," and not breastfeeding being beneficial to the child. This change in message can bring support to La Leche League from groups interested in women in development issues and not necessarily interested in the promotion of breastfeeding.

C2.1.4. The community-based mother support groups complements the work of the Commission, CONAPLAM, and is of intrinsic value to the National Commission's goals.

\* Programa Integrado Salud (PIS) is composed of the following development organizations with each one contributing to the program's activities: Ministry of Health, UNICEF, Medicos Sin Fronteras, FUNDAESPRO (a community-based organization founded by the Reproinsas\*\*), and La Leche League of Guatemala.

\*\* Reproinsas are trained community health workers employed and trained by the Ministry of Health.

CONAPLAM, the national breastfeeding commission of Guatemala, does recognize the intrinsic value of La Leche League's mother support groups. Dr. Ruth Elena, Technical Consultant to CONAPLAM, stated that the strongest La Leche League strategy is the formation of mother support groups. However, despite the recognition and acknowledgment of La Leche League's work, it was not evident to this evaluator whether CONAPLAM had taken any concrete steps beyond verbal and written endorsement to help continue the process of forming and supporting child survival mother support groups in the peri-urban communities utilizing La Leche League of Guatemala for paid/contracted technical assistance.

C2.1.5. Breastfeeding advocates and mother support groups is part of the national breastfeeding policy and commitment.

In this evaluation it was seen that CONAPLAM fully endorses the work of La Leche League with a "seal of approval," symbolically and concretely with the provision of materials and supplies for training workshops. There is a memorandum of understanding between La Leche League of Guatemala and CONAPLAM (refer to Attachments 4a and 4b, letters of support from CONAPLAM). There has been a great deal of collaboration back and forth, between La Leche League of Guatemala and CONAPLAM during the life of the child survival project.

C2.1.6. Project administration and evaluation tasks will be coordinated by La Leche League of Guatemala and the Commission (CONAPLAM).

CONAPLAM has not helped in the administration nor in the evaluation of the La Leche League child survival project.

C2.1.7. Materials and workshops for breastfeeding advocates will be the responsibility of the Commission.

Educational materials produced and distributed by CONAPLAM were utilized by La Leche League of Guatemala in Child Survival Workshops and breastfeeding advocate training courses without La Leche League of Guatemala needing to pay for them.

C2.1.8. La Leche League of Guatemala should have (author's words) a salaried Technical Assistant to coordinate, supervise and evaluate the breastfeeding advocates and mother support groups. This would be a La Leche League leader hired by the Commission.

Within the development of the child survival project, this recommendation was not carried out.

C2.1.9. CONAPLAM is made up of in-country government agencies and private institutions for the promotion of breastfeeding in Guatemala.

La Leche League of Guatemala, as a CONAPLAM member, is the only member that is full-time, action-oriented in the promotion, education and support of breastfeeding through formation of mother support groups, elaboration of didactic material and technical assistance.

## C2.2. Midterm Evaluation Comments:

What follows are comments made by the Midterm Evaluation Team with follow-up comments from the Final Evaluation Team.

C2.2.1. La Leche League of Guatemala is a volunteer organization that is support rather than service oriented. It is time and labor intensive.

This observation continues to be true.

C2.2.2 La Leche League of Guatemala should provide technical assistance on breastfeeding to other child survival projects and form mothers support groups on individual or group initiative

This has been done and continues.

C2.2.3. La Leche League of Guatemala could provide support to selected groups on a voluntary basis.

This has been done and continues.

C2.2.4. The formation of mother support groups continues to be the principal strategy of La Leche League. The formation of a group(s) may be initiated by an individual or community.

This continues to hold true.

C2.2.5. The Ministry of Health and the Programa Integrado de Salud, PIS, are possibly interested if the mother support groups were to broaden to child survival support groups.

La Leche League of Guatemala has worked and continues to work with PIS staff in five peri-urban communities. La Leche League of Guatemala's support and collaboration with PIS staff is through two La Leche League Project staff who are responsible for strengthening the recognition that breastfeeding is the nucleus of child survival activities and to further educate the staff regarding the intimate relationship of breastfeeding to child survival within the PIS program. The La Leche League staff assigned to PIS attend various community meetings and workshops and participate in training sessions within the communities.

Sections C2.2.6 through C2.2.12.5. are comments from the 1991 La Leche League International Annual Report that addressed sustainability issues of the La Leche League of Guatemala Child Survival Project with follow-up comments by the evaluation team regarding the status of these "comments".

C2.2.6. The funding Development Department of La Leche League International will explore possible sources that could provide fully or partially the monies to meet estimated costs.

La Leche League International fund raising efforts include discussions with the Church of Latter Day Saints, Rotary International, and the Public Welfare Foundation.

C2.2.7. Breastfeeding advocates need nurture and support that gives them inservice and ongoing education in breastfeeding and counseling. Neither government nor CONAPLAM have committed to funding child survival project's work nor incorporating it into an existing structure.

Neither the Guatemalan government nor CONAPLAM has made any commitment to finance the Child Survival Project when USAID funding ends. Neither has either one made a commitment to incorporate the project in the existing structure of the Ministry of Health or CONAPLAM.

C2.2.8. CONAPLAM is discussing the possibility of contracting two or three project staff for follow-up of established mothers support groups and formation of other groups.

Indeed, CONAPLAM has contracted a La Leche League Leader to work in its central office; however, the work of this individual is not the monitoring of mothers support groups nor the formation of new groups in the peri-urban communities.

C2.2.9. Maintenance of La Leche League of Guatemala project staff and office

No one in-country has offered to pay the salaries of the project staff in order to help maintain the La Leche League office open.

C2.2.10. La Leche League should provide (author's words) technical Assistance, TA "packages" to PVOs, NGOs and government entities who would contract the project.

La Leche League of Guatemala has given significant technical assistance either personally or via individually tailored training workshops to meet the educational needs of the NGO's. Presently, La Leche League of Guatemala is developing an organizational brochure that will describe courses and services offered by La Leche League of Guatemala that can be contracted by government and non-government organizations in the public and

private sector. The brochure will include the cost of these courses and services (or technical assistance packages).

C2.2.11. The integration and coordination with Community Health Teams, Community Technical Teams and NGOs working in the community is the key to community-owned programs.

C2.2.11.1. There has been considerable integration of La Leche League personnel with other Guatemalan organizations. The following are some examples:

C2.2.11.1.1. Two La Leche League staff collaborate with the PIS (Integrated Health Program).

C2.2.11.1.2. La Leche League project worked with UPAVIM, a women's community group in the project community of La Esperanza.

C2.2.11.1.3. La Leche League plans to work with PADEL (Proyecto de Apoyo ao Desarrollo Local), an organization that works in and supports community development.

C2.2.11.1.4. Training has begun for members of the Church of Latter Day Saints as breastfeeding advocates in order for the church to form its own support groups throughout its vast network of churches with "as needed" technical assistance from La Leche League.

C2.2.11.1.5. Personnel from the Social Security Institute of Guatemala have been trained in order to form its own network of mother support groups with "as needed" technical assistance from La Leche League.

C2.2.11.1.6. One La Leche League Leader devotes all of her project time working at the Roosevelt Teaching Hospital in Guatemala City\*. Her goal is to strengthen the breastfeeding curriculum component in the hospital's Maternity ward and Well Baby Clinic breastfeeding education program. In addition, a breastfeeding advocate trained by La Leche League of Guatemala volunteers her time to help in the hospital mother support groups that are conducted by a project staff person.

\* A physician from Roosevelt Teaching Hospital contacted CONAPLAM requesting support and assistance for the formation of mother support groups and the request was passed on the La Leche League of Guatemala with subsequent development of a breastfeeding program. (Please refer to C4.3.1.1 for details of this program.)

C2.2.12. Proposals Made to CONAPLAM

C2.2.12.1. Provide (author's words) follow-up for established mother support groups in the peri-urban areas.

Follow-up of established mother support groups in the peri-urban areas was proposed, but CONAPLAM never became directly involved.

C2.2.12.2. CONAPLAM should participate in (author's words) formation of mother support groups associated with hospitals.

This has been successfully implemented at Roosevelt Teaching Hospital.

C2.2.12.3. CONAPLAM should provide (author's words) service of Technical Assistance to government and NGOs requesting breastfeeding training.

CONAPLAM has not delivered any direct services to the project peri-urban communities, but has collaborated with La Leche League in its delivery of technical assistance and breastfeeding training to NGOs, government agencies and project communities.

C2.2.12.4. CONAPLAM should provide (author's words) support for a regional La Leche League/Latin America workshop to train La Leche League leaders as trainers of child survival component of breastfeeding to other NGOs.

CONAPLAM participated in the execution of the Regional Latin American La Leche League Leader's Workshop, II, in Antigua, Guatemala, November 2-3, 1992.

C2.2.12.5. La Leche League of Guatemala should (author's words) address increased membership and/or increase La Leche League of Guatemala contributions from its members.

Urban leaders in La Leche League of Guatemala's began promoting La Leche League membership (paying annual dues to be a member) to the group participants during this past year. Presently, there are forty (40) paying members.

C3. Describe what sustainability-promoting activities were actually carried out by the PVO over the lifetime of the project.

The following are all examples of sustainability promoting activities.

C3.1. La Leche League of Guatemala became a legal entity within the country.

- C3.2. La Leche League formed twenty-two (22) peri-urban mother support groups.
- C3.3. La Leche League, with help of the breastfeeding advocates, designated a breastfeeding advocate coordinator, per community, for the mother support groups. The coordinator is responsible for delivering the completed "informal calendar tally calendar form (refer to Attachment 5, Calendar for Informal Encounters) to the central office every month. In addition, she attends monthly meetings at the central office and obtains educational materials for distribution. In her community the breastfeeding advocate coordinator is responsible for keeping her mother support groups updated on current knowledge in breastfeeding, conducting monthly meetings, distributing educational materials and supervising the work.
- C3.4. La Leche League of Guatemala provided technical assistance and training for the Social Security Institute of Guatemala.
- C3.5. La Leche League of Guatemala provides ongoing training of women who are members of the Church of Latter Day Saints.
- C3.6. The La Leche League of Guatemala child survival project has contributed greatly to the breastfeeding component of the Roosevelt Teaching Hospital educational program by:
- C3.6.1. Promoting the WHO/UNICEF 10 Steps.\*
- C3.6.2. Strengthening the Human Milk Bank by the formation of mother support groups for the mothers of babies who are hospitalized in intensive care (high risk) nursery.
- C3.6.3. Supporting and counseling postpartum mothers in breastfeeding and encouraging rooming-in and early nursing.
- C3.6.4. Developing the curriculum for the breastfeeding component in the hospital discharge educational talks given to mothers.

\* WHO/UNICEF 10 Steps - In 1989 WHO and UNICEF developed the "Ten steps to successful breastfeeding" which were reinforced at the WHO/UNICEF policymakers' meeting in Innocenti Florence, Italy in 1990, "Breastfeeding in the 1990's: A Global Initiative" in 1990. (Please refer to Attachment 6 for the 10 Steps.)

- C3.6.5. Forming mother support groups within the hospital, sectors such as the Kangaroo Program\*, Pediatric Department, Milk Bank for the low risk nursery, and Well Baby Clinic.
- C3.6.6. Supporting the Kangaroo Program by promoting of breast milk as the principal factor responsible for the best growth and development of the premature infant.
- C3.6.7. Coordinating the monthly meetings of the Kangaroo Program mother support group, with the hospital social worker.
- C3.6.8. Providing technical assistance for fourth year medical students, auxiliary nursing students and maternity ward nursing staff.
- C3.6.9. Establishing core content of breastfeeding knowledge for pediatric residents.
- C3.6.10. Participating actively on the Hospital Breastfeeding Commission.
- C3.6.11. Participating in staff meetings in the Well Baby and Early Development Clinic.
- C3.6.12. Training mothers to become Breastfeeding Advocates who will support breastfeeding in the Well Baby Clinic and other clinics.
- C3.7. Creating culturally appropriate inexpensive health education materials such as cloth posters and breastfeeding manuals for breastfeeding advocates.
- C3.8. Collaborating with UPAVIM, a woman's artisan income generating project, in the selling of Guatemalan handicrafts.
- C3.9. Collaborating with PADEL, an income generating project.
- C3.10. Selling educational cloth posters. CONAPLAM purchased one hundred (100) sets of cloth posters at cost for use in all the Guatemalan national hospitals.

\* Kangaroo Program - This is a low cost alternative to intensive care nurseries and use of incubators for premature or low birthweight (high risk) babies. The infant is kept at the mothers breasts at all times maintaining skin to skin contact and nursing on demand.

C3.11. Offering paid technical assistance to organizations who wish to learn how to form, support and maintain mother to mother support groups such as:

C3.11.1. Two breastfeeding training workshops to personnel from APROFAM (Asociacion Pro Bienestar De La Familia de Guatemala).

C3.11.2. Breastfeeding training workshops to PAIN, Program of Integrated Health Attention to the Child Less than 6 Years of Age (Programa de Atencion Integral del Nino Menor de 6 Anos).

C3.11.3. Influencing CONAPLAM and the Ministry of Health to change the national infant feeding policy to "exclusive breastfeeding" for the first six months of life.

C3.11.4. Forming various health teams within the communities and integrating health committees with mother support groups.

C3.11.5. Facilitating the expansion of PIS, into two other communities where La Leche League of Guatemala was already active in the training of breastfeeding advocates and the formation of mother support groups.

C3.11.6. Conducting mother support groups in the Ministry of Health Centers and in the county or municipality health dispensaries.

C4. Indicate which aspects of the sustainability plan the PVO implemented satisfactorily, and which steps were never initiated. Identify any activities which were unplanned, but formed an important aspect of the PVOs sustainability effort.

C4.1. The following were implemented satisfactorily:

C4.1.1. La Leche League of Guatemala obtained legal status as a national institution.

C4.1.2. Formation of twenty-two (22) peri-urban mother support groups has been successful and popular.

C4.1.3. One-hundred-fifty-four (154) breastfeeding advocates were trained.

C4.1.4. The work with adolescents was slow in starting; however, "street theater" began on September 7, 1992, and adolescents do participate in the mother support groups.

C4.2. The following were not initiated:

- C4.2.1. Formal legal written agreements with either CONAPLAM or the Ministry of Health were not negotiated; however, written memoranda of understanding and letters of support do exist. (Please refer to Attachments 4a and 4b, letters of support from CONAPLAM.)
- C4.2.2. The joint duties and responsibilities of counterpart agencies and La Leche League's role when collaborating together on individual projects were not clearly defined or outlined in writing.
- C4.3. The following are activities that were not planned; however, they are important for future sustainability efforts.
  - C4.3.1. Formation of an integrated breastfeeding promotion program within a public teaching hospital, Roosevelt Hospital. This program includes components outlined in C3.6.1-12. (please refer to these sections for specifics).
  - C4.3.2. Recognition of La Leche League Guatemala as a professional organization as demonstrated by an increasing demand for its educational materials, and in requests for training of government professional staff, such as the Social Security Institute, and the Integrated Health Program. Some examples are:
    - C4.3.2.1. Training of the Social Security Institute personnel
    - C4.3.2.2. Initial training for women who are members of the Church of the Latter Day Saints
    - C4.3.2.3. Training of personnel for PAMI, PAIN, APROFAM (Asociacion Pro Bienestar De La Familia de Guatemala), etc.
  - C4.3.3. Community work with income generating projects
    - C4.3.3.1. The income generating project begun by UPAVIM was supported by La Leche League of Guatemala by increasing the market nationally and internationally.
    - C4.3.3.2. Contact has been made with PADEL to support the organizations formed by breastfeeding advocates in their communities.
  - C4.3.4. Integration of La Leche League staff with other institutions. Some examples are:
    - C4.3.4.1. Integration of two La Leche League staff with the PIS program

- C4.3.4.2. Integration of one La Leche League staff person with Roosevelt Teaching Hospital.
- C4.3.5. Influencing the Ministry of Health and CONAPLAM to change the national infant feeding policy to "exclusive breastfeeding for six months."
- C4.3.6. Numerous training sessions, workshops and seminars on breastfeeding to varied and dispersed multiple audiences throughout the country.
- C5. Did any counterpart institutions (MOH, development agencies, local NGOs, etc.) during the design of the project (proposal or DIP), make a financial commitment to sustain project benefits? If so, have these commitments been kept?

No counterpart institution ever made a financial commitment.

- C6. What are the reasons given for the success or failure of the counterpart institutions to keep their commitment?

There was never a written agreement for any counterpart institution to finance the project beyond termination of USAID funding.

#### D. Monitoring and Evaluation of Sustainability

- D1. List the indicators the project has used to track any achievements in sustainability outputs and/or outcomes. (See Appendix I for specific numbers and a more detailed list.)
  - D1.1. Number of breastfeeding advocates trained
  - D1.2. Number of active breastfeeding advocates, Type I\*
  - D1.3. Number of active breastfeeding advocates, Type II\*\*
  - D1.4. Number of mother support groups formed

\* Type I are active in mother to mother support groups and informal contacts, Type II are active in keeping informal contact record sheets and turning them in.

\*\* Informal contacts are contacts made between mother and breastfeeding advocate in which information is shared outside of a mother support group meeting. (Please refer to Attachment 7, Informal Contacts.)

- D1.5. Total attendance mother support group meetings to another institution during the life of the project
- D1.6. Number of workshops held
- D1.7. Number of breastfeeding training sessions conducted (Please refer to Attachment 8, for listing of these breastfeeding training sessions.)
- D1.8. Number of informal contacts
- D1.9. Number of referrals to hospitals or clinics (Please refer to Attachment 9, Number of Referrals)
- D1.10. Increase in the request for technical assistance
- D1.11. Development of La Leche League elaborated materials
- D1.12. Documented increase in demand for La Leche League elaborated health education materials
- D1.13. Number of community health teams formed as a result of La Leche League activities or work within the communities.
- D2. Do these indicators show any accomplishments in sustainability?

Yes, all these indicators clearly demonstrate accomplishments in sustainability and professional credibility; however, they do not demonstrate financial sustainability. La Leche League has undeniably reached many persons and institutions with the same message and philosophy. It has created a demand and a market for its services, yet lacks the administrative infra-structure and economic resources to continue without external funding.

- D3. What qualitative data does the PVO have indicating a change in the sustainability potential of project benefits?

There has been an increase in the demand for technical assistance for training persons in the formation and support of mother support group strategy and for La Leche League elaborated health education material by institutions within and outside of Guatemala. UNICEF Guatemala has received requests for La Leche League materials from as far away as Ecuador.

- D4. Identify in-country agencies who worked with the PVO on the design, implementation, or analysis of the midterm evaluation and this final evaluation.

Midterm Evaluation Team:

Doctora Ruth Elena de Arango  
Consultant for CONAPLAM  
Guatemala City, Guatemala

Licenciada Maggie Fischer  
Institute of Nutrition, Central America and Panama, INCAP  
Guatemala City, Guatemala

Dr. Gustavo Tapia  
Foster Parent Plan International

Final Evaluation Team:

Dr. Julio Calderon  
Sub-Director, PAMI  
Maternal and Child Health Care Program  
Guatemala City, Guatemala

Doctora Vilma de Pop  
Consultant for the Ministry of Health  
Based at CONAPLAM to work in the enforcement of the infant  
formula marketing code  
Guatemala City, Guatemala

- D5. Did the PVO receive feedback on the recommendations regarding sustainability made by the technical reviewers of the proposal and DIP? Did the PVO carry out those recommendations? If not, why not?

Please refer to section C2 where these questions are addressed.

- D6. Did the PVO carry out the recommendations regarding sustainability of the midterm evaluation team? If not, why not?

Please refer to section C2 where these questions are addressed.

E. Community Participation

Interview 1

- E1. Please identify community leaders interviewed and indicate which group(s) they represent.

Three women were interviewed in Colonia La Esperanza. The first person was Celestina Elias Vasquez, 29 years old, born in Quezaltenango. She is trained as a breastfeeding advocate and as

a health promoter via the Behrhorst clinic program in Chimaltenango, Guatemala. She is married and has two children, ages 18 months and 36 months. She and the other two women, Rosa Elva Chinchilla and Zoila Sanchez, belong to and are leaders of UPAVIM, Unidas Para Vivir Mejor (United to Live Better), a grass-roots income generating project of fifty (50) women. Sixteen (16) of these women are breastfeeding advocates and conduct mother support groups. UPAVIM is also directly involved in community health through the following activities:

- limited medical clinic
- well child clinic
- dental clinic
- breastfeeding mothers support groups
- day care center for children
- small scholarships to help children attend school
- limited clinical laboratory
- handicraft products for sale

E2. Which child survival activities do community leaders perceive as being effective at meeting current health needs?

Celestina Vasquez considers that all La Leche League activities are important. The other two women felt that promotion and support of breastfeeding, treatment of diarrhea, immunizations, and well-child care were the most important in order of priority. In addition, Mrs. Chinchilla and Mrs. Sanchez felt that it is important to begin an anti-alcohol and anti-drug campaign in the neighborhood.

E3. What activities did the PVO carry out to enable the communities to better meet their basic needs and increase their ability to sustain effective child survival project activities?

In addition to forming mother to mother support groups, La Leche League of Guatemala has collaborated in the sale of UPAVIM products by opening the market possibilities within and outside of Guatemala.

E4. How did communities participate in the design, implementation and/or evaluation of child survival activities?

The communities participated by designating certain women to receive training as breastfeeding advocates. The breastfeeding advocates are involved in the formation of mother support groups and teaching child survival activities, conducting these groups and being responsible for their maintenance and continuation.

E5. What is the number of functioning health teams in the project area? How often has each met during the past six months? Please comment on whether committee members seem representative of their communities.

There is one health team in Colonia La Esperanza. This committee meets once per month at 3:00 PM. There are friendly relations with other community leaders with whom the health team meets periodically. The three women interviewed, whose names were given initially, are representative of women living in that particular community.

E5. What are the most significant issues currently being addressed by these health teams?

E6.1. Insufficient water

E6.2. No trash disposal

E6.3. Malnutrition

There is a great deal of malnutrition because families have too many children, there is insufficient money to buy food, and the father may be irresponsible or an alcoholic.

E6.4. Diarrhea

There is a great deal of diarrhea because the mothers only give "bottles", and "bottles" are the enemies of health.

E6.5. Inadequate health services to the community.

E6.6. Lack of integration of community groups working in health.

E7. What resources has the community contributed that will encourage continuation of project activities after donor funding ends.

The church has donated space for the weekly UPAVIM meetings, given dental equipment, donated space for a small dental office, and has allowed use of its warehouse for storage of medications and handicrafts.

The community has provided personnel and manual labor. In the future, UPAVIM will have its own building to operate a "day care center," a center to rehabilitate malnourished children, a dental clinic, etc. The possibility that the mother support groups will continue is stronger with the strengthening of UPAVIM in the community.

E8. What are the reasons for the success or failure of the committees to contribute resources for continuation of effective project activities?

The women feel that the success of the group is due to the training received by La Leche League. The women have received an education in breastfeeding and child survival activities, increased their self-esteem and have improved their relationships with others. The mothers have received the messages from UPAVIM well and continue to seek the UPAVIM and La Leche League to help solve their problems.

The community is very poor and can not collaborate with money to sustain the project financially. This community is an invasion (squatter settlement) which has existed for many years without electricity or running water. Only recently have the "lots of land" begun to be measured in order to allow the squatters to legally purchase their dwelling places from the bank who owns the property.

### Interview 2

E1. Please identify community leaders interviewed and indicate which group(s) they represent.

Mr. Damasco Rodriguez  
 Supervisor and Rural Health Technical Assistant  
 Community el Durazno, Chinautla, Guatemala  
 Size of community: between 400 and 500 families

E2. Which child survival activities do community leaders perceive as being effective at meeting current health needs?

Building of latrines, construction of stoves, and education in food and nutrition are perceived as being effective at meeting current health needs.

E3. What activities did the PVO carry out to enable the communities to better meet their basic needs and increase their ability to sustain effective child survival project activities?

The members of La Leche League have supported community organization and have encouraged inter-institutional meetings, in order that the community identify its own needs and solicit assistance.

E4. How did communities participate in the design, implementation and/or evaluation of child survival activities?

Meetings of the community health team are held in which morbidity data is presented and possible interventions or solutions are given. The data presented at these meetings relates to the number of pregnant women, breastfed babies and children, and babies and children not breastfed from 0 - 5 years of age. The suggested solutions are used to formulate a plan to request technical assistance.

E5. What is the number of functioning health committees in the project area? How often has each met during the past six months? Please comment on whether committee members seem representative of their communities.

There is one health team in the area and the members of the committee are representative of the community as a whole.

E6. What are the most significant issues currently being addressed by these health committees?

Vaccination, nutrition, first aid, and public sanitation are the issues currently being addressed.

E7. What resources has the community contributed that will encourage continuation of project activities after donor funding ends.

The community has contributed time, physical space for meetings and snacks; however, the committee will not be able to function at the same level without the active participation of La Leche League of Guatemala.

E8. What are the reasons for the success or failure of the committees to contribute resources for continuation of effective project activities?

Although the health committee has been in existence for five years, it became more active when La Leche League of Guatemala became a member. As a consequence of this, there has not been enough time to develop a self-financing strategy.

With the participation of La Leche League of Guatemala, a need and a demand for health knowledge has been created in the community.

Interview 3

E1. Please identify community leaders interviewed and indicate which group(s) they represent.

Mrs. Hilda de Zacarias  
 Health Coordinator  
 Coordinator of Groups of the Reprints Program, PIS  
 Colonia San Martin y Tres Habanas, Chinautla, Guatemala  
 Size of community: between 300 and 350 families

E2. Which child survival activities do community leaders perceive as being effective at meeting current health needs?

Child health care and prenatal care are perceived as being effective.

E3. What activities did La Leche League of Guatemala carry out to enable the communities to better meet their basic needs and increase their ability to sustain effective child survival project activities?

The members of La Leche League have aided in educating the groups of reprints (Ministry of Health trained community health promoters) that were schooled in breastfeeding and the concept of breastfeeding as the nucleus of other child survival interventions.

E4. How did communities participate in the design, implementation and/or evaluation of child survival activities?

Weekly meetings are held and home visits are made in which community health problems and solutions are discussed. La Leche League and other organizations are invited to give their input.

E5. What is the number of functioning health committees in the project area? How often has each met during the past six months? Please comment on whether committee members seem representative of their communities.

There is one functioning health committee in the area and the committee members are representative of the community.

E6. What are the most significant issues currently being addressed by these health committees?

Child health and legal aid are significant issues currently being addressed by these health committees.

E7. What resources has the community contributed that will encourage continuation of project activities after donor funding ends.

The community has contributed time and physical space for meetings.

E8. What are the reasons for the success or failure of the committees to contribute resources for continuation of effective project activities?

The committee does not have sufficient knowledge regarding income generating projects, although there is a great deal of enthusiasm and intention to follow through with the activities.

#### Interview 4

E1. Please identify community leaders interviewed and indicate which group(s) they represent.

Mrs. Adela Gomez Perez  
General Coordinator of Reproinsas (Health Promoters) and Projects

Mrs. Natalia Soo  
General Coordinator of Health Programs  
Coordinates health activities in five places: San Martin, La Laguneta, La Cumbre, Durazno and Canton Carriso.

Both Mrs. Perez and Mrs. Soo received an 18 month training course at the Ministry of Health Center.

E2. Which child survival activities do community leaders perceive as being effective at meeting current health needs?

Oral rehydration, management of acute respiratory illness, immunizations, prenatal care, post-natal care, and environmental sanitation are perceived as being effective.

Both of them believe that most important to the community is preventive health education regarding how to prevent, treat or manage common health conditions.

Services that are rendered by the reproinsas are periodic deworming, administration of vitamins to children, and vaccinations.

E3. What activities did the La Leche League of Guatemala carry out to enable the communities to better meet their basic needs and increase their ability to sustain effective child survival project activities?

Examples of activities that La Leche League of Guatemala supports are mini stores, sale of medications (mini pharmacies), raising and fattening of pigs to sell for income and home gardens for personal consumption. Although La Leche League of Guatemala does not support these activities financially, La Leche League staff have given ideas and suggestions and moral support.

E4. How did communities participate in the design, implementation and/or evaluation of child survival activities?

The health committees have meetings or give presentations in which health problems and needs are discussed with La Leche League project staff.

E5. What is the number of functioning health committees in the project area? How often has each met during the past six months? Please comment on whether committee members seem representative of their communities.

In the five working areas there are 15 Reproinsas (health promoters trained by the Ministry of Health of Guatemala) who work at the community level with the Programa Integrado de Salud (integrated health program), PIS. There are four development organizations that make up PIS. They are: Medicos Sin Fronteras (Doctors without Frontiers), UNICEF, COINAP, and La Leche League.

E6. What are the most significant issues currently being addressed by these health committees?

The need for potable water and health education programs for the entire community are both being addressed by the health committees.

E7. What resources has the community contributed that will encourage continuation of child survival project activities after donor funding ends.

The community has contributed moral support and income generated from the sale of used clothing and raffles.

E8. What are the reasons for the success or failure of the committees to contribute resources for continuation of effective project activities?

The reasons for success are an increase in self-esteem of each woman as a consequence of having received training and education in breastfeeding and child survival activities. The relationship with La Leche League has been good because the training received has been shared and divulged to the community as well as being useful to the individual women in their own homes.

F. Ability and Willingness to Counterpart Institutions to Sustain Activities

F1. Please identify persons interviewed and indicate their organization and relationship to the child survival project.

F2. What linkages exist between the child survival project and the activities of key health development agencies (local/municipal/district/provincial/state level)? Do these linkages involve any financial exchange?

#### Interview 1

Doctora Yadira Castaneda  
 Medical Director  
 Centro de Salud Zona 8 (Health Center, Zone 8)  
 Ministry of Public Health and Social Assistance

Doctor Castaneda coordinates and oversees the integration of the PIS Program into the community. She solicits technical assistance from La Leche League in order to train the community leaders in breastfeeding and in the formation of mother to mother support groups.

#### Interview 2

Dr. Napoleon Diaz  
 Medical Director  
 Maternal Child Health Program  
 Social Security Institute of Guatemala

The Maternal and Child Health Section of the Social Security Institute of Guatemala receives ongoing technical assistance in breastfeeding from La Leche League in order to form mother to mother support groups in the maternity hospitals.

### Interview 3

Doctora Ruth de Arango  
National Technical Assistant  
CONAPLAM  
Guatemala City, Guatemala

CONAPLAM maintains close collaboration with La Leche League in the implementation of the "Baby Friendly Hospital Initiative," especially in complying with Step 10 of Inocenti Declaration.\*

La Leche League and CONAPLAM coordinate technical assistance to different groups of health workers such as doctors, nurses, students and NGOs. CONAPLAM provides the materials and payment of per diem and travel expenses for La Leche League project staff who participate in these activities.

CONAPLAM paid La Leche League a symbolic fee for reproduction of the cloth posters.

La Leche League is a member of CONAPLAM whose technical expertise is in the area of formation and support of mother to mother support groups.

### Interview 4

Ms. Dina de Nathusias  
Owner  
CEMACO, S.A. (CEMACO, Inc.)

Ms. de Nathusias has proposed to contract La Leche League to give breastfeeding education and training to the women who are employed by her firm (a total of six home products department store chain) and to provide all necessary materials for said training.

Ms. de Nathusias, as a La Leche League Leader, is one of the founders of La Leche League of Guatemala. CEMACO supports breastfeeding in various ways such as:

- Sponsoring national breastfeeding photo contests
- Displaying of breastfeeding promotion posters in the stores
- Supporting mass media promotion of breastfeeding
- Prohibiting the sale of baby bottles, bottle sterilizers, or any materials related to infant formula.

\* A baby friendly hospital is a hospital which supports and executes the "Ten Steps for Successful Breastfeeding." (For more detailed information, please refer to Attachment 6, 10 Steps and comments by Margaret Kyenya-Isabirye, UNICEF Advisor Infant and Child Feeding.)

Interview 5

Licenciada Susan Hewes  
 Directora  
 PAMI (Proyecto de Apoyo Materno-Infantil)  
 Guatemala City, Guatemala

Ms. Hewes has requested technical assistance from La Leche League regarding the formation of mother to mother support groups. She has also requested that La Leche League review a breastfeeding teaching module written by PAMI to evaluate for consistency of definition and terms.

Interview 6

Licenciada Nigte de Hernandez  
 Responsible for UNICEF's Nutrition Program  
 Guatemala City, Guatemala

UNICEF has collected and distributed La Leche League educational materials. UNICEF plans to continue this endeavor and hopes to put together a "technical package" of compiled La Leche League elaborated material for future worldwide distribution through the expansive UNICEF chain.

UNICEF collaborated with La Leche League in writing a proposal to implement a regional breastfeeding training center for Central-America located in Guatemala.

F3. What are the key local institutions La Leche League of Guatemala expects to take part in sustaining project activities?

F3.1. CONAPLAM

F3.2. Ministry of Health (Please refer to Attachment 10, letter of acknowledgment from Ministry of Health.)

F3.3. UNICEF

F3.4. Social Security Institute of Guatemala

F3.5. PAMI (Please refer to Attachment 11, letter of support from PAMI.)

F3.6. Roosevelt Teaching Hospital

F3.7. Church of the Latter Day Saints

F4. Which child survival project activities do Ministry of Health personnel and other staff in key local institutions perceive as being effective.

F4.1. The majority of professional persons interviewed agree that the formation of mother to mother support groups is the most important child survival strategy. After this followed expanded immunization programs, management of acute respiratory infections, oral rehydration and sanitation.

F4.2. The community people feel that they need land, water and sewage. However, they also feel that the formation of mother to mother support groups has helped the communities a great deal.

F5. What did La Leche League of Guatemala do to build skills of local Ministry of Health personnel or staff of key counterpart NGOs? Did they teach them to train CHWs or manage child survival activities once A.I.D. funding terminates.

La Leche League has given a great deal of technical assistance in breastfeeding over the life of the child survival project. It has designed and implemented various breastfeeding training workshops regarding mother to mother support groups strategy. Many counterpart institutions have received La Leche League training in breastfeeding that emphasizes that breastfeeding is the nucleus of all child survival activities. La Leche League is always available and willing to answer questions of individual mothers or professionals or to provide technical assistance for pay or free of charge.

F6. What is the current ability of the Ministry of Health or other relevant local institutions to provide the necessary financial, human and material resources to sustain effective project activities once CS funding ends?

Presently, neither the Ministry of Health nor any other relevant social institution(s) have the necessary financial, human and material resources to sustain effective project activities once USAID child survival funding ends.

F7. Are there any project activities that counterpart organizations perceive as effective?

All the organizations that were interviewed agreed that the most effective child survival strategy was the formation of mother to mother support groups.

The next most effective strategy mutually agreed upon was the provision of technical assistance to governmental and non-governmental agencies and the development of culturally appropriate and inexpensive educational materials.

#### G. Project Expenditures

##### G1. Attach a pipeline analysis of project expenditures

See Attachment 6, Pipeline Analysis, Guatemala of project expenditures.

##### G2. Compare the budget for planned expenditures identified in the DIP with the actual expenditures at the end of the project. Were some categories of expenditures much higher or lower than originally planned?

Through the four (4) years of the project, the budget reported in the DIP underwent three revisions: one when the project went from a four year project to a three year project, another when the extension budget was added and a third in 1991. In Guatemala, actual expenditures were aligned very closely to the allocated budget amounts. At the end of the official project expiration date, two budget line items had gone over allocated amounts by figures of \$12 and \$247.

##### G3. Did the project handle the finances in a competent manner?

Yes, very responsible

##### G4. Are there any lessons to be learned regarding project expenditures that might be helpful to other PVO projects, or relevant to A.I.D.'s support strategy?

The child survival project staff in Guatemala has limited ability to translate administrative and technical material from English to Spanish. La Leche League of Guatemala staff feel that technical material should arrive in a standardized language, preferably that of the host country. In addition, some project staff members felt that it would have been helpful to them had there been inter-staff discussions in relation to the project budget.

## H. Attempts to Increase Efficiency

H1. What strategies did La Leche League of Guatemala implement to reduce costs, increase productivity, or make the project more efficient?

H1.1. Strategies to reduce costs:

H1.1.1. Development of low cost educational cloth posters for use as teaching aids in the mother to mothers support groups.

H1.1.2. Achievement of consensus on terms and definitions in breastfeeding via three major training workshops to government and non-government organizations.

H1.1.3. Formation of mother to mother support groups.

H1.1.4. Formation of income generating projects for women.

H1.2. Strategies to increase productivity or make the project more efficient:

H1.2.1. Training of personnel from various counterpart institutions on the formation and support of mother to mother support groups.

H1.2.2. Election of two breastfeeding advocates as community breastfeeding coordinator and sub-coordinator by the other breastfeeding advocates in each project community. The community coordinator coordinates the breastfeeding advocates and their activities in her community and the sub-coordinator assists her in these tasks. Project staff was discussing the possibility process of electing a General Coordinator with the community coordinators.

H1.2.3. Formation of health committees that work together with the breastfeeding advocates and other community-based health organizations.

H1.2.4. Institutional integration with PIS (Integrated Health Program) and IGSS (Social Security).

H1.2.5. Involvement in a comprehensive breastfeeding promotion program at Roosevelt Teaching Hospital. (Please refer to section C3.6.1-12. for specifics of the program.)

H2. What are the reasons for the success or failure of the attempts to reduce costs, increase productivity or efficiency of this project.

The budget allocated for this project was already a minimal budget. Taking into account the high inflation in the country, the state of the national economy, the increase in demand for services, and the increase in services rendered, it was not possible to further reduce costs without effecting the quality and effectiveness of the project. It was, however, possible to increase the productivity and efficiency of the project. Proof of efficiency is given by the increased amount of technical assistance rendered, the increase in number of mother to mother support groups formed, and further training of more breastfeeding advocates beyond the initial goal.

H3. Are there any lessons to be learned regarding attempts to increase efficiency that might be applicable to other PVO child survival projects or to A.I.D.'s support of these projects?

The main lesson to be learned is that bare bones budgets do not allow for high inflation, economic instability and increased demand for services. For child survival projects such as La Leche League of Guatemala, with a very strong multiplier effect, the ongoing need for more resources is inevitable. For future projects such as this, money must be allotted in the budget for growth, maintenance, indirect costs and support of "volunteers."

La Leche League was able to increase its efficiency because of its very own strong sense of volunteerism; however, in a poor country female volunteerism may be prejudicial to her family's and/or her own health. (Please refer to prior answer section B7.)

#### I. Cost Recovery Attempts

11. What specific cost recovery mechanisms did the PVO implement to offset project expenditures? If cost recovery was part of the project, who managed implementation?

Cost recovery was not a part of the original project. In addition, the project always worked with a minimal budget.

Recently, the Church of the Latter Day Saints paid La Leche League of Guatemala \$2,000 to train a cohort of breastfeeding advocates to function within the church. Cost recovery by charging for technical assistance is a new concept, and it is premature to project possible income that would/could be generated. One must take into account that not all counterpart institutions will be able to pay for technical assistance.

12. Estimate the dollar amount of cost recovery obtained during the project. What percent of the project costs did this revenue cover? Did the cost recovery mechanisms generate enough money to justify the effort and funds required to implement the mechanisms?

\$10,500 was the total amount in cost recovery. This figure represents 5.5% of the total four year budget. The breakdown of monies is as follows:

1. \$ 2,000 from training
2. \$ 1,000 profit
3. \$ 7,500 from sale of cloth posters
- \$10,500 total

13. What effect did any cost recovery activity have on the PVO's reputation in the community? Did the cost recovery venture result in inequities in service delivery?

La Leche League of Guatemala indirectly worked in income generating projects in Colonia La Esperanza through UPAVIM. In this community the women formed an organization called "Unidas Para Vivir Mejor" (United to Live Better) that allowed women to work at home making handcrafts and artisan work. The income from the artisan work went directly to the organization to support for a dental clinic, well child clinic, purchase of new materials, etc., and to the individual women, not directly to La Leche League. Because the women who belong to UPAVIM are also the breastfeeding advocates who lead the mother to mother support groups, La Leche League is indirectly benefiting from the income. In addition, La Leche League of Guatemala has collaborated in the sale of UPAVIM products by opening up the market possibilities within and outside of Guatemala.

14. What are the reasons for the success or failure of the household income generating activities of the project?

Income generating activities are very new in the life of this project; therefore, it is premature to evaluate its success or failure, but it seems to be having success.

15. Are there any lessons to be learned regarding cost recovery that might be applicable to other PVO child survival projects or to A.I.D.'s support strategy?

Income generating projects in this setting (Guatemala) do generate some income and serve as a source of revenue for the individual mothers, their families and their communities. However, this income is not sufficient to finance a health care project and at present only serves as a small family subsidy.

## J. Household Income Generation

J1. Did the project implement any household income generating activities?

The project did not directly implement any household income generating project; however, it has supported UPAVIM in its efforts in Colonia La Esperanza and in the future plans to work with a program called PADEL.

J2. Estimate the dollar amount of income added to a family or household's annual income as a result of the income generating project.

It is very difficult to assess how much income was added to the annual family salary since only one community has participated in income generating activities.

J3. Did the revenues contribute to meeting the cost of health activities? What percentage of project costs did income generation cover?

Yes, the income generated did partially cover costs of the health activities such as the well child clinic and dental clinic in Colonia La Esperanza, but it is difficult to calculate what percentage of the project costs.

J4. Are there any lessons to be learned regarding household income generation that might be applicable to other PVO child survival projects or to A.I.D.'s support strategy.

The main lesson learned is that household income generating activities rarely are able to sustain a project completely, yet they do complement the health activities of the community and aid the individual mothers and their children. A woman who is able to work at home does not have to leave her children alone in a "bad care situation" and is better able to breastfeed. Working at home, although it brings in little income, brings many individual benefits to the mother and her family.

## K. Summary

K1. Please give a brief (no more than one page), succinct summary of the responses to the previous questions concerning:

the project's accomplishments (in terms of outputs and/or outcomes) in enabling communities to meet their basic health needs, and in promoting sustainability of effective child survival activities

the project's competence in carrying out its sustainability promoting activities; any lessons to be learned regarding sustainability that might be applicable to other PVO child survival projects, and/or relevant to A.I.D.'s support of these projects.

La Leche League of Guatemala's Child Survival project has had significant accomplishments during its brief four year life time. La Leche League of Guatemala formed twenty-two (22) peri-urban mother support groups, trained one-hundred-fifty-four (154) breastfeeding advocates, conducted numerous training workshops on breastfeeding, gave extensive technical assistance to counterpart institutions, elaborated low cost culturally appropriate educational materials on breastfeeding, and established itself as a professional Guatemalan institution.

The main strength of the child survival project in Guatemala lies in the very strong bond and reciprocal loyalty that exists between the communities and the individual women of these communities with La Leche League of Guatemala. The strength of this bonding gives La Leche League of Guatemala, mother to mother, woman to woman, breastfeeding advocate to breastfeeding advocate, and community to community sustainability. The roots of La Leche League of Guatemala are truly "grass roots."

The second obvious strength of La Leche League of Guatemala is the development of an identity unique unto itself by elaborating its own culturally appropriate low-cost teaching materials such as the "mantas," (cloth posters). Whenever anyone versed in breastfeeding education looks at a cloth poster, the image of La Leche League of Guatemala automatically comes to mind.

Although La Leche League of Guatemala did develop inter-institutional bonds with the Ministry of Health, the Social Security Institute, and the Church of Latter Day Saints and thereby covered its "main bases," it did not create the myriad of intricate professional relationships with counterpart institutions, NGO's, and private industry, as did La Leche League Honduras.

The main weakness of La Leche League of Guatemala is the lack of administrative sophistication in regards to operating an

organization at a higher level than a "mom-pop," operation. Although this lack of sophistication is a threat to sustainability, it is easily amenable to correction.

Regardless of this weakness, La Leche League of Guatemala made impressive strides in establishing a very firm community base and mother to mother base. This firm base is necessary to build future new layers of inter-institutional involvement.

Sustainability is definitely possible with strong administrative support and continued financial backing from La Leche League International, Wellstart, USAID, and/or any other interested institution. Because of Guatemala's political climate and economic instability, economic sustainability from in-country resources is not a viable option at this time.

(Please see Appendix I and II.)

- K2. Attach a list of all members of the final evaluation team and indicate institutional affiliation.

Beatriz Lares, M.D., M.P.H., Team Leader  
 Director of Community Projects, United States Mexico Border  
 Area Health Education Centers  
 Division/Department of Family Medicine  
 University of California, Los Angeles (UCLA)  
 and Los Angeles County Harbor UCLA Medical Center

Dr. Julio Calderon  
 Sub-Director, PAMI  
 Maternal and Child Health Care Program  
 Guatemala City, Guatemala

Doctora Vilma de Pop  
 Consultant for the Ministry of Health  
 Based at CONAPLAM to work in the enforcement of the infant  
 formula marketing code  
 Guatemala City, Guatemala

## APPENDIX I

(The following quantitative and qualitative outputs represent those felt to support sustainability and not necessarily those the project used to monitor its own sustainability.)

A. Quantitative Outputs

## 1. Number of women trained as breastfeeding advocates

One hundred and fifty-four women were trained.

## 2. Number of fully active Type I\* and Type II\* breastfeeding advocates.

Thirty-five percent (35%) are Type I and thirty-two percent (32%) are Type II breastfeeding advocates.

## 3. Number of mother support groups formed

Twenty two (22) mother to mother support groups were formed during the life of the project.

## 4. Number of informal contacts\*\* made yearly as reported by the breastfeeding advocates

The breastfeeding advocates (monitoras) reported 22,184 informal contacts in the four years. The breakdown is 0 in 1989, 728 in 1990, 10,225 in 1991 and 11,231 in 1992.

## 5. Number of patients referred to the health centers or hospital by the breastfeeding advocates

The number of patients referred were 0 in 1989, 0 in 1990, 2,640 in 1991 and 3,282 in 1992. (Refer to Attachment 5, Referral Calendar.)

\* Type I are active in mother to mother support groups and informal contacts, Type II are active in keeping informal contact record sheets and turning them in.

\*\*Informal contacts are contacts made between mother and breastfeeding advocate in which information is shared outside of a mother support group meeting.

6. Number of training sessions conducted

From February 24, 1989 through June 23, 1992, one-hundred-eighteen (118) training sessions were given to multiple institutions with audiences varying from doctors to school teachers and mothers. (Attachment 13, "Technical Assistance, La Leche League")

7. Number of participants who received training

The total number of participants in these one-hundred-eighteen (118) training sessions was 3,511.

8. Total number of new mothers attending mother support groups

9. Total attendance at mother support group meetings

10. Results of knowledge, attitudes, and practice survey, July, 1992. (Please refer to Attachment 14)

B. Qualitative Outputs

The following outputs can not be quantified; however, they represent integration and networking with government, non-government, and counterpart institutions.

1. Acquiring of legal status in Guatemala
2. Influencing the Ministry of Health and CONAPLAM to change their infant feeding policy to exclusive breastfeeding for six months.
3. Technical assistance to various institutions in the country
4. Training of personnel from Guatemalan entities such as: Social Security Institute of Guatemala and the Church of the Latter Day Saints in the training of women as breastfeeding advocates and in the process of forming support groups in order for these institutions to form their own independent network of mother to mother support groups with as-needed technical assistance from La Leche League.
5. Integration of La Leche League staff into the Programa Integrado de Salud, Program of Integrated Health, PIS, from the Ministry of Health

All of these outputs demonstrate that the La Leche League of Guatemala has created a very strong community network and integration with community groups (governmental, non-governmental, etc.). The breastfeeding advocates are taught the basics of breastfeeding in addition to child survival activities. The breastfeeding advocates are sought out in the

community as resource persons to instruct mothers on what to do when their children are ill, what immunizations the child needs, how to manage and overcome breastfeeding problems, how to manage diarrhea, etc. When the breastfeeding advocate is unable to help because the problem is beyond her scope of knowledge or the child is moderately to severely ill, she refers the child to a Ministry of Health Center or hospital.

6. Empowerment of women
7. Increase in self-esteem and self-efficacy of women.
8. Beginning of income generating projects for women.

## APPENDIX II

A. Strengths

1. La Leche League of Guatemala has a very strong team spirit with a strong sense of family and bonding. This family unit extends from the central office to each individual woman who attends the mother to mother support group meetings.
2. La Leche League of Guatemala has very strong community ties and firm base with local community organizations and women's groups on a "grass roots" level.
3. La Leche League of Guatemala's core team is highly trained, motivated, creative and capable.
4. Development of culturally appropriate low-cost teaching materials such as: cloth posters, "lactogelador (milk-cooler)," a low cost, simple to assemble container to store and maintain breastmilk at cold temperatures, teaching manual for the breastfeeding advocates, and many other educational materials.
5. La Leche League Guatemala is recognized and respected as a professional and expert organization by CONAPLAM, Guatemalan Ministry of Health, Social Security Institute, Guatemala counterpart institutions, community groups and individual women.
6. There is a very strong multiplier effect as a result of the mother to mother support group strategy, extensive training of health personnel and La Leche League's constant willingness to provide technical assistance.
7. Initiation of income generating activities
  - a. Charging for workshops and technical assistance
  - b. Selling educational material to other organizations
  - c. Selling handmade artisan materials
8. The project increased its efficiency progressively each year by increased numbers of referrals and informal contacts, training sessions, and numbers of breastfeeding advocates trained.

Before discussing weaknesses, it is of relevance to mention that no clear financial objectives toward sustainability nor objectives in terms of outputs/outcomes were written in the original project. There was no plan to seek financial self-sufficiency of the project, no plan to work with the Ministry of Health in formal terms with a legal written agreement or a plan as to how La Leche League would interact or collaborate with other counterpart institutions. In

addition, La Leche League of Guatemala did not receive any orientation or guidance as to how to work with counterpart agencies.

#### B. Weaknesses

1. There is insufficient professional staff to run this project.
2. There is insufficient clerical and support staff in the office.
3. The project staff is relatively unsophisticated in management, health and research politics.
4. The mission of the organization (formation of mother to mother support groups) is being clouded by new demands for technical assistance, workshops and research. The objectives of the organization need refocusing and prioritizing.
5. The staff does not agree or have the same concept of what project sustainability is or should be.
6. La Leche League in Guatemala works "in good faith and trust," with other counterpart institutions, and has no formal written agreements defining duties and responsibilities.
7. The existence of CONAPLAM, although very positive for the breastfeeding in Guatemala, because of its advisory, non-active role, overshadows the work of La Leche League and creates confusion as to roles and responsibilities.

#### C. Recommendations

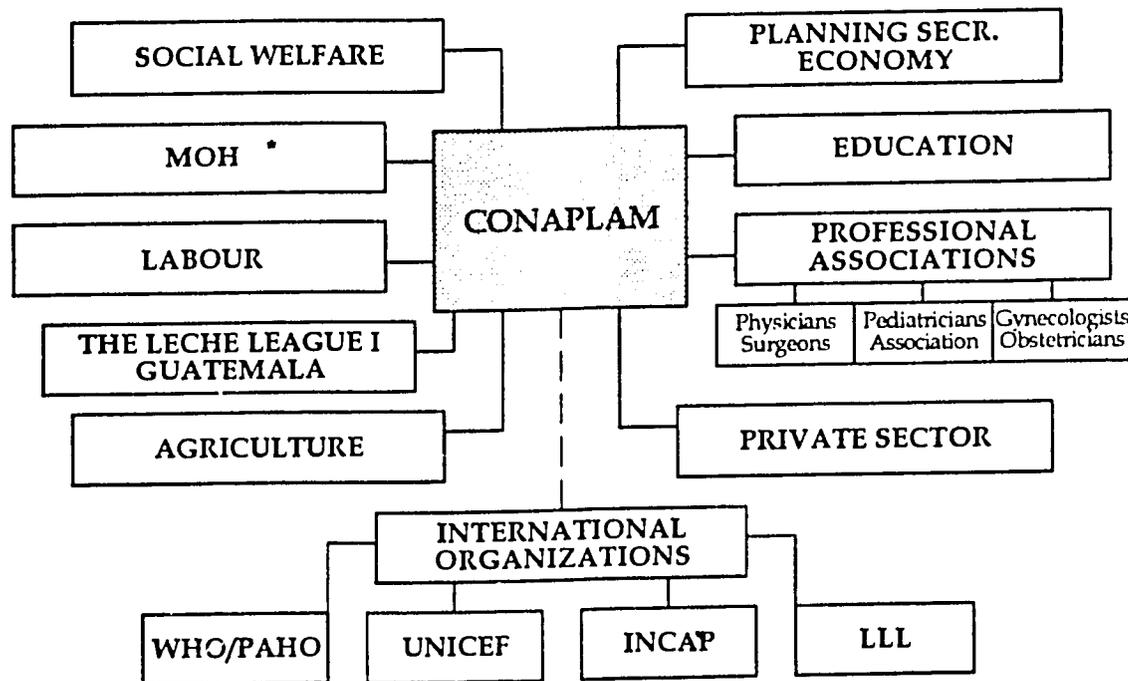
La Leche League of Guatemala needs to work as a professional organization with clearly defined, written relationships, responsibilities, duties, and obligations to other institutions, especially the Ministry of Health and CONAPLAM. The following are suggested:

1. Negotiate an official written work agreement with the Ministry of Health of Guatemala
2. Negotiate an official written work agreement with CONAPLAM
3. Seek management training for project staff
4. Hire an administrative person to work in the office on a full-time basis

5. Seek legal counseling regarding legality of fundraising activities and/or other plans of financial responsibility
6. Seek technical assistance from counterpart institutions who have had success with fundraising
7. Trade breastfeeding technical assistance for assistance in other areas
8. Integrate its work with counterpart institutions who are doing similar work, i.e., PAMI (Proyecto de Apoyo Para La Salud Materno Infantil, Project to Support Maternal and Child Health) in order to seek outside funding through collaborative grant proposals by developing joint projects.
9. Establish indirect cost rate for running the organization in order to include this rate in any project proposals.
10. Establish basic operational costs for the organization which includes support of volunteers
11. Negotiate all technical assistance or workshops with a written contract or memorandum of understanding
12. Evaluate and negotiate every research project individually in order that La Leche League Guatemala or La Leche League International be the principal investigator or a collaborator in the project, and not a subcontractor. In addition, La Leche League International should have the right to review any written manuscripts generated from research done under their auspices prior to publication, including right of censorship for any material written that administrative headquarters feels is contradictory to La Leche League breastfeeding recommendations or philosophy.
13. Strengthen the fund of knowledge of office staff, La Leche League Leaders, Coordinators of Breastfeeding Advocates regarding child survival activities and prenatal care through workshops given by complimentary counterpart institutions who are strong in these interventions/activities.
14. Standardize educational teaching materials for consistency of message.
15. Provide formal training in the development of educational material to office staff.

**APPENDIX III**  
**Attachments (G1 - G14)**

## MULTI SECTORIAL APPROACH



\*Ministry of Public Health and Social Security Institute.

### CONAPLAM RESPONSIBILITIES

The 1981 governmental decree states that CONAPLAM will "promote, encourage, coordinate... programmes and activities that publicize and promote the practice of breast-feeding". To do so, the Decree assigns CONAPLAM four primary tasks, which are:

- To keep an updated profile of the country's breast-feeding practices.
- To define general guidelines for short, mid and long-term breast-feeding goals.
- To propose projects and activities that will promote breast-feeding.
- To assign responsibilities to various groups involved in the promotion of breast-feeding and to coordinate these activities.

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**EVOLUTION OF LA LECHE LEAGUE FROM THE U.S.  
TO PERI-URBAN AND RURAL COMMUNITIES IN CENTRAL AMERICA**

G. Attachment 2, Evolution of La Leche League P1-3

<b>DATE</b>	<b>GUATEMALA</b>	<b>DATE</b>	<b>HONDURAS</b>
1956	La Leche League founded in the U.S.		
1975	English-speaking mother support groups (MSGs) formed in Guatemala City	1973	English-speaking groups formed in middle and upper class neighborhoods in San Pedro Sula
1976	Spanish-speaking MSGs formed in middle and upper class neighborhoods in Guatemala City	1981	LLL/H provides talks to mothers in Social Security post-partum wards
1976	LLL/G founded by 3 women from Guatemala, Canada & North America	1982-1985	2 LLL/H works with PROALMA to improve hospital practices
1988	USAID (75%) and La Leche League International (25%) finance Breastfeeding Advocate and Breastfeeding MSG/Child Survival Project In Guatemala and Honduras		
1989	BAs trained and MSGs formed with Mayan and Ladino women in peri-urban areas of Guatemala City	1989	BAs trained and MSG formed in rural and urban areas around San Pedro Sula

## ADAPTATION OF LLL MODEL TO CENTRAL AMERICA

### DIFFERENCES

1. Leaders selected through community groups, rather than emerging from support groups. Initial start-up is done through "proselytizers" rather than "disciples".
2. Selection criteria is less strict, i.e. exclusive BF for 6 months is not required.
3. Oral presentations and on-the-job training rather than self-study.
4. Women invited to meetings through word of mouth rather than letters.
5. Women are taught support group methodology rather than socialized into support group culture.

### SIMILARITIES

1. Leaders must have breastfeeding experience.
2. The same series of themes is utilized.
3. Utilization of the support group methodology.
4. Leaders provide informal counseling, although in-person rather than by phone.

## **LA LECHE LEAGUE PROVIDES MOTHER TO MOTHER SUPPORT THROUGH MOTHER SUPPORT GROUPS (MSG) AND INFORMAL CONTACTS**

The support group is the keystone in League breastfeeding promotion. Women meet regularly to discuss topics related to breastfeeding. Women receive information on breastfeeding, share experiences and support other mothers. Groups are led by trained leaders with breastfeeding experience. A support group is NOT a lecture or a talk.

Support groups are organized in a series of four meetings covering one of the following topics each month:

- \* Advantages of breastfeeding
- \* Preparation for the arrival of the baby
- \* Difficulties of breastfeeding
- \* Nutrition and weaning

**LA LIGA DE LA LECHE MATERNA****EXPENSES INCURRED PER MONTH TO MAINTAIN THE ON-GOING  
ACTIVITIES\*  
OF LA LECHE LEAGUE GUATEMALA (LLL-G)**

<b>RENT</b>	<b>\$ 175.00</b>
<b>UTILITIES</b>	<b>25.00</b>
<b>SERVICES</b> (MAINTENANCE OF COMPUTERS, PRINTER, FAX, OTHER OFFICE EQUIPMENT, OFFICE CLEANING, ETC.)	<b>50.00</b>
<b>TELEPHONE/FAX</b>	<b>100.00</b>
<b>SUPPLIES</b> (PAPER, PAPER CLIPS, COMPUTER RIBBONS, DISKETTES, ETC.)	<b>50.00</b>
<b>MISCELLANEOUS PROGRAM COSTS</b> (MANUALS, CALENDERS, HEALTH INFORMATION SHEETS, THREE RING BINDERS, TRANSPORTATION, XEROXING, POSTAGE, ETC.)	<b>450.00</b>
<b>SALARIES: (FULLTIME)</b>	
<b>DIRECTOR</b>	<b>1,000.00</b>
<b>TWO COORDINATORS (\$700 EA)</b> (1 BA RECRUITMENT & TRAINING, 1 SUPPORT RESOURCE TO BAs/MSGs)	<b>1,400.00</b>
<b>THREE TECHNICAL ASSISTANTS (\$500 EA)</b> (TO THE ABOVE COORDINATORS)	<b>1,500.00</b>
<b>SECRETARY</b>	<b>350.00</b>
<b>LLLI HQ TECHNICAL ASSISTANCE</b> (ACCESS TO CBI (REFERENCE LIBRARY), DUES & PUBLICATIONS: LEAVEN, NEW BEGINNINGS, BREASTFEEDING ABSTRACTS, RESOURCE CONTACTS: REBECCA MAGALAES, PROJECT MANAGER; LLLI HQ PUBLICATIONS AND ACCOUNTING STAFF)	<b>150.00</b>
<b>TOTAL PER MONTH</b>	<b>\$5,250.00</b>
<b>TOTAL PER YEAR</b>	<b>\$63,000.00</b>

\* OVERSEEING THE ACTIVITIES OF APPROXIMATELY 100 VOLUNTEER BREASTFEEDING ADVOCATES (BAs) AND 25 MOTHER SUPPORT GROUPS (MSGs) IN 17 COMMUNITIES SERVING A TARGET POPULATION OF APPROXIMATELY 2,000 - 3,000 WOMEN.

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Comisión Nacional de Promoción  
de la Lactancia Materna  
Guatemala, C.A.

APPENDIX 1

Guatemala,  
03 de marzo de 1989

Of: 073/89

Señora  
MARYANNE STORÉ DE JIMÉNEZ  
Coordinadora  
Proyecto de Formación de Grupos de Apoyo  
Liga de la Leche Materna de Guatemala

Estimada Señora de Jiménez:

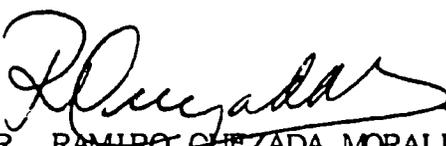
El objeto de la presente es para brindar nuestro apoyo al Proyecto de Formación de Grupos de Apoyo, que será ejecutado en los asentamientos humanos precarios del Mezquital por La Liga de la Leche Materna, cuyo objetivo será capacitar monitonas de Lactancia Materna.

Por considerarse que los objetivos generales y específicos son congruentes con los de la CONAPLAM, esta Comisión podría constituirse en un ente de Consejo o Consultor para el proyecto mencionado anteriormente.

Augurándoles éxitos en todas sus actividades en pro de la práctica y promoción de la lactancia materna, nos suscribimos de usted, muy atentamente.

Por la Comisión

  
LICDA. FLORIDALMA RIVERA  
COORDINADORA

  
DR. RAMIRO QUEZADA MORALES  
PRESIDENTE

\*rmgh



COMISION NACIONAL DE PROMOCION  
DE LA LACTANCIA MATERNA  
Guatemala, C. A.

"LACTANCIA MATERNA, UN  
REGALO PARA TODA LA VIDA"

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Comisión Nacional de Promoción  
de la Lactancia Materna  
Guatemala, C.A.

Of. 355/92

Guatemala,  
04 de septiembre de 1992

Licenciada  
MARYANNE STONE-JIMENEZ  
Directora del Proyecto  
Supervivencia Infantil LLL  
Guatemala

Estimada licenciada de Jiménez:

Por este medio me dirijo a usted con motivo de la terminación del proyecto de Supervivencia Infantil de la Liga de la Leche, para nosotros dicho proyecto ha sido visto como una actividad muy específica de las instituciones miembros de CONAPLAM de apoyo directo madre a madre.

Esta actividad ha sido una necesidad sentida desde los inicios de esta Comisión y la Liga de la Leche es la única de las 13 instituciones miembros que brinda este apoyo en nuestro país.

La asistencia técnica que hemos recibido de ustedes en ese sentido, ha sido de mucha utilidad y ha enriquecido las actividades de la Iniciativa de los Hospitales Amigos de la Lactancia Materna.

Agradeciendo en todo su colaboración y esperando que podamos aunar esfuerzos para encontrar el apoyo financiero necesario, para poder continuar desarrollando esta labor de parte de ustedes, nos suscribimos atentamente.

Por la Comisión

  
DRA. RUTH ELENA DE ARANGO  
COORDINADORA



COMISION NACIONAL DE PROMOCION  
DE LA LACTANCIA MATERNA  
Guatemala, C. A.

\* Lis G.

"LACTANCIA MATERNA, UN  
REGALO PARA TODA LA VIDA"

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		<b>NOVIEMBRE 1990</b>				
<b>DOMINGO</b>	<b>LUNES</b>	<b>MARTES</b>	<b>MIERCOLES</b>	<b>JUEVES</b>	<b>VIERNES</b>	<b>SABADO</b>
				<b>1</b>	<b>2</b>	<b>3</b>
<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>
<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>
<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	

La Primera Vacuna Está en el Calostro.

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The Baby-Friendly Hospital Initiative was launched by WHO and UNICEF to encourage hospital and medical professionals to provide facilities and services that support, protect and promote breastfeeding. Health care facilities can be designated as "Baby-Friendly" by observing the 10 Steps to Successful Breastfeeding. "By removing the obstacles to breastfeeding that a woman may encounter in a hospital, and by recognizing those health care facilities that educate and inform both their personnel and their patients about breastfeeding, the initiative lets women exercise the right to make an informed decision. And by rebuilding the support systems once found in extended families and close-knit communities, the initiative helps ensure that a woman's decision to breastfeed is never hindered, but is respected and supported before and after her hospital stay."

Margaret Kyenkya-Isabirye  
UNICEF Advisor  
Infant and Child Feeding

Quoted in Maternal Child Nursing, Volume 17, 1992

## 10 STEPS TO SUCCESSFUL BREASTFEEDING

Every facility providing maternity services and care for newborn infants should:

1. Have a written breast-feeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breast-feeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

**LLL-GUATEMALA CHILD SURVIVAL PROJECT  
ATTENDANCE AT MOTHER SUPPORT GROUPS  
FROM JULY 1989 TO MAY 1992**

**YEAR 1 YEAR 2 YEAR 3 YEAR 4 TOTAL**

	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>TOTAL</b>
<b>1 # OF GROUPS</b>	<b>10</b>	<b>109</b>	<b>158</b>	<b>156</b>	<b>433</b>
<b>2 TOTAL ATTENDANCE</b>	<b>74</b>	<b>1,530</b>	<b>1,917</b>	<b>1,808</b>	<b>5,329</b>
<b>3 NEW MOTHERS</b>	<b>29</b>	<b>541</b>	<b>920</b>	<b>792</b>	<b>2,282</b>
<b>4 PREGNANT</b>	<b>7</b>	<b>202</b>	<b>402</b>	<b>217</b>	<b>828</b>
<b>5 LACTATING</b>	<b>24</b>	<b>526</b>	<b>1,088</b>	<b>1,054</b>	<b>2,692</b>

**INDIVIDUAL COUNSELING  
BY BREASTFEEDING ADVOCATES**

**YEAR 1 YEAR 2 YEAR 3 YEAR 4 TOTAL**

<b>INFORMAL CONTACTS</b>	<b>0</b>	<b>728</b>	<b>10,225</b>	<b>11,231</b>	<b>22,184</b>
<b># OF REFERRALS</b>	<b>0</b>	<b>0</b>	<b>2,640</b>	<b>3,282</b>	<b>5,922</b>

**LLL-GUATEMALA CHILD SURVIVAL PROJECT**  
**BREASTFEEDING TRAINING**  
**1989 TO OCTOBER 1991**

		AÑO 1	AÑO 2	AÑO 3	AÑO 4	TOTALES
1	MONITORAS EN LACTANCIA (BREASTFEEDING ADVOCATES)	46	22	68	13	149
2	MONITORAS EN CAPACITACION (BA's IN TRAINING)				15	15
3	MÉDICOS (DOCTORS)		16	37	50	103
4	ESTUDIANTES DE MEDICINA (MEDICAL STUDENTS)	17	132	46	52	247
5	COMADRONAS Y AUXILIARES (MIDWIFES & AUXILIARY NURSES)	18	40	129	82	269
6	PROMOTORAS (REPROINSAS) of Integrate Health program	65	49	96	41	251
7	TECNICOS EN SALUD (HEALTH TECHNICIANS)		50	197	147	394
8	ESTUDIANTES DE PSICOLOGIA PSYCHOLOGY STUDENTS			6		6
9	ESTUDIANTES DE SECUNDARIA Y HOGAR (HIGHSCHOOL STUDENTS + HOME MA			272	72	344
10	PERSONAL DE CLINICAS PRIVADAS (PRIVATE CLINIC PERSONNEL)			13		13
11	MADRES (MOTHERS)		23	810	167	1000
12	PROFESORES (TEACHERS)			34	62	96
	<b>TOTAL</b>	<b>146</b>	<b>309</b>	<b>885</b>	<b>534</b>	<b>1,874</b>

EJ10702

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G. Attachment 9, Number of References

**# OF REFERRALS**

**YEAR 3 YEAR 4 TOTALS**

<b>1</b>	<b>ACUTE RESPIRATORY INFECTIONS</b>	<b>324</b>	<b>416</b>	<b>740</b>
<b>2</b>	<b>GROWTH &amp; DEVELOPMENT</b>	<b>371</b>	<b>441</b>	<b>812</b>
<b>3</b>	<b>IMMUNIZATIONS</b>	<b>448</b>	<b>465</b>	<b>913</b>
<b>4</b>	<b>ORAL REHYDRATION THERAPY</b>	<b>370</b>	<b>403</b>	<b>773</b>
<b>5</b>	<b>MALNUTRITION</b>	<b>285</b>	<b>446</b>	<b>731</b>
<b>6</b>	<b>PRENATAL CONTROL</b>	<b>505</b>	<b>593</b>	<b>1,098</b>
<b>7</b>	<b>CHILD SPACING</b>	<b>337</b>	<b>518</b>	<b>855</b>
<b>TOTALS</b>		<b>2,640</b>	<b>3,282</b>	<b>5,922</b>



MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL  
DIRECCION GENERAL DE SERVICIOS DE SALUD  
División de Registro y Control de Medicamentos y Alimentos  
10a. Avenida 14-00 Zona 1 Tel. 27303  
Guatemala, C. A.

NUM. ....
REF. ....

Al contestar sírvase mencionar el  
Número de referencia de esta nota.

Guatemala, 1 Septiembre 1992

A QUIEN INTERESE:

La Dirección General de Servicios de Salud del Ministerio de Salud Pública y Asistencia Social de Guatemala, reconoce el trabajo realizado por La Liga de la Leche Materna de Guatemala (LLL-G), desarrollado especialmente en las áreas periurbanas de la ciudad de Guatemala.

La LLL-G ha desempeñado su trabajo en la siguiente manera: capacitando y certificando Monitoras en Lactancia Materna quienes dirigen Grupos de Apoyo en sus comunidades para mujeres embarazadas y madres que amamantan, brindando apoyo técnico en Lactancia Materna a Reproínsas y personal de los centros y puestos de salud y formando parte del PIS (Programa Integrado de Salud).

Agradeciendo este apoyo, esperamos seguir cooperando conjuntamente para beneficio de la niñez guatemalteca.

Dr. Víctor Mérida  
Sub-Director DGSS



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PROYECTO DE APOYO PARA LA SALUD MATERNO INFANTIL (PAMI)

4a. Calle "A" 1-23, Zona 3, 01003

Guatemala, Guatemala C.A.

Guatemala 31 de Agosto de 1992

Licda. Maryanne Stone de Jiménez  
Directora  
Liga de La Leche, Capítulo Guatemala

Estimada Maryanne:

Atentamente me dirijo a usted con el propósito de saludarla y reiterarle nuestro deseo de colaborar con los programas educativos que la Liga de la Leche viene desarrollando.

Es nuestra opinión, el trabajo que ustedes han desarrollado en el campo de la educación informal, es ejemplar y establece una nueva estrategia que puede ser perfectamente usada para transmitir información, sobre distintos tópicos, a grupos de madres en cualquier comunidad.

Es nuestra intención, de tener fondos disponibles, contratar los servicios de la LLL/G para que brinde asesoría técnica y capacitación sobre aspectos relacionados a la lactancia materna, a los encargados de educación en nuestros proyectos de salud materno infantil.

Deseándole éxitos a usted y al resto del excelente equipo de la LLL/G me suscribo como su segura servidora.

*Susan Hewes de Calderón*

Licda. Susan Hewes de Calderón  
Directora

HEADQUARTERS

1992 COUNTRY PROJECT PIPELINE ANALYSIS – REPORT FORM A

Cooperative Agreement No. OTR-0500-A-00-8278-00

PVO/COUNTRY PROJECT Guatemala/Honduras

Actual Expenditures to Date  
(09/20/88 to 09/1992)

Projected Expenditures Against  
Remaining Obligated Funds  
(10/01/92 to 02/1993)

Total Agreement Budget  
(Columns 1 & 2)  
(09/20/88 to 09/1992)

COST ELEMENTS

I. PROCUREMENT

A. Supplies

B. Equipment

\*C. Services/Consultants

1. Local

2. Expatriate

SUB-TOTAL I

II. EVALUATION

SUB-TOTAL II

III. INDIRECT COSTS

HQ/HO Overhead \_\_\_\_ (%)

SUB-TOTAL III

IV. OTHER PROGRAM COSTS

A. Personnel (list each position & total person months separately)

1) Technical

2) Administrative

3) Support

B. Travel/Per Diem

1) In country

2) International

C. Other Direct Costs

(utilities, printing, rent, maintenance, etc)

SUB-TOTAL IV

TOTAL HEADQUARTERS

\*Excludes Evaluation Costs

	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
I. PROCUREMENT									
A. Supplies	5754	150	5904	553	0	553	6307	150	6457
B. Equipment	0	4386	4386	0	504	504	0	4890	4890
*C. Services/Consultants									
1. Local	4107	0	4107	3489	0	3489	7596	0	7596
2. Expatriate									
SUB-TOTAL I	9861	4536	14397	4042	504	4546	13903	5040	18943
II. EVALUATION									
SUB-TOTAL II	0	0	0	0	0	0	0	0	0
III. INDIRECT COSTS									
HQ/HO Overhead ____ (%)	0	0	0	1350	0	1350	1350	0	1350
SUB-TOTAL III	0	0	0	1350	0	1350	1350	0	1350
IV. OTHER PROGRAM COSTS									
A. Personnel (list each position & total person months separately)									
1) Technical	1548	0	1548	0	0	0	1548	0	1548
2) Administrative	53961	14365	68326	17	850	867	53978	15215	69193
3) Support	4686	8217	12903	4466	1103	5569	9152	9320	18472
B. Travel/Per Diem									
1) In country	9671	3090	12859	-38	0	-38	9633	3090	12723
2) International	10530	0	10530	328	0	328	10858	0	10858
C. Other Direct Costs									
(utilities, printing, rent, maintenance, etc)	12904	250	13154	-301	0	-301	12603	250	12853
SUB-TOTAL IV	93300	25922	119320	4472	1953	6425	97772	27875	125647
TOTAL HEADQUARTERS	103161	30458	133619	9864	2457	12321	113025	32915	145940

FIELD

1992 COUNTRY PROJECT PIPELINE ANALYSIS - REPORT FORM A  
PVO/COUNTRY PROJECT GUATEMALA

Page 2 of 3

COST ELEMENTS	Actual Expenditures to Date (09/20/88 to 09/19/92)			Projected Expenditures Against Remaining Obligated Funds (09/20/92 to 02/15/93)			Total Agreement Budget (Columns 1 & 2) (09/20/88 to 09/19/92)		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
<b>I. PROCUREMENT</b>									
A. Supplies	3357	0	3357	1810	0	1810	5167	0	5167
B. Equipment	0	5332	5332	500	368	368	500	5700	6200
* C. Services/Consultants									
1. Local	11425	8398							
2. Expatriate	278	300	20401	909	0	909	12612	6770	19382
SUB-TOTAL I	15060	14030	29090	3219	368	3587	18279	12470	30749
<b>II. EVALUATION</b>	3367	3500	6867	4633	0	4633	8000	3500	11500
A. Consultant/Contract									
B. Staff Support									
C. Other									
SUB-TOTAL II	3367	3500	6867	4633	0	4633	8000	3500	11500
<b>III. INDIRECT COSTS</b>									
HQ/HO Overhead ____ (%)	14814	4823	19637	3439	0	3439	18253	4823	23076
SUB-TOTAL III	14814	4823	19637	3439	0	3439	18253	4823	23076
<b>IV. OTHER PROGRAM COSTS</b>									
A. Personnel (list each position & total person months separately)									
1) Technical	70425	2802	73227	276	0	276	70701	1867	72568
2) Administrative	32691	2192	34883	169	0	169	32860	1800	34660
3) Support	7716	0	7716	-12	0	-12	7704	0	7704
B. Travel (Short Term)									
1) In country	4235	2000	6235	2330	0	2330	6565	2000	8565
2) International	7894	1130	9024	-247	0	-247	7647	1130	8777
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	18369	19119	37488	1640	0	1640	20009	17509	37518
SUB-TOTAL III	141330	27243	168573	4156	0	4403	145486	24306	169792
<b>TOTAL FIELD</b>	174571	49596	224167	15447	368	16062	190018	45099	235117

\* Excludes Evaluation Costs

TOTAL

1992 COUNTRY PROJECT PIPELINE ANALYSIS – REPORT FORM A  
 PVO/COUNTRY PROJECT Guatemala/Honduras

Cooperative Agreement No. OTR-0500-A-00-8278-00

Actual Expenditures to Date  
 (09/20/88 to 09/1992)

Projected Expenditures Against  
 Remaining Obligated Funds  
 (10/01/92 to 02/1993)

Total Agreement Budget  
 (Columns 1 & 2)  
 (09/20/88 to 09/09/92)

	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
TOTAL HEADQUARTERS	103161	30458	133619	9864	2457	12321	113025	32915	145940
TOTAL FIELD	347893	98930	446823	27482	1954	29436	375375	92429	467804
<b>TOTAL</b>	451054	129388	580442	37346	4411	41757	488400	125344	613744

MA

TECHNICAL ASSISTANCE LA LECHE LEAGUE  
GUATEMALA, FEBRUARY 24, 1989 THROUGH  
JUNE 23, 1992

**ASISTENCIA TECNICA DE LA LIGA DE  
LA LECHE MATERNA DE GUATEMALA**

FECHA	ORGANIZACION	AUDIENCIA	No. de PARTICIPANTES	Hra. de CAPACITACION	TEMA
24-2-89	Ministerio de salud Santa Fe	Estudiantes de Medicina	8	2H	Lactancia Materna
14-3-89 15-3-89 16-3-89	PIS Mesquital	Reproinsas	17	6H	4 Temas básicos de lactancia materna
25-3-89	M de S Santa Fe	Estudiantes de Medicina	9	2H	Contenido para estudiantes de medicina
25-5-89	M de S Santa Fe	Promotores de salud	18	2H	4 Temas básicos de lactancia materna
9-89 Sesiones	PIS Chinautla	Reproinsas	48	18H	4 Temas básicos de lactancia materna
11-10-89	M de S Santa Fe Zona 3 Zona 7	Comadronas	17	3H	Lactancia Materna
9-1-90	M de S Antigua	Estudiantes de Medicina Doctores	21 2	2H	Lactancia Materna
15-3-90	M de S Chinautla	Técnicos	28	1½H	Lactancia Materna
23-4-90	M de S Santa Fe	Estudiantes de medicina	11	2H	Lactancia Materna
28-4-90	Clínica Privada La Esperanza	Madres	23	1½H	Lactancia Materna
8-5-90	APROFAM Quetzaltenango	Estudiantes de medicina	100	2H	Ventajas de la Lactancia Materna y Lactancia / Espac' miento de Embarazos
1-6-90	CARE	Técnicos	14	2H	Lactancia Materna y Supervivencia Infantil

FECHA	ORGANIZACION	AUDIENCIA	No. de PARTICIPANTES	Hrs de CAPACITACION	TEMA
15-7-90	Equipo de salud chinautla	Médicos Auxiliares salud Técnicos salud	2 4 8	2 Hrs.	Refrescamiento lactancia materna con respecto a las demás intervenciones.
7-8-90 10-8-90	PIS Chinautla Rural Chinautla Urbana	Reproinsas Reproinsas	32 17	5 Hrs. 6½ Hrs.	Capacitación en lactancia materna para reproinsas (2 sesiones).
13-8-90	Ministerio Salud	Médicos	12	1 Hr.	Grupos de apoyo de LLL.
28-8-90	Centro de Salud de Chinautla	Comadronas de chinautla	19	1 Hr.	4 temas básicos de lactancia materna.
15-10-90	PIS	Reproinsas y madres	10 3	2½ Hrs.	Técnicas de respiración/relajamiento durante el parto y lactancia materna.
23-10-90	Empresa AVON	Trabajadores de la empresa	48 mujeres 4 hombres	2 Hrs.	Beneficios de lactancia materna
25-10-90	USAC Sta. Fé	Estudiantes medicina médico	8 1	2½ Hrs.	Lactancia materna reforzamiento
17-11-90	PIS Plaza de toros	Madres Reproinsas	11 7	3 Hrs.	Lactancia materna
30-11-90	PIS Verbena	Reproinsas	27	3 Hrs.	Lactancia materna para reproinsas.
4-12-90 11-12-90	Clinica parroquial "La Esperanza"	Promotores Médico Enfermera	13 1 1	5 Hrs.	Capacitación en lactancia materna para reproinsas.
5-12-90	Federación Nac. Acción Familiar (FIDAF)	Técnicos	70	1 Hr.	LLL, Proyecto, MELA.
19-2-91	USAC Sta. Fé	Médico Enfermera Estudiantes	1 1 9	2 Hrs.	Lactancia materna.

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## G. Attachment 13, Technical Assistance LLL

FECHA	ORGANIZACION	AUDIENCIA	No. PARTICIPANTES	Hrs. CAPACITACION	TEMA
20-2-91 27-2-91	Clinica zona 10	Médicos Auxiliares de salud	2 7	2½ Hrs.	Capacitación para Monitoras en lactancia materna.
22-2-91 1-3-91	Proyecto la Unión	Todo el personal del proyecto	1 Médico 5 Auxiliares	3 Hrs.	Lactancia materna.
5-3-91 15-3-91 19-3-91 12-4-91 14-6-91 29-8-91 3-9-91 19-9-91	PAIN	Madres	389	13 ½ Hrs.	Temas básicos en lactancia materna.
18-3-91 19-3-91	Inst. para señoritas Belén	Alumnas de secundaria	15	4 Hrs.	Temas básicos en lactancia materna.
20-3-91	ANDEGUAT Asoc. de nutricionistas	Nutricionistas Químicos farmacéuticos (Técnicos)	27	1Hr. 20 Min.	Lactancia materna y su relación con otras actividades de Supervivencia Infantil.
9-4-91 10-4-91	PAIN	Maestros de Educ. primaria	15	17	Taller en Lactancia materna
9-4-91 10-4-91 11-4-91	PAMI	Director médico Auxiliares salud Técnicos	1 5 5	22 Hrs.	Taller en Lactancia materna a coordinadores de PAMI
17-4-91	USAC	Estudiantes de medicina	8	4 Hrs.	Contenido lactancia materna a estudiantes de medicina.
14-4-91	Ministerio de salud, Sta. Fé	Comadronas y Monitoras de L.M. Enfermera	23 1	2 Hrs.	Técnica de madre canguro.
25-4-91	Sanidad municipal "La Limonada Línea" zona 8	Comadronas Enfermeras Auxiliares	12 2 1	2 Hrs.	Capacitación para Monitoras en lactancia materna.
25-4-91	Colegio Valle Verde	Alumnos de secundaria	70	1½ Hr.	Desnutrición, lactancia materna como prevención.
26-4-91	Centro de orientación femenina COF	Madres reclusas de COF	31	1 Hr.	Lactancia materna para la protección contra el SIDA/Cólera.
2-5-91	Centro salud Chinautla	Comadronas y Monitoras Personal Técnico en salud	11 12	4 Hrs.	Proyecto Madre Canguro.

## G. Attachment 13, Technical Assistance LLL

FECHA	ORGANIZACION	AUDIENCIA	No. DE PARTICIPANTES	Hrs. DE CAPACITACION	TEMA
3-6-91 1-7-91 5-8-91 2-9-91	Secretaria de Bienestar Social Cerro Gordo	Madres	240	7½ Hrs.	Cuatro temas básicos de lactancia materna.
5-6-91	Escuela "Mélida de Méndez" Santa Fe.	Alumnos 5º y 6º Primaria	65	2 Hrs.	Lactancia materna.
5-6-91	Secretaria de Bienestar Social (Guardería)	Auxiliares de salud. Madres	2 18	1Hr. 15Min.	Lactancia, ventajas, nutrición, madre trabajadora.
8-6-91	Sta. Fe	Comadronas Monitoras	20	2 Hrs.	Programa Madre Canguro.
10-6-91	Universidad San Carlos	Estudiantes de Psicología	6	4 Hrs.	Desarrollo emocional del niño relacionado con lactancia materna.
13-6-91 14-6-91	Escuela normal de maestras de educación para el hogar.	Estudiantes de 4 año	84	8 Hrs.	Taller en Lactancia materna.
26-6-91 2-7-91 3-7-91 10-7-91 12-7-91	Escuela de primaria Mélida	Maestras	6	8½ Hrs.	Ventajas, técnicas y dificultades en lactancia materna.
17-7-91 18-7-91 26-7-91	de Méndez			5 Hrs.	
26-6-91 3-7-91 10-7-91	Escuela primaria "La Libertad"	Maestras	12	4 Hrs. 45 min	Ventajas, técnicas y dificultades en lactancia materna.
1-7-91	Colegio Naleb'	Estudiantes secundaria	38	2 Hrs.	Contenido en lactancia materna adaptado para adolescentes.
3-7-91	CARE	Técnicos	15	9 Hrs.	Evaluación de materiales educativos CARE.

## G. Attachment 13, Technical Assistance LLL

FECHA	ORGANIZACION	AUDIENCIA	No. DE PARTICIPANTES	Hrs. DE CAPACITACION	TEMA
11-7-91	CARE	Extensionistas (promotores)	16	3½ Hrs.	Seguimiento Taller CARE de Georgetown.
15-7-91 16-7-91	Escuela enfermeras	Estudiantes de enfermería	47	10 Hrs.	Taller en Lactancia Materna adaptado a enfermeras.
18-7-91 19-7-91	Proyecto CONCERN	Médicos Técnicos salud	4 20	12 Hrs.	Taller en Lactancia Materna Contenido completo.
29-7-91	PIS Mezquital	Reproinsas Médicos Auxiliares Est. medicina	22 2 3 1	3 Hrs.	Formación GAFS, experiencia en grupos de apoyo.
6-8-91	Dispensario Santa Fe	Estudiantes medicina 4º año	7	2 Hrs.	Ventajas, técnicas, dificultades nutrición: contenido estudiantes.
8-8-91	CARE	Trabajadores institución técnicos	34	4 Hrs.	Contenido básico adaptado a madres trabajadoras.
12-8-91	PIS Mezquital	Reproinsas Estudiantes de medicina	17 1	1 Hr.	Grupos de apoyo modelo Liga de la Leche.
13-8-91	APROFAM	Médicos auxiliares en salud	5 13	3 Hrs.	Profundizó en Método de Amenorrea por lactancia. MELA
28-8-91	APROFAM	Médicos	19	2 Hrs.	Refrescamiento en lactancia materna y Método de Amenorrea por Lactancia.
3-9-91	USAC Sta. Fe	Estudiantes Medicina 3º año	11	2 Hrs.	Contenido de lactancia materna a estudiantes de medicina.
12-9-91 27-9-91	Federación Nac. de gimnasia	Madres	27	1Hr. 45 Min.	Ventajas lactancia materna, llegada de bebé, dificultades y nutrición.
18-9-91 19-9-91	CONAPLAN	Técnicos	13	8 Hrs.	Taller ¿Qué es la liga de la leche? Técnicas de lactancia materna Grupos de Apoyo.
20-9-91 26-9-91	Centro Médico	Enfermeras	5	8 Hrs.	Técnicas Dificultades Nutrición
10-10-91 19-9-91	Hospital Roosevelt	Auxiliares en salud	13	2 Hrs.	Lactancia materna y cólera Técnicas de L.M.
21-9-91	Hospital Bella Aurora	Madres	40	½ Hr.	Ventajas de lactancia materna.
24-9-91	Hospital Roosevelt	Enfermeras	15	1 Hr.	Dificultades y soluciones.
7-10-91	Equipo de salud Chinautla Rural	Reproinsas	12	2 Hrs.	Relación entre lactancia materna y diarrea.
14-10-91 15-10-91	PAIN	Maestros	26	2 días.	Lactancia Materna.
16-10-91 17-10-91	PAIN	Maestros	26	16 Hrs.	Lactancia Materna.
-10-91	PAIN	Maestros	9	8 Hrs.	Lactancia Materna.
22-10-91	Patronato pro-nutrición	Técnicos	11	3½ Hrs.	Contenido completo de lactancia materna.

## G. Attachment 13, Technical Assistance LLL

FECHA	ORGANIZACION	AUDIENCIA	No. DE PARTICIPANTES	Hrs. DE CAPACITACION	TEMA
25/10/91	Hospital Roosevelt (Clinica de crecimiento y desarrollo)	Madres del Programa Canguro	75	2Hrs	Apoyo a la Lactancia Materna
30/10/91	Universidad de San Carlos	Médicos Estudiantes de medicina	3 15	½ Hr	Lactancia Materna y su relación con las otras intervenciones de Supervivencia Infantil.
30/10/91	Universidad de San Carlos	Estudiantes de Medicina	5	2 Hrs	Lactancia Materna (Para estudiantes)
6/11/91	Canal 13 (COHAPLAM)	Televidentes	¿?	40 Min	Grupo de apoyo "Los primeros días"
11/11/91 8/11/91	IGSS	Técnicos del IGSS	57	2 Días	Unificación de criterios de Lactancia Materna y metodología para formar grupos de apoyo.
13/11/91	LLL-G	Equipo del Proyecto	6	7 Hrs	4 Temas de LLL, situaciones especiales, creencias, Código y Supervivencia infantil.
15/11/91	Hospital Roosevelt 3 piso maternidad	Enfermeras	15	1 Hr	Ventajas Unificación de criterios de Lactancia Materna.
20 20/11/91	Ministerio de Cultura y deportes (COHAPLAM)	Técnicos Madres	¿? 32	3½Hrs	Importancia de Lactancia Materna.
22/11/91	Hogares Comunitarios (COHAPLAM)	Técnicos	14	15 Hrs	Lactancia Materna
28/11/91 29/11/91	IGSS	Médicos Aux de Salud Enfermeras Trab Soc Edu. Hogar	4 14 6 6 1	2 dias	Unificación de criterios de Lactancia Materna y metodología de Formación de Grupos de Apoyo.
29/11/91	Hospital Roosevelt Clinica de Crecimiento y Desarrollo	Madres del programa Canguro	60	2 Hrs	Apoyar y fomentar lactancia exclusiva y video "¿Cómo proteger un recurso Natural?"
2/12/91	LLL-G	Equipo del proyecto	5	2 Hrs	Terminar contenido 13/11/91
4/12/91	Canal 3 (COHAPLAM)	Televidentes	¿?	40 Min	¿Qué es LLL? Dificultades y como superarlas.
9/12/91	UNICEF (Centro de Salud Chinautla)	Delegación de Turquía y Reproinsas	12 20	2 Hrs	Coordinación entre PIS y LLL-G
7/2/92	Clinica Dr. Soto Vasquez	médico Auxiliares de salud	1 2	2 Hrs	Lactancia Materna para personal de salud.
10 10/2/92	Hosp. Roosevelt (maternidad)	Médicos Estudiantes de Medicina	2 10	1½Hrs	Lactancia Materna preguntas y respuestas

## G. Attachment 13, Technical Assistance LLL

FECHA	ORGANIZACION	AUDIENCIA	No. DE PARTICIPANTES	Hrs. DE CAPACITACION	TEMA
13/2/92	PIS	Médicos Auxiliares de Enfermería Enfermeras Trabajadores Social Psicólogo Pedagogo	6 4 6 2 1 1	7 Hrs.	Videos, Lactancia Materna y Supervivencia infantil, Madre trabajadora, grupos de apoyo.
19/2/92	Hospital Centro Médico	Médico Auxiliares de salud Otros	1 3 1	2½ Hrs	Mitad del contenido personal de salud.
20/2/92	El Forestal	Reproinsas en Capacitación	9	2 Hrs.	Aparato respiratorio y el cuerpo humano.
24/2/92	Hosp. Roosevelt (Pediatria)	Médicos Estudiantes de Medicina	5 9	2 Hrs	Lactancia Materna y el apoyo del médico, Actualización.
26/2/92 27/2/92	Centro de salud zona 8	Médicos Auxiliares de Salud	3 18	6 Hrs	Contenido para personal de salud
26/2/92 27/2/92 28/2/92	APROFAM	Técnicos	20	2 Días	Lactancia Materna y MELA.
3/3/92	PIS Dispensario Guajitos	Técnicos	28	2 Hrs	Lactancia Materna y diarrea
3/3/92 5/3/92	Educadores para el hogar	Estudiantes 7º Año	72	8 Hrs	4 Temas y Video ¿Cómo proteger un recurso natural?
5/3/92	Ministerio de salud (Villalobos)	Auxiliares de Salud Comadronas	2 13	2 Hrs	Ventajas de la Lactancia Materna, Lactancia Materna y Supervivencia infantil.
6/3/92	Equipo de salud Sta. Fe	Niñeras en Capacitación	8	4½ Hrs	Los derechos del niño.
13/3/92	Equipo de salud Sta. Fe	Niñeras en Capacitación	6	3 Hrs	Hábitos higiénicos (formación, enseñanza, observación y horario)
11/3/92	"Young Forum" de Guatemala (Doctoras Internacionales)	Médicos	20	½ Hr	Proyecto de supervivencia infantil de LLL-G
19/3/92	Hosp. Roosevelt (Pediatria)	Estudiantes de Medicina 4º año Residentes	11 5	2½ Hrs	Ventajas, Mitos, Hipoglicemia, Bebé Prematuro.
24/3/92 25/3/92 26/3/92	Centro de salud (Villalobos)	Médicos Auxiliares de Salud Estudiante Técnicos	5 12 1 7	3 Días	4 Temas de Lactancia Materna, Declaración de Innuenti, Normas.

## G. Attachment 13, Technical Assistance LIL

FECHA	ORGANIZACION	AUDIENCIA	No. DE PARTICIPANTES	Hrs. DE CAPACITACION	TEMA
27/3/92	Eq. de Salud Santa Fe	Niñeras	4	4½	Juegos dirigidos
25/3/92 26/3/92 27/3/92	APROFAM	Enfermeras Enfermeras Aux. Trabajadores Sociales Téc. Lab. Secretarias Educadores Perito Cont. Profesora	9 5 3 2 5 3 3 4	3 Dias	Curso de Lactancia Materna con énfasis en la ventaja de la Lactancia Materna y Espaciamiento de Embarazos.
30/3/92 31/3/92	Msp Centro de Salud, Zona 6	Comadronas y Personal Vol	30/3 - 65 31/3 - 50	6 Hrs.	4 Temas de la Lactancia Materna. Ventajas, Técnicas, Problemas, Nut.
4/92	Msp Centro de Salud, Zona 6	Médicos Psicólogos Aux. De Salud	3 2 6	5 Hrs.	4 Temas. Ventajas, Técnicas, Problemas, Nut.
2/4/92	Msp Centro de Salud, Zona 6	Comadronas Madres	5 2	3 Hrs.	Técnicas, Problemas Nutricion
2/4/92	Hospital Roosevelt	Medico Estudiantes de Medicina	1 10	2½ Hrs.	Motivacion, Apoyo e Informacion sobre Lactancia Materna.
4/4/92	DIGESEPE	Secretarias de DIGESEPE	60	½ Hr.	Madre trabajadora
6/5/92	Msp y Ejercito de Salvación	Oficiales y Miembros de la Comunidad (Madres)	12	5 Hrs.	Situaciones especiales.
14/5/92	Universidad de San Carlos	Médicos Estudiantes de Medicina	4 62	1 Hr.	Preguntas basadas en el video de como proteger "Lactancia Materna: un recurso natural"
15/5/92	Comision (CONAPLAM)	Médicos Técnicos	3 3	1½ Hrs.	¿Qué es un Grupo de Apoyo?

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## G. Attachment 13, Technical Assistance LLL

FECHA	ORGANIZACION	AUDIENCIA	No. DE PARTICIPANTES	Hrs. DE CAPACITACION	TEMA
20/5/92	Hospitales: Tiquizate, Chimalteneango, Escuintla, Pto. San José y Antigua	Médicos Auxiliares de Salud Enf. Graduadas Nutricionista	8 7 6 1	2 Hrs.	Grupos de apoyo
20/5/92		Médicos Auxiliares de Salud		3 Hrs.	¿Qué es un grupo de apoyo?
21/5/92	hosp. Roosevelt	Médicos Est. Medicina 4	4 10	2 Hrs.	Lactancia Materna y Supervivencia Infantil
27/5/92		Médicos Aux. De Salud Nutricionista	15 6 1	3 ½ Hrs.	Concepto de grupo de apoyo.
3/6/92	IGSS Hosp. Roosevelt y Hosp. San Juan de Dios	Grupo Multidisciplinario	45	4 Hrs.	Metodología de grupos de apoyo.
10/6/92	AFROSALSE	Promotoras y Comadronas	20	4 Hrs.	Nutrición Niño 0-2 años Nut. Embarazada y Madre Lactante.
16/6/92	APRUSA, SI	Promotores de salud Comadronas	37	8 Hrs.	Contenido de Lactancia Materna.
18/6/92		Monitoras En Lactancia Materna	104	Un día ½	Circunstancias especiales que afectan la Lactancia Materna.
19/6/92		LLL, Reprints PIS, Minist. Salud Pública y OIGS	103		
23/6/92	IGSS	Monitoras en Lactancia Materna capacitadas por el IGSS.	78		Seminario Motivacional a monitoras voluntarias en Lactancia Materna.

## LA LECHE LEAGUE - GUATEMALA

KNOWLEDGE AND PRACTICE (K&P) SURVEY ON BREASTFEEDING  
SANTA FE/LA LIBERTAD, GUATEMALA, JULY 1992I. BACKGROUND INFORMATION

In September 1988, La Leche League International received support for a three year Child Survival project (with a subsequent extension of one year), through the United States Agency for International Development, Bureau for Food for Peace and Voluntary Assistance, and the office of Private Voluntary Cooperation, (AID/FVA/PVC). The purpose of the Child Survival project is to form Mother Support Groups in the peri urban areas of Guatemala City by training community volunteers as Breastfeeding Advocates to lead these groups. This project focuses on breastfeeding to promote child survival.

The project overall goal is: to reduce the morbidity/mortality and to improve the health and nutrition of the infant population of peri urban Guatemala City. The project includes the promotion of the major Child Survival interventions (immunizations, ORT, growth monitoring/promotion and child spacing) as they relate to breastfeeding and emphasizes exclusive breastfeeding practices during the first 6 months of the infant and the timely introduction of proper weaning foods.

II. SURVEY PURPOSE

The present survey was conducted in order to compare the results with the baseline survey information on breastfeeding practices undertaken in the same community of Santa Fe/La Libertad in July 1990. La Leche League of Guatemala received technical training to carry out the K&P survey on breastfeeding practices in July 1990. This consultancy was provided by Dr. Marcelo Castrillo under the Cooperative Agreement # PDC-0525-A-00-6186-00 between the Institute for International Programs, School of Hygiene and Public Health, The Johns Hopkins University and AID/FVA/PVC.

The objectives of the survey are:

1. To provide information on the current breastfeeding practices and timely introduction of weaning foods of mothers of children under 24 months and compare the results with the K&P survey conducted in July 1990.
2. To determine the percentage of infants/children (less than 24 months) who were breastfed within the first eight hours after birth.
3. To determine the percentage of infants under 4 months (and under 6 months), who are being given only breastmilk, that is, being exclusively breastfed.

4. To determine the percentage of infants between 5 and 9 months of age who are being given semi-solid or solid foods.

5. To determine the percentage of children between 20 and 24 months who are still breastfeeding (and being given semi-solid/solid foods).

### III. STUDY POPULATION

The La Leche League CS project is located in 13 peri urban areas of Guatemala City with a total population of 119,165 inhabitants in these areas. The survey area of Santa Fe/La Libertad has a population of 15,286 inhabitants, 3,083 of whom are children between 0 - 24 months (estimated population, Census 1981 INE). La Leche League staff chose to survey the Santa Fe/La Libertad community because it was the first community in which project activities were initiated with a baseline survey in 1989 and a K&P survey in 1990.

### IV. SAMPLE SIZE AND SELECTION

The sample size established was 288 and the survey method used was the cluster sampling technique. 327 records were entered into EPI/INFO, n = 327.

### V. RESULTS

Although the questionnaire was changed from 1990 to 1992, data on the above mentioned indicators was gathered and the following comparisons were made between the K&P surveys.

1. % of infants/children (less than 24 months) who were breastfed within the first 8 hours after birth.

<u>1990</u>	<u>1992</u>
89.9%	84.4%

2. % of infants under 4 months (and under 6 months), who are being given only breastmilk.

a) under 4 months

<u>1990</u>	<u>1992</u>
15.7%	22.2%

## b) under 6 months

<u>1990</u>	<u>1992</u>
10.1%	17.7%

3. % of infants between five and nine months of age, who are being given semi-solid or solid foods.

<u>1990</u>	<u>1992</u>
47.6%	71.9%

4. % of children between 20 and 24 months, who are still breastfeeding (and being given semi-solid/solid foods).

<u>1990</u>	<u>1992</u>
25.0%	29.4%

VI. ConclusionsBreastfeeding Practices

Out of 324 children investigated (missing values = 3) between 0-24 months, 67.3% are currently being breastfed. This rate does not show whether the infants are exclusively breastfed or not.

92.1% of mothers interviewed breastfed their child at one time or another.

45% of newborns were breastfed for the first time during the first hour after birth. In 1990 this figure was 40.2% showing a 5% increase in 1992. 64.4% of newborns were breastfed for the first time during the first eight hours. In 1990 this figure was 5% higher, (69.9%) showing a decrease in 1992. The birth attendant for 90.5% of the mothers was a health professional (question #35). This suggests that immediate contact between mother and baby should continue to be promoted and reinforced.

Exclusive breastfeeding practice shows a 6.5% increase in infants under 4 months between 1990 and 1992 and a 7.6% increase in infants under 6 months during the same time frame.

16.4% of the mothers interviewed participated in a Mother Support Group (MSG).

In 1990, 47.6% of infants between 5-9 months of age were receiving semi-solid or solid foods compared to 71.9% in 1992. This increase of 24.3% may not be an accurate estimate because in 1990 the comparable question was one of recall of more than 24 hours. The question then read: How old was the child when the mother first gave the following semi-solid and/or solid foods. The same question on the 1992 K&P survey asked if the infant/child now

receives the following semi-solid and/or solid foods.

In 1992, 29.4% of children between 20-24 months are still breastfeeding as compared to 25.0% in 1990. There was a 5.4% increase in prolonged lactation during these 2 years.

#### VII. Discussion

The introduction of liquids and foods begin very early in the infant's diet. The exclusive breastfeeding period is short and the quality of the weaning foods is not always appropriate.

Even though the study showed an increase in exclusive breastfeeding practice and an increase in the duration of breastfeeding, La Leche League of Guatemala felt that because of the nature of its Mother Support Group methodology, it would have been interesting to interview mothers who had and had not assisted at a MSG meeting. (Only 16.4% of the mothers interviewed had ever assisted at a MSG). In this way the effectiveness of the MSG as a change agent in breastfeeding practices might have been tested. Further study needs to address the influence of the MSG on the duration of exclusive breastfeeding and other appropriate breastfeeding practices.

PVO CHLD SURVIVAL INDICATORS on  
APPROPRIATE BREASTFEEDING PRACTICES  
K&P SURVEY - 1990

1. % of infants/children (less than 24 months) who were breastfed within the first eight hours after birth:

(#17) When was the child breastfed for the first time?

- A. Immediately after birth
- B. During the first hour
- C. During the first 8 hours

	Freq	Percent	Cum.
A	59	22.2%	22.2%
B	48	18.0%	40.2%
C	79	29.7%	69.9%
Total	186	69.9%	

2. % of infants under four months (and under 6 months), who are being given only breastmilk:

(#21)

Do you give any food or fluids (tea, water) other than breastmilk, to a currently breastfeeding infant (question #11)

a) Current selection: age of the infant equal or less than four months

Breast feeding	Receiving food/fluids		Total
	Yes Percent	No Percent	
Yes	43 81.1%	10 18.9%	53 91.4%
No	5 100.0%	0 0.0%	5 8.6%
Total	48 82.8%	10 17.2%	58

b) Current selection: age of the infant between four to six months

Breast feeding	Receiving food/fluids		Total
	Yes Percent	No Percent	
Yes	30 90.9%	3 9.1%	33 89.2%
No	4 100.0%	0 0.0%	4 10.8%
Total	34 91.9%	3 8.1	37

and  
(#23)

a) Water, teas, juices %:			
Weeks	Freq	Percent	Cum.
1	109	42.7%	42.7%
2	30	11.8%	54.5%
3	10	3.9%	58.4%
4	24	9.4%	67.8%
5	8	3.1%	71.0%
6	5	2.0%	72.9%
7	1	0.4%	73.3%
8	18	7.1%	80.4%
12	16	6.3%	86.7%
15	2	0.8%	87.5%
16	12	4.7%	92.2%
20	6	2.4%	94.5%
22	1	0.4%	94.9%
24	6	2.4%	97.3%
27	1	0.4%	97.6%
28	2	0.8%	98.4%
32	1	0.4%	98.8%
36	3	1.2%	100.0%
<b>Total</b>	<b>255</b>	<b>100.0%</b>	

SUM = 1439.00  
 Mean = 5.64 weeks  
 Standard deviation = 7.30  
 Missing values = 17

Figures for % of infants under 4 months (and under 6 months), who are exclusively breastfed were obtained from averaging the data from #21 and #23 on the 1990 K&P survey.

	<u>Under 4 months</u>	<u>Under 6 months</u>
#21:	18.9%	$\frac{13}{86} \times 100 = 15.1\%$
#23	$100.0\% - 87.5\% = 12.5\%$	$100.0\% - 91.9\% = 8.1\%$
<u>Average</u>	$\frac{18.9 + 12.5}{2} = 15.7\%$	$\frac{15.1 + 8.1}{2} = 10.1\%$

3. % of infants between five and nine months of age, who are being given solid or semi-solid foods.  
(#23)

## 2. Semisolid foods :

months	Freq	Percent	Cum.
1	2	1.0%	1.0%
2	13	6.3%	7.2%
3	47	22.6%	29.8%
4	41	19.7%	49.5%
5	30	14.4%	63.9%
6	36	17.3%	81.3%
7	14	6.7%	88.0%
8	12	5.8%	93.8%
9	7	3.4%	97.1%
11	1	0.5%	97.6%
12	3	1.4%	99.0%
14	2	1.0%	100.0%
Total	208	100.0%	

$$\frac{92}{208} \times 100 = 44.23\%$$

Sum = 1031.00  
 Mean = 4.96 months  
 Standard deviation = 2.24  
 Missing values = 64

## 3. Solid foods:

months	Freq	Percent	Cum.
2	1	0.6%	0.6%
3	5	3.2%	3.9%
4	9	5.8%	9.7%
5	14	9.0%	18.7%
6	27	17.4%	36.1%
7	11	7.1%	43.2%
8	27	17.4%	60.6%
9	22	14.2%	74.8%
10	6	3.9%	78.7%
11	7	4.5%	83.2%
12	18	11.6%	94.8%
13	1	0.6%	95.5%
14	4	2.6%	98.1%
16	1	0.6%	98.7%
18	2	1.3%	100.0%
Total	155	100.0%	

$$\frac{79}{155} \times 100 = 50.97\%$$

$$\frac{44.23\% + 50.97\%}{2} = 47.60\%$$

Sum = 1250.00  
 Mean = 8.06 months  
 Standard deviation = 2.99  
 Missing values = 117

4. % of children between 20-24 months, who are still breastfeeding (and being given semi-solid/solid foods).

	Freq	Percent	Cum.
Yes	8	25.0%	25.0%
No	24	75.0%	100.0%
Total	32	100.0%	

PVO CHILD SURVIVAL INDICATORS on  
APPROPRIATE BREASTFEEDING PRACTICES  
K&P SURVEY - 1992

1. % of infants/children (less than 24 months) who were breastfed within the first eight hours after birth.

(#8) After delivery, when was the child breastfed for the first time?

- a. During the first hour after birth
- b. During the first 8 hours after birth

	a	b	Total	Percentage		Total
				a	b	
Total	143	63	206	69.4%	30.6%	100.0 %

n = 320  
(missing values = 7)

$$\frac{206}{320} \times 100 = 64.4\%$$

2. % of infants under 4 months (and under 6 months), who are being given only breastmilk.

(#2 x #9a-#91) Age of infant under 4 months of age and intake of liquids, semi-solids and solids.

MONTHS	Exclusive Breastfeeding		Total
	Yes	No	
0 - 3	14 22.2%	49 77.8%	63 65.6%
4 - 5	3 9.1%	30 80.9%	33 34.4%
Total	17 17.7%	79 82.3%	96 100.0%

3. % of infants between five and nine months of age, who are being given semi-solid or solid food.

(#2 x #9c-#91) Age of infant between 5 and 9 months of age and intake of semi-solids and solids.

MONTHS	Semi-solid/Solid		Total
	Yes	No	
5 - 8	23 71.9%	9 28.1%	32 100.0%

4. % of children between 20 and 24 months, who are still breastfeeding (and being given semi-solid/solid food).

(#2 x #6) Age of child between 20 and 24 months and presently breastfeeding.

MONTHS	Presently Breastfeeding		Total
	Yes	No	
20 - 23	10 29.4%	24 70.6%	34 100.0%

PART II - HONDURAS

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## INTRODUCTION

Honduras, like Guatemala, is an ideal country for a breastfeeding promotion program or a breastfeeding child survival program because of its already existing national and institutional support of breastfeeding. A great deal of work in the support of improvements in breastfeeding practices has already gone on in Honduras. In 1973, English-speaking La Leche League groups were formed in middle and upper class neighborhoods in San Pedro Sula. In 1981, La Leche League gave breastfeeding talks to mothers in the Social Security post-partum wards.

In 1982, the Honduran National Seguro Social, the Ministry of Health, and the Ministry of Social Welfare founded Proyecto de Apoyo a la Lactancia Materna, PROALMA\* (Project in support of breastfeeding) with United States Agency for International Development funding. The purpose of this project was to provide breastfeeding training to health professionals to attempt to change their knowledge and attitudes about breastfeeding and to change hospital policies and practices related to breastfeeding; conduct breastfeeding awareness campaigns; and institutionalize community support projects for breastfeeding women.

PROALMA's major objectives included:

1. postponing the early introduction of supplemental foods to breastfeeding infants.
2. decreasing the rate of bottlefeeding.
3. increasing the duration of breastfeeding.

The project concentrated its efforts on urban populations in two cities, Tegucigalpa and San Pedro Sula and based its activities at three major hospitals.

PROALMA has a La Leche League representative on its Board of Directors. Resources and referrals are exchanged regularly between La Leche League and PROALMA.

Although PROALMA ceased activities in 1988, significant changes in hospital breastfeeding practices came about in participant hospitals. These changes include, but are not limited to, the following:

1. In 1982, only 7% of women had touched their infants in the delivery room, while in 1985 this has increased to 50% in hospitals.

\* PROALMA - For more detailed information regarding PROALMA, please refer to "Mothers and Children," Bulletin on Infant Feeding and Maternal Nutrition, Volume 6, Number 7, 1987, a publication of the American Public Health Association.

2. In 1982, one of the women initiated breastfeeding during the first hour after birth. In 1985, this figure had risen to over 50% in two of the three hospitals.
3. In these two hospitals, the proportion of women who were shown how to breastfeed increased from less than 10% to nearly 70%.

La Leche League leaders have been active in Honduras for 19 years and consequently have established strong contacts with health delivery officials and government agencies. As previously mentioned, La Leche League was represented on the Board of Directors of PROALMA. La Leche League's function was to complement PROALMA's training of health professionals in counseling breastfeeding mothers with community volunteerism and peer support.

In September 1988, La Leche League International (LLLI) received support for a three year Child Survival Project (with a subsequent extension of one year) through the United States Agency for International Development (USAID), Office of Private and Voluntary Cooperation, Bureau for Food and Humanitarian Assistance (AID/FVA/PVC). Child survival projects are project designed to provide community based child survival activities in AID emphasis countries and are financed by competitive child survival grants program funds awarded to registered United States based private volunteer organizations (PVO's).

La Leche League of Honduras was the implementing organization for the Breastfeeding Mother Support Group/Child Survival Project in Honduras. The La Leche League Child Survival Project has differed from other USAID child survival projects in that it is primarily a project that educates, promotes and supports breastfeeding by building community networks of mother to mother support groups with trained breastfeeding advocates.

Before we begin to describe the La Leche League MSG/Child Survival Project, a definition of what constitutes a mother to mother support group is in order. A "Mother to Mother Support Group," is formed by a La Leche League leader, pregnant women, and women who are currently breastfeeding or have breastfed a child.

La Leche League offers a series of four monthly meetings, each with a pre-determined breastfeeding topic. The expectation is that the basics of what a mother needs to know about breastfeeding, before and after the birth of the baby, will be covered in the series. The topics of the series include:

1. Advantages of breastfeeding to mother and baby
2. Baby arrives: the family and the breastfed baby

3. The art of breastfeeding, avoiding difficulties, and how to overcome them.

4. Nutrition and weaning

Besides assuring that each mother will receive the basic information about breastfeeding, the repetition of the four topics serves to develop a cadre of mothers with sustained reinforced knowledge of breastfeeding and confidence in counseling other mothers.

The "core" of the breastfeeding mother support groups, however, is formed from those women who come and participate in group meetings and activities for a year or more.

Although transmission of correct breastfeeding information is important, the creation within the group of a "positive, caring, and sharing atmosphere" is also necessary.

La Leche League works to provide two key ingredients in breastfeeding mother support groups:

1. A base of breastfeeding information broad enough that each mother can make her own decision.
2. An atmosphere of respect, support and caring.

Now that we have defined what constitutes a mother support group and have elaborated on La Leche League philosophy, we will return to explain the child survival project in question.

There is no direct service delivery within the La Leche League Honduras child survival project with the exception of teaching the "Lactational Amenorrhea Method," of child spacing. Traditional child survival strategies such as growth monitoring, oral rehydration, and immunizations are integrated into breastfeeding and are not taught separately. For example: in the management of diarrhea, continued breastfeeding, more frequent breastfeeding, and use of home or package oral rehydration solution are advised and encouraged.

In the case of immunizations, the message is that colostrum is the first natural vaccination in the baby's life; however, the La Leche League Leaders, breastfeeding advocates and mothers are all taught the accepted Ministry of Health immunization schedule. Mothers are advised and encouraged to have their babies immunized according to said schedule. La Leche League's consistent message to the mothers, professionals and counterpart institutions is that "breastfeeding is the nucleus of all child survival strategies or activities."

When the health problem or needs of a mother and/or child cannot be met by the breastfeeding advocate or La Leche League Leaders,

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that mother or child is referred to the existing Ministry of Health system, i.e., a child needing immunizations would be referred to a community health center.

What follows this introduction is a report of the final evaluation of La Leche League of Honduras Child Survival Project. The reader should bear in mind that the primary focus of this evaluation is sustainability as dictated by the United States Agency for International Development (USAID). However, it must be stated that at the onset of the project, USAID did not emphasize sustainability and the project was not originally planned with sustainability as one of its major goals.

SUSTAINABILITY QUESTIONS AND ISSUES TO BE ADDRESSED BY THE PVO  
CHILD SURVIVAL PROJECT FINAL EVALUATION TEAM

La Leche League Honduras Child Survival Project

A. Sustainability Status

- A1. At what point does A.I.D funding for child survival project activities end?

Child Survival Funding ends September 19, 1992; however, a no cost extension has been approved. This no cost extension will terminate on February 15, 1993.

- A2. At what point does the organization plan to cease child survival project activities?

La Leche League Honduras does not intend to cease child survival activities once child survival project funding ceases. Project activities will continue to function at the same level as much as possible. There may be a curtailment of community projects.

- A3. How have major project responsibilities and control been phased over to local institutions? If this has not been done, what is the plan and schedule?

La Leche League Honduras' child survival strategy has been of integration with existing and functioning health related institutions within the communities of San Pedro Sula, Ministry of Health, Social Security, and other national Honduran organizations. In essence, since the beginning of the project, La Leche League has provided the training to counter-part institutions, in order for each counter-part institution to train its own community's volunteers to function as a breastfeeding advocate.

From its onset, this child survival project began to phase over the responsibility of breastfeeding promotion to other institutions and continues to do so.

B. Estimated Recurrent Costs and Projected Revenues

- B1. Identify the key child survival activities that project management perceives as most effective and would like to see sustained.

The Leche League of Honduras perceives its key child survival activities as the following:

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- B1.1. Training and support of breastfeeding advocates
  - B1.2. Supporting formation of mother to mother support groups
  - B1.3. Continuing training of counterpart institutions and staff on breastfeeding
  - B1.4. Operations research related to specific child survival interventions
- B2. What expenditures will continue to be needed (i.e recurrent costs) if these key child survival activities are to continue for at least three years after child survival funding ends?
- B2.1. staff salaries
  - B2.2. office rental
  - B2.3. limited out-of-country travel expenses
  - B2.4. utilities
  - B2.5. materials and supplies
  - B2.6. telephone/fax
  - B2.7. in-country travel and per diem for staff
  - B2.8. travel and per diem expenses for breastfeeding advocates and La Leche Leaders coming to meetings
- B3. What is the total amount of money in US dollars the project calculates will be needed each year to sustain the minimum of project benefits for three years after child survival funding ends?
- B3.1. \$120,000 per year first year
  - B3.2. \$150,000 second year (calculating 15% inflation and 10% benefits)
  - B3.3. \$188,000 third year (calculating 15% inflation and 10% benefits)
- B4. Are these costs reasonable given the environment in which the project operates? (e.g. local capacity to absorb cost per beneficiary)

The breastfeeding advocates report to project staff on each contact made to a woman by them. These reported contacts are through the mother support groups, informal contacts made outside of the group meetings and talks given by breastfeeding advocates to women. In 1991-1992, the total of these reported contacts was 27,831. Using this figure and the first year project costs of \$120,000 the costs per beneficiary is \$4.31. This figure does not take into account the number of mothers who were reached through the weekly newspaper column written by La Leche League of Honduras project staff, as well as the contacts made by the trained breastfeeding advocates in the counterpart institutions. Although the latter were requested to report these contacts, in actuality this was not carried out.

B5. What are the projected revenues in US dollars that appear likely to fund some child survival activities for at least three years after A.I.D child survival funding ends?

At present there is income from various sources, i.e.:

B5.1. University California Davis - \$1,153 per month\*

B5.2. Cost benefit analysis study

This study contributes no direct money, but funds one additional staff person in the central office.

B5.3. ASHONPLAFA (Honduras Family Planning Association) \$1,000 per training session done.

B5.4. UNICEF - \$83,628. This is for the establishment of a Breastfeeding Resource and Documentation Center and will begin October, 1992. This is UNICEF's part of the Nutrition and Health Project, along with some funding for policy work.

B5.5. Nutrition and Health Project - approximately \$160,000

This project is a joint effort between the Ministry of Health and La Leche League Honduras with funding from Mission/A.I.D./Honduras, the World Bank and UNICEF. It is a three (3) year project with the possibility of extending for two (2) more years. Although there is some cross-funding, each donor agency will primarily fund one particular component of the project.

\* Please refer to Attachment 1, "Acuerdo Para Participar en un Estudio Investigativo, Universidad de California, Davis" (Agreement to Participate in a Research Study, University of California, Davis).

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## B5.6. Wellstart

This is a project to develop a breastfeeding component within the Honduran Ministry of Health's sector on Health Care for Mother and Child. This money would allow the project to continue at the same level of functioning for an interim period of approximately nine months, until additional funding already approved for La Leche League of Honduras is put into place.

## B6. Identify costs which are not likely to be sustainable.

The costs which are not likely to be sustainable are many. The major ones are salaries for central staff, purchase of educational materials, financing of workshops, seminars, and continuing education (short courses) for staff, in-country travel expenses for "breastfeeding advocates" and foreign travel.

## B7. Are there any lessons to be learned from this projection of costs and revenues that might be applicable to other child survival projects, or to A.I.D.'s support of those projects?

The main lesson to be learned is that sustainability strategy must be a part of the basic project proposal from its conception. In addition, the project needs to include money for increasing costs as the project expands. Also, all child survival projects need to allow budget items for support of volunteers since in poor countries total volunteerism is very difficult. Volunteers who do not receive some support are not sustainable.

## C. Sustainability Plan

### C1. Please identify number and position of project staff interviewed, and indicate the extent of their involvement in project design, implementation and/or monitoring/evaluation.

The following staff persons were interviewed as part of the final evaluation.

#### C1.1. Dr. Ada Rivera, Project Director

Dr. Rivera joined the project staff in December, 1991 when the original Project Director, Judy Canahuati, left to take a position on the Wellstart international staff in Washington, D.C. Dr. Rivera is a La Leche League of Honduras member, a La Leche League Leader applicant and a La Leche League Medical Associate. As Project Director, she has an ongoing role in the implementation and monitoring of project activities and was actively involved in the final evaluation process.

C1.2. Doctora Ingrid Carol Lopez de Diaz, Director of Projects

Dr. Lopez de Diaz is a physician for the University California Davis Breastfeeding Study. She participates in monitoring of projects.

C1.3. Daysi de Handal, Training Coordinator

Daisy de Handal has been with project staff since the first year. She is a La Leche League Leader and a member of La Leche League of Honduras. She participated in the DIP, took part in the mid-term evaluation and collaborated in the final evaluation process. Her role in project implementation is mainly through the training of women to be breastfeeding advocates, although she contributes to other project areas.

C1.4. Maria Jose Joya de Suarez, Breastfeeding Mothers Support Group Supervisor

Maria Jose de Suarez was brought into the project in 1989. She works with Daisy de Handal in the training of women as breastfeeding advocates and is responsible for supervising the formation of mother support groups. She is a La Leche League of Honduras member. She participated in the midterm evaluation and the final evaluation process and monitors technical assistance provided to NGOs and the Ministry of Health.

C1.5. Vilma Georgina Flores, Administrator

Vilma Flores is a La Leche League of Honduras member and a La Leche League Leader applicant. In the first three years of project implementation, she worked as a consultant and then as part-time accountant. In 1991, with the project extension, she became a fulltime administrator. As such, she performs all accounting functions of the project, purchases necessary supplies and equipment and supervises the petty cash fund and staff time sheets. She collaborated in the midterm and final evaluation process.

C1.6. Thelma Nunez, Assistant Trainer and Supervisor of breastfeeding mother support groups

Thelma is a member of La Leche League of Honduras and an applicant to be a La Leche League Leader. For the past two years she worked part-time on the child survival project staff assisting in the supervision of support groups which was also her responsibility on the Georgetown project staff. In June 1992, she became fulltime for child survival.

C1.7. Sobeyda Tercero de Sanchez

She is the Supervisor for cost-benefit analysis study and not a member of the child survival project staff.

C2. Briefly describe the project plan for sustainability as laid out in the DIP, or other relevant A.I.D. reports.

A Detailed Implementation Plan, DIP

The DIP states that the Honduran Breastfeeding Association (AHLACMA) is the key institution that will oversee the development of long-term sustainability of the project and as AHLACMA develops its own economic independence, it expects to take on the supervision of breastfeeding mother' support groups as a regular activity.

Other suggestions were the development of income generating methods, charging membership or counselling fees.

C3. Describe what sustainability-promoting activities were actually carried out by the PVO over the lifetime of the project.

C3.1. Training of breastfeeding advocates.

C3.2. Formation of mother support groups.

C3.3. Training of midwives.

C3.4. Acquisition of legal status for La Leche League of Honduras which allows the organization to request and receive donations and enter into contracts, agreements, etc. With the legalization of the organization, La Leche League began charging for membership at a quota of 5 Lempicas per month.

C3.5. In order to apply for this legal status, a "Junta Directiva" (a project technical advisory board) was formed and continues to operate. The advisory board is a separate entity from La Leche League of Honduras. The board is made up of community leaders with high political visibility within San Pedro Sula. The advisory board will serve to further entrench La Leche League of Honduras as a national organization. One of the projects that the advisory board is sponsoring is the dorm albergue (housing dorm for mothers who are nursing hospitalized infants or children).

C3.6. Legal working agreement with the Ministry of Health, similar to what is done with other NGOs, that brings with it certain benefits to the organization in its operation as well as the Ministry of Health. (See Attachment 2 for copy of the agreement between La Leche League of Honduras and the Ministry of Health.)

- C3.7. Legal working agreement with the Institute of Social Security of Honduras, " Instituto Hondureno de Seguro Social," in process.
- C3.8. Income generating activities initiated in the central office, i.e., selling of La Leche League T-shirts, visors, baby carriers, macrame plant hangers, etc.
- C3.9. Mass media marketing of La Leche League and its activities via television spots on Maya Television station give La Leche League of Honduras free publicity and national visibility.
- C3.10. La Leche League received mass publicity nationally as a result of a parade in San Pedro Sula celebrating National Breastfeeding week, August 1 to 7, 1992.
- C3.11. Formation of rumerous intra-institutional networks with Honduran organizations has led to "community and Honduran ownership," of La Leche League.
- C3.12. Technical assistance and training of counterpart institutions has allowed other institutions to continue breastfeeding promotion.
- C3.13. Training of midwives as breastfeeding advocates has high sustainability and multiplier effect because often the midwives are the "ole" health care provider in their community. Mothers recognize the midwives as resource persons and respect them for their skill and knowledge. The midwives are very eager and willing to increase their practical knowledge in order to be more effective. Learning about breastfeeding and child survival interventions has motivated the midwives to want to learn more about other practical health interventions such as birth spacing.
- C4. Indicate which aspects of the sustainability plan the PVO implemented satisfactorily, and which steps were never initiated. Identify any activities which were unplanned, but formed an important aspect of the PVOs sustainability effort.

C4.1. Steps never initiated:

In the DIP AHLACMA had a prominent role in the project's achieving sustainability; however, as the project developed and La Leche League of Honduras was strengthened and became more self-sufficient, the rationale for AHLACMA's role changed. At the time of the DIP, La Leche League of Honduras had no legal status and was waiting to survive under the wing of AHLACMA.

C4.2. Activities which were unplanned, but form an important aspect of the PVO's sustainability effort:

C4.2.1. Inactive breastfeeding advocates continue to promote breastfeeding, provide counseling, and make referrals to La Leche League or appropriate Ministry of Health facility. Although, labeled "inactive" because a woman does not turn in her monthly report of informal contacts, it appears that *"once a breastfeeding advocate, always a breastfeeding advocate."* Training as a breastfeeding advocate confers life-long basic knowledge and a commitment to breastfeeding promotion and support; and therefore has a tremendous and continuous multiplier effect.

C4.2.2. Income generating activities of central office. (Please refer to C3.8.)

C4.2.3. Income generation from La Leche League membership quota of 5 Lempiras per month.

C4.2.4. Future construction of "albergue(s)" (housing dorms) next to major hospitals throughout the country, to allow overnight housing for mothers who are nursing their hospitalized baby.

C4.2.5. Involvement in research projects enhances sustainability because partial monies for these projects can fund additional project staff, offset costs, or provide equipment. Future published work generated from these research projects will give La Leche League academic visibility.

C4.2.5.1. University California Davis Breastfeeding Study

La Leche League of Honduras is a collaborator in this research project. The project helps pay for office rental and will donate automobiles, equipment and supplies to La Leche League of Honduras upon its completion.

C4.2.5.2. Georgetown University Study

La Leche League of Honduras is a subcontractor in this research study. This study fully funded staff persons to conduct a baseline health and breastfeeding survey with low income mothers and children in low socioeconomic sectors of San Pedro Sula. The results from this survey will help in the future when evaluating the study's impact.

C4.2.5.3. International Science and Technology Institute and the University Research Institute, Honduras

This is a cost benefit analysis study with La Leche League Honduras acting as a subcontractor. The study is a

multicollaborative project which evaluates effects of breastfeeding education on mothers. This project only partially helps fund staff, but has the potential to give La Leche League of Honduras high academic visibility.

C5. Did any counterpart institutions (MOH, development agencies, local NGOs, etc.), during the design of the project (proposal or DIP), make a financial commitment to sustain project benefits? If so, have these commitments been kept?

There were no commitments made in the project proposal nor the Detailed Implementation Plan.

C6. What are the reasons given for the success or failure of the counterpart institutions to keep their commitment?

No institution has committed to financing the project. If there has been a commitment, failure to comply would be secondary to lack of economic resources, i.e., money.

#### D. Monitoring and Evaluation of Sustainability

D1. List the indicators the project has used to track any achievements in sustainability outputs and/or outcomes.

D1.1. Number of mother support groups formed

D1.2. Training of breastfeeding advocates

D1.3. Number of active breastfeeding advocates

D1.4. Number of in-active breastfeeding advocates

D1.5. Number of informal contacts made by breastfeeding advocates

D1.6. Number of referrals to hospitals or clinics by breastfeeding advocates (refer to Attachment 3, Medical Referral Form)

D1.7. Number of community groups formed as a direct or indirect consequence of La Leche League breastfeeding advocate and mother support groups

D1.8. Number of times technical assistance was given to another institution during the life of the project

D1.9. Number of breastfeeding workshops held

D1.10. Number of training sessions conducted

D1.11. Increase in the request for technical assistance

D1.12. Number of public outreach efforts through mass media, television spots and newspaper columns

D2. Do these indicators show any accomplishments in sustainability.

Yes, all these indicators clearly demonstrate accomplishments in sustainability via institutional building and networking, nationalization and community ownership of La Leche League, political, administrative, and managerial savvy; and a creation of a national awareness of the importance of breastfeeding and a demand for La Leche League of Honduras' professional services at both the community and ministerial levels.

D3. What qualitative data does the PVO have indicating a change in the sustainability potential of project benefits?

D3.1. There has been an increase in the demand for technical assistance from La Leche League of Honduras.

D3.2. La Leche League of Honduras is held in high professional regard by the Ministry of Health, Social Security Institute and other counterpart institutions.

D3.3. Recently approved funding for a breastfeeding documentation and resource center.

D3.4. La Leche League of Honduras has gained external visibility as a potential site for breastfeeding research by institutions such as University of California Davis and Georgetown University Institute for Reproductive Health. There is interest in future breastfeeding research by other institutions.

D3.4. There have been cases supportive of increase in self esteem and empowerment of women as a result of participation in the group process through mother to mother support groups.

The changes were attributed to an increase in self-esteem and self-efficacy. Women who could successfully breastfeed gained control over having to spend money on bottles and formula. Less spending on bottles and formula gave them control over diarrheal illness and more money to spend on other family needs, such as food.

**"I feel proud to show my baby son who is so beautiful and to tell other mothers that he is this way because I breastfeed him; because he is a breastfed baby, without bottle or water."**

Participation in mother to mother support groups taught mothers sufficient basic knowledge about breastfeeding to counsel and support other breastfeeding mothers. Having the knowledge, skill and power to help other mothers made them feel better about helping themselves.

**"Thanks to La Leche League I have changed much in the way I raise my children. I have found a good solution, because I don't have to spend money on formulas or bottles and I am able to provide a better nutrition for all my family."**

Women who became breastfeeding advocates received a wallet-sized identification card from La Leche League and a metal plaque to hang outside their door. These two simple items, gave the breastfeeding advocates legitimacy as a professional and visible recognition in their community. Consequently, the breastfeeding advocate feels and assumes a new identity of someone more worthy.

The increase in self worth or self esteem made certain mothers do things they never would have attempted before because these were felt to be impossible. Such impossible dreams were learning to read and write, and "challenging" cultural authority figures such as male physicians.

In Honduras the author met a woman with six children who became a breastfeeding advocate despite her illiteracy. After becoming an advocate, she began to attend school at night, although attending school required coming home late at night to a not very safe neighborhood. At the time of my visit, she had successfully completed first grade and was enrolled in second grade.

In Guatemala, I met a twenty-three year old first grade school teacher who had the courage to challenge a physician in a public town meeting regarding his incorrect knowledge of breastfeeding. This young woman admitted that she would not have been able to do this prior to being certified as a breastfeeding advocate. Certification as a breastfeeding advocate gave her the confidence and freedom to challenge an authority figure.

Besides these examples of how women were positively changed by participation in mother to mother support groups, there were others. The author began to think that for the sake of sustainability and as an argument for the benefits of breastfeeding mother to mother support groups, aside from the obvious better health for babies, children and families, there was the creation of an informal intricate network of women to support other women in all matters of consequence. This network could function as a substitute extended family of supportive and

caring women. Having this extended family which afforded a safe non-judgmental environment in which to learn allowed women to increase in self-esteem, demonstrate leadership skills and subsequent self-efficacy skills.

In August 1991, with funding from the Population Council, Rebecca Lundgreen and Edna Martinez de Rodriguez wrote and published an evaluation of the use of breastfeeding advocates and the mother support groups strategies of La Leche League.

- D4. Identify in-country agencies who worked with the PVO on the design, implementation, or analysis of the midterm evaluation and this final evaluation.

Agencies participating in the design:

Honduran Social Security Institute  
Ministry of Health Honduras

Mid-term evaluation team:

Maria del Carmen Miranda  
Director Office of Nutrition (Direccion General de  
Nutricion)  
Ministry of Health

Ernesto Antonio Pinto  
Consultant for United States Agency for  
International Development, USAID  
Tegucigalpa, D.C., Honduras

Final evaluation team:

Juan Ramon Sarmiento Madrid, M.D.  
Family Medicine  
Director of Preventive Medicine  
Honduran Social Security Institute (Instituto Hondureno de  
Seguro Social)  
San Pedro Sula, Honduras

Ruth Hernandez, R.N.  
Coordinator of Health Programs  
Evangelic Development Committee, CEDEN (Comite Evangelico de  
Desarrollo)  
Santa Barbara, Santa Barbara, Honduras

- D5. Did the PVO receive feedback on the recommendations regarding sustainability made by the technical reviewers of the proposal and DIP? Did the PVO carry out those recommendations? If not, why not?

Please refer to section C2, where these questions are addressed.

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D6. Did the PVO carry out the recommendations regarding sustainability of the midterm evaluation team? If not, why not?

Please refer to section C2. through C4. for answers to this question.

#### E. Community Participation

##### Interview Number 1

E1. Please identify community leaders interviewed and indicate which group (s) they represent.

Marta Sofia Juarez de Sarmiento  
Breastfeeding advocate for eighteen (18) months  
Colonia Valle de Sula  
San Pedro Sula, Honduras

E2. Which child survival activities do community leaders perceive as being effective at meeting current health needs?

Promotion of breastfeeding and formation of mother to mother support groups are perceived as effective.

E3. What activities did the PVO carry out to enable the communities to better meet their basic needs and increase their ability to sustain effective child survival project activities?

La Leche League of Honduras carried out training of breastfeeding advocates and forming mother to mother support groups.

E4. How did communities participate in the design, implementation and/or evaluation of child survival activities?

The community participated in the implementation of the child survival project activities by identifying women as possible candidates for breastfeeding advocate training and by informing La Leche League of what were the most salient health problems in their community were.

E5. What is the number of functioning health committees in the project area? How often has each met during the past six months? Please comment on whether committee members seem representative of their communities.

At present there are no functioning health committee(s) in this neighborhood, except for mother support groups, which have taken on the activities that would be functions of the health and cholera prevention committees. A community welfare committee whose function was to improve the health of the community, no longer exists due to feeling of despair, hopelessness and powerlessness to change a non-responsive government.

Mrs. Juarez de Sarmiento appears to be representative of her community.

E6. What are the most significant issues currently being addressed by these health committees?

Since there are no existing health committees, the following are the perception of the mother support groups led by Ms. Juarez de Sarmiento.

E6.1. Sanitation

There are three "open creeks" with untreated sewage and toxic chemical factory waste that run through this neighborhood. Open sewage brings many mosquitoes and flies. The effects of toxic waste have not been elucidated.

E6.2. Social

There is a high amount of alcoholism in men who live in the community.

E6.3. There is no access to health care in the community.

There is no health post and no physician, and only one very expensive private clinic on the outskirts of the community available to the people of Colonia Valle de Sula.

E6.4. Poor maternal health

Many of the women suffer from chronic illness such as headaches from lack of food and life stresses.

E7. What resources has the community contributed that will encourage continuation of project activities after donor funding ends.

The community can contribute physical space for meetings and manpower, but cannot contribute monetarily; however occasional raffles are held to raise money. The mothers are open to using raffle money to fund child survival activities.

E8. What are the reasons for the success or failure of the committees to contribute resources for continuation of effective project activities?

There is general despair and disillusionment with the Honduran government, high unemployment, lack of money, and lack of trust of institutions, except for La Leche League.

#### Interview Number 2

E1. Please identify community leaders interviewed and indicate which group (s) they represent.

The following breastfeeding advocates are from Gracias a Dios Group, San Pedro Sula, Honduras

Gloria Magdalena Lara (active breastfeeding advocate)\*  
 Sandra Yanet Hernandez (active breastfeeding advocate)\*  
 Maria Cristina Barrientos (active breastfeeding advocate)\*  
 Herminia Reyes (active breastfeeding advocate)

Mrs. Reyes has organized 4 groups which are currently active. They are:

Gracias a Dios, 22 women  
 Armenta, 7 women  
 Zeran, 5 women  
 Juan Lindo, 8 women

E2. Which child survival activities do community leaders perceive as being effective at meeting current health needs?

All the women concur that preventive health activities such as breastfeeding, immunizations, and maternal education are the most effective.

E3. What activities did the PVO carry out to enable the communities to better meet their basic needs and increase their ability to sustain effective child survival project activities?

\* The first three women do not conduct mother support groups because they are busy raising their young children.

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In these communities, La Leche League selects women who have indicated interest in receiving training as breastfeeding advocates or training in breastfeeding. In addition, each community has Ministry of Health organized mother clubs or a group of housewives which meets once a month with a La Leche League trained breastfeeding advocate. These Ministry of Health organized groups' main focus is the prevention of malnutrition and recuperation of malnourished children under the age of five years. The meetings are run with a question and answer format to allow for discussion. Pregnant women are referred to the Health Center to receive prenatal care. At the health center, the breastfeeding advocate assigned to that center, facilitates the pregnant woman's entry into the health center. Women who are ill are also referred to the health center. The breastfeeding advocate also facilitates their entry.

E4. How did communities participate in the design, implementation and/or evaluation of child survival activities?

The community did not participate in the design of the child survival project. Training sessions and the project design was modified as the project developed in response to expressed and felt community needs as reported to central office by the breastfeeding advocates.

E5. What is the number of functioning health committees in the project area? How often has each met during the past six months? Please comment on whether committee members seem representative of their communities.

In this area, there are no functioning health committees. The only two groups are the housewives and mother support groups. These women interviewed appeared to be representative of their communities.

E6. What are the most significant issues currently being addressed by these health committees?

The four breastfeeding advocates think that there are no serious health problems in these communities as a consequence of more exclusive and longer duration of breastfeeding and that few children have diarrhea or acute respiratory infections as before when breastfeeding was less common. The breastfeeding advocates attribute this improvement in general health to increased breastfeeding and an improvement in personal and environmental hygiene. In addition, there is less malnutrition. All these positive effects are due in part to the education given by the breastfeeding advocates.

E7. What resources has the community contributed that will encourage continuation of project activities after donor funding ends.

The community women have continued to support the breastfeeding advocate by their active participation in the mother support groups; because they (the mothers of the community) have a great interest in their own health and in the health of their children.

Other than a physical place to have a meeting, support, and "good will," the community is poor and can not provide any further resources.

E8. What are the reasons for the success or failure of the committees to contribute resources for continuation of effective project activities?

Until now, these mother support groups have been unable to contribute financially to the project; however, one group has received financial assistance to begin a project to sell pickled vegetables and another to sell hand-crafts.

### Interview 3

E1. Please identify community leaders interviewed and indicate which group(s) they represent.

Interview with mid-wives at health center, Lopez Arellano. This was a monthly meeting of seventeen mid-wives who had received breastfeeding training from the La Leche League at this health center. These midwives are representative of Choloma and Lopez Arellano service areas.

The following women were present:

Marta Padilla	Lopez Arellano
Santos Valle	Choloma
Zoila Rivera	Las Colinas
Teresa de Bautista	Los Almendos
Feliciano Jimenes	La Victoria
Graciela Hernandez	Lopez Arellano
Luz Marina Armijo	Lopez Arellano
Dolores Carranza	Los Cocos
Oralia Pineda	Colonia Ceden
Elvira Rivera	Choloma
Luisa Rivera	Barrio Concepcion
Sofia Membreno	Choloma
Famona Enamorado	Colonia Infop
Maria Ortiz	Colonia Lopez Arellano
Francisca Hernandez	Colonia Lopez Arellano
Lucia Aguilar	Barnica
Marcela Argueta	Lopez Arellano

E2. Which child survival activities do community leaders perceive as being effective at meeting current health needs?

The mid-wives state that breastfeeding training and prenatal care are the most effective child survival activities because they help to control diarrhea, malnutrition, and improve the health of the mothers.

E3. What activities did the PVO carry out to enable the communities to better meet their basic needs and increase their ability to sustain effective child survival project activities?

La Leche League has trained the midwives in breastfeeding. This is a very important strategy for sustainability because midwives are often the "only health care providers" in their communities. Midwives are sought out by women, respected by the community as a whole and their words have high credibility; therefore, the potential for impact and multiplier effect is great. Whatever the midwife learns will be continuously passed on to many, many women.

E4. How did communities participate in the design, implementation and/or evaluation of child survival activities?

The midwives did not participate in the design or implementation of child survival activities, but have been very receptive to training and eager to receive more education.

E5. What is the number of functioning health committees in the project area? How often has each met during the past six months? Please comment on whether the committee members seems representative of the community.

These mid-wives form a committee (group) of their own, but represent 10 different communities. They meet monthly at the Lopez Arellano health center.

E6. What are the most significant issues currently being addressed by these health committees?

These issues are: the identification and referral of high risk pregnancy, need to have more basic knowledge regarding child survival strategies in order to help mothers who have sick children; and also to be able to provide child spacing and family planning services to their clients.

- E7. What resources has the community contributed that will encourage continuation of project activities after donor funding ends?

The community provides moral support for La Leche League of Honduras mother support groups and the health center allocates physical space for the meeting.

- E8. What are the reasons for the success or failure of the committee to contribute resources for continuation of effective project activities.

The mid-wives usually receive some remuneration for their services and therefore have income generating capability. however because of lack of time and the large size of groups to interview, this point was not discussed in significant detail.

Income generation potential makes the likelihood of continuing child survival activities much higher. The midwives have income earning potential of their own which makes them less dependent on child survival projects for support. (Please refer to discussion on volunteers section.)

#### Interview 4

- E1. Please identify community leaders interviewed and indicate which group(s) they represent.

Jade Gomez  
CEPROD Representative  
Health Promoter

Francisca Funes  
Horizontes de Armistad  
Health Promoter

Juan Ramon Amaya  
Plan en Honduras  
Health Promoter

#### Summary description of NGO's:

- E1.1 CEPROD is a community health project with emphasis on nutrition which works with groups of housewives and mother support groups. La Leche League provides training for breastfeeding advocates from the community and CEPROD provides follow-up and on-going supervision of the mother to mother support groups.

Its relationship with La Leche League began in 1990 as a result of a breastfeeding advocate training course.

- E1.2. Horizontes de Amistad works in seventeen (17) communities via "health volunteers" who are trained in breastfeeding. This NGO has had a close relationship with PROALMA\* from 1982 through 1988. Horizontes' volunteers received initial breastfeeding training from PROALMA. When La Leche League of Honduras initiated child survival project activities, contact was made with Horizontes by the La Leche League project director who had worked as a consultant to PROALMA prior to assuming this new position. This close organizational relationship has continued with La Leche League child survival project. This year alone, there have been three breastfeeding training sessions conducted with collaboration of La Leche League.
- E1.3. Plan de Honduras works in communities via a network of health promoters. La Leche League trains these health promoters in breastfeeding and also trains breastfeeding advocates from the community.

E2. Which child survival activities do community leaders perceive as being effective at meeting current health needs?

CEPROD considers that nutrition is important and effective in child survival.

Plan thinks that the most effective child survival activities are immunizations and the use of oral rehydration solution.

Horizontes feels that breastfeeding is the most effective, especially in infants less than six months of age.

E3. What activities did the PVO carry out to enable the communities to better meet their basic needs and increase their ability to sustain effective child survival project activities?

Personnel from these NGO's received training in breastfeeding and women from the communities were trained as breastfeeding advocates.

E4. How did communities participate in the design, implementation and/or evaluation of child survival activities?

\* Please refer to introduction section for detailed explanation of PROALMA.

CEPROD, Horizontes, and Plan did not participate in the design of child survival activities; however continue to transmit their knowledge of the importance of breastfeeding to child survival to their respective communities.

E5. What is the number of functioning health committees in the project area? How often has each met during the past six months? Please comment on whether the committee members seems representative of the community.

CEPROD has mother support groups and housewife groups; Horizontes de Amistad has groups of health volunteers; and Plan has groups of health promoters and mother support groups. These groups seem to be representative of their community.

The schedule of meetings is variable, since different NGO's and committees are represented.

E6. What are the most significant issues currently being addressed by these health committees?

The representatives from these NGOs all stated that they did not feel they have the capacity to manage a breastfeeding program without assistance from La Leche League. Furthermore, they stated that they will always require on-going technical assistance from La Leche League because La Leche League is up to-date on breastfeeding.

(There was insufficient time to discuss questions E6., E7. and E8. in their entirety.)

E7. What resources has the community contributed that will encourage continuation of project activities after donor funding ends?

E8. What are the reasons for the success or failure of the committee to contribute resources for continuation of effective project activities.

F. Ability and Willingness of Counterpart Institutions to Sustain Activities

Interview 1

F1. Please identify persons interviewed and indicate their organization and relationship to the child survival project.

Dr. Sergio Bendana  
Medical Director  
Dr. Mario C. Rivas Hospital

Vilma Paz Sagastume  
Charge Nurse in Neonatology  
Dr. Mario C. Rivas Hospital  
San Pedro Sula, Honduras

Dr. Bendana is an ob-gyn physician and medical director of the hospital.

Ms. Paz Sagastume works with La Leche League trained breastfeeding advocates who are assigned to this hospital.

F2. What linkages exist between the child survival project and the activities of key health development agencies (local/municipal/district/provincial/state level)? Do these linkages involve any financial exchange?

There is no financial exchange between the hospital and La Leche League of Honduras. Breastfeeding advocates are salaried project staff and their function is to work in this hospital. The breastfeeding advocates are key persons because they are allowed take the babies from their bassinets in the neonatal nursery to their mothers to nurse. The hospital policy does not allow mothers in the neonatal nursery; however the breastfeeding advocate is allowed.

F3. What are the key local institutions the PVO expects to take part in sustaining project activities?

The Mario C. Rivas Hospital National tertiary care referral hospital is expected to continue collaboration with La Leche League of Honduras child survival project.

F4. Which child survival project activities do MOH personnel and other staff in key local institutions perceive as being effective.

- F4.1. Ms. Paz Sagastume feels that allowing breastfeeding advocates to work in the hospital has helped mothers to breastfeed their babies; and consequently has decreased infant mortality in premature babies. Before breastfeeding was introduced, from 9 to 12 premature babies per month were dying. After breastfeeding, prematures' survival became more common, the deaths dropped to less than 6 per month.
- F4.2. Breastfeeding training to hospital personnel is perceived as very effective.
- F4.3. Individual breastfeeding counseling from mother to mother, bed to bed in the postpartum period by the breastfeeding advocate has also been helpful and beneficial to the individual mother.
- F4.4. Increased breastfeeding in the hospital has decreased the number of abandoned babies.
- F5. What did the PVO do to build skills of local MOH personnel or staff of key counterpart NGOs? Did they teach them to train CHWs, or manage child survival activities once A.I.D. funding terminates.

La Leche League has provided breastfeeding training to hospital personnel.

- F6. What is the current ability of the MOH or other relevant local institutions to provide the necessary financial, human, and material resources to sustain effective project activities once CS funding ends?

The hospital is willing to continue and perhaps expand the numbers of breastfeeding advocates, but is not willing to commit any resources at this time.

- F7. Are there any project activities that counterpart organizations perceive as effective?

The utilization of breastfeeding advocates who work directly with mothers of premature infants to help them in nursing these infants has been shown to be a very effective strategy. The use of human milk to feed premature babies has been clearly demonstrated to increase the survival rate of these high risk babies.

## Interview Number 2

- F1. Please identify persons interviewed and indicate their organization and relationship to the child survival project.

Dr. Daemon Jaar  
 Director of Health Center, "Miguel Paz Barahona"  
 Ministry of Public Health  
 San Pedro Sula, Honduras

- F2. What linkages exist between the child survival project and the activities of key health development agencies (local/municipal/district/provincial/state level)? Do these linkages involve any financial exchange?

The Breastfeeding Counseling and Support program began at this health center in the second trimester of 1991. La Leche League collaborated with the health center by placing a permanent breastfeeding advocate there. This breastfeeding advocate teaches pregnant women, breastfeeding women, and women in general, about the importance of breastfeeding. The breastfeeding advocate has also trained two out of five nurses at this health center in basic breastfeeding knowledge.

There is no financial exchange involved between the health center and La Leche League of Honduras.

- F3. What are the key local institutions the PVO expects to take part in sustaining project activities?

There is uncertainty about this program continuing if the La Leche League Breastfeeding advocate were to leave the health center because the Health Center is minimally staffed. Without the presence of the breastfeeding advocate, the remaining staff may not have time to continue breastfeeding education to mothers and other health center personnel. There are plans to develop a maternal and child health clinic in which integrated services, breastfeeding and child survival strategies can be taught to clinic staff and to patients.

- F4. Which child survival project activities do MOH personnel and other staff in key local institutions perceive as being effective.

The presence of a breastfeeding advocate at the health center who gives quality messages and services to the women is perceived as very effective. Without measuring impact, there has been a significant and noticeable increase in numbers of women attending classes in a relatively short period of time. (Please refer to

Attachment 4, Health Center Dr. Miguel Paz Barahona report, Attendance to mothers' workshop, 1991-1992.")

F5. What did the PVO do to build skills of local MOH personnel or staff of key counterpart NGOs? Did they teach them to train CHWs, or manage child survival activities once A.I.D. funding terminates.

The breastfeeding advocate trained two nurses at the health center.

F6. What is the current ability of the MOH or other relevant local institutions to provide the necessary financial, human, and material resources to sustain effective project activities once CS funding ends?

Dr. Jaar did not know the specific terms of agreement between La Leche League and the Ministry of Health. Presently the Honduran Ministry of Health is finalizing negotiations for the nutrition and health project which will sustain effective child survival activities once child survival project funding ends.

F7. Are there any project activities that counterpart organizations perceive as effective?

Placing of breastfeeding advocates in health centers is perceived as effective.

### Interview Number 3

F1. Please identify persons interviewed and indicate their organization and relationship to the child survival project.

Blanca Onelvia Garrido- Enfermera Auxiliar  
 Doris Mireya Ordonez- Enfermera Auxiliar  
 Digna Trigueros- La Leche League Breastfeeding Advocate  
 Centro de Salud con Medico, CESAMO (Health Center with a physician,) Colonia "Lopez Arellano."

F2. What linkages exist between the child survival project and the activities of key health development agencies (local/municipal/district/provincial/state level)? Do these linkages involve any financial exchange?

There is no financial exchange between La Leche League of Honduras and the health center.

A La Leche League breastfeeding advocate has been assigned to work full-time at the health center for the past 2 years. The breastfeeding advocate counsels the women who come to the health center. La Leche League pays the breastfeeding advocate's salary and provides materials and supplies for her work.

F3. What are the key local institutions the PVO expects to take part in sustaining project activities?

Other institutions that work with this health center in the area of child survival are CARE, ASHONPLAFA, and the Ministry of Public Health.

F4. Which child survival project activities do MOH personnel and other staff in key local institutions perceive as being effective.

Placing of a full time breastfeeding advocate at the health center is perceived as very effective. Both auxiliary nurses commented that ever since the breastfeeding advocate began helping mothers to breastfeed, there have been less cases of diarrhea and acute respiratory infections; and a decreased number of malnourished children. (Please refer to Attachment 5, Statistics Lopez-Arellano Health Center.)

F5. What did the PVO do to build skills of local MOH personnel or staff of key counterpart NGOs? Did they teach them to train CHWs, or manage child survival activities once A.I.D. funding terminates.

The breastfeeding advocate has been indirectly training the health center staff by her presence, influence, and example.

F6. What is the current ability of the MOH or other relevant local institutions to provide the necessary financial, human, and material resources to sustain effective project activities once CS funding ends?

If La Leche League were to withdraw salary funding for the breastfeeding advocate, the health center would not have sufficient personnel to assign a person full-time to breastfeeding education.

F7. Are there any project activities that counterpart organizations perceive as effective?

F7.1. Formation of mother support groups is perceived as effective.

- F7.2. The promotion and support of breastfeeding by La Leche League of Honduras; and the joint efforts of food supplementation to breastfeeding mothers and malnourished children by CARE, have been complementary in reducing the number of children with malnutrition seen at the health center.
- F7.3. Breastfeeding and child survival intervention education for mothers is also perceived as effective.
- F7.4. In addition, home visits are seen as effective.

#### Interview 4

- F1. Please identify persons interviewed and indicate their organization and relationship to the child survival project.

Licenciada Eda Nohemi de Moreno, Instructor ob-gyn, pediatrics and administration

Licenciada Zoila Ruth de Lopez, Instructor ob-gyn and pediatrics

Licenciada Marta Elena Paz, Technical Assistant in Division of Maternal and Child Health, Ministry of Health, Region Three (3). (Region three includes the departments of Yoro, Cortes, Santa Barbara, and Lempira)

Licenciada Felicita Benitez, Instructor nursing school and member of La Leche League Advisory Board

This group represents the team assigned the reform of nursing school curriculum.

- F2. What linkages exist between the child survival project and the activities of key health development agencies (local/municipal/district/provincial/state level)? Do these linkages involve any financial exchange?

La Leche League provides technical assistance and continuing education in breastfeeding to the nursing school staff and to the Regional Maternal and Child Committee. The Maternal and Child Health Committee is in charge of elaborating and introducing a breastfeeding module in the nursing school curriculum. La Leche League has been a contributing and very significant member of this committee.

- F3. What are the key local institutions the PVO expects to take part in sustaining project activities?

The nursing school is unable to sustain child survival project activities by itself; however, the development of a more complete and well defined breastfeeding curriculum for the nursing school with La Leche League technical assistance and input will have a significant impact on unifying breastfeeding criteria and messages as they are delivered by nurses in the various health institutions in Honduras.

La Leche League will continue to work with the nursing school especially in curriculum revision.

F4. Which child survival project activities do MOH personnel and other staff in key local institutions perceives as being effective. The nursing school staff feel that La Leche League of Honduras helps strengthen their breastfeeding curriculum by the following which are all perceived as effective:

F4.1. Providing updated and current literature on breastfeeding which addresses problems and solutions.

F4.2. Stressing strong family values by emphasizing mother and infant togetherness.

F4.3. Providing strong motivation for breastfeeding.

F4.4. Strengthening human milk bank.

F5. What did the PVO do to build skills of local MOH personnel or staff of key counterpart NGOs? Did they teach them to train CHWs, or manage child survival activities once A.I.D. funding terminates.

La Leche League of Honduras does the following:

F5.1. Provides updated and current literature on breastfeeding to the nursing school

F5.2. Gives technical assistance in breastfeeding and information on human milk bank

F5.3. Helps to revise nursing curriculum in order for it to have a strong breastfeeding component

F5.4. Introduced a breastfeeding component in midwife curriculum. As explained before, midwives are key persons in their communities. Training midwives has great potential for "breastfeeding knowledge and skills" to be passed on; in essence, a multiplier effect.

F6. What is the current ability of the MOH or other relevant local institutions to provide the necessary financial, human, and material resources to sustain effective project activities once CS funding ends?

The financial ability of the nursing school is limited; however with funding from RICA, a Japanese development agency, some funding may be possible. In addition, the nursing school is in the process of seeking funding from Kellogg foundation. There is a possibility that this funding can be used to pay for technical assistance from La Leche League of Honduras.

F7. Are there any project activities that counterpart organizations perceive as effective?

Technical assistance in breastfeeding which strengthens education is seen as very effective. However, most of the nursing school instructors requested more practical and clinically oriented breastfeeding training, such as management of mastitis, breast engorgement, cracked nipples, etc.

#### G. Project Expenditures

G1. Attach a pipeline analysis of project expenditures. (Attachment 6, Pipeline Analysis, Honduras)

G2. Compare the budget for planned expenditures identified in the DIP with the actual expenditures at the end of the project. Were some categories of expenditures much higher or lower than originally planned?

La Leche League Honduras moved from a small office to a new larger office in July, 1991; and the cost of electricity increased from a mean of \$10.00 per month to \$173.00 per month. Vilma, the project administrator, felt that in the prior office electricity consumption was not measured accurately by the electric meter and that new costs were more comparable with standard costs in the city of San Pedro Sula. In addition, in the new office the consumption of electricity was more because of the use of air conditioners and computers and increased project activity. Rent also increased from \$63 to \$185 per month.

Training of breastfeeding advocates went \$700 over-budget. Actual expenses went over budget in the line items of supplies (by \$968), and other program costs by \$800. Travel/per diem (national and international) went over budget by \$3,931. In an effort to develop the sustainability of the child survival project activities, it was necessary for the project director, Dr. Ada Rivera, to make trips to Tegucigalpa for meetings with the Ministry of Health, UNICEF, and Mission AID. These costs had

not been budgeted for but do represent a real sustainability expense. However, the project expenses were below the figure for consultants services by \$5,200.

G3. Did the project handle the finances in a competent manner?

Yes, it did. Hiring of Vilma Georgina Flores, as a full-time, experienced and very competent administrator to oversee and manage the budget made this an easier task. Vilma brought order to the financial accounting of project expenses.

G4. Are there any lessons to be learned regarding project expenditures that might be helpful to other PVO projects, or relevant to A.I.D's support strategy?

USAID changing budgets to budget estimates as suggested by La Leche League Honduras, allowed for the project to receive money in a more timely and efficient manner. Perhaps U.S.A.I.D. could encourage other NGOs to adopt budget estimates also.

H. Attempts to Increase Efficiency

H1. What strategies did the PVO implement to reduce costs, increase productivity, or make the project more efficient?

H1.1. Cost reduction attempts were:

- H1.1.1. Folders donated by the soft drink division of the Honduran Coca Cola company allowed more money from equipment line item to be spent on other needs.
- H1.1.2. Monetary donations from Honduran Coca Cola company, Clover brand margarine and Tela railroad company (exports Chiquita banana) increased total available funds to the child survival project.
- H1.1.3. Money from University California Davis research study helps to pay office rent and will donate equipment in the end.
- H1.1.4. ASHONPLAFA, pays La Leche League \$1,000 per breastfeeding workshop. This contributes to reducing fixed operating costs.
- H1.1.5. La Leche League of Honduras has sold UNICEF Christmas cards in central office and received a percentage of sales. This generates income for project.
- H1.1.6. The donation of a comprehensive breastfeeding reference library by Judy Canahuati, former project director,

saves money and time and is a valuable resource of knowledge in a country where few universities or institutions have a reference library.

- H1.1.7. The agreement to have counterpart NGO's pay for meals, supplies, travel expenses, for La Leche League Staff when conducting training session saves money. La Leche League of Honduras spends less money to support field staff when NGO's support expenses.
- H1.1.8. The Social Security Hospital donates the auditorium and other physical space for meetings, allows use of mimeograph machine for reproduction of educational materials, and provides professional volunteer manpower to La Leche League. This saves rental money which can be channeled into other project expenses; mimeograph saves costs of ink and paper. Free professional manpower saves a great deal of money.
- H1.1.9. The municipality of San Pedro Sula has donated land for the breastfeeding documentation and resource center. This saves buying land for the project.
- H1.2. La Leche League of Honduras has increased the motivation and productivity of the breastfeeding advocates by granting professional and personal recognition and validation. Examples of this follow.
  - H1.2.1. Parties are held for the breastfeeding advocates to celebrate important dates such as Mothers' Day and Christmas.
  - H1.2.2. The Ministry of Health awards official certificates to breastfeeding advocates.
  - H1.2.3. The Ministry of Health officially recognizes the breastfeeding advocates as health professionals.
  - H1.2.4. La Leche League awards a metal plaque to the breastfeeding advocate which states, "Breastfeeding Advocate." Most breastfeeding advocates hang the plaque outside their home. This gives community recognition and makes the women feel "special."

### H1.3. Increase Efficiency

The following are attempts to increase project efficiency.

- H1.3.1. Training of midwives, community health workers, and staff in counterpart institutions has allowed the project to reach more mothers.
- H1.3.2. Working with the nursing school to strengthen the nursing and midwife curriculum in breastfeeding allows

breastfeeding knowledge to reach mothers, health professionals and communities throughout the country.

- H1.3.3. Monthly staff meetings allow more efficient ways to keep abreast of developments in the office, team building, and maintain good morale.
- H1.3.4. Monthly calendar of activities for team members keeps tasks and responsibilities focused. Organization of time allows more efficiency.
- H1.3.5. Graphing of breastfeeding advocate's activities allows a quick diagnostic glance of level of performance.
- H1.3.6. A weekly newspaper column on a breastfeeding topic in Diario Tiempo, San Pedro Sula Newspaper allows wide audience of persons (who read the newspaper) to be educated on breastfeeding knowledge.
- H1.3.7. Television interviews allow mass media to give messages about the importance of breastfeeding.
- H1.3.8. Celebration of International Breastfeeding Week, August 1-7, 1992, with televised parade and other activities gives free publicity and national recognition to the importance of breastfeeding and La Leche League.
- H1.3.9. Donation of one hour of television time by Pan American Life Insurance Company gives free advertising and marketing to increase the public image of La Leche League.

H2. What are the reasons for the success or failure of the attempts to reduce costs, increase productivity or efficiency of this project.

The reasons for the obvious success of La Leche League of Honduras are: the strong team spirit to fight for a common goal; resourcefulness and intense creativity of staff; ability to successfully negotiate with counterpart institutions; ability to market and fund-raise; strong administrative and managerial skills; and highly trained, highly educated, highly experienced, highly dedicated and highly motivated staff.

H3. Are there any lessons to be learned regarding attempts to increase efficiency that might be applicable to other PVO child survival projects or to A.I.D's support of these projects?

Low income persons can not be expected to volunteer without any type of compensation (such as a stipend), nurturing or support. Support may be in the form of travel expenses, alphabetization,

computer training, etc. Money must be allocated in child survival budgets to support volunteers.

#### I. Cost Recovery Attempts

I1. What specific cost-recovery mechanisms did the PVO implement to offset project expenditures? If cost recovery was part of the project, who managed implementation?

All of the following generated income for the child survival project.

I1.1. Purchase and rental of breast pumps and other breastfeeding assistive devices

I1.2. Purchase of books and educational materials

I1.3. Utilization of child survival project staff in paid training courses to other NGO's

I2. Estimate the dollar amount of cost recovery obtained during the project. What percent of the project costs did this revenue cover? Did the cost recovery mechanisms generate enough money to justify the effort and funds required to implement the mechanisms?

Cost recovery efforts did justify time and effort spent. Six percent (6%) of project costs were recovered for a total of \$4,900.

I3. What effect did any cost recovery activity have on the PVO's reputation in the community? Did the cost recovery venture result in inequities in service delivery?

The effect was very positive. Training breastfeeding advocates increased La Leche League of Honduras' credibility in the eyes of other NGOs. When NGOs contract for a breastfeeding training course, they are "buying a service" and are demonstrating confidence that La Leche League of Honduras will do an excellent job.

I4. What are the reasons for the success or failure of the household income generating activities of this project?

Although La Leche League of Honduras does not have any project income generating activities per se, the workshops given to the breastfeeding advocates on a regular basis included teaching how to make home handcrafts for sale. Examples are macrame plant hangers, baby carriers, etc. La Leche League of Honduras has

sold these items in conferences and international workshops and has had success because of its highly motivated staff.

15. Are there any lessons to be learned regarding cost recovery that might be applicable to other PVO child survival projects or to A.I.D.'s support strategy?

Operating and managing a child survival project allowed La Leche League of Honduras to gain experience and expertise in child survival and to become a more professional organization. La Leche League of Honduras "grew up" from a "mom and pop organization" to a more sophisticated and influential health and policy organization. In addition, the child survival project created the atmosphere for counterpart NGOs to seek technical assistance from La Leche League of Honduras. Lastly, La Leche League of Honduras was able to take advantage of educational material and items for clinical management of breastfeeding to increase La Leche League of Honduras' self-efficiency and professional expertise.

J. Household Income Generation

Persons interviewed:

Licenciada Diana Pineda de Ruiz  
Interim Director of PAMA

Lastenia Reyes  
Social Promoter for PAMA

- J1. Did the project implement any household income-generating activities.

Only recently has La Leche League become involved in household income generation via an affiliation with an organization called PAMA (Female Friends Miles Apart) which is part of the "trickle up" program in New York. The conditions for women to be eligible for a \$100.00 one-time "loan," are the following:

1. That women have a product to sell or a specific project in mind.
2. That there be a minimum of five (5) women working together.
3. That the women volunteer a sum total of 1000 hours between them during a period of three (3) months.
4. That the woman heading the project be an active La Leche League Breastfeeding Advocate.\*
5. That the time the breastfeeding advocate dedicates to her work with her mother support groups count at volunteer time towards PAMA's requirement.\*
6. That PAMA receive a final report of activities.

- \* Requirements 4 and 5 are under negotiation between La Leche League and PAMA. These are important because without these provisions a woman may abandon her mothers support groups in order to generate income to "pay" her required volunteer hours.

The following are examples of income generating activities that have been undertaken by various groups of women:

1. Macrame products such as plant hangers and baby hammocks
2. Sewing and selling of blouses and clothes that facilitate breastfeeding.
3. Making and selling pickled vegetables
4. Making diaper hangers for sale
5. Making baby carriers for sale
6. Raising chickens for sale
7. Buying cheese and butter wholesale and reselling
8. Making and selling home made bread

- J2. Estimate the dollar amount of income added to a family or household's annual income, as a result of the income - generating activity of the project.

La Leche League's involvement with PAMA is only a few months old; and therefore there is insufficient data to calculate the income generating potential of the project.

- J3. Did the revenues contribute to meeting the cost of health activities? What percentage of project costs did income generation cover?

There is potential that the revenues will contribute to health activities directly or indirectly by improving family income.

- J4. Are there any lessons to be learned regarding household income generation that might be applicable to other PVO child survival projects or to A.I.D.'s support strategy.

Household income generating projects need start-up money, to begin working, although the quantity may be minimal. The women in the communities have such few economic resources, that it would be unfeasible for them to come up with start-up money.

- K1. Please give a brief (no more than one page), succinct summary of the responses to the previous questions concerning:

- the project's accomplishments (in terms of outputs and/or outcomes) in enabling communities to meet their basic health

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needs, and in promoting sustainability of effective child survival activities;

- the project's competence in carrying out its sustainability promoting activities; Any lessons to be learned regarding sustainability that might be applicable to other PVO child survival projects, and/or relevant to A.I.D's support of these projects.

La Leche League of Honduras accomplished a great deal in terms of promoting sustainability of the La Leche League of Honduras as a nationally recognized professional organization capable of carrying out child survival activities and breastfeeding training.

In the relatively short course of this four (4) year project, La Leche League of Honduras trained 354 breastfeeding advocates, formed 126 mother support groups, obtained legal status, negotiated a legal working agreement with the Ministry of Health, trained numerous counterpart institutions, trained midwives, participated in many breastfeeding and child survival research related projects, obtained a technical advisory counsel of prominent professionals, became involved in community micro-enterprise, obtained donations from multinational companies and used mass media for publicity, marketing, and dispersing general knowledge about the benefits of breastfeeding and the professionalism of the organization.

The obvious strengths of the project are strong coordination and collaboration with other large Honduran health institutions, such as the Ministry of Health, the Social Security Institute, and counterpart NGOs, beginning of community-based micro-enterprises, establishment of relationships with private industry, and use of mass media.

The only significant weaknesses identified were a relatively weaker community support of breastfeeding advocates and mother support groups relative to Guatemala child survival project; confusion regarding the role of research projects in regard to overall organizational mission and child survival activities; and lastly, the lack of integration of research projects with day to day operations.

Self-sufficiency and sustainability is certainly possible and attainable. With limited resources and a few permanent fully-salaried project staff, La Leche League of Honduras has made impressive strides in a short period of time. The multiplier effect and potential health impact of this project is great.

(For more discussion and detail of quantitative and qualitative outcomes, strengths, weaknesses and recommendations, please refer to Appendices I, II, and III, which follow this report.)

- K2. Attach a list of all members of the final evaluation team and indicate institutional affiliation.

Final evaluation team:

Beatriz Lares, M.D., M.P.H., team leader  
Director of Community Projects, United States Mexico Border  
Area Health Education Centers  
Division/Department of Family Medicine  
University of California Los Angeles, UCLA  
and Los Angeles County Harbor UCLA Medical Center

Juan Ramon Sarmiento Madrid, M.D.  
Family Medicine  
Director of Preventive Medicine  
Honduran Social Security Institute (Instituto Hondureno  
de Seguro Social)  
San Pedro Sula, Honduras

Ruth Hernandez, R.N.  
Coordinator of Health Programs  
Evangelic Development Committee, CEDEN (Comite Evangelico  
de Desarrollo)  
Santa Barbara, Santa Barbara

## APPENDIX I

## QUALITATIVE AND QUANTITATIVE OUTPUTS

A. Quantitative Outputs

(These are according to evaluator and may not necessarily concur with the opinion of La Leche League of Honduras or the order of priority given by La Leche League of Honduras.)

1. Number of mother support groups formed 126
2. Number of breastfeeding advocates trained 354
3. Number of active breastfeeding advocates
4. Number of inactive breastfeeding advocates
5. Number of informal contacts made by breastfeeding advocates. 1989, 1924; 1990, 1923; 1991, 6829; 1992, 5380; 1989-1992 total, 15,856
6. Number of referrals by breastfeeding advocates to hospital or clinic 3850 from 1989-1992
7. Total number of contacts with newly pregnant mothers attending group for first time 3386
8. Number of community groups formed as a consequence of La Leche League mother support groups
9. Legalization of La Leche League of Honduras
10. Working agreement with Ministry of Health
11. Number of midwives trained as breastfeeding advocates
12. Number of workshops held
13. Number of training sessions conducted
14. Number of different institutions that have received La Leche League training in breastfeeding and mother support groups
15. Increase in request for technical assistance
16. Number of public outreach efforts through mass media, i.e., television spots and weekly newspaper column
17. Results of knowledge attitudes and practice survey, July, 1992. (Please refer to Attachment 7, KAP Survey, 1992.)

## B. Qualitative Outputs

1. Increase in demand for technical assistance from La Leche League of Honduras
2. La Leche League of Honduras is held in high professional regard by key personnel in the Ministry of Health, Social Security Institute, and counterpart institutions
3. Request for funding for a breastfeeding documentation and resource center was recently approved
4. La Leche League of Honduras has gained external visibility as a potential site for breastfeeding research by institutions such as University of California at Davis, Georgetown University Institute for Reproductive Health, etc. There is interest in future collaborative breastfeeding research by other institutions.
5. Increase in self-esteem, self-efficiency, and empowerment of women as a result of participation in the group process through mother to mother support groups.\*
6. La Leche League of Honduras has created "affiliate" membership to allow health professionals who support breastfeeding to be dues-paying members. This "new type" of membership has generated income and also gained more professional support for La Leche League of Honduras.
7. La Leche League of Honduras has brought a closer relationship between La Leche League of Honduras in San Pedro Sula with La Leche League of Honduras in Tegucigalpa.

\* This was not planned for by La Leche League of Honduras more was it considered a measurable component in sustainability potential; however, this evaluator felt that it is an important proxy measure for positive impact of the mother to mother group process.

APPENDIX II  
STRENGTHS, WEAKNESSES AND RECOMMENDATIONS

A. Strengths

1. There is a very strong team spirit.
2. There is a family union that motivates the organization to fight for the impossible.
3. There are high levels of professional training and individual years of experience in the core project staff; which gives the organization great potential for achievement, growth, and sustainability.
4. The professional potential is great because the organization has an "all star team."
5. La Leche League has gained professional credibility and respect within the national health sector in a relatively short period of time.
6. There is an existing strong administrative infra-structure within the office and the organization.
7. There are strong and legal linkages with the Ministry of Health and the Social Security Institute of Honduras.
8. There are strong ties with NGO's, Mormon and Evangelic church, and private industry. These ties give La Leche League National roots.
9. La Leche League has been able to contribute to an overall reduction in infant morbidity and mortality in Honduras in the opinion of Dr. Jose Landa, pediatrician consultant to La Leche League of Honduras form the Social Security Institute.

This reduction can be documented with concrete data. Examples of decrease of infant morbidity and mortality:

- a) Reduction in infant mortality due to sepsis in neonates less than one week of age from 1.9/1000 live births in September 1981 to 0.8/1000 live births in December, 1990 for all children born in the Regional Hospital of the Honduran Social Security Institute.
- b) Reduction by 50%, the admissions secondary to diarrhea in the Regional Hospital of the Honduran Social Security Institute.

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- c) Reduction in the number of outpatient visits to the Ministry of Health centers; CESAMO, health center with a physician; and CESAR, health center with a nurse auxiliary.
  - d) Reduction in infant mortality due to septicemia in premature infants in the neonatal unit at Mario C. Rivas Hospital since a La Leche League breastfeeding counsellor was assigned to work in the unit. (Please refer to interview number 1 in section F. Counterpart Institutions, of this report for more details.)
  - e) The presence of a breastfeeding advocate at Paz Barahona Health Center, has motivated more women to receive prenatal care. There was a fifty percent increase in women receiving prenatal care, during the first semester of 1992, relative to total number of women who received prenatal during the entire year in 1991.
10. La Leche League has been able to motivate more women to breastfeed their children. Dr. Landa, pediatrician from the Social Security Institute estimates that the percentage of women breastfeeding in his private practice has increased from 30 to 80 percent within the past ten years. He attributes part of this increase to La Leche League's successful work in reaching more women with information and support of breastfeeding, especially among low income women.
  11. Leche League has been able to change the overall negative image that breastfeeding was only for poor women with no other option to a positive image that all women should breastfeed regardless of social class.
  12. La Leche League has helped improve the self-esteem of women, and social value of women by various means. These are helping women to achieve successful breastfeeding, giving women a solid educational knowledge base in breastfeeding, and providing nurturing and support through mother to mother support groups.

## B. Weaknesses

1. The community-based breastfeeding advocates picked by individual NGOs or counterpart institutions to receive La Leche League training do not have the same strength of bonding, and same sense of belonging to La Leche League of Honduras as the Guatemalan breastfeeding advocates do. This is most likely a result of the different training strategy taken by La Leche League of Honduras of working through established institutions in the community as opposed to direct grass roots training of community selected women.

2. Child survival project has inappropriate and/or inadequate transportation for project activities. The child survival project does not have vehicles specifically designated for transportation. The use of personal vehicles represents a non-recuperable, indirect cost as well as a liability in case of accident or serious injury incurred in the course of travel.
3. Inadequate office facilities to maintain smooth flow of daily operations.
4. Confusion over the role of research projects and insufficient integration of research projects into child survival activities.

C. Recommendations

1. Strengthen the community component of the child survival project. Provide more direct support and nurturing of breastfeeding advocates and of mother support groups by designating more La Leche League staff to community work.
2. Hire more lower level office staff, such as secretarial, clerical, typist, messenger, etc. to do tasks that more highly educated and more expensive staff are presently doing.
3. The project needs more office space that will allow for more enclosed offices in order to allow for private conversations, a small conference room, and a break room.
4. The project should individually analyze and evaluate the cost benefit, the impact on the community, possible conflict with La Leche League mission; and the long term consequences to La Leche League and the communities from research projects and their subsequent publications.
5. La Leche League should negotiate each research project individually to be either principal investigator or collaborator; and should avoid acting as a sub-contractor unless the financial gain outweighs the lack of control of the project and data.
6. There should be more integration between the individual research projects and the day to day activities of La Leche League in order to maximize resources. Example: The automobiles purchased for research should be available for La League use provided there is no interference with adhering to research protocol schedules. Also, joint visits to the communities by the research team members and office

staff can be coordinated so that while the research team makes home visits, a La Leche League staff can do her work in the same community.

7. La Leche League needs to re-define its mission in Honduras, prioritize its goals and objectives; and seek funding that will keep it in line with these; rather than becoming involved with multiple projects that offer money, but take away from day to day activities that are necessary to reach its principle objectives.
8. Training to health professionals needs to address not only basic science knowledge of breastfeeding, but clinical management of breastfeeding problems. Physicians and nurses need to know the basic management of mastitis, cracked nipples, etc., and to recognize when to refer to La Leche League for time intensive breastfeeding management work, such as in the case of relactation.
9. La Leche League should integrate a professional staff person into nursing and medical school faculty not only to change the curriculum of said schools, but also to have a physical presence of a resource person. The actions of this person can re-enforce the message of the importance of breastfeeding to students, colleagues, and other staff.
10. La Leche League should motivate its leaders by offering them scholarships to work in the hospitals by assigned short term rotations in order to avoid creating jealousy among themselves.

APPENDIX III  
Attachments (H1 - H7)

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ACUERDO PARA PARTICIPAR EN UN ESTUDIO INVESTIGATIVO  
UNIVERSIDAD DE CALIFORNIA, DAVIS

TITULO DEL ESTUDIO: El Efecto de la Introducción de Alimentos Complementarios en el Consumo de Leche Materna y La Fecundidad Materna en Honduras

NOMBRES DE LOS INVESTIGADORES: K.G. Dewey, R.J. Cohen, K.H. Brown, Departamento de Nutrición, Universidad de California, Davis, Tel: (916) 756-3042; J. Canahuati, La Liga de Lactancia Materna, San Pedro Sula, Honduras, Tel: (504) 579869 ; y el Dr. L. Landa Rivera, Instituto de Seguro Social, San Pedro Sula, Honduras.

DESCRIPCION:

Se solicita su posible participación en un estudio investigativo. Esperamos aprender más acerca de la lactancia materna y cuando se debe empezar a dar comida sólida a los niños. Si usted está escogida para el estudio estará asignada al azar a uno de dos grupos. Si se le asignara al primer grupo Ud. dará sólo leche materna al niño hasta los 6 meses. Si se le asignara al segundo grupo Ud. comenzará a dar comida sólida a su niño a los 4 meses.

PROCEDIMIENTOS:

Después del nacimiento de su niño hasta que tenga 4 meses de edad un miembro del equipo del estudio le visitará en casa en cinco ocasiones (1ra, 2da, 6ta, 10a, 15a semanas) para ayudarle establecer una buena lactancia, pesar su niño, y recolectar información básica.

Queremos medir la cantidad de leche materna (y comida sólida si Ud. está asignada a ese grupo) que el niño consume. Se le pedirá que Ud. traiga su niño y quedarse 3 días en un local central en tres ocasiones diferentes (a los 4,5 y 6 meses). Para medir la cantidad de leche materna que consume su niño, hay que pesar el niño antes y después de cada mamada durante dos días (48 horas - día y noche). El tercer día Ud. se ordeñará la leche de un seno cada vez que Ud. amamanta su niño. Una pequeña cantidad de esta leche se guardará por el propósito del estudio y la demás Ud. dará al niño.

También, una vez por semana entre 4 y 6 meses un miembro del equipo de la investigación le visitará en casa para pesar su niño, ayudarle con cualquier problema que Ud. encuentre con el estudio, y preguntarle sobre la salud de su niño durante la semana pasada. Cuando su niño tenga aproximadamente 19 y 24 semanas, se le visitará otra vez por 12 horas en su casa para anotar cuántas veces el niño come y la cantidad de comida consumida. Después de 6 meses vamos a seguir contactándola cada mes hasta que su niño tenga un año para pesarle, preguntarle sobre su salud, averiguar cuándo le viene su regla y para hacerle algunas otras preguntas.

**RIESGOS:**

Los procedimientos no representarán ningún riesgo ni para Ud. ni para su niño. El uso del extractor de leche, tal vez, será nuevo para Ud. pero no debe causarle ninguna incomodidad. Para las del grupo de comida sólida, su niño posiblemente consumirá menos leche materna, y Ud. tal vez empezará su regla más pronto, y pueda salir embarazada más pronto si no usa otro método anticonceptivo.

**BENEFICIOS:**

El estudio le beneficiará a Ud. y a su niño porque le ayudará seguir amamantando más tiempo. Esperamos que lo que aprendamos se usará para mejorar la salud de otros niños en el futuro.

**CONFIDENCIALIDAD:**

La información recogida durante el estudio será usada solamente por los investigadores de La Liga de Lactancia Materna, Honduras y los de la Universidad de California, Davis. Nosotros no se la daremos ni a sus vecinos ni al gobierno.

**COSTOS/COMPENSACION:**

Su participación no le costará nada. Todo el transporte, alojamiento y comida será proveído durante su estancia en el local central. Las madres en el grupo de comida sólida recibirá toda la comida necesaria por las 10 semanas de participación entre 4 y 6 meses. Todas las participantes recibirán un regalo a los 6 meses.

**DERECHO DE REHUSAR O DE RETIRARSE**

Ud. puede rehusar a participar en el estudio en cualquier momento. Ud. puede decidir no participar en el estudio y retirarse después de comenzar el estudio.

**PREGUNTAS**

Si Ud. tiene alguna pregunta, favor de hacernosla. Si Ud. tiene alguna otra pregunta después, puede ponerse en contacto con los miembros del equipo del estudio en la oficina de La Liga de Lactancia Materna (tel. 579869).

Ud. recibirá una copia firmada y fechada de este formulario para guardar en casa.

SU FIRMA O MARCA EN LA LINEA ABAJO INDICARA QUE UD. HA DECIDIDO OFRECERSE VOLUNTARIAMENTE COMO PARTICIPANTE EN LA INVESTIGACION Y UD HA LEIDO Y ENTENDIDO TODA LA INFORMACION EXPLICADA ARRIBA.

-----  
Fecha

-----  
Firma del participante ó representante

-----  
Fecha

-----  
Firma del investigador

**SECRETARIA DE ESTADO  
EN EL  
DESPACHO DE SALUD PUBLICA  
REPUBLICA DE HONDURAS, CENTRO AMERICA**

**NOSOTROS DE COOPERACION ENTRE LA SECRETARIA DE SALUD PUBLICA  
Y LA LIGA DE LA LACTANCIA MATERNA**

Nosotros, DR. CESAR ARMANDO CASTELLANOS MADRID, mayor de edad, casado, Médico y Cirujano y vecino de este Distrito Central, actuando como Secretario de Estado en el Despacho de Salud Pública, nombrado por Acuerdo del Poder Ejecutivo No.01 en fecha de 26 de febrero de 1990, que en lo sucesivo se denominará "LA SECRETARIA" y la LIC. MARIA DOLORES BAZEMORE, mayor de edad, casada, Licenciada en Administración de Empresas, con domicilio en la ciudad de San Pedro Sula, actuando en condición de Presidenta de la "Liga de la Lactancia Materna", organización privada sin fines de lucro con sede en la ciudad de San Pedro Sula que en lo sucesivo se denominará "Liga de la Lactancia Materna", hemos convenido en celebrar, como en efecto celebramos un convenio que se detalla en las siguientes cláusulas:

**CLAUSULA PRIMERA, OBJETIVO:**

El presente Convenio tiene por objeto establecer las obligaciones de cooperación entre "la Secretaría" y "la Liga de la Lactancia Materna" para contribuir a mejorar las condiciones de salud de la población hondureña en las áreas de influencia de sus actividades.

**CLAUSULA SEGUNDA, ALCANCES DEL PROYECTO:**

**1.- PROPOSITO**

- Ofrecer a las madres lactantes procedentes de lugares de fuera del casco urbano de San Pedro Sula que tienen sus hijos hospitalizados en el Hospital Nacional DR. MARIO CATARINO RIVAS, un lugar cómodo que propicie su cercanía con el hijo ingresado a fin de no privar a su niño de los beneficios de la Lactancia Materna, cuando su salud está comprometida.

**SECRETARIA DE ESTADO**  
**EN EL**  
**DESPACHO DE SALUD PUBLICA**  
**REPUBLICA DE HONDURAS, CENTRO AMERICA**

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- 2.- La Liga de la Lactancia Materna pretende propiciar la cercanía de la madre lactante con su niño enfermo, lo cual es una de las maneras de concretizar el apoyo en la práctica de la Lactancia Materna, asegurando que el vínculo de relación física, espiritual y emocional establecido en la Lactancia Materna se consolide y que no sea roto por las prácticas hospitalarias - tradicionales.
- 3.- La población a cubrir en el área de trabajo en una etapa inicial se circunscribirá a la madre lactante atendida en el Hospital Nacional "DR. MARIO CATARINO RIVAS" de la ciudad de San Pedro Sula.
- 4.- Objetivo del Proyecto, construcción y mantenimiento de un albergue para madres lactantes con sus hijos internos a fin de asegurar el mantenimiento adecuado de la Lactancia Materna.

**CLAUSULA TERCERA COMPROMISO DE LA LIGA DE LA LACTANCIA MAATERNA:**

La Liga de la Lactancia Materna se compromete a:

- Apoyar a la Secretaría en sus programas de supervivencia infantil y nutrición a través de la construcción y mantenimiento de un Albergue para madres lactantes con sus hijos internos en el Hospital Nacional DR. MARIO CATARINO RIVAS.
- Desarrollar acciones de promoción y educación sobre supervivencia infantil y lactancia materna en su área de influencia.
- Proveer asistencia técnica nacional o extranjera de acuerdo a las necesidades identificadas mutuamente con la Secretaría para mejorar el logro de los objetivos del proyecto

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- Introducir nuevas formas de abordaje de los problemas nutricionales y de asistencia infantil que mejoren la salud del niño.
- Enviar informes periódicos al nivel regional y central de la Secretaría de las actividades realizadas por la Liga de Lactancia Materna trimestralmente.
- Mantener estrecha coordinación con los diferentes niveles de la Secretaría
- Proporcionar la ayuda necesaria al momento que la Secretaría programe supervisiones técnicas al proyecto.
- Realizar evaluación del proyecto a la mitad de su implementación así como al final, para conocer el grado de cumplimiento de los objetivos.
- Cumplir con los términos y condiciones convenidas en las cláusulas de este convenio.

**CLAUSULA CUARTA, COMPROMISO DE LA SECRETARIA**

La Secretaría se compromete a:

- Establecer los lineamientos generales de acuerdo con las políticas de salud para que la Liga de la Lactancia Materna pueda desarrollar las actividades programadas para el logro de los objetivos propuestos en este convenio.
- Apoyar técnicamente por medio de la Sub-Dirección Nacional de Hospitales y de la Dirección del Hospital Nacional DR. MARIO CATARINO RIVAS, el desarrollo de las acciones, implementación de las normas, información y otras que requiera la Liga de la Lactancia Materna.
- Supervisar de acuerdo a las posibilidades y en conjunto con la Liga de la Lactancia Materna el desarrollo del proyecto.

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- Facilitar el trámite de las solicitudes de dispensas que la Liga requerirá para la ejecución del proyecto de acuerdo a lo estipulado en el artículo No.1 grupo No.4 de la Ley de ordenamiento estructural de la Economía, decreto 1890 del 12 de marzo de 1990, y los efectos personales, equipo, vehículo, materiales y provisiones destinadas al uso personal de los miembros que integran el equipo de la Liga de la Lactancia Materna incluyendo el decreto No.54, impuesto sobre la renta y todos los cargos de la Empresa Nacional Portuaria.
- Colaborar en la gestión para la obtención de Placas Misión Internacional - para los vehículos que la Liga de la Lactancia Materna destine al desarrollo de sus programas.

**CLAUSULA QUINTA, DERECHOS DE LA LIGA DE LA LACTANCIA MATERNA**

- La Liga de la Lactancia Materna se reserva el derecho de retener su propia identificación de conformidad a lo establecido en los estatutos.
- La Liga de la Lactancia Materna tendrá control absoluto sobre:
  - Todos los fondos necesarios para la ejecución de los proyectos.
  - Sobre todos los asuntos que se relacionen con los miembros integrantes del equipo de la Liga de la Lactancia Materna ya sean extranjeros o nacionales - respetando desde luego la Legislación Nacional y las políticas de la Secretaría.
- Todas las decisiones que se relacionen con el programa o cualquier ampliación ó modificación del mismo previa consulta con la Secretaría.

**CLAUSULA SEXTA, FINANCIAMIENTO Y COSTO DEL PROYECTO:**

- El proyecto será financiado por la Liga de la Lactancia Materna totalizando

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la cantidad de L.140,435.70 ( ciento cuarenta mil cuatrocientos treinta y cinco con 70/100 ) suficiente para implementar el proyecto descrito anteriormente.

**CLAUSULA SEPTIMA, RECLAMOS:**

- La Secretaría estará libre de cualquier responsabilidad laboral que se derive de las contrataciones que la Liga de la Lactancia Materna efectue para la ejecución de su proyecto.

**CLAUSULA OCTAVA , RECISION:**

- La Secretaría y la Liga de la Lactancia Materna se reservan el derecho de rescindir este convenio por incumplimiento de aspecto técnicos ó administrativos según la legislación vigente.

**CLAUSULA NOVENA, DURACION DEL CONVENIO:**

- Este convenio entrará en vigencia a partir de la firma por ambas partes y válido por un período de 5 años, pudiendo ser revisado, prolongado, modificado ó darse por terminado por cualquiera de las partes mediante notificación por escrito con una anticipación de 6 meses.

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Para su debido cumplimiento, suscriben el presente convenio en la ciudad de Tegucigalpa, Municipio del Distrito Central a los siete días del mes de agosto de mil novecientos noventa y dos.



DEL CESAR CASTELLANOS MADRID

MINISTRO DE SALUD PUBLICA



LIC. MARÍA OLIVERA BAZMORRE

PRESIDENTA DE LA LIGA DE LA LACTANCIA MATERNA

TESTIGO

TESTIGO

**Liga de la Lactancia Materna**  
**COMPROBANTE DE REMISION**

Nombre: \_\_\_\_\_

Direccion \_\_\_\_\_

Referido a: \_\_\_\_\_

Motivo de Referencia \_\_\_\_\_

Quien la Refiere \_\_\_\_\_

Fecha: \_\_\_\_\_

Firma de quien Refiere \_\_\_\_\_

**Nº 23141**



**LIGA DE LA LACTANCIA MATERNA**  
**CUPON DE REMISION**

**Nº 23141**

Nombre de la madre: \_\_\_\_\_ Nombre del niño: \_\_\_\_\_

Direccion \_\_\_\_\_ Fecha \_\_\_\_\_

**REFERIDO A:**

- (1) ASHONPLAFA
- (2) HOSPITAL BIVAS
- (3) I.H. S.S.
- (4) CESAMO Las Palmas
- (5) Miguel Paz Barahona
- (6) Grupo de Apoyo
- Dirección: \_\_\_\_\_
- (7) Otros: \_\_\_\_\_

**MOTIVO DE REFERENCIA:**

- (1) Control de Niño Sano
- (2) Diarrea
- (3) I.R.A.
- (4) Vacuna
- (5) Control Prenatal
- (6) Lactancia Materna
- (7) Planificación Familiar
- (8) Otros \_\_\_\_\_

Firma persona que refiere \_\_\_\_\_

Cargo que desempeña: (1) Médico (2) Enfermera (3) Consejera de Lactancia  
(4) Promotora ASHONPLAFA (5) Otro: \_\_\_\_\_

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INFORME DEL CENTRO DE SALUD DR. MIGUEL PAZ BARAHONA

ASISTENCIA AL TALLER ME MADRES

1 9 9 1

1 9 9 2

	<u>JULIO</u>	<u>AGOSTO</u>	<u>SEPTIEMBRE</u>	<u>OCTUBRE</u>	<u>NOV.</u>	<u>DIC.</u>	<u>ENERO</u>	<u>FEBRERO</u>	<u>MARZO</u>	<u>ABRIL</u>	<u>MAYO</u>	<u>JUNIO</u>	<u>JULIO</u>
<u>EMBARAZADAS</u>													
NUEVAS	192	236	142	235	280	166	316	279	315	130	218	151	136
SUBSIGUIENTE	472	501	489	367	449	399	552	594	647	491	421	393	392
POSTPARTO	21	36	53	37	28	42	39	34	40	35	25	23	23
CRECIMIENTO Y DESARROLLO	258	461	500	485	667	339	186	159	447	127	215	381	365

## Attachment No. 5

## BREASTFEEDING ADVOCATES

## NUMBERS AND PERCENTAGES IN 2 HEALTH CENTERS AND 1 HOSPITAL

I. Groups and Talks in 2 Health Centers and 1 Hospital

Health Facility	#Talks & Groups*	#Pregnant Women	#Lactating Women
Hospital Mario Rivas	315		870
Miguel Paz Barahona Health Center	92	617	879
Lopez Arrellano Health Center	102	406	166
TOTAL:	509	1,023	1,915

\*Groups: Small meetings in a cubicle/4 mothers per cubicle

I. Statistics/Lopez Arrellano Health Center before and after placement of Breastfeeding Advocate in Center

	1990	1991	%Change
Total Coverage <5	413	721	75+
<5/New Diarrhea Cases	67	57	15-
<5/New ARI Cases	115	238	106+
Total Coverage <1	177	290	64+
<1/New Diarrhea Cases	5	4	20-
<1/New ARI Cases	14	10	29-
Total Morbidity in <5	182	295	62+
Total Morbidity in <1	19	14	26-

June - August, 1990 and June - August, 1991

HEADQUARTERS

hsl

Cooperative Agreement No. OTR-0500-A-00-8278-00

PVO/COUNTRY PROJECT Guatemala/Honduras

Actual Expenditures to Date  
(09/20/88 to 09/1992)

Projected Expenditures Against  
Remaining Obligated Funds  
(10/01/92 to 02/15/93)

Total Agreement Budget  
(Columns 1 & 2)  
(09/20/88 to 09/1992)

COST ELEMENTS

	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
<b>I. PROCUREMENT</b>									
A. Supplies	5754	150	5904	553	0	553	6307	150	6457
B. Equipment	0	4386	4386	0	504	504	0	4890	4890
* C. Services/Consultants									
1. Local	4107	0	4107	3489	0	3489	7596	0	7596
2. Expatriate									
SUB-TOTAL I	9861	4536	14397	4042	504	4546	13903	5040	18943
<b>II. EVALUATION</b>									
SUB-TOTAL II	0	0	0	0	0	0	0	0	0
<b>III. INDIRECT COSTS</b>									
HQ/HO Overhead ____ (%)	0	0	0	1350	0	1350	1350	0	1350
SUB-TOTAL III	0	0	0	1350	0	1350	1350	0	1350
<b>IV. OTHER PROGRAM COSTS</b>									
A. Personnel (list each position & total person months separately)									
1) Technical	1548	0	1548	0	0	0	1548	0	1548
2) Administrative	53961	14365	68326	17	850	867	53978	15215	69193
3) Support	4686	8217	12903	4466	1103	5569	9152	9320	18472
B. Travel/Per Diem									
1) In country	9671	3090	12859	-38	0	-38	9633	3090	12723
2) International	10530	0	10530	328	0	328	10858	0	10858
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	12904	250	13154	-301	0	-301	12603	250	12853
SUB-TOTAL IV	93300	25922	119320	4472	1953	6425	97772	27875	125647
<b>TOTAL HEADQUARTERS</b>	103161	30458	133619	9864	2457	12321	113025	32915	145940

\*Excludes Evaluation Costs

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FIELD

1992 COUNTRY PROJECT PIPELINE ANALYSIS - REPORT FORM A  
 PVO/COUNTRY PROJECT HONDURAS

Actual Expenditures to Date  
 (09/20/88 to 09/1992)

Projected Expenditures Against  
 Remaining Obligated Funds  
 (10/01/92 to 02/15/93)

Total Agreement Budget  
 (Columns 1 & 2)  
 (09/20/88 to 09/19/92)

COST ELEMENTS	Actual Expenditures to Date			Projected Expenditures Against			Total Agreement Budget		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
<b>I. PROCUREMENT</b>									
A. Supplies	7305	0	7305	-979	0	-979	6326	0	6326
B. Equipment	0	10586	10586	0	114	114	0	7300	7300
* C. Services/Consultants									
1. Local	5048	1773							
2. Expatriate	760	227	7808	5416	0	5416	11224	2000	13224
SUB-TOTAL I	13113	12586	25699	4437	114	4551	17550	9300	26850
<b>II. EVALUATION</b>									
A. Consultant/Contract	4323	3000	7323	1677	0	1677	6000	3000	9000
B. Staff Support									
C. Other									
SUB-TOTAL II	4323	3000	7323	1677	0	1677	6000	3000	9000
<b>III. INDIRECT COSTS</b>									
HQ/HO Overhead ____ (%)	14814	4823	19637	3439	0	3439	18253	4823	23076
SUB-TOTAL III	14814	4823	19637	3439	0	3439	18253	4823	23076
<b>IV. OTHER PROGRAM COSTS</b>									
A. Personnel (list each position & total person months separately)									
1) Technical	51555	2437	53992	5186	0	5186	56741	2395	59136
2) Administrative	39447	4321	43768	-1225	0	-1225	38222	4173	42395
3) Support	7590	1000	8590	4422	0	4422	12012	1000	13012
B. Travel (Short Term)									
1) in country	7069	2420	9489	-1432	0	-1432	5637	2420	8057
2) International	10556	1100	11656	-2586	0	-2586	7970	1100	9070
C. Other Direct Costs (utilities, printing rent, maintenance, etc)	24855	17647	42502	-1883	1472	-411	22972	19119	42091
SUB-TOTAL III	141072	28925	169997	2482	1472	3954	143554	30207	173761
<b>TOTAL FIELD</b>	173322	49334	222656	12035	1586	13621	185357	47330	232687

\* Excludes Evaluation Costs

TOTAL

H. Attachment 6, Pipeline Analysis Honduras  
 1992 COUNTRY PROJECT PIPELINE ANALYSIS - REPORT FORM A  
 PVO/COUNTRY PROJECT Guatemala/Honduras

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Cooperative Agreement No. OTR-0500-A-00-8278-00

Actual Expenditures to Date  
 (09/20/88 to 09/1992)

Projected Expenditures Against  
 Remaining Obligated Funds  
 (10/01/92 to 02/1593)

Total Agreement Budget  
 (Columns 1 & 2)  
 (09/20/88 to 09/09/92)

Actual Expenditures to Date (09/20/88 to 09/1992)			Projected Expenditures Against Remaining Obligated Funds (10/01/92 to 02/1593)			Total Agreement Budget (Columns 1 & 2) (09/20/88 to 09/09/92)			
A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	
TOTAL HEADQUARTERS	103161	30458	133619	9864	2457	12321	113025	32915	145940
TOTAL FIELD	347893	98930	446823	27482	1954	29436	375375	92429	467804
<b>TOTAL</b>	451054	129388	580442	37346	4411	41757	488400	125344	613744

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FINAL EVALUATION SURVEY/HONDURAS

The data that is used in this Final Report is derived from data that was collected in the BaseLine Survey and Endline Survey conducted by La Leche League of Honduras through the La Leche League International/Institute for Reproductive Health, Georgetown University Subagreement under Agency for International Development, Cooperative Agreement No. DPE-3040-A-00-5064-00 and DPE-3061-A-00-1029-00, Promotion of Lactational Amenorrhea (LAM) and Childspacing through Breastfeeding Advocates (BA).

The survey was carried out in an urban marginal barrio where La Leche League/Honduras (LLL/H) worked. The area that was worked in consisted of 479 mothers of babies under 1 year of age in 1990 and 487 in 1992. The indicators were possibly not collected in quite the same way as in the generic survey, but an attempt was made to make them as close as possible.

Please note that the group surveyed has children under 12 months of age. The last indicator is based on prevalence in babies under one year of age. The new Honduran national survey indicates that, although the median duration of breastfeeding has increased in the urban areas from 12.4 to 14.5 months, the prevalence of exclusive breastfeeding on a national scale has decreased. This seems to be different from the situation in San Pedro Sula and in our study area particularly. No details in relation to this are available at this time, but additional analysis can be submitted at a later date, if needed.

There seems to be some indication that mothers are breastfeeding and adding other solids more appropriately, although in the space of a year, it is only possible to see trends. There are no significant differences. The child survival breastfeeding advocates were able to achieve approximately 20% coverage of the population in that year, so there would appear to be signs of impact, but, again, it is too soon to confirm this. Women also appear to be postponing weaning.

More analysis will need to be done before it can be verified that this is due to the work of the breastfeeding advocate through the child survival and other related activities.

**PVO Child Survival Indicators on  
Appropriate Breastfeeding Practices  
San Pedro Sula, Honduras**

Indicator	1990	1992
% Infant/children < 12 months of age bf < 8 yrs.	82	85
% of infants < 4 mos of age receiving only breastmilk	25	32
% of infants between 5 and 9 months of age receiving solids or semi-solids	75.9	72.5
Fruits & Vegetables	31.9	58.7
Fruits & Vegetables & Other Solids		
% of babies between 6 and 12 months still breastfeeding	68.2	74.7