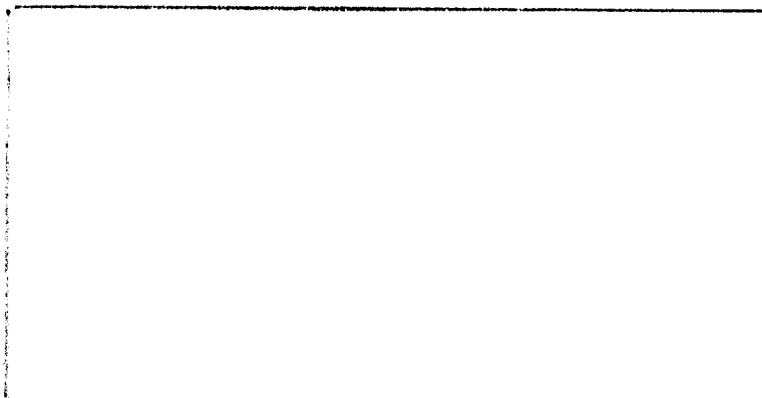


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Health Technical Services Project



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**MID-TERM EVALUATION**

***Wellstart International's  
Expanded Promotion of Breastfeeding Program***

**Sub-Project of the  
Breastfeeding and Maternal and  
Neonatal Health Project  
(Project No. 936-5966)**

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U.S. Agency for International Development

September 1994

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Expanded Promotion of Breastfeeding Program  
was conducted under the auspices of the Office of Health and Nutrition,  
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of TvT Associates, Inc. and the Pragma Corporation.  
The opinions expressed herein are those of the authors and do not necessarily reflect  
the views of TvT, Pragma or USAID.**

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# **Preface**

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The mid-term evaluation of Wellstart International's Expanded Promotion of Breastfeeding (WS/EPB) Program, a sub-project of the Breastfeeding and Maternal and Neonatal Health Project (BMNH, Project No. 936-5966), was carried out at the request of the Nutrition and Maternal Health Division, Office of Health and Nutrition, Global Bureau for Programs, Field Support and Research, USAID. The evaluation was conducted through the Health Technical Services Project of TvT Associates, Inc. and the Pragma Corporation (Project No. 936-5974.10). The opinions expressed herein are those of the authors and do not necessarily reflect the views of TvT, Pragma or USAID.

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# ***Acknowledgments***

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The mid-term evaluation team wishes to thank the staff of Wellstart International's Expanded Promotion of Breastfeeding Program for their excellent overview presentation of the history and status of their project, their thoughtful preparation of materials and reports, and their ample granting of time to meet with team members and answer their questions. All of this was carried out with an openness and frankness that greatly facilitated the work of the team.

Wellstart staff at corporate headquarters in San Diego were equally cooperative and unselfish with their time, as were those interviewed in the countries visited.

Both EPB project director Chloe O'Gara, Ed.D., and Audrey Naylor, M.D, Dr.PH., Wellstart International's President and CEO, gave generously of their professional and personal time to help the team carry out its mandate, for which the team is very grateful.

The team also found the sub-contractors under the WS/EPB Program equally forthcoming and candid about their concerns and hopes for the project in the future.

The team is especially grateful for the quality time provided by the USAID officers responsible for the WS/EPB Program. The USAID Cognizant Technical Officer (CTO), Cate Johnson, Ph.D., was especially helpful in arranging for key meetings with her USAID colleagues, and providing USAID-appropriate documentation as needed.

Last, but not least, the work of the team was greatly assisted by the support of the Health Technical Services Project which organized the evaluation, and in particular, Judith Oki, Team Planning Facilitator, Linda Sanei, Technical and Program Advisor, and Anne Emmerth, Program Assistant.

# Acronyms

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ACDD	Academy of Control of Diarrheal Diseases
ADDR	Applied Diarrheal Diseases Research Project
AED	Academy for Educational Development
APHA	American Public Health Association
BMNH	Breastfeeding and Maternal and Neonatal Health Project
CA	Cooperative Agreement
CARE	Cooperative for American Relief Everywhere
CIFAS	Cameroon Infant Feeders Association
CTO	cognizant technical officer
DGAMI	Mexico's Ministry of Health's Directorate of Maternal and Child Health
DOU	document of understanding
DR	Dominican Republic
EBF	exclusive breastfeeding
EEC	European Economic Community
ENESF	National Survey of Epidemiology and Family Health
EPB	Expanded Promotion of Breastfeeding Program
GOH	Government of Honduras
GOM	Government of Mexico
HNS	Health and Nutrition Sustainability Project
HPN	health, population and nutrition
ICRW	International Center for Research on Women
IHSS	Honduran Institute for Social Security
IMSS	Mexican Institute for Social Security
INCAP	Institute for Nutrition for Central America and Panama (Guatemala)
INNSZ	National Institute for Nutrition Salvador Zubiran (Mexico)
KAP	knowledge, attitudes, practices survey
LAC	Latin America and the Caribbean Region
LLL	La Leche League
LME	lactation management education
LT	long-term (country) assistance
MCH	maternal and child health
MOH	ministry of health
NGO	non-governmental organization
NIS	Newly Independent States
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
OYB	Operational Year Budget
PACD	Project Activity Completion Date
PAHO	Pan American Health Organization
PC	Population Council

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<b>PRAIL</b>	<b>Regional Plan of Integrated Actions to Promote, Protect, and Support Breastfeeding in LAC</b>
<b>PVO</b>	<b>private voluntary organization</b>
<b>RFA</b>	<b>Request for Application</b>
<b>RFP</b>	<b>Request for Proposal</b>
<b>SOW</b>	<b>scope of work</b>
<b>ST</b>	<b>short-term (country) assistance</b>
<b>TA</b>	<b>technical assistance</b>
<b>TAG</b>	<b>Technical Advisory Group</b>
<b>TBA</b>	<b>traditional birth attendant</b>
<b>TOT</b>	<b>training of trainers</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>USAID</b>	<b>United States Agency for International Development</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>WNIS</b>	<b>Western Newly Independent States</b>
<b>WS or WSI</b>	<b>Wellstart International (Corporate Headquarters, San Diego, CA)</b>
<b>WS/EPB</b>	<b>Wellstart International's Expanded Promotion of Breastfeeding Program (Washington D.C.)</b>
<b>WS/LME</b>	<b>Wellstart International's Lactation Management Education (LME) Program (San Diego, California)</b>

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# ***Executive Summary***

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## **OVERVIEW: BACKGROUND AND GENERAL CONCLUSIONS**

This is a mid-term evaluation of Wellstart International's Expanded Promotion of Breastfeeding (WS/EPB) Program, a sub-project of the Breastfeeding and Maternal and Neonatal Health Project (BMNH, Project No. 936-5966).

The purpose of this mid-term evaluation is to: 1) assess the performance and progress of the Cooperating Agency to date; 2) advise on any need for reorientation of priorities and strategies during the remainder of the Cooperative Agreement (CA) (due to end in September 1996), especially focusing on sustainability; and 3) provide guidance to USAID on the content of follow-on breastfeeding activities to pursue after the WS/EPB Program. (A copy of the USAID-prepared Scope of Work is contained in Annex A.)

The multi-disciplinary evaluation team was composed of four members with professional skills in: 1) maternal and child health care and nutrition, 2) training and curriculum development, 3) communication/social marketing, information dissemination, evaluation and database development, and 4) management, administration and finance. The team's three-week consultation was conducted in Washington D.C., Honduras, Mexico, the Cameroon, and at Wellstart International's corporate headquarters in San Diego, California. The evaluation began in the latter half of September with the team's debriefings for Wellstart/EPB and USAID Washington taking place in early October, 1994. The team's methodology and approach were based on the concept that the evaluation process and its report should be a management tool of practical use to USAID and to WS/EPB.

Overwhelmingly, the team agreed that the **WS/EPB Program is making an important positive contribution to promoting breastfeeding in the developing world** as an inseparable part of maternal and child health care and child spacing. The direct benefits of optimal breastfeeding in the first four to six months have been conclusively demonstrated in the literature and in anecdotal form at different levels in many developing countries around the world. In addition, **WS/EPB has had a marked influence on international policy** with WHO, UNICEF, PAHO, World Bank, and others, all of whom endorse "optimal" breastfeeding. **WS/EPB, working with**

**national ministries of health and other donors, has been successful in getting "optimal breastfeeding" included in national health policies, usually as part of the maternal and child health sector.**

The CA calls for strengthening "a specialized institution" (p.19), and it is fair to say, at this juncture, that **WS/EPB has considerable expertise, contacts, and institutional capacity to make continued impact on worldwide breastfeeding patterns.**

The CA also mandates that new and improved methods for the promotion of optimal breastfeeding will be tested and disseminated (p. 19), including a mix of policy dialogue, training, curricula development and revision, communication and outreach to women, and information dissemination. **WS/EPB has excelled in policy and training.** Given the importance of reaching women directly, much remains to be done in communication and outreach. It should be kept in mind that the "Expanded Program" is designed to go beyond WS/LME's emphasis on promoting optimal breastfeeding by working with the medical establishment to more direct methods of impacting the community, such as mother-to-mother support groups, media campaigns aimed at mothers, fathers, and other important target audiences, and media advocacy to change widespread anti-breastfeeding attitudes, stereotypes, and workplace policies harmful to lactating women. Some work has been done on each of these intervention methods by WS/EPB to date, but much more needs to be done over the next two years.

Although there are many significant achievements thus far, WS/EPB and its collaborators have not yet demonstrated or measured the overall effect of breastfeeding promotion efforts on the target beneficiaries. **WS/EPB should give urgent, priority attention to evaluation over the next two years.**

There also have been a number of challenges in the project management area which have contributed to implementation delays in the early years of the project. While most of these problems have been dealt with, several significant issues still remain involving WS/EPB and Corporate office relationships, including delegations of authority.

In addition, there appears to be a lingering misunderstanding between USAID and WS over the weight and interpretation to be given to a sentence that was added at the end of the CA which reads, "The Recipient's application dated August 9, 1991, as supplemented on September 9, 1991, is hereby incorporated by reference." In evaluating the WS/EPB project, the team used the CA and not the recipient's application as the major document setting forth the ground rules (i.e., deliverables, goals, purposes, targets, program and financial reports, budgets, etc.) for the implementation of the project, and as one of its primary guidelines in assessing the progress of the project. WS continues to feel that the content of their application and supplement in response to the RFA should be given more consideration in the execution and evaluation of the project.

USAID and WS should clarify their mutual understandings on this matter at their earliest opportunity.

## LONG-TERM INITIATIVES

The CA requires that WS/EPB undertake long-term programs of two types: "intensive" and "less intensive." Approximately four intensive and six less-intensive programs are expected, with a gradual build-up until all ten are underway by year three, and all ten are ongoing in years three, four and five.

As of August 31, 1994, \$1.5 million had been spent in long-term countries, which represents 47 percent of all country-related activities, and 23 percent of all WS/EPB expenditures. (WS/EPB staff time and expenses are allocated by country where applicable.) In terms of regions, 50 percent of funds for long-term country programs have been spent in Africa, and only 4.4 percent in the Newly Independent States (NIS). The countries receiving the most WS/EPB funds have been Honduras, the Cameroon, Rwanda, and Senegal. Funds for country and regional programs have come from several sources, including USAID Regional Bureau add-ons or OYB transfers (56%), EPB project core funds (25%), country add-ons (16%), and OYB transfers from funds earmarked for micronutrients (3%). The only country programs which received Mission funds as add-ons in the past were the Cameroon and Rwanda.

**Long-term country programs have been initiated in nine countries under a variety of conditions.** In addition, WS/EPB is planning to respond to evolving needs among refugee populations which will bring the total of initiated long-term programs to ten. While WS/EPB has implemented the full spectrum of interventions worldwide, there is no single country that has a complete mix of interventions. There are plans to include all types of interventions in Nigeria, but so far **Honduras and the Cameroon have the most comprehensive programs.**

**Among long-term countries, policy interventions and training of professionals in the formal sector have received the greatest attention.** The long-term country programs seem to be of high quality, maintaining the standards of excellence for which Wellstart International is known. They are also **highly collaborative at the planning and implementation stages.**

There are several issues related to long-term programs. The first issue relates to defining and thus assessing whether WS/EPB has met, or will meet, the CA requirements. Although ten programs have been initiated, there is concern about the actual number of long-term country programs that will have been fully and successfully implemented by September 1996. This concern is generally related to how the CA requirements are interpreted, i.e., should programs be counted that 1) start but end prematurely (the Cameroon and Rwanda), 2) have yet to fully take off (Nigeria, Senegal, Mexico), or 3) that are expected to be short-term because of limited funding (Armenia and Georgia)? **The CA must be revised to add precision and clarity to the**

**requirements so that USAID and WS/EPB managers will be better able to manage and evaluate the success of long-term programs.**

The second issue relates to the top-down nature of many of WS/EPB activities to date. **Greater emphasis needs to be placed on reaching women in their communities more directly, and finding ways to sustain optimal breastfeeding practices over time.** For example, one intervention strategy, urban mother-to-mother support groups, needs to be tested in different contexts. Support models, appropriate for rural women and those not in contact with the medical establishment, need to be developed. As an interpersonal communication strategy, support groups need to be compared to more efficient media-based approaches in terms of impact, affect, and sustainability.

The third major issue relates to replicability, which WS/EPB has not yet addressed. Replication is implicit in the aim of EPB to test and disseminate "new and improved methods for the promotion of optimal breastfeeding." With design and implementation experience to date, WS/EPB should be in a position to **begin documenting approaches.** This may include, but not be limited to, written models that address ideal circumstances for country selection, implementation procedures, sequencing and mix of interventions for optimal community impact, and external and internal factors for success. To address this issue, WS/EPB should use its experience to document the guidelines for planning the optimal blend and time order of interventions in different contexts. WS/EPB should also formally document key factors for success, external factors or constraints, integration, costs, and lessons learned. The model should be the basis of strategies, implementation and evaluation, thus "testing" how national programs can most effectively improve women's breastfeeding practices in daily life. Within several months of the PACD, EPB should refine the model and prepare it for worldwide dissemination.

The final issue relates to evaluation. WS/EPB should **begin quantifying the outputs of the programs and assessing their progress.** Primarily because indicators in the current CA are not easily measurable, WS/EPB has not yet completed a monitoring and evaluation system for each country and type of activity.

## **Recommendations**

1. USAID should clarify expectations and definitions of what constitutes a "long-term country."
2. WS/EPB should immediately draft working models for long-term country programs.
3. WS/EPB activities in the next two years should emphasize interventions that will affect each woman directly, including women not in contact with the medical establishment.

4. WS/EPB should work with USAID to improve the monitoring and evaluation system for the long-term country programs.
5. USAID, in consultation with WS, should amend the CA to include the mutually agreed upon definitions, selection criteria, standard indicators, output and purpose-level targets.

## SHORT-TERM INITIATIVES

Short-term technical assistance serves several purposes. It provides the flexibility needed to determine if a country is ready or has the potential to host a long-term country program as well as being a useful tool to assess the specific needs of interested developing countries in promoting optimal breastfeeding. It also allows WS/EPB to respond to individual requests for assistance from countries that may already be developing their own breastfeeding programs with their own financing. Clearly these cases are worthwhile means of expanding the promotion of breastfeeding. While support of long-term country assistance remains the first priority, and there is a need to focus WS/EPB activities over the next two years, **WS/EPB has used this flexible short-term technical assistance tool very well in a number of countries** (16 countries have received short-term technical assistance to date, including some with multiple visits). Sub-contractors have not been used as much as originally envisaged for this component of the project, principally due to delays in signing the sub-contracts. **WS/EPB should leave open the potential for short-term assistance, but should carefully limit its use as the need to focus resources becomes increasingly important.**

As of August 31, 1994, \$1.7 million has been spent on short-term assistance, which represents 52% of all country-related activities, and 25% of all WS/EPB expenditures. Funds for short-term assistance come from several sources including 43% from core funds, 29% from OYB transfers and 28% from add-ons.

## Recommendations

1. Short-term technical assistance should continue to be provided and funded as needed in priority countries.
2. Individual requests should be carefully screened and focused to make sure that the short-term technical assistance activities contribute to overall project goals.
3. Increase the use of sub-contractors as a mechanism for providing short-term assistance rather than using individual consultants.

## APPLIED RESEARCH

Applied research was designed in the CA to be carried out largely with core funding. The overall goal of the WS/EPB applied research program is to obtain information and knowledge about various facets of breastfeeding promotion and lactation management and make the findings widely available to policy makers and program managers to promote and support optimal breastfeeding. As well, the program provides critical information to better design, execute and evaluate breastfeeding policies and programs, and to help mobilize support and resources for breastfeeding. The scope of applied research includes: qualitative and KAP studies, ethnographic studies, operations research, and selected biomedical research. Also included are testing of interventions and economic and cost-benefit studies of breastfeeding. Studies are both hospital- and community-based.

One of WS/EPB's research mechanisms has been the Competitive Grants Program. The original solicitation for research prospecti was circulated to selected individuals, organizations, and universities identified by WS/EPB to be interested in breastfeeding and also included the headquarters and all regional offices of the Population Council and UNICEF.

Of the twelve projects that were competitively selected for funding, three were submitted by investigators from developing countries, with the remainder from USA-based researchers and institutions, some with collaborators in developing countries. Two of the funded studies consist of secondary data analysis.

The range of topics already selected are not well distributed, but in an open competition this cannot be avoided. The topics of the funded studies fall into the following general categories:

▶ Anthropological studies of breastfeeding	4
▶ Working women and breastfeeding	3
▶ Secondary data analyses	2
▶ Biomedical research	1
▶ Maternal nutritional status and breastfeeding	1
▶ Social marketing of breastfeeding	1

Another channel used by WS/EPB is their initiation of multi-country research on such topics as: Safe Storage of Breast Milk (two proposals will be funded); Environmental Contamination of Breast Milk and Infant Foods (additional funding is needed to complete a study done in the NIS); HIV Infection and Breastfeeding (TAG meeting is needed to define the research needed and whether to go forward with WS/EPB-sponsored research or depend on other AIDS researchers); and the Rwanda Refugee Research Initiative (priority of this research compared to other research opportunities needs resolution).

A third channel for applied research activities has been awards for research on specific topics relevant to country program development.

**There is a need for WS/EPB to focus and initiate applied research in those areas affecting the practical expansion of "optimal" breastfeeding in developing countries.** Other sources of funding for the above research must be aggressively pursued in order to complete the above studies and to be able to initiate new research initiatives as the need arises in the course of WS/EPB activities.

## **Recommendations**

1. WS/EPB should broaden the base of solicitation for future bids.
2. To improve the coordination of research with country programs, it is recommended that research be based in countries with WS/EPB activities, preferably ones with long-term involvement.
3. Given the sharp reduction in funds originally allocated for applied research (\$3.0 million reduced to \$1.5 million), WS/EPB should become more aggressive in actively pursuing non-WS/EPB funds, USAID funds, or new donor funds (AIDS research, EEC/European Community, EPA, Atomic Energy Commission, World Bank, etc.) to support its research program, especially for the food contaminants study and the HIV infection and breastfeeding study. Of course this assumes that there will be adequate staff to pursue such funds and USAID approval to allocate staff time in this manner.

## **POLICY/ADVOCACY**

**WS/EPB has done very well in the international policy arena**, working closely with WHO and UNICEF at the headquarters and country levels helping to disseminate global and national breastfeeding statements. WS/EPB has also cooperated closely with PAHO. This work at the global and regional levels has benefitted from the insights of Wellstart Associates (LME Program graduates). There are over 500 Wellstart Associates in 43 countries who have assisted in both the advocacy and establishment of national policy to promote breastfeeding. Most countries in which WS/EPB has worked have a base of Wellstart Associates.

**WS/EPB has been very successful in affecting international breastfeeding policies through drafting, disseminating, and negotiating language for two policy documents: the 1992 International Conference on Nutrition in Rome, and the 1994 International Conference on Population and Development in Cairo, Egypt.** In certain countries policy/advocacy efforts are also beginning to focus on reaching mothers in the community who do not have access to the formal medical establishment.

## **Recommendations**

1. WS/EPB should continue to give attention to national policy development, but focus on additional topics such as community-based work and combatting competing messages from breastmilk substitute companies.
2. WS/EPB should call appropriate attention to the urgent need for breastfeeding policy and programs to cover education for mothers who are outside the formal medical establishment.

## TRAINING AND CURRICULUM DEVELOPMENT

WS/EPB has supported training in two ways: 1) WS/EPB direct participation in the design and delivery of training (strategy workshops, training of trainers), and 2) WS/EPB funding for other organizations or units to conduct training (WS/LME, community-level, in-service, pre-service, etc.).

WS/EPB training and curriculum development have received priority attention in many of the country programs and short-term consultancies. Training and curriculum development, at all levels, appear to be important elements of program development, especially during the early stages, and of sustainability. However, this cannot be verified because: 1) there is little qualitative research to identify the essential communication channels and methods, and strategies and interventions frequently are not designed based on qualitative assessments; 2) there is no monitoring or evaluation system to assess costs and effects of training; and 3) prototype materials have yet to be developed and tested, although several courses are currently under preparation.

Although the WSI fund accounting software has the capability to track funds by type of activity, WS/EPB tracks by specific activity when the need arises and does not track by broad activity. Thus, it is impossible to identify precisely how much has been spent on training to date.

## Recommendations

1. Conduct more thorough qualitative assessments prior to developing training strategies or designing interventions.
2. Collaborate with WS/LME to adapt a monitoring and evaluation system for WS/EPB training.
3. Continue to work on ensuring and reinforcing sustainability and replicability by developing and disseminating prototype curricula and training materials (in consultation with LME) for community health workers, professionals taking in-service training, and those in training at medical and nursing schools.

## **COMMUNICATION, SOCIAL MARKETING, OUTREACH**

Based on previous USAID-sponsored efforts to change women's breastfeeding behaviors, the Cooperative Agreement included communication and social marketing and outreach to women as types of interventions to support comprehensive national breastfeeding programs in long- and short-term assistance to countries. The CA specifically mentions using social marketing and education to change women's behaviors, developing mother-to-mother support groups, and creating a favorable social environment for working mothers as well as evaluating the strategies used.

The WS/EPB program has consistently sought existing research or conducted good qualitative and other formative research before beginning communication and outreach efforts in its long-term countries. The exception is where such research already exists, as in Honduras. In most cases it has helped build local research capacity in the process. It has also sought balanced and multi-level programming in working with local counterparts to develop country plans. However, thus far WS/EPB country programs have shown a bias toward top-down training-based activities. Most countries have emphasized training of health professionals, and community outreach activities have been carried out in only a few countries. Due to a number of constraints, there has been only one coordinated, multi-channel promotional effort at the country level and no program integrating media and interpersonal outreach approaches.

It has been particularly difficult for WS/EPB to convince missions to pay for a full range of communication interventions. In other cases, political circumstances prevented comprehensively-planned programs from being carried out (e.g., mission closure in the Cameroon, civil war in Rwanda).

WS/EPB is in the process of developing a series of materials for multi-country use: guidelines for establishing and sustaining community breastfeeding support groups; a curriculum for training community outreach workers; a reference manual for outreach workers (with AED); a supervisors' and trainers' handbook; and a program managers' workbook. Further, WS/EPB is sponsoring four country videos on women, work, and breastfeeding, and is creating a composite video in English.

Some prototypical materials have been developed, but more could be done, if funds are located, to create materials aimed directly at mothers. The outgoing WS/EPB Director and other technical staff members should author a working paper that could be used internally as a planning document on breastfeeding behavior change strategies under different types of circumstances. Ways to reach rural and working women need to be explored. WS/EPB should aim to answer questions about some key state-of-the-art issues about communication and outreach. Given the amount of progress that needs to be made in communication over the next

two years, WS/EPB should continue to work closely with its subcontractor, The Manoff Group, should additional add-ons become available.

## Recommendations

1. In a working paper, WS/EPB should define models of the optimal blend and time order of breastfeeding promotion interventions (media campaigns, community support groups, TBA training, community outreach workers, etc.) for different types of contexts.
2. In each remaining long-term country, WS/EPB should make every effort to incorporate multiple interventions (media, interpersonal support, health worker outreach, etc.) in their comprehensive breastfeeding strategy plans. If new central efforts are begun, efforts should be made to choose contexts in which it would be possible to test multiple interventions.
3. Based on local research and the working intervention models (defined above), WS/EPB should help each national program define specific goals and target appropriate women and others in the community.
4. Monitoring and evaluation data on communication, via each channel, should be collected to enable comparative analysis of the costs and effectiveness of breastfeeding intervention strategies.
5. Given the amount of work that needs to be accomplished in the next two years, care should be taken to let the Communication and Social Marketing Technical Advisor concentrate on national programs and international policies. Public relations, information dissemination, and editing tasks should be handled by others at WS/EPB.
6. WS/EPB should also continue to work closely with its communication subcontractor to accomplish its goals.

## EVALUATION AND MONITORING

WS/EPB program is to include monitoring and evaluation activities in each long-term country and, wherever possible, in short-term assistance countries. The mandate to test "new and improved breastfeeding promotion methods" necessitates data collection for each type of intervention (i.e. community support groups, outreach workers, media campaigns, workplace changes) in multiple contexts. Improving data collection, analysis, and indicators for monitoring and evaluation is a requirement, as is "systematic diagnosis of the incidence and underlying causes of specific breastfeeding behaviors, and evaluation of behavioral change in order to gauge impact." Despite a mandate to do evaluation and monitoring work in each long-term country and as many short-term countries as possible, WS/EPB has done little in evaluation and monitoring. This is in part due to a significant delay in gaining approval from USAID for a full-time evaluation advisor, which has now been resolved.

At this juncture in the project, it is more important to document the impact of the WS/EPB efforts than to begin new promotion efforts. Given the mandate to evaluate each long-term country program, it is not sufficient to have quality evaluation data from only one country (Honduras). With a full-time staff member now devoted to evaluation, WS/EPB should be able to make significant progress in the coming years.

In light of the necessity to produce improved indicators and analysis tools, we strongly urge USAID, in consultation with Wellstart, to consider amending the CA to make the development of prototypes a deliverable. The prototypes should include multiple methods to evaluate and monitor each type of intervention strategy at the community level. The monitoring and evaluation instruments for Honduras are an excellent start on prototype measures and instruments to test one model of community outreach with mothers. WS/EPB has refined standardized indicators of breastfeeding behavior by mothers in coordination with other agencies (see next section), and these indicators can be considered prototype measures of behavior *at the level of nations*. Behavioral indicators *at the level of individuals* are still needed to monitor program success. Other prototype measures (such as women's knowledge, attitudes, and contacts with other women) need to be established to help in instrument design. Again, the Honduran evaluation measures represent an excellent start.

WS/EPB should try to test as many of the monitoring and evaluation prototypes as they can in the next two years, and continue testing and revising the prototypes for the following two years if the project is extended. Priority should be given to: 1) developing prototype evaluation methods and instruments tested in at least a few sites; 2) conducting evaluations in as many on-going long-term country programs as possible to aid in the management of those programs, enable cost-effectiveness comparisons, and test prototype instruments; and 3) using the evaluation findings to test the relative importance of different intervention strategies (especially community support

groups, outreach workers, media campaigns, policy changes) in supporting optimal breastfeeding behavior in different types of contexts at the community level.

## Recommendations

1. Evaluation and monitoring in both long- and short-term countries should be a priority activity of WS/EPB.
2. Each evaluation and monitoring program should include:
  - ▶ A monitoring plan for each category of program activity.
  - ▶ Evaluation criteria appropriate for the national goals including but not limited to the WS/EPB recommended standardized indicators.
  - ▶ An evaluation component of the national breastfeeding strategy plan.
3. By the end of the project, WS/EPB should develop prototype instruments and design guidelines and measures for different levels of analysis (i.e., lactating women, their families, all women, community leaders, communities, health facilities, nations).
4. USAID and WS/EPB should amend the Cooperative Agreement to accept the set of prototypes as a deliverable.

## INTERNATIONAL BREASTFEEDING INDICATORS DATABASE

The Cooperative Agreement calls for the development and dissemination of a database containing standardized indicators of country-by-country trends in breastfeeding practices, and building databases in each long-term country. WS/EPB has made progress in the definition and dissemination of standardized indicators of breastfeeding behavior. Given WS/EPB's expertise, special effort should be made to write up guidelines and lessons learned about the process of indicator standardization. WS/EPB's work with WHO to improve the quality and accessibility of the WHO database has the potential to be very effective in the long run, because of the sustainability of WHO's database and the likelihood of wide dissemination. One task that WS/EPB may be able to assist WHO in is to research the needs of potential database users; this information would be valuable for both WHO and USAID. WS/EPB did create a database containing high quality data, as requested by the USAID CTO, but there are few users. After the fact, it is clear that creating a stand-alone database containing only breastfeeding indicators mostly from DHS survey data has limited utility. The database exists apart from other USAID databases on maternal and child health, despite the presence of a limited number of breastfeeding and weaning indicators on those databases.

### Recommendations

1. WS/EPB should continue to support WHO's efforts to create an integrated, user-friendly database containing high quality breastfeeding indicators, and document the lessons they have learned about the process of influencing worldwide indicator systems.
2. If USAID wishes to maintain high quality databases apart from WHO, USAID should explore combining WS/EPB's database with other USAID maternal and child health project databases (and possibly other databases).
3. WS/EPB should explore whether it is feasible to rework the existing WS/EPB software and database (LACT) to include purpose-level indicators so that it can be a program monitoring tool for WS/EPB, WS/LME, WHO, and UNICEF international breastfeeding programs. If so, this could be a joint WS/EPB and WS/LME activity. If not, WS/EPB should spend no more resources and effort on LACT and concentrate all future database activities on WHO and other USAID databases.

## INFORMATION DISSEMINATION

Information dissemination is necessary to support many WS/EPB activities. Research and intervention findings are to be disseminated in each country where WS/EPB is providing long- and short-term assistance, through seminars, workshops and conferences. Materials such as prototype training curricula and surveys for monitoring and evaluation should also be disseminated to appropriate countries.

WS/EPB needs a written information dissemination strategy, detailing the organization's goals of communicating with different audiences, including in-country professionals and projects, USAID, USAID-sponsored projects, interagency donors, PVOs, and the research community at large. WS/EPB's information dissemination activities in the areas of international and national policies have been well done. With the recent addition of one half-time staff member dedicated to information dissemination, planning and coordination of other types of information production and dissemination activities should be improved as well. At this stage of the WS/EPB program, the most important goal should be to support staff as they write up guidelines, prototypes, and lessons learned, and then disseminate this information in appropriate formats to key audiences. The creation of other types of materials (fliers, books, slide shows, and videos) should depend on the needs of country programs. Efforts need to be made not just to monitor the reach of materials, but also the impact and cost-effectiveness of WS/EPB products.

## Recommendations

1. Finalize, implement, and monitor the effects of an information dissemination strategy.
2. Explicitly target people working on breastfeeding programs in the field in the information dissemination plan.
3. Employ a strategy emphasizing the goals of disseminating:
  - ▶ Prototype national policies, training, social marketing, monitoring, and evaluation materials developed by WS/EPB;
  - ▶ Guidelines for the establishment of national breastfeeding policies and programs.

## MANAGEMENT AND ADMINISTRATION: USAID

The Expanded Promotion of Breastfeeding component of the Breastfeeding and Maternal and Neonatal Health Project, developed by USAID and leading to the Cooperative Agreement with Wellstart, has been well-designed and has appropriate purposes and goals, except for some definitional problems encountered in applying the criteria for long-term initiatives. Thus far USAID has provided adequate core and add-on/OYB funding. The one exception is the Europe and the Newly Independent States (ENI) Bureau, whose funding priorities and other considerations have kept it from providing follow-up funding to its highly successful initial conference in Kazakhstan, and the interesting applied research efforts initiated in FY94. In addition to WS/EPB's generally successful efforts to obtain funding, the prior CTO, who was promoted to a new position just three months before the evaluation, is to be commended for her highly successful initiatives in obtaining regional and country add-ons and OYB transfers to match the core funding.

In line with the "Substantial Involvement" Clause F, the CA was managed by the previous CTO with detailed, hands-on management, especially during most of the first three years of operation. During this period, the previous CTO, while maintaining strong, detailed control over most aspects of project operations, was assigned many other additional tasks and responsibilities over other USAID activities, which resulted in severely limiting the time the CTO had available for the WS/EPB project. These factors led to delays in decision making, and subsequent misunderstandings between USAID, EPB project staff, corporate headquarters and sub-contractors, especially in the areas of subcontracting and personnel approval.

It is encouraging to note that recently USAID took steps to reduce its day-to-day detailed, administrative-oriented supervision of WS/EPB, and amended the CA significantly so that at the present time the following applies: 1) it is only necessary to obtain USAID approval on hiring or replacement of the project's Director and Deputy Director positions rather than on all exempt positions; 2) USAID approval is required for subordinate agreements of over \$100,000 or more, rather than the much lower previous ceiling of \$25,000; and 3) all technical and programmatic activities which are included in the approved Annual Workplan may now be undertaken without having to obtain separate approvals for each task order (new unplanned activities still need to be submitted to the CTO for approval). These three recent modifications to the CA should eliminate past roadblocks caused by the micro-management aspects of the original "Substantial Involvement" provisions in the CA.

## Recommendations

1. USAID should fully and specifically inform Wellstart management about what USAID considers its appropriate supervisory and collaborative role in the execution of this CA.
2. Given the importance, complexity, and magnitude of the WS/EPB project, it is essential that the current USAID CTO not be overburdened with additional tasks to the point where significant delays might again occur in executing the project.

## **MANAGEMENT AND ADMINISTRATION: WELLSTART**

This analysis should be viewed within the context of a project which has made significant progress in technical areas and is well along within the framework of its deliverables. WS/EPB and its corporate headquarters in San Diego have not seen eye-to-eye from time to time. Over the past three years, branch office/headquarters' differences over roles and responsibilities that carry authority at the management level, exacerbated by the difficulty of communicating adequately when the two offices are 3,000 miles apart, have made it difficult to sort out internal operational and policy disagreements. These complications have led to delays in decision making, including obtaining USAID clearances on a timely basis. Much of WS's steep learning curve in managing a project of this magnitude and complexity is over, and WS/EPB and its corporate headquarters are fully up to speed in executing sub-contracts, recruiting consultants, opening resident representative offices overseas, purchasing equipment, etc.

The recent resignations of the WS/EPB Director and Deputy Director, effective 11/30/94 and 10/21/94 respectively, have created a crisis situation that requires top priority attention and resolution by WSI's CEO and Board of Directors. WS management is taking vigorous action in attempting to solve this problem promptly without losing the project's forward momentum.

Once the WS/EPB FY95 Workplan is finalized (hopefully developed within the framework of strategic planning for FY96), and is approved by both WS corporate headquarters and USAID, it is essential that the delegation of authority from WS corporate headquarters to WS/EPB be clearly defined with sufficient latitude to allow the decision-making process on the program and operational aspects to move ahead without delay. This is vitally important if the project is to move forward at the projected average monthly expenditure rate which rises from \$244,000 in FY94 to \$481,000 in FY95 and \$569,000 in FY96.

## Recommendations

1. It is imperative that WS/EPB and the corporate headquarters remove the organizational/management hurdles concerning delegation of authority, inter-office communication, and the facilitation of prompt action on each office's requests with a view to installing effective, timely decision-making mechanisms at all levels including subcontractors.
2. Either the new WS EPB Director or the new EPB Deputy Director should be an experienced, seasoned manager familiar with USAID project management.
3. Any gaps between the departure of the existing Director and Deputy Director and their replacements should be filled by senior corporate headquarters staff acceptable to USAID/Washington. They should remain in residence in Washington D.C. until these positions are satisfactorily filled.

## **MANAGEMENT AND ADMINISTRATION: SUBCONTRACTS**

Subcontracting for the WS/EPB project has been unduly delayed with the final major subcontract with Georgetown signed in June 1994, almost three years after the signing of the CA. Other major subcontracts were not signed until 1993. The long delays in signing the subcontracts limited WS/EPB's use of subcontractors for two to three years into the life of the CA, and made it necessary for core staff to execute certain functions originally planned for subcontractors. Now that all of the major subcontracts have been signed, and the FY95 task orders are ready for signature, one of the major challenges for WS/EPB over the next two years will be to utilize these subcontractor services quickly and consistently.

Tight deadlines should be set for processing, approving and implementing task orders. A special internal task force should be established to explore what can be done procedurally to facilitate the preparation and execution of task orders. Regular meetings should be called by the WS/EPB backstop officers with their subcontractors with a view to accelerating implementation of the task orders, straightening out any road-blocks which may occur, and deobligating any remaining funds.

### **Recommendation**

1. WS/EPB, assisted by corporate headquarters, should give top management attention to accelerating the use of its subcontractors to support its program implementation and to help achieve the goals and purposes set out in the CA.

## FINANCE AND LEVEL OF EFFORT

The Cooperative Agreement (CA) provides for up to \$15 million in core funding and up to \$15 million in add-ons and OYB transfers over a five-year period (fiscal years 1992-1996). Although the WS/EPB has made substantial progress since the project started, its total final life of project expenditures are estimated to be \$19.6 million. This amount is substantially under (about 35%) its CA ceiling of \$15 million for core, and \$15 million for add-ons and OYBs, which totals \$30 million. This lower level of projected support over the life of the project is due in large part to the start-up delays already mentioned, and also to the current difficulty in obtaining substantial add-on/OYB funds in coming years. On the positive side, WS/EPB has been able to build, in many countries, on an existing network of Associates trained under the WS/LME project who are basically friendly and supportive of "optimal" breastfeeding. Moreover, it is fully expected that the WS/EPB team will be able to provide all of its deliverables under the Cooperative Agreement by September 25, 1996, except in the area of evaluation, which is getting a very late start.

As noted earlier, the projected significant increase in the "burn rate" in FY95 and FY96 is explained in large measure by the subcontracts coming fully on line, and the applied research expenditures hitting their peak. Therefore, in the financial planning/level of effort area the following points require immediate attention: 1) WS/EPB should work consistently and closely with its subcontractors to be sure that the FY95/96 task orders are implemented without delay, and the corresponding projected expenditures occur; 2) In addition to the \$3.0 million in core funding needed over the next two fiscal years (\$1.5 million in FY95 and \$1.5 million in FY96), it is also essential that the specific country/regional add-ons and OYB amounts totaling \$1.5 million in FY95 and \$400,000 in FY96 be made available on a timely basis. Both elements are interrelated and are critical for the overall success of the project; 3) WS/EPB has not finalized its FY95 Workplan. This work needs to be completed urgently, integrating it with realistic monthly expenditure projections through FY96; 4) When the FY95 Workplan is completed and approved, WS/EPB should undertake an intensive review of all its past sub-obligations and encumbrances not yet fully expended, with a view to taking back and reprogramming any funds which cannot be spent as originally planned in a reasonable amount of time.

## **Recommendations**

1. USAID should make special efforts to assure that no less than the relatively modest amounts of core, OYB and add-on funding cited above (\$3.0 million for FY95 \$1.9 million for FY96) will be made available on a timely basis to assure that the remaining two years of this five-year project are carried out successfully.
2. WS/EPB should give urgent attention to completing its FY95 Workplan (due with the Annual Progress report 30 days after the completion of the fiscal year), and integrating it with realistic monthly expenditure projections through FY96.

## **FUTURE DIRECTIONS (FY97 & FY98)**

The Scope of Work for the mid-term evaluation team requested its views concerning the desirability of a sixth and seventh year (FY97 and FY98) of funding for continued breastfeeding activities. While the focus of the team in its evaluation has been the mid-course corrections needed for the next two years, the team strongly endorses a two-year extension. The extension is required since it is unrealistic to expect that all of the urgent work needed for the expansion of breastfeeding in the developing world can be completed by the expiration date of the CA on September 25, 1996. There will remain significant elements which will need to continue or will be ready for initiation in the fall of 1996. Two additional years will lay a stronger foundation, will allow for fully developed and tested models and prototypes, and seriously strengthen the foundations needed for future sustainability. It is the considered opinion of the team that the priority areas for FY97 and FY98 should be:

- ▶ Follow-up monitoring and evaluation in the existing long-term countries.
- ▶ Follow up in existing long-term countries for specific interventions such as communications and outreach to women.
- ▶ Applied research in key areas such as HIV, refugees and insufficient milk syndrome.
- ▶ Dissemination of prototypes, guidelines, lessons learned, and research findings.
- ▶ Strengthening NGO capabilities in advocacy, management, strategic planning, budgeting, fund raising, supervision and evaluation.
- ▶ Working actively to support the initiation and implementation of community support systems in the Africa and NIS regions.
- ▶ Assisting WS/EPB to become a self-sustaining "Center of Excellence"<sup>1</sup> for Breastfeeding.

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<sup>1</sup> WSI prefers to describe its collective effort, which includes WS/LME and WS/EPB, as a "Center without Walls" rather than a "Center of Excellence" as they have been called and honored by WHO and PAHO. The team has no objection to another title, or the consolidation of WS and other "optimal breastfeeding" activities. The thrust of the team's recommendation is simply that if USAID agrees and is able to finance a sixth and seventh year as suggested, consideration should be also given to establishing a self-sustaining Center with broad-based financing to continue on with the work after completion of the extended WS/EPB project.

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In line with the team's mandate to consider actions which will promote sustainability of this important activity, and in consideration of the "critical mass" of experience and "know-how" currently assembled under the WS/EPB project, there is an opportunity to assist Wellstart in the creation of a self-supporting "Center of Excellence for Breastfeeding" to carry on the work which is gathering significant momentum. Such a Center of Excellence would be involved in the following categories of activities:

- ▶ Serve as a clearinghouse and information center for current research findings about lactation, breastmilk, and innovative and feasible programs through an information service and international dissemination of information.
- ▶ Provide technical assistance to breastfeeding promotion and protection programs, IEC campaigns, policy formulation and change, as well as assistance with training programs at all levels (from hospital to community, including women-to-women support groups).
- ▶ Develop and disseminate prototype materials for breastfeeding promotion and lactation management training methods and curricula for a variety of providers; qualitative research including needs assessments, focus groups, KAP studies and quantitative research, and evaluation.
- ▶ Convene pertinent expert committees, conferences and seminars as the needs arise.
- ▶ Maintain and update the LACT database, should it be transformed into a monitoring tool for international breastfeeding promotion efforts.

## **Recommendations**

1. USAID should fund the Expanded Program for Breastfeeding Program for a sixth and seventh year to consolidate and implement the priority areas listed above.
2. USAID, in consultation with WS/EPB, should add as an important goal in the sixth and seventh years, to assist in the transition of the WS/EPB "Center of Excellence" into a self-sustaining "Center of Excellence for Breastfeeding" along the lines outlined above.
3. USAID, in consultation with WS/EPB, should help fund the transition to a self-sustaining Center by providing some seed money which can be used to encourage grants from other donors, e.g. the World Bank, WHO, UNICEF, private foundations, PVOs, and private donors.

# I. Overview

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## A. BACKGROUND

This is a mid-term evaluation of Wellstart International's Expanded Promotion of Breastfeeding (WS/EPB) Program, a sub-project of the Breast-feeding and Maternal and Neonatal Health (BMNH, Project No. 936-5966) Project.

The mid-term evaluation purposes are the following (a copy of the USAID-prepared Scope of Work is contained in Annex A):

- ▶ Assess the performance and progress of the Cooperating Agency to date.
- ▶ Advise on any need for reorientation of priorities and strategies during the remainder of the Cooperative Agreement (CA), due to end in September 1996, especially focusing on sustainability.
- ▶ Provide guidance to USAID on the content of follow-on breastfeeding activities to pursue after the WS/EPB CA ends and whether a sixth and seventh year of funding under the existing project umbrella should be considered.

### **BASIC PROJECT IDENTIFICATION DATA**

#### **PROJECT TITLE**

Breastfeeding and Maternal and Neonatal Health Project

#### **SUBPROJECT TITLE**

Expanded Promotion of Breastfeeding Program

#### **AGREEMENT NUMBER**

DPE-5966-A-00-1045-00

#### **SUBPROJECT DATES**

Project Agreement Date: 9/26/91

Estimated Completion Date: 9/25/96

#### **SUBPROJECT FUNDING**

Est. USAID Core Funds: \$15 million

Est. Add-ons and OYBs: \$15 million

#### **MODE OF IMPLEMENTATION**

Cooperative Agreement with Wellstart International

#### **RESPONSIBLE OFFICERS**

USAID/G/PHN/HN/NMH: Cate Johnson, Ph.D.

Wellstart Int'l.: Audrey Naylor, M.D., FAAP

- The multi-disciplinary evaluation team was composed of four members with professional skills in maternal and child health care and nutrition; training and curriculum development; communications/social marketing, information dissemination, evaluation and database

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development; and management/administration and finance. The team's three-week consultation was conducted in Washington D.C., Honduras, Mexico, the Cameroon, and at Wellstart's corporate headquarters in San Diego, California. The evaluation began in the latter half of September with the debriefings for Wellstart/EPB, and USAID/Washington taking place in early October, 1994. The team's trip reports for the Cameroon, Honduras, and Mexico are in Annex B. Annex D contains the list of individuals contacted during the evaluation.

The team's methodology and approach were based on the concept that the evaluation process and its report should be a management tool of practical use to USAID and the WS/EPB Program. The process of gathering the information for the report included a series of briefings by USAID, WS/EPB, WS corporate headquarters and one-on-one interviews, as well as field visits. In addition, the team studied and consulted a number of relevant documents, ranging from the Project Agreement/RFA and the Cooperative Agreement to the quarterly technical and financial reports, annual reports, subcontracts, and trip reports. No Log Frame was included as part of the Cooperative Agreement.

As noted on the acknowledgments page, both WS/EPB in Washington D.C. and WS International's corporate headquarters in San Diego were extremely cooperative. The staff in both offices were enthusiastic and appeared dedicated to their work. As instructed by WS management, the staff members opened their doors to the evaluation team and offered easy access to relevant files. The EPB staff were frank about their successes and ongoing challenges and problems. The team also spoke with representatives of a number of the major subcontractors.

It is within this context that the individual members of the multi-disciplinary evaluation team worked closely together, sharing information and exchanging views frequently, having a synergistic effect. Team writing assignments for the report were divided according to individual skills and backgrounds.

## B. LINK TO USAID PRIORITIES

In formulating the recommendations which follow, the mid-term evaluation team examined WS/EPB from the point of view of its present and potential contribution to USAID- stated priorities in the fields of:

- ▶ Child Survival
- ▶ Maternal and Infant Health
- ▶ Breastfeeding as a Child Spacing Tool

The sustainability potential of the project was an underlying consideration in all aspects of the evaluation.

USAID has made a major commitment to promoting and protecting breastfeeding as one of the most cost-effective means of improving the survival and well-being of children and mothers, and as a most precious, natural resource. USAID designed the CA to "to test, expand, refine and monitor practical and successful approaches to promoting and supporting optimal breastfeeding practices" (see side bar). What the team found is that WS/EPB is making an important positive contribution to promoting optimal breastfeeding as an integral part of USAID's maternal and child health care programs and as an aid to child spacing programs. Moreover, we found that WS/EPB has had a marked influence on international policy working with national ministries of health and their maternal and child health offices, and other donors, in getting "optimal breastfeeding" included in national health policies and in international policy documents.

The CA calls for strengthening "a specialized institution" (p.19), and it is fair to say, at this juncture, that WS/EPB has considerable

### **BENEFITS OF OPTIMAL BREASTFEEDING**

Optimal breastfeeding occurs when it is:

- initiated within one hour after birth;
- provided on demand, day and night;
- exclusive with no other liquids or foods for four to six months; and
- continues with appropriate complementary foods into the second year.

Optimal breastfeeding

- ▶ Protects against childhood illness and saves lives.
- ▶ Maximizes the physical and intellectual potential of infants.
- ▶ Reduces total potential fertility and results in birth spacing.
- ▶ Is perfectly balanced food for the growing infant.
- ▶ Saves money by reducing the need for bottles and formulas, thus reducing other illnesses.
- ▶ Is environmentally friendly, i.e., it does not create pollution. Breastmilk is a naturally renewable resource which does not require packing, shipping, or storage.

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expertise, contacts, and institutional capacity to make continued impact on worldwide breastfeeding patterns. It should be noted that WSI has been working for 12 years in this area, working with WHO, UNICEF, PAHO, the World Bank, and others. WSI has been named a WHO Collaborating Center.

The CA also mandates that new and improved methods for the promotion of optimal breastfeeding will be tested and disseminated (p. 19) including a mix of policy dialogue, training, curricula development and revision, communication and outreach to women, and information dissemination. WS/EPB has excelled in policy and training. Given the importance of reaching women directly, much remains to be done in communication and outreach. It should be kept in mind that the "Expanded Program" is designed to go beyond WS/LME's emphasis on promoting optimal breastfeeding by working with the medical establishment, to more direct methods of impacting the community, such as mother-to-mother support groups, media campaigns aimed at mothers, fathers, and other important target audiences, and media advocacy to change widespread anti-breastfeeding attitudes, stereotypes, and workplace policies harmful to lactating women. Some work has been done on each of these intervention methods, but much more needs to be done over the next two years.

## C. MANAGEMENT OF EPB

The WS/EPB project has made significant progress in a number of areas toward achieving the purposes/targets set out in the Cooperative Agreement. From a technical standpoint the critical mass of staff called for in the CA has been assembled, their work has been excellent, and WS/EPB is highly regarded in the field, albeit with much remaining to be done.

However, the past excessive delays in recruiting or replacing key staff and negotiating and executing subcontract agreements have hindered progress. Significant responsibility must be shared by Wellstart Corporate Headquarters, its WS/EPB Washington office, and USAID/Washington for the past delays encountered in implementing the project. Host governments and subcontractors also contribute to the delays. In the last three years, all parties took inordinate amounts of time to agree on the form and content of subcontracts. In addition, although called for in the CA, there has been a significant failure to address adequately the evaluation/monitoring and communication aspects of the CA. For example, the first full time EPB Evaluation Officer was not recruited until the end of the third year of the project (in September 1994), although some limited use of consultants was made in looking at evaluation and monitoring problems.

In addition, there appears to be a lingering misunderstanding between USAID and WS over the weight and interpretation to be given to a sentence that was added at the end of the CA (on page 38) which reads "The Recipient's application dated August 9, 1991, as supplemented on September 9, 1991, is hereby incorporated by reference." In evaluating the WS/EPB project, the team used the CA and not the recipient's application as the major document setting forth the ground rules (i.e., deliverables, goals, purposes, targets, program and financial reports, budgets, etc.) for the implementation of the project, and as one of its primary guidelines in assessing the progress of the project. WS continues to feel that the content of their application and supplement in response to the RFA should be given more consideration in the execution and evaluation of the project. USAID and WS should clarify their mutual understandings on this matter at their earliest opportunity.

It should also be noted that excellent progress has been made by WS/EPB and corporate headquarters in San Diego in mastering USAID's administrative and management systems. Although many challenges remain ahead, the outlook for the next two years is positive, assuming the immediate challenge of replacing the outgoing EPB project director and her deputy in a timely manner with experienced, qualified managers is met promptly.

Now that most of the administrative hurdles to progress have been overcome, and much of the funding is in place, with only relatively modest, but significant, amounts of funding needed for FY95 and FY96, one of the fundamental management challenges will be the implementation of the growing average monthly expenditure rate over the next two years.

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The sections which follow address specifically the mid-course corrections that are needed and should be implemented over the remaining two years of the project. Section VII, Future Directions, considers what additional steps should be taken in years six and seven to assure achievement and solidification of the goals of the Expanded Promotion of Breastfeeding program.

## ***II. Long-Term Initiatives***

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### **A. BACKGROUND**

USAID identified country programs as one of the four main areas to be explored in the mid-term evaluation and the evaluation scope of work included several general questions regarding national programs. This section therefore focuses on long-term country programs, but also includes basic information on regional programs sponsored by WS/EPB.

#### **1. Rationale**

In 1989, an Agency-wide analysis revealed that, despite considerable funds used for breastfeeding promotion, "not enough programmatic focus was being given to breastfeeding promotion and support, resulting in numerous, small-scale, scattered activities that fail to realize potential impacts on infant mortality" (BMNH, Project Paper Supplement, p. 1). As a result, the umbrella project was amended to include a breastfeeding component that would provide long-term assistance and support in up to ten emphasis countries.

#### **2. Cooperative Agreement Requirements**

The Cooperative Agreement (CA) requires that WS/EPB undertake long-term programs of two types, "intensive" and "less intensive." Approximately four intensive and six less-intensive programs are expected, with a gradual build-up until all ten are underway by year three, and all ten ongoing in years three, four and five.

Intensive programs are to include a resident advisor, local office and staff to collaborate with counterpart institutions over a three- to four-year period to develop a national capability and commitment to sustain a program of breastfeeding promotion and support (CA, p. 25). The program should consist of a full spectrum of technical assistance (TA) and financial support for interventions. Less-intensive programs are not intended to have a resident advisor, but rather repeated short-term TA visits from WS/EPB. Again, these programs could include all types of interventions in countries with a strong infrastructure and potential for breastfeeding promotion,

where developing, testing, and demonstrating strategies could lay the foundation for more intensive efforts later (CA, p. 26). Regional programs are not required by the CA, but three are currently being sponsored by WS/EPB.<sup>2</sup> These activities may fall loosely under "Support for Other Related Activities" and could be considered a creative and flexible way of responding to evolving needs within the spirit of the CA.

CA requirements at the purpose and output levels are discussed below. The issues of the number of long-term programs, country selection criteria and procedures, and sustainability and replicability of the programs are also discussed.

### 3. Funding Levels and Sources

As of August 31, 1994, \$1.5 million had been spent in long-term countries, which represents 47 percent of all country-related activities, and 23 percent of all WS/EPB expenditures. (WS/EPB staff time and expenses are allocated by country where applicable.)

In terms of regions, 50 percent of funds for long-term country programs have been spent in Africa, and only 4.4 percent in the Newly Independent States (NIS). The countries receiving the most WS/EPB funds are Honduras, the Cameroon, Rwanda, and Senegal.

Funds for country and regional programs have come from several sources, including Bureau add-ons or OYB transfers (56%), EPB project core funds (25%), country add-ons (16%), and micronutrient OYB transfers (3%). The only country programs receiving Mission funds are the Cameroon and Rwanda. These figures do not include cost-sharing by USAID Missions, other USAID-funded projects, host governments, or other donors (WHO, UNICEF, CARE, World Bank) (see Table 1, page 9).

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<sup>2</sup> At the joint USAID/WS Management meeting held 5/24/94, attended by the WS President/CEO and both USAID's outgoing and incoming CTOs, it was agreed to consider selected regional programs on par with country programs. Page 10, under the section entitled Conclusions/Agreements, reads: "Up to 10" countries. USAID agrees that PRAIL and refugees (and potentially INCAP) initiatives are so significant that they merit investment on a par with country programs.

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**TABLE 1**  
**LONG-TERM COUNTRY EXPENDITURES**  
**September 26, 1991 - August 31, 1994**

	EPB PROJECT CORE FUNDS	BUREAU ADD-ONS/ OYBs	MICRO- NUTRIENT OYB	COUNTRY ADD-ONS	TOTAL
Dominican Republic	19,697	38,443	0	0	58,140
Honduras	104,919	415,408	0	0	520,328
Mexico	60,933	1,155	39,420	0	101,509
Careroon	55,717	147,762	0	152,319	355,797
Nigeria	13,281	52,818	0	0	66,099
Rwanda	82,197	55,995	0	81,648	219,840
Senegal	32,776	84,214	0	0	116,990
Armenia & Georgia	13,079	53,740	0	0	66,819
<b>TOTAL</b>	<b>\$382,599</b>	<b>\$849,535</b>	<b>\$39,420</b>	<b>\$233,967</b>	<b>\$1,505,521</b>

## **B. ACHIEVEMENTS**

### **1. Overall**

Long-term country programs have been initiated in nine countries under a variety of conditions. In Latin America, for example, there was a strong base of WS/LME Associates and institutions working in breastfeeding promotion activities, but they lacked coordination; in the NIS there was no such base, but they had the advantage of a highly educated core of health care professionals eager to receive WS/LME training and begin promotion activities; and in Africa activities were built on a commitment to child survival issues and strong breastfeeding practices, but no institutional efforts to support and protect optimal practices at the outset.

Likewise, the programs are progressing at differing speeds under changing conditions. In Africa two programs were terminated early due to political factors, one is on hold because of political uncertainties, and the other is just beginning after long delays; the two NIS programs are underway but with limited funds and the countries are facing economic crises; and in Latin America there remains the advantage of relatively stable political and economic conditions but little financial support from USAID missions, with the exception of Honduras.

WS/EPB has responded to evolving needs among refugee populations. In 1994, WS/EPB began a refugee initiative, which, we understand from WS/EPB, USAID has agreed to treat as a long-term program. This will bring the total of initiated long-term programs to ten.

However, Wellstart was not able to take advantage of several opportunities to promote breastfeeding where they had helped build a strong foundation, such as in Uganda and at the Institute for Nutrition for Central America and Panama (INCAP) in Guatemala. WS/EPB has also spent considerable effort in Peru, El Salvador, Brazil, and the Philippines, building strong bases that could lead to long-term programs. In fact, more funds have been invested in these countries than in the countries selected for long-term programs, e.g., more has been invested in INCAP, Peru, and El Salvador than in the Dominican Republic, and more in Uganda than in Nigeria and Senegal.

While WS/EPB has implemented the full spectrum of interventions worldwide, there is no single country that has a complete mix. There are plans to include all types of interventions in Nigeria, but so far Honduras and Cameroon have the most comprehensive programs. Among all long-term countries, policy interventions and training of professionals in the formal sector have received the greatest attention.

The long-term country programs appear to be of high quality, maintaining the standards of excellence for which Wellstart International is known. They are also highly collaborative at the planning and implementation stages, working with WS/LME Associates; local counterparts in

the Ministries of Health, hospitals, universities and NGOs such as La Leche League; USAID local offices and other donors such as UNICEF, WHO, PAHO, and the World Bank; other USAID projects such as BASICS, MotherCare, PRITECH, the LAC Health and Nutrition Sustainability Project, and the Family Planning and Health Project in the DR; and local experts and resident advisors.

## 2. Country-Specific Outputs

As mentioned above, the CA anticipated that both long-term intensive and less-intensive programs would have a full spectrum of outputs or activities (CA, p. 25-6). However, when describing the expected outputs, the CA included only four specific indicators:

- ▶ Percentage of women counseled on appropriate breastfeeding practices using up-to-date, effective communication and social marketing techniques.
- ▶ Percentage of health and other workers trained in a competency-based manner regarding lactation management and breastfeeding promotion.
- ▶ Percentage of health facilities with reformed breastfeeding policies as stated in the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI).
- ▶ Number of functional mother support groups established.

For a variety of reasons, at this point it is virtually impossible to quantify expected outputs (see the Issues section, II.C.5. Output Level). However, as demonstrated in Table 2 (page 12), it is possible to show the mix of interventions by country and regional programs. The headings are what the evaluation team considers the most important activities, which loosely correspond to the CA's list of outputs.

In addition to the general monitoring and evaluation activities, the CA explicitly requires that all long-term country programs develop a "database for tracking trends in breastfeeding practices for evaluating the impact of the program" and "document costs of the interventions in long-term country programs and carry out cost-effectiveness studies" (CA, p. 26). To date, these have not been completed in any country, but are now underway in Honduras.

**TABLE 2  
OUTPUT LEVEL MATRIX  
WS/EPB-Sponsored Activities by Country and Regional Programs**

	Country Assessment	Program Plan/DOU	Policy	Training	Communication	Community Support	Monitor and Evaluate
Armenia	✓	✓			✓		
Cameroon	✓	✓	✓	✓	✓		
Dominican Republic		✓	✓	✓		✓	
Georgia	✓	✓	✓				
Honduras		✓	✓	✓		✓	✓
Mexico		✓		✓		✓	
Nigeria		✓					
Rwanda		✓		✓			
Senegal		✓	✓	✓			
Africa Training			✓	✓			
Latin America Strategy		✓	✓				
Latin America Mother-to-Mother Support		✓	✓	✓		✓	

### 3. Purpose-Level Achievements

The purpose-level achievements delineated in the CA (p. 19-20) were based on an "ideal" infrastructure universally acknowledged by the WHO/UNICEF policymakers meeting "Breastfeeding in the 1990s: A Global Initiative." Developing this infrastructure is the purpose of the long-term country programs. The indicators of a successful country program are:

- ▶ National breastfeeding coordinator appointed.
- ▶ National steering committee formed.
- ▶ National policy accepted with targets & a system for monitoring achievement of the targets.
- ▶ Comprehensive program established with appropriate interventions based on an assessment.
- ▶ Host country funds budgeted for breastfeeding activities.
- ▶ Breastfeeding promotion integrated into overall health and development policies.
- ▶ Improved monitoring and evaluation mechanisms established.
- ▶ Results of research disseminated widely and applied by policy makers.

WS/EPB documented the baseline for these eight indicators in the countries with long-term programs, with the exception of the two NIS countries. However, WS/EPB does not systematically monitor and report to USAID on the progress toward purpose-level achievements. Nevertheless, program staff seem to have a good sense of what landmarks have been reached in each country. Although the data in Table 3 (page 16) severely oversimplifies the full matrices in Annex E (all LT countries except Armenia and Georgia), the table provides a snapshot summary of country program progress as of the time of this mid-term evaluation.

### *Africa Programs*

**The Cameroon:** Although the Cameroon is classified as a long-term intensive program, it would be more accurate to call it a short-term intensive program because WS/EPB was involved there for only six months before the USAID mission closed. It was, however, an intensive effort to develop and implement training and promotional activities in the public sector, to work with CARE to strengthen and focus private sector action to improve breastfeeding, and to coordinate with UNICEF to ensure sustainability of breastfeeding promotion. The Cameroon serves as an example of what can be achieved in a relatively short time when the existing conditions and strategy are appropriate. (See Annex B for a full country trip report.)

**Nigeria:** The program in Nigeria is currently on hold due to political uncertainties. A rapid assessment was conducted and a plan of action was drafted and approved. A plan was drafted to confirm to USAID's decision to work exclusively with the private sector. No activities have started, but a full set of interventions is planned. A resident advisor is being recruited; confirmation of this advisor will qualify Nigeria as a long-term intensive program.

**Rwanda:** Rwanda could also be classified as a short-term intensive program, although like the Cameroon it was intended to be a long-term intensive program. After only five months, WS/EPB was forced to leave as a civil war broke-out. While in-country, WS/EPB was able to hire a resident advisor, successfully document breastfeeding practices, hold a National Conference on Breastfeeding and Infant Feeding, formalize policies to protect breastfeeding, train over 130 health workers, and establish a base of WS/LME Associates.

**Senegal:** WS/EPB began work in conjunction with USAID's Women and Infant Nutrition Support (WINS) project in support of a USAID/Dakar bilateral child survival initiative. Seven health professionals have received US/LME training, and a National Breastfeeding Workshop was conducted in May, 1994. WS/EPB technical assistance will help implement an integrated plan for infant and young child nutrition in 1995.

**Regional Training:** WS/EPB is beginning an initiative to increase and improve opportunities for training in lactation management and breastfeeding promotion in Africa. The

initiative responds to in-country needs and the expressed priorities of Africans and will include: 1) a workshop to review and develop pre-service educational curricula for medical and nursing programs; 2) two workshops designed to explore effective approaches for in-service training of community-level health personnel; and 3) follow up.

**Refugee Communities:** WS/EPB has responded to a growing crisis with infant feeding practices among refugees. The initiative, which was approved in early 1994, will begin with appropriate research and will be implemented with funding and implementation similar to long-term country programs. Close-out funds from Rwanda will be used for this initiative.

### Latin America Programs

**Dominican Republic:** The national program in the DR began in 1994, and a resident advisor is now in place. This past year a national strategy workshop was held, solidifying both government and NGO support. Other progress includes: the drafting of a national policy; the passing of the Code of Marketing; the Minister of Health appointing a new breastfeeding program director; the outlining of an ambitious program of training for the private and public sectors; and receiving remarkable press coverage and visibility for breastfeeding. Progress has been slow due to a need to coordinate efforts with USAID/DR's Family Planning and Health Project, MOH, UNICEF and others.

**Honduras:** There was significant progress in Honduras in 1994, with the hiring of a resident advisor who is focusing on policy initiatives, pre-service curriculum reform, and monitoring and evaluation. La Leche League (LLL)/Honduras, the subcontractor, is working with the MOH to expand coverage of systematic community-based support for breastfeeding mothers emphasizing recruiting and training volunteers, contact with mothers, and coordination with government services. Honduras serves as an example of public-private partnership, and is a leader in community outreach and evaluation. (See Annex B for a full country trip report.)

**Mexico:** Progress has been slow in Mexico because of long delays in reaching agreements with the Ministry of Health and the Population Council, the subcontractor that is coordinating in-country activities. Nevertheless, WS/EPB has provided assistance with in-service training curriculum and training of trainers, has supported LLL/Mexico activities for mother-to-mother support, and is the only long-term country conducting research through the WS/EPB competitive grants program. (See Annex B for a full country trip report.)

**PRAIL:** In collaboration with PAHO, WS/EPB is sponsoring the Regional Plan of Integrated Actions to Promote, Protect, and Support Breastfeeding in Latin America and the Caribbean (PRAIL). The team has been developing a regional strategic plan, a plan of action, and a document of understanding to guide continuing efforts. They are currently following

through with sub-regional and country-specific technical assistance, policy transformation, and monitoring of outcomes. The initiative represents a collaborative relationship with a regional organization in which institution building is happening on both sides: PAHO is increasing technical depth and credibility in breastfeeding promotion and WS/EPB is expanding the scope of its activities and policy initiatives. (It should be noted that in the past WSI, as a WHO Collaborating Center, has cooperated with PAHO on a regional plan, and is continuing this effort via the WS/EPB project.)

**Community Breastfeeding Support Systems:** This initiative emphasizes support for NGOs already providing successful mother-to-mother services, sharing of strategies and skills, clarifying and documenting several models, and assisting countries to develop their own support activities. In 1994, WS/EPB supported videos on working mothers' breastfeeding strategies, co-hosted with PAHO a multi-country workshop on community outreach and support, identified groups to write case studies, drafted a managers' manual on training and supervising community people to support breastfeeding mothers, drafted a manual on organizational development and administration to support community action for breastfeeding, and collaborated on training material for community health workers.

### **Newly Independent States Programs**

**Armenia:** WS/EPB began working in Armenia in 1994, and an ambitious national program was launched by the Armenians following their participation in BFHI training in St. Petersburg. Baseline research was carried out with support from USAID in 1992, prior to the development of the program. EPB has assisted the MOH to carry out an MCH and breastfeeding assessment, to revise and refine their national plan, and to implement a mass media public education program. The intense campaign will continue with the assistance of a part-time local advisor, but with limited funding in the future. (Note: The initial work in Armenia was started by UNICEF/WHO, and WS/EPB built on this introductory work.)

**Georgia:** In 1994, Georgia began the process of drafting a national policy and plan for breastfeeding promotion following a EPB assessment of MCH and breastfeeding. Despite limited funds, WS/EPB would like to have an in-country advisor and initiate training and a mother-to-mother support strategy.

**TABLE 3**  
**ACHIEVEMENT LEVEL INDICATORS**  
**Country Progress: Comparison of Baseline to Current Status**

		Breastfeeding Coordinator Appointed	Breastfeeding Committee Established	National Policy Approved	National Program Developed	Gov't Funds Budgeted	Breastfeeding Promotion Integrated	M & E Mechanisms Established	Research Disseminated
ARMENIA	1993	no	no	no	no	no	no	no	no
	1994			ongoing	yes				
CAMEROON	1992	no	no	no	no	no	no	no	limited
	1994	yes	no	yes	yes	staff position	yes	no	yes
DOMINICAN REPUBLIC	1993	no		no	no		no	no	
	1994	yes	no	drafted	yes	staff position	no	no	limited
GEORGIA	1993	no	no	no	no	no	no	no	no
	1994	yes	on-going	on-going	on-going	no	no	no	no
HONDURAS	1993			no	no		no	no	no
	1994	yes	yes	yes	yes	yes	on-going	no	no
MEXICO	1992								
	1994	yes	yes	no	yes	yes	yes	no	limited
NIGERIA	1992	no	no	no	no	no	no	no	no
	1994	no	no	drafted	no	no	possibly	no	no
RWANDA	1992	no	no	no	no	no	limited	limited	no
	1994	yes	yes	in devlp	yes	staff position	yes	on-going	yes
SENEGAL	1992	no	no	no	on-going	some	no	no	some
	1994	no	no	drafted	on-going	some	no	no	some

## C. ISSUES

### 1. CA Requirements

The first issue relates to the lack of precision in the CA about the requirements for long-term country programs. There are many different ways the CA can be interpreted and thus many different answers about the number of long-term country programs:

- ▶ If one looks at the explicit requirement in terms of quantity, it is obvious that WS/EPB has met the CA requirement to "provide long-term assistance and support in *up to ten* priority countries," since assistance to even one program would be sufficient under these terms.
- ▶ Likewise, it is relatively easy to answer the SOW question about the number of comprehensive national breastfeeding programs has WS/EPB *assisted*, since "assisted" is not quantified or qualified. Thus, it is indisputable that WS/EPB has assisted at least nine national programs.
- ▶ In terms of "comprehensive programs" — which may imply a full spectrum of interventions — WS/EPB has not yet funded a single "comprehensive program," although several countries are on the way to developing, with WS/EPB support, into "comprehensive programs."
- ▶ In terms of "coordinated programs" — versus a series of short-term TA — WS/EPB has initiated nine country programs and one for the refugee nations.
- ▶ For the "long-term" issue — which the CA implies to be at least three years — WS/EPB now has the potential to complete four or five long-term programs by 1996. However, duration may not be a critical issue, since the Cameroon program, which only lasted six months, appears to be one of the most successful programs so far.

This discussion is representative of the confusion over exactly what the CA requirements are and whether they have been, or will be, met. Given the current CA language, it must be concluded that WS/EPB has met the minimal requirement of assistance to long-term country programs. If, however, USAID is not satisfied with this requirement, the CA should be revised to add precision and clarity to the requirements.

The issues of outcomes and sustainability of the programs are discussed below.

## 2. Selection Criteria and Procedures

Another area in the CA that is left open for interpretation is the selection criteria for long-term country programs. The CA states that programs should be conducted in countries where "suboptimal breastfeeding practices and potential for change warrant it and where either the complexity and level of investment in breastfeeding activities merits such assistance. Countries. . . must have political commitment, and a potential infrastructure for a successful national program" (CA, p. 24). Must all the criteria be met before selection? Or are some a product of the program, i.e., developing political commitment? How does one determine, for example, the "potential for change" and the "complexity and level?" What are the indicators of political commitment? The criteria, as listed in the CA, are highly subjective and therefore virtually impossible for the evaluation team to assess the degree to which the selected countries meet the criteria.

Despite the vagueness of the CA, WS/EPB has attempted to address these issues and has developed a long list of indicators, which they use internally and when talking to USAID missions and counterparts. Several years of experience with the program has taught them which are the most critical factors and what additional factors they would consider in the future (i.e., political stability, opportunities for collaboration, strong base of WS/LME Associates).

In terms of selection procedures the CA was reasonable, but idealistic, in suggesting a proactive and highly discriminating role in narrowing of potential countries through a series of steps. In reality, countries were selected if USAID missions or regional bureaus showed their interest by committing funds, and if WS/EPB determined there was a reasonable chance for success, based on the selection criteria. In the end, countries selected WS/EPB as much as WS/EPB selected countries. While this procedure differed slightly from the CA, it was indeed the most pragmatic way to proceed.

If current WS/EPB activity does not meet expectations (or will not by the PACD), new countries should be added — according to the selection criteria — and additional resources made available accordingly. Emphasis should be placed on adding countries where WS/EPB has already conducted assessments and where it is possible to implement and evaluate a full spectrum of interventions.

## 3. Program Focus

A recurring issue in the long-term and short-term programs is the tendency of program assistance to focus on a "top-down" approach that begins with policy and training interventions in the formal sector of urban areas. This is based on assumptions that: a) hospital practices and national policies are the main barriers to change; and b) the information and attitudes will eventually trickle down to the mothers. This approach appears to have been taken without

thorough assessment of when and how mothers make decisions about breastfeeding. Further, it has often been taken at the expense of more cost-effective and sustainable approaches to affecting mothers' attitudes and behaviors in and outside of the urban hospital setting.

This issue, however, is not simple or clear cut. First, it must be noted that WS/EPB is part of a larger organization (Wellstart International) that has built its expertise and reputation on educating professionals in the formal health care system. While WS/LME and WS/EPB recognize the importance of other approaches to breastfeeding promotion, the sequencing of interventions usually starts with training, then policy reform. Second, the CA places considerable emphasis on *national* planning, which would appear to be a mixed signal. Third, there is the constant tension between responding to the requests of host institutions (ministries of health) — which also tend to focus on formal health care in urban areas — and starting with other approaches to reaching mothers in rural and community settings.

There have been legitimate reasons for the top-down approach, but it is imperative that the CA and Wellstart strategies be re-examined to support a more mother-centered strategy. Greater emphasis needs to be placed on reaching women in their communities more directly, and finding ways to sustain optimal breastfeeding practices over time. For example, one intervention strategy, urban mother-to-mother support groups, needs to be tested in different contexts. Support models, appropriate for rural women and those not in contact with the medical establishment, need to be developed. As an interpersonal communication strategy, support groups need to be compared to more efficient media-based approaches in terms of impact, affect, and sustainability.

#### **4. External Constraints**

There are a number of factors that have delayed and limited the progress of WS/EPB. The issues that are internal to Wellstart are discussed in the management section of the evaluation report, but there are also a number of external factors that affect progress. These are beyond the control of WS/EPB, but need to be recognized when assessing their progress. They include such things as USAID commitment and funding in missions and Washington Bureaus; other donors' actions (e.g., distribution of infant formula) and priorities (e.g., WHO/UNICEF focus on the Baby Friendly Hospital Initiative); host government priorities, policies, and procedures; political upheaval and civil war; and economic crises.

#### **5. Monitoring and Evaluation**

Another recurrent theme in the EPB project is the universal lack of monitoring and evaluation at all levels within and beyond the long-term country programs: performance of WS/EPB,

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subcontractors and subawardees; quantity and quality of project outputs; progress toward achievement or purpose-level objectives; and contributions to the project goal.

Monitoring and evaluation are discussed in greater detail in Section V.D., but are addressed briefly here as they relate to long-term programs' contribution to the CA aim to "test, expand, refine and monitor practical and successful approaches."

### **Performance Level**

There is currently no formal system for monitoring or evaluating the performance of WS/EPB, the U.S. and local subcontractors, or the subawardees in-country. Performance is, in some instances, measured against work plans or contract requirements. However, these documents generally lack specific targets and time frames. Furthermore, reporting tends to be more descriptive (what was done and when it was done) rather than analytic (why performance lagged) or prescriptive (what needs to be done to address performance issues).

The implication of this is that managers, Wellstart, WS/EPB and USAID cannot systematically assess how well the long-term programs are being managed or where the bottlenecks are. Decision making, then, is often based on general impressions rather than systematically collected and recorded data.

### **Output Level**

The CA identifies four outputs for long-term country programs as listed in II.B.2. above. These indicators have not been accepted universally among WS/EPB staff, nor have country-specific targets been developed for each country, as required in the CA.

Several long-term programs have established targets but they are not based on CA indicators, and the others have no quantifiable output targets. As a result, managers and evaluators have no data for assessing the quantity or quality of project activities within country programs, nor can they compare outputs between countries. Furthermore, WS/EPB and USAID do not track the cost or effectiveness of project activities and thus are not able to answer such questions as, "What aspect of the program is consuming most of the funds and what management changes might improve the efficiency of the program?" (CA, p. 26)

There are a number of reasons that the CA output indicators are not usable, including:

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- ▶ The definitions are vague. For example, with the first indicator — percentage of women counseled — it is not clear whether counseling means person-to-person contact, group orientations, or mass media campaigns.
- ▶ The denominators are not specified. With the fourth indicator — number of functional mother support groups established — it is not clear whether the denominator of the ratio is the number of women in the target community or the entire health system.
- ▶ The quality or content of the outputs is not specific. Take the fourth indicator as an example again: does it mean new mother-to-mother breastfeeding support groups, or new mothers' clubs, or integrating breastfeeding issues into existing mothers' groups?
- ▶ It is difficult to attribute the outcomes to WS/EPB or any other single organization, since each activity is a collaborative effort of a wide variety of individuals and organizations, and since some activities existed before WS/EPB entered the country. For example, with the second indicator — percentage of health and other workers trained in a competency-based manner regarding lactation management and breastfeeding promotion — it would be rather easy to monitor the number of workers WS/EPB has trained directly, but more difficult to get an accurate count of the number of workers trained as a result (multiplier effect) of WS/EPB's strategy to train trainers, or WS/EPB-sponsored training that is conducted by other organizations.
- ▶ There are a number of factors beyond WS/EPB's control. Consider the political factors of the third indicator — percentage of health facilities with reformed breastfeeding policies as stated in the WHO/UNICEF Baby Friendly Hospital Initiative. BFHI is a very political program, with certification often more related to who you know or how strong the MOH is vis-a-vis UNICEF and WHO than to good birthing practices.
- ▶ WS/EPB has little control over the collection of data by collaborating organizations and many do not yet appreciate the need for reliable monitoring systems.

If USAID and Wellstart are to be held accountable for project outputs, they must first agree on a standard set of indicators for long-term programs and then identify targets for each country. The CA should be amended to include a new set of indicators that are measurable and require WS/EPB to report, at least semi-annually, on the status of outputs by country program. These indicators should be developed collaboratively by USAID and WS/EPB, since WS/EPB has long

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been troubled by this issue and has given considerable thought to alternative or complementary indicators.

Steps in this process will include:

- ▶ Developing standardized output and purpose-level indicators for worldwide use.
- ▶ Establishing targets — using the standard indicators — for measuring success of each country program.
- ▶ Introducing a monitoring and evaluation system that allows EPB to track and report performance, outputs, and progress toward achieving objectives in each country.

#### **Achievement Level**

The purpose of the long-term programs, or what they are intended to achieve, was addressed above in section II.B.3. The CA indicators of a successful and comprehensive program are reasonable and measurable, as is evidenced by the fact that WS/EPB collected baseline data in most long-term country programs using this standard set of indicators.

While the baseline data exist and WS/EPB managers have a general sense of how the programs are progressing, they do not provide USAID with status reports of country programs in terms of these indicators. WS/EPB and USAID managers would have a clearer idea of how successful the long-term country programs are if progress reports included the current status of each indicator compared to the baseline status. In addition to the status, it is important that descriptive and analytic information be included to give depth and meaning to the data. In this regard, WS/EPB should also document the exogenous factors that affect progress and the lessons learned.

#### **Purpose and Goal Level**

The purpose of the CA is "to promote breastfeeding in selected developing country settings" and the overall goal of the CA is "to improve the health and nutritional status of children in developing countries." Not only should long-term programs be designed and managed to contribute to this purpose and goal, they should also be monitored and evaluated in such a way that USAID and WS/EPB managers know if the country programs are contributing to these aims. So far, the Honduras program is the only one that has begun to evaluate at the purpose and goal levels.

## 6. Sustainability and Replicability

Developing long-term programs that are sustainable and replicable are implicit aims of the EPB project, but they are not explicitly stated. Despite this fact, WS/EPB has taken measures that have resulted in verifiable progress toward sustainability. In terms of capacity building, WS/EPB makes considerable use of local consultants for program management, training, TA and research and offers opportunities to widen and deepen the management and technical capacity of cooperating indigenous individuals and organizations.

WS/EPB has also made efforts to institutionalize the programs. For example, they collaborate in designing and implementing interventions with host government counterparts, NGOs, other donors, and WS/LME Associates. They focus on training master trainers, revising curricula, and reforming policies — which are somewhat controversial foci — but are changes that are sustainable. WS/EPB works closely with host governments and national policy makers to ensure sustainability.

The area of sustainability that is least certain is financial. At this point, country programs still rely heavily on donor assistance — WS/EPB, USAID local programs, UNICEF, WHO, the World Bank, and CARE. Local planners and implementors recognize the importance of being self-sustaining, but they find it difficult to achieve. Host governments are making steps, such as funding breastfeeding coordinators within the MOH, but none have yet made significant budget allocations for breastfeeding promotion activities.

The capacity of local experts and institutions has increased as a result of WS/EPB assistance and much has been done in the way of institutionalization, yet the issue of sustainability of the long-term programs will largely depend on financial means.

WS/EPB has not yet addressed the issue of replicability. Again, this is implicit in the aim of EPB to test and disseminate "new and improved methods for the promotion of optimal breastfeeding." After several years of design and implementation experience, WS/EPB is in a position to document approaches. This may include, but not be limited to, written models that address ideal circumstances for country selection, implementation procedures, sequencing and mix of interventions, and external and internal factors for success.

## D. CONCLUSIONS

EPB has initiated long-term programs in nine countries with varying degrees of success. The programs are at different stages of development, and have included a mixture of activities, strategies, and challenges. The "refugee nation" has been targeted as a long-term program and is in the early stages of development. EPB has also introduced several long-term initiatives, including: regional training in Africa, mother-to-mother support in Latin America, and strategic planning in Latin America with PAHO.

While significant action has been initiated, there is a need to develop working models for long-term country programs over the next two years. In developing the models, WS/EPB should use their experience to document the guidelines for planning the optimal blend and time order of interventions in different contexts. WS/EPB should also formally document key factors for success, external factors or constraints, integration, costs, and lessons learned. The model should be the basis of strategies, implementation and evaluation, thus "testing" how national programs can most effectively improve breastfeeding practices. Within several months of the PACD, EPB should refine the model and prepare it for worldwide dissemination.

It is difficult to quantify the outputs of the programs or to assess their progress. This is primarily because indicators in the current Cooperative Agreement are not easily measurable and because WS/EPB has not yet developed a monitoring and evaluation system. It is also difficult to assess whether WS/EPB has not or will meet the CA requirements as they are currently defined. Given the lessons learned over the last few years and the current climate for change within WS/EPB, it is in a position to focus on these issues for the remainder of the CA.

## E. RECOMMENDATIONS

- ▶ USAID should clarify expectations and definitions of what constitutes a "long-term country."
- ▶ WS/EPB should immediately draft working models for long-term country programs.
- ▶ WS/EPB should work with USAID to improve the monitoring and evaluation system for the long-term country programs.
- ▶ USAID, in consultation with WS, should amend the Cooperative Agreement to include the mutually agreed upon definitions, selection criteria, standard indicators, and output and purpose-level targets.
- ▶ Specific country program recommendations:

**NIS Countries:** Priority attention should be given to locating additional funds for NIS because of the great potential to affect breastfeeding practices.

**Cameroon:** To contribute to the sustainability of the Cameroon program, efforts should be made to link breastfeeding promotion to the forthcoming West Africa subregional HPN project.

**Mexico:** Because of serious delays in the Mexico program, WS/EPB should reconsider further involvement if FY95 funds designated for the Mexico program are not fully dispersed by September 1995.

## ***III. Short-Term Initiatives***

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### **A. BACKGROUND AND RATIONALE**

The CA provides that WS/EPB may provide “. . .technical assistance for short periods (three months or less) to as many countries as possible to conduct breastfeeding assessments or surveys, develop country breastfeeding strategies, design projects, strengthen breastfeeding components of ongoing programs, address implementation and evaluation concerns, review and develop training, identify and strengthen community-based mother support groups and assist in developing breastfeeding activities within the context of the host government's development strategies” (page 26).

Short-term technical assistance provides the flexibility needed to determine if a country is ready or has the potential to host a long-term country program. It provides a useful tool to assess the specific needs of interested developing countries in promoting optimal breastfeeding. It also allows WS/EPB to respond to individual requests for assistance from countries that may already be developing their own breastfeeding programs with their own financing. Clearly these cases are worthwhile means of expanding the promotion of breastfeeding.

### **B. DISCUSSION**

While support of long-term country assistance remains the first priority, and there is a need to focus WS/EPB activities over the next two years, WS/EPB has used this flexible short term technical assistance tool very well in a number of countries (16 countries, some with multiple visits as of September 94).

Individual interventions requested by countries in the LAC, Africa, Asia, and NIS regions have been particularly helpful in areas such as individual country assessments and qualitative research, national policies, training and curriculum development, communication and influencing labor policy towards women.

Short-term assistance to the NIS countries has proved tremendously successful to date with a highly successful conference in Kazakhstan, which led Armenia to ask for help in social marketing, and with intense interest aroused in the Central Asian Republics. Other short-term activities to help developing countries further their breastfeeding programs have taken place in

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the Dominican Republic, El Salvador, Brazil, Nicaragua, Peru, Philippines, and Indonesia. Short-term assistance has also provided a vehicle for providing help to WHO, UNICEF, and PAHO in their efforts to develop a consistent world wide policy on breastfeeding and its relationship to MCH activities. Subcontractors were not used as much as originally envisaged due to delays in signing the subcontracts.

As of August 31, 1994, \$1.7 million has been spent on short-term assistance, which represents 52% of all country-related activities, and 25% of all WS/EPB expenditures. Funds for short-term assistance come from several sources: 43% from core funds, 29% from OYB transfers and 28% from add-ons.

Short term technical assistance has proved to be a very effective, flexible way to:

- ▶ Help move individual country initiatives forward in cases where long-term programs are not needed nor warranted.
- ▶ Assess the potential for a country requesting assistance to qualify (or not) for long-term assistance.
- ▶ Provide policy, technical or organizational assistance to international organizations working in the field such as WHO, UNICEF, World Bank and PAHO.

These uses should serve as criteria to help focus effective use of this tool in the future. In meeting country or international organization requests for short-term assistance, WS/EPB should also consider whether the service(s) requested can be appropriately provided by one of its subcontractors.

Therefore, while preserving the flexibility of this tool, in the future, short-term technical assistance should be more focused and granted only in those cases that appear to have some potential for success or provide a foundation for future work of interest to WS/EPB. For example, WS/EPB may need to test prototypes, communication, outreach, monitoring and evaluation materials in short-term countries because of the limited number of active long-term countries.

## **C. RECOMMENDATIONS**

- ▶ Short-term technical assistance should continue to be provided and funded as needed in priority countries.
- ▶ Individual requests should be carefully screened and focused to make sure that the short-term technical assistance activities contribute to overall project goals.
- ▶ Increase the use of subcontractors rather than individual consultants.

## **IV. Applied Research**

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### **A. OVERVIEW AND RANGE OF ACTIVITIES**

Through core funding the WS/EPB has built into their program applied research focused on breastfeeding through three separate channels: 1) competitive grants; 2) development of research protocols for multi-country studies; and 3) awards for research on specific topics relevant to country program development.

The overall goal is to obtain information and knowledge on various facets of breastfeeding promotion and lactation management and make the findings available to policy makers and program managers to promote optimal breastfeeding. This research will provide information to better design, execute and evaluate policies and programs, and to mobilize support and resources for breastfeeding.

The scope of research includes the following: qualitative and KAP studies, ethnographic studies, operations research and selected biomedical research. Also included are testing of interventions, economic and cost-benefit studies of breastfeeding. Studies are both hospital-based and community-based. Applied research overlaps with the evaluation section in regard to the development and testing of key indicators for qualitative baseline studies.

#### **1. Competitive Grants Program**

The original solicitation for research prospecti was sent out in late October 1992 to select individuals, organizations, and universities identified by WS/EPB to be interested in breastfeeding (such as TAG members and consultants to WS/EPB, agencies, the International Center for Research on Women mailing list, NGOs and LME Associates and the headquarters and regional offices of the Population Council and UNICEF). No one general announcement was published or uniformly distributed. The call for proposals was not generally circulated in the MCH/nutrition community as a whole.

The initial solicitation for brief research prospecti resulted in 150 submissions which were reviewed by the WS/EPB Advisor responsible for the competitive grant program and by another

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research advisor using quality of the prospectus as the main criteria for selection. Twenty-eight prospecti were selected and invited to submit full proposals. The completed full proposals were then peer-reviewed by the members of the TAG on Applied Research plus additional consultants to cover expertise not represented on the TAG for certain proposals.

In future solicitations WS/EPB should consider broadening the base of solicitation for research proposals. Incorporating an in-country research collaborator would improve not only the interpretation of findings but the utilization of the findings for policy and program development or modification.

Fifty percent, or 14 of the 28 proposals, were recommended for funding and award notifications were sent out in late 1993. Two of the accepted proposals were vetoed by the USAID CTO and returned for further revisions, which considerably delayed final approval and start up.

To date, all but two studies have been initiated. The two mentioned above were seriously delayed, one having been signed off on September 19, 1994. None of the funded studies have yet furnished preliminary results.

Of the twelve funded projects, three were submitted by investigators from developing countries and the remainder from U.S.-based researchers and institutions, some with collaborators in developing countries. Two of the funded studies consisted of secondary data analyses. The topics of the funded studies fall into the following general categories:

▶ Anthropological studies of breastfeeding	4
▶ Working women and breastfeeding	3
▶ Secondary data analyses	2
▶ Biomedical research	1
▶ Maternal nutritional status and breastfeeding	1
▶ Social marketing of breastfeeding	1

Six of the research projects are in countries where WS/EPB has projects or WS/LME Associates. (See Annex C for a list of the funded research projects.)

The solicitation for proposals appears not to have been widely circulated. Future announcements could be disseminated to select universities with schools of public health, departments of pediatrics, obstetrics, and applied nutrition; NGOs in the U.S. and in developing countries should also be considered. Professional organizations such as the Society for International Nutrition Research (SINR) and pediatric research can be reached through their newsletters and journals.

Although the selection of the long-term countries were not made in the early stages of project implementation, candidate target countries for long-term programs were known. WS/EPB has

indicated that one of the reasons for focusing the mailing of the RFP was to attempt to solicit proposals from WS Associates.

Using quality of the proposal as the sole criteria for selection should be modified. If the research topic is responsive to an underrepresented and important area of research, or is from a developing country, particularly from a country with WS/EPB programming, assistance from WS/EPB should be forthcoming to help strengthen the proposal.

The range of topics already selected are not particularly well distributed, but in an open competition this cannot be avoided. More attention needs to be paid to maternal nutrition in relation to lactation and to issues relating to exclusive breastfeeding. For example, more research needs to be promoted on the evaluation of elements of exclusive breastfeeding that are of clinical importance to the infant's health, such as: early vs. late initiation of breastfeeding, giving of water or traditional pre-lacteal foods, "insufficient milk" syndrome, and extending the duration of exclusive breastfeeding from four to six months. Other subjects could include how best to reach rural mothers and how best to work with community and mothers groups in the promotion of breastfeeding.

Other important applied research areas not covered to date include: maternal nutrition in relation to quality of breastmilk vs. quality in moderately malnourished mothers; transmission of HIV and breastfeeding; cost-benefit studies in all WS/EPB "long-term countries"; and how mothers view exclusive breastfeeding: initiation, duration, supplementation.

The ability of WS/EPB to solicit RFP's on topics where information is found to be sorely needed appears to be very limited unless more core funding is forthcoming or outside funds are sought -- a very time-consuming process.

Capacity building in the host country for carrying out research appears to be lacking. It was believed that a certain amount of research training occurred through research collaboration. However, there were few collaborative studies actually funded. WS/EPB feels that capacity building in research, such as proposal writing, study design, research implementation, data collection, management, analysis and writeup, is better done by such technical assistance groups as ADDR who run two week-long seminars in many developing countries.

Should more funding become available for additional research projects under the Competitive Research Grants program, the revised procedures, are suggested in Annex C, should be followed in order to tighten and make the program more effective.

## **2. Multi-Country Research Initiated by WS/EPB on Safe Storage of Breastmilk**

WS/EPB also funds the development of research protocols to carry out multi-country research. The multi-country research project on Safe Storage of Breastmilk now being developed in coordination with WHO is an example. In order to enhance the ability of working women, particularly in developing countries, to be able to continue to feed their infants with breastmilk while working, there is a need to develop guidelines on the safe and reliable methods of breastmilk expression and storage. The focus is on situations where no refrigeration is available. A three-step process was visualized:

1. Information gathering and a critical review and exchange of information was undertaken jointly by WHO, WS/EPB, and USAID. An informal consultation among the above agencies was held on the expression, storage, and feeding of expressed, stored breastmilk. Attending were policy makers, and clinical experts with experience in nutrition, food safety, anthropology, and biochemistry.
2. As a follow-up to the above, the development of an RFP is underway for actual research to be carried out in the field. Two proposals will be funded. The RFPs should be given the broadest distribution. In addition, a microbiologist should be part of the review panel, given the problem of possible bacterial or viral contamination of the milk and of the problem of possible HIV infection and its survival in stored milk.
3. Upon completion of the research, an Expert Consultation will be held by WHO to review the research with the above-mentioned groups and final guidelines will be issued on the safe and reliable storage of expressed breastmilk.

For the above research and associated conferences, \$325,000 has been allocated by WS/EPB, \$300,000 of which is for the actual research. WHO will cover some of the meeting costs. (Georgetown University has done some work on this subject which was published in early 1994. GU has been informed of this WS/EPB initiative, and has not given any indication that it considers this activity redundant.

## **3. Study of the Environmental Contamination of Breastmilk and Infant Foods**

Following the USAID-sponsored Maternal and Child Health Seminar in Kazakhstan, fears were expressed by participants that there might be contamination of breastmilk, particularly from agricultural pesticides and radioactivity. A widespread concern was also raised that because of long-standing stress and malnutrition, mothers had insufficient breastmilk with which to feed

their infants. In 1994 funds were allocated to support research in the area of environmental contamination of breastmilk.

A pilot study was initiated by WS/EPB, using a consultant from the California Hazardous Materials Laboratory (CHML), who collected 100 food and milk samples, both breastmilk and cows' milk, in northern Kazakhstan. The local capability for analysis of chlorinated compounds was also assessed. The WHO/EURO protocol was adopted for use in order to make the results comparable with those of other European countries. Simultaneous with sample collection, qualitative breastfeeding information from the same subjects was also collected. To date, 99 food and cows' milk samples have been studied for chlorinated compounds in the California laboratories; however, the breastmilk samples have not yet been analyzed, nor have analyses been performed for radionucleotides or heavy metals.

OYB funding (\$250,000) was used for this research but was not sufficient to cover the work because of the unexpectedly high per sample costs for analyses of chlorinated compounds. Apparently, WS/EPB has not yet made a concerted effort to pursue non-USAID funding or other USAID funding to complete this very important study. Further, study of the "insufficient breastmilk syndrome" should be undertaken in the future.

Given the importance of completing this important research, the following sources of funding, in addition to USAID, should be vigorously approached (should additional assistance be provided to the Research Advisor and provided USAID approves the expenditure of staff time in this manner): the Atomic Energy Commission, International EPA, European Development Corporation, World Bank, OSHA, and the European Economic Community. Additionally it does not seem to be a good use of the WS/EPB Technical Advisor of Research to be collecting samples for a pilot study in Kazakhstan instead of using local personnel and a consultant.

#### **4. HIV Infection and Breastfeeding**

There has been growing interest and pressure for WS/EPB to reexamine the WHO breastfeeding policy for women who are HIV positive during lactation regarding the HIV transmission risk to the infant. This is especially important in African countries, and is becoming more so in South America and Asia.

A study was proposed for Rwanda earlier this year to compare HIV transmission rates in bottlefed versus breastfed infants, but because of ethical issues raised by WS/EPB the study was not carried out. The ethical dilemma was articulated in a project paper by Chloe O'Gara at NIH. Other possible research sites examined in Kenya and Brazil were found to be not feasible. Because other groups of pediatric AIDS researchers are involved in some studies of HIV transmission via breastmilk, it was felt at this point that WS/EPB should review the literature as

well as findings of unpublished studies (where possible) and then convene a multidisciplinary expert consultation on the subject. An MPH student from Johns Hopkins University, a physician, is carrying out a literature review but may need expert assistance with the interpretation of some of the studies since she has no expertise in the pediatric HIV/AIDS field.

If possible, an expert committee or TAG, in conjunction with the Pediatric AIDS Meeting scheduled for 1995, could be convened. WS/EPB managers feel strongly that a multidisciplinary team should be assembled (pediatrics, obstetrics, infectious disease, immunology, gastroenterology, lactation, epidemiology). Also, if research is recommended, it should be practical and deal with interventions and activities that mothers can undertake themselves to prevent HIV transmission via breastfeeding. Funding for convening the above expert committee would be sought outside of WS/EPB funding, given the multiple sources for funding of AIDS conferences and research. Should research be recommended, this could be carried out during the period of a possible project extension, 1996-1998.

## **5. Rwanda Refugee Research Initiative**

Because of the tragic events in Rwanda, WS/EPB activities came abruptly to a close. However, the opportunity to study the impact of displacement of people into refugee status in camp settings on breastfeeding has presented itself. The effect of emergency feeding packets containing infant formula and other milks will be examined in reference to breastfeeding behavior. The WS/EPB group in Rwanda is comprised of several Wellstart Associates, one of whom is available and able to direct this research in three camps in Tanzania and Uganda. Funding for this study would come from unused WS/EPB program funds allocated to Rwanda. The refugee population is viewed as a "nation," numbering in the millions, and a global problem. It is felt that such a study would yield useful information that could contribute to policies regarding emergency feeding foodstuffs, particularly around the issue of the need for infant formula and the negative effect on the continuance of breastfeeding by refugee mothers. The widely held perception that refugee mothers are too stressed and malnourished to adequately breastfeed their infants will also be examined.

Another subject for inquiry and research is the impact of *feeding the mother, rather than the infant* on the mother's ability to breastfeed, her own nutritional status, and the growth of the infant. This would be an important research contribution, should the above research be carried out. Rwanda has excellent baseline information about breastfeeding practices prior to the crisis.

A serious question raised about the implementation of research among Rwandan refugees is that the money, staff time, and efforts could perhaps be better spent on priority areas or in rebuilding breastfeeding promotion and protection programs in Rwanda and in the camps as well. Perhaps with a scaled-down research effort, both activities could go on.

WS/EPB's new Technical Advisor for Evaluation, who is experienced in Rwandan affairs, should not divert any of her time or effort, except for occasional consultation in Washington, to the Rwanda research effort as she is urgently needed for development and implementation of WS/EPB's evaluation activities.

## **6. Staff Involvement in Applied Research**

The WS/EPB Research Advisor and staff, in general, should not carry out research unless there is a compelling reason for doing so and their regular duties are covered by other staff. They should perform advisory, organizational, supervisory, and follow-up activities. For example, in Kazakhstan, the Technical Advisor for Research and a consultant were directly involved in food and milk sample collection. This direct data collection activity takes the Research Advisor away from more valuable functions of an advisory/consultative role. Involving in-country workers also builds capacity, and therefore is a worthwhile investment.

## B. RECOMMENDATIONS

- ▶ Improve coordination of research with country programs based in countries where WS/EPB has long-term involvement.
- ▶ WS/EPB should become more aggressive in actively pursuing non-WS/EPB USAID funds or new donor funds (WHO, UNICEF, World Bank, etc.) to help offset the sharp reduction in funds originally allocated for applied research (\$3.0 million reduced to \$1.5 million), especially for the food contaminant study and HIV infection and breastfeeding study. This assumes that there will be adequate staff and time to pursue such funds and USAID approval to allocate staff time in this manner.
- ▶ Should funds become available under the competitive research grant program to improve the selection process, and focus the topics selected for additional research projects, the revised procedures, as set forth in Annex C, should be followed.
  1. Circulate future RFPs (e.g., Study of Breastmilk Storage) to a wider audience than in the past, including the NGO and academic community.
  2. Examine closely the Rwanda refugee research initiative on breastfeeding to determine if it should take priority over other program or research areas.
  3. Instruct core staff in WS/EPB, in general, not to conduct research themselves or carry out pilot studies in the field, but rather to rely more on in-country staff working with short-term consultants or investigators.

## ***V. Technical Foci***

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### **A. POLICY/ADVOCACY**

#### **1. Background**

"Policy Dialogue" is among the key interventions specifically emphasized in the CA for WS/EPB's attention. The CA emphasizes that: "Policy makers and planners at the national, community, and institutional levels have a primary role to play in determining the most appropriate actions to take in the promotion and support of breastfeeding" (p. 32). WS/EPB has paid close attention to this mandate throughout its program as indicated below.

#### **2. Accomplishments**

WS/EPB has been very successful in affecting international breastfeeding policies through drafting, disseminating, and negotiating language for two policy documents: the *1992 International Conference on Nutrition in Rome*, and the *1994 International Conference on Population and Development in Cairo, Egypt*. WS/EPB is currently preparing the language for the *Program for Action for the Fourth World United Nations Conference on Women*. WS/EPB is coordinating their efforts with other US-based NGOs.

WS/EPB has written policy briefs on the relationship of breastfeeding to food security, environmental health, working women, and HIV infection.

WS/EPB has begun collaborating on working women and breastfeeding issues by joining with other breastfeeding experts and organizations, such as the World Alliance for Breastfeeding Action (WABA). A March 1993 mini-TAG meeting led to the identification of seven needed concrete activities. The group also devised a model of the needs of lactating workers (which was later incorporated into the WABA General Action Folder for World Breastfeeding Week 1993). WS/EPB has also created videos on working women and breastfeeding in four countries (Brazil, Guatemala, Kenya, and the Philippines) in local languages, which are designed to be distributed to local organizations for use with decision makers to change labor policies and to support World Food Day. However, it is unclear precisely how they will be used. Because none were done in

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WS/EPB long-term countries, the promotions are not tied to other WS/EPB activities and there are no plans for monitoring and evaluation of the effects of the videos. WS/EPB needs to make a comprehensive plan for activities to benefit lactating working mothers, spelling out goals and strategies at the international level and within WS/EPB country programs.

This work at the global and regional level has benefitted from the insights of past Wellstart Associates. There are now over 500 LME alumni in some 50 countries who have assisted in both the advocacy and establishment of national policies to promote breastfeeding and have been extremely helpful to WS/EPB advocacy efforts in both short- and long-term countries.

In the case of the Cameroon in FY94 the WS/EPB project supplied intensive policy level assistance very successfully before the USAID mission closed in 1994. In addition, USAID made a modest grant to UNICEF to assist in its continuing to support of the Cameroonian breastfeeding program. There remains some concern in the Cameroon that the UNICEF policy on administering oral rehydration solutions (within 24 hours of the first bout of diarrhea) is not consistent with WS/EPB messages urging exclusive breastfeeding unless there is mild or severe dehydration for children under six months old. Conflicting messages are potentially very dangerous, and should be guarded against.

WS/EPB has been working with PAHO as PAHO develops a regional breastfeeding promotion program. The program recommends coordinated national breastfeeding plans integrated into other MCH activities, going beyond hospital training and passage of the International Code of Marketing of Breastfeeding Substitutes. WS/EPB and PAHO jointly support a field coordinator for the regional effort, and there is an interagency technical group to coordinate with the major international breastfeeding organizations. Members of the field team have participated in national planning meetings in the Dominican Republic, Peru, and Paraguay, a baby friendly hospital meeting in Argentina, a meeting of national breastfeeding commissions in Central America, and the Spanish language LME. WS/EPB and PAHO will co-sponsor a workshop in 1995 to promote women's movement groups including breastfeeding support on their political action agenda.

Policy advocacy is an area where WS/EPB has utilized its multi-faceted technical assistance resources in helping countries, international organizations, and PVOs in developing international and national policies which support breastfeeding, usually as an integral part of the maternal and child health policy. Wellstart with its LME Associates in key positions in host countries have been important in assisting WS/EPB staff and consultants get started both formally and informally.

In most long-term and in some-short term countries, WS/EPB has conducted conferences and workshops to sensitize decision makers, share policies and plans, and develop country-appropriate policies and plans. WS/EPB has assisted in developing national policies and plans to

support and promote breastfeeding in some long-term countries (the Cameroon, the Dominican Republic, Georgia, Rwanda, Senegal) and one short-term country (Indonesia). WS/EPB research in Malawi and El Salvador appears to have contributed to the development of national programs in those countries as well.

WS/EPB also produces publications in three languages (Spanish, French and Russian) in addition to English. (See Annex F for a list of current EPB publications.)

### **3. Issues**

As previously mentioned, international policy instructions for "exclusive" breastfeeding for children from 0-6 months conflicts with instructions for remedies for helping infants with diarrhea. These differences need clarification at the policy level. Compromises have been worked out regarding cases of infant diarrhea, in which ORT is administered to prevent dehydration with breastfeeding continuing at the same time.

WS/EPB should expand its policy focus to include such important subjects as the working woman (increased emphasis), and combatting competing mediated messages from breastmilk substitute companies. WS/EPB should leave the concentration on hospital-based programs to the Wellstart LME project and UNICEF.

### **4. Recommendations**

- ▶ Give attention to national policy development, but focus on additional topics such as: the working woman and combatting competing mediated messages from breastmilk substitute companies.
- ▶ Call appropriate attention to the urgent need for breastfeeding policies and programs to cover education for mothers who are outside the reach of the formal medical establishment.
- ▶ Work closely with WHO, UNICEF and other donors to assure that the general policies for treating children under six months are consistent for both breastfeeding and general primary health care.

## **B. TRAINING AND CURRICULUM DEVELOPMENT**

### **1. Background**

According to the CA, "Training is expected to play a large and significant role in the Agency's response to the need for assistance in breastfeeding." Likewise, "good educational materials are an essential component to training activities." The CA calls for things such as sensitization seminars and information exchange meetings aimed at policy and program planning and monitoring; sponsorship of host country nationals in key posts for brief study tours; revisions and introduction of educational and training materials, as well as curricula, that are competency-based and tailored to fit local needs.

While WS/EPB maintains budgets by activity, it does not track funds by type of activity, (i.e., training), so it is impossible to identify precisely how much has been spent.<sup>3</sup> However, WS/EPB staff estimate that the cost of technical assistance (TA) related to training in Latin America is approximately \$2,300 per country, and approximately \$7,200 in Africa and Asia, which includes transportation to and from the country, per diem, and salary of WS/EPB staff and consultants. The cost of conducting in-country workshops range from \$12,000 to \$25,000. Local costs of workshops are often shared by other donors and the host government.

### **2. Accomplishments**

#### **Overall**

WS/EPB has supported training in two ways: WS/EPB direct participation in the design and delivery of training (strategy workshops, training of trainers), and WS/EPB funding for other organizations to conduct the training (U.S. training from WS/LME<sup>4</sup>, community-level, in-service, pre-service). The services and products described below fit under both these categories, and are outlined in more detail in Table 4 (page 44).

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<sup>3</sup> Although the WSI fund accounting software has the capability of tracking funds by type of activity, WS/EPB tracks by specific activity when the need arises and does not track by broad activity.

<sup>4</sup> Although WS/EPB and WS/LME are funded separately by USAID under two different CAs, WSI considers them conceptually as "one" -- i.e., two closely interrelated projects designed to be mutually reinforcing in achieving the common goal of expanding breastfeeding in the developing world.

**Services**

WS/EPB provides training and related services to long-term country programs as well as other short-term countries. Services include training assessments, strategy/planning workshops, and training of trainers (TOT). In addition to helping countries better plan and implement training, WS/EPB has also provided training in the Western NIS, for example, in social marketing and qualitative research. WS/EPB also plans to support Mexico's National Breastfeeding Center in implementing and evaluating their training program.

**TABLE 4  
TRAINING AND CURRICULUM DEVELOPMENT ACTIVITIES**

	Brazil	Cameroon	Colombia	Dominican Republic	Indonesia	Honduras	Mexico	Uganda
Assessed Training Needs		✓	✓	✓	✓	✓	✓	✓
Developed Strategy for Professional Health Care Providers		✓	✓	✓	✓	✓		✓
Developed Strategy for Community Health Care Workers				✓		✓	✓	✓
Developed/Adapted Curricula/Materials for Health Care Professionals	✓	✓		✓		✓	✓	✓
Developed/Adapted Curricula/Materials for Community Health Care Workers		✓				✓		✓
Conducted Training of Trainers Course	✓	✓			✓	✓	✓	
Conducted Workshops (approximately 20 people/workshop)	0	2	1	3	1	3	1	2
Additional WS/EPB Training Support	1 TA visit	1 TA visit	1 TA visit	3 TA visits	1 TA visit	4 TA visits \$5,000	3 TA visits	1 TA visit

WS/EPB has funded or arranged for the following non-WS/LME funding for individuals and teams to attend the WS/LME course in San Diego: Brazil (1 person), the Cameroon (11), CAR (15), Dominican Republic (1), Honduras (1), Nicaragua (7), Rwanda (6), Senegal (4), and Western NIS (21).

WS/EPB has also funded:

- ▶ African WS/LME Associates to visit the General Hospital in Mexico City (10 people).
- ▶ WS/LME Fellows to visit Washington, D.C. (4).
- ▶ WS/LME Associate from Honduras to attend a conference on cost-effectiveness of breastfeeding promotion held in Brazil (1).
- ▶ Community support workers to attend a conference in Guatemala (110).

### **Products**

New training materials for use at the community level have been developed in Honduras, the Cameroon, Uganda, and are planned for Georgia. With WS/EPB sponsorship, La Leche League (LLL) in Honduras is working on a curriculum for training lactation counselors that should serve as a prototype for other countries. Peru is planning a midwifery and traditional birth attendant curriculum.

At the professional level, WS/EPB is assisting Honduras in developing in-service curricula for clinicians working in breastfeeding promotion or lactation management. In Uganda and the Cameroon, modular training has been designed for integration into such in-service training as control of diarrheal diseases, acute respiratory infections, and family planning. Through the Honduras program and the regional training program in Africa, pre-service curricula are being revised to better integrate breastfeeding into the medical and nursing school programs.

The technical aspects of the materials and curricula are up-to-date, based largely on the BFHI framework and the WS/LME program, and generally follow the topics outlined in the CA. However, like BFHI, WS/LME, and WS/EPB in general, the materials and curricula tend to be strongest in technical areas of lactation management, and weakest in promotion of breastfeeding at the community and family levels, as well as monitoring and evaluation.

### **Approaches**

WS/EPB draws on the skills and expertise of WS/LME staff and Associates when designing materials and when implementing training workshops. The relationship with WS/LME contributes much to the technical soundness of materials and curricula, and complements WS/EPB's contributions that ensure that training is competency-based and designed around adult learning theory.

In designing and implementing training services and products, WS/EPB coordinates training activities with other USAID projects (MotherCare, BASICS, PATH), donors (UNICEF, CARE, World Bank), host governments, universities, NGOs, and health care providers. The collaboration results in training that is widely "owned", culturally appropriate, and written in the local language; yet, through the process, WS/EPB loses much of the quality control.

### **Sustainability and Replicability**

With the approach WS/EPB uses in designing and delivering training, the activities are likely to be sustained long after the project ends. Key features of their approach that contribute to sustainability are:

- ▶ Capacity building through TOTs.
- ▶ Local ownership resulting from collaboration.
- ▶ Institutionalization at all levels of the system, including pre-service training at medical and nursing schools, as well as in-service training in health care facilities and communities.
- ▶ Low dependence on WS/EPB funds because of cost-sharing and promoting low-tech, low-cost materials and methods.

There are already signs that WS/EPB-financed training is replicable:

- ▶ Hondurans assist Dominicans in developing a strategy for training in-service health care providers.
- ▶ Cameroonians use counseling cards adapted from the Honduras program for community-level discussion groups addressing breastfeeding problems.

- ▶ Mexicans share their professional in-service curriculum with Hondurans and the Dominican Republic, who in turn plan to share the adapted and refined product with Mexico and other countries.

### 3. Issues

#### *Selection of Primary Target Audiences*

The CA is rather broad in identifying the primary target audience, yet actual WS/EPB implementation has been much narrower and has tended to exclude program managers, midwives, TBAs, nutritionists, and personnel involved in other related development activities. This deficiency is related to: 1) the lack of strategic planning in the early stages; 2) WS/EPB following the lead of WS/LME and UNICEF by focusing on training health care professionals in the formal sector; and 3) host country preferences and requests. These factors lead to training that is often designed and implemented without sufficient information about who the most important targets of training are in a particular country or what would be the most appropriate ways to reach them. This approach also assumes that training is a necessary first step in any country program, rather than one element of a comprehensive breastfeeding promotion package that includes all types of interventions among a wide variety of audiences.<sup>5</sup>

#### *Prototype Training Materials and Curricula*

Large-scale replication and sustainability of WS/EPB-financed training will largely depend on the development and dissemination of prototype training materials, curricula, and core modules that can be integrated into any type of training program.

WS/EPB is aware of the need, but has much work to do to provide a model for in-service health professionals that is technically accurate with appropriate training methods. LLL/ Honduras is taking the lead in developing a prototype curriculum for lactation counselors at the community level. WS/EPB also has the opportunity to encourage and assist in developing pre-service modules through the long-term program in Honduras and the Africa regional training program.

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<sup>5</sup> WS points out that the aim of LME is not just training health care professionals in the formal sector. "This [training] can actually become a successful means to the end of changing breastfeeding policies, practices and attitudes".

### **Monitoring and Evaluation**

There is currently no system in place to monitor or evaluate training implemented or sponsored by WS/EPB. This has limited their ability to quantify outputs (e.g., number of people trained, changes in knowledge levels), assess the intermediate impact (e.g., multiplier effect, changes in policies and practices), or the long-term impact on the health and nutritional status of infants. Furthermore, WS/EPB does not track training costs, which limits their ability to assess the cost-effectiveness of training interventions. There is, however, an institutional capacity to evaluate training, as is evidenced in WS/LME comprehensive evaluation system, that can be adapted to meet the needs of WS/EPB training.

#### **4. Conclusions**

WS/EPB training and curriculum development have received priority attention in many of the country programs and short-term consultancies. Training and curriculum development, at all levels, appear to be important elements of program development, especially during the early stages, and of sustainability. However, this cannot be verified because:

- ▶ There is little qualitative research to identify the essential communication channels and methods, and strategies and interventions frequently are not based on research.
- ▶ There is no monitoring or evaluation system to assess costs and effects of training.
- ▶ Prototype materials have yet to be developed and tested.

#### **5. Recommendations**

While continuing to deliver and fund training interventions, WS/EPB should focus future attention on:

- ▶ Conducting more thorough qualitative assessments prior to developing training strategies or designing interventions.
- ▶ Collaborating with WS/LME to adapt a monitoring and evaluation system for WS/EPB training.

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- ▶ Ensuring sustainability and replicability by developing and disseminating prototype curricula and training materials for community health workers and professionals in-service and those in training at medical and nursing schools.

## **C. COMMUNICATION, SOCIAL MARKETING, AND OUTREACH ACTIVITIES**

### **1. Background**

Based on previous USAID-sponsored efforts to change women's breastfeeding behaviors, the CA included communication, social marketing, and outreach to women as ways to support comprehensive national breastfeeding programs in long- and short-term assistance to countries. Communication activities were to stress: research and social marketing, specific messages (beyond "breast is best" platitudes), coordination with other types of interventions to remove constraints to behavior: change, and evaluation. Outreach to women activities were to stress prenatal and postnatal breastfeeding education and support, community-based breastfeeding support (in urban areas), and advocating workplace changes to enable working women to breastfeed.

### **2. Accomplishments**

WS/EPB has consistently prepared for communication work in each country by conducting formative research through country assessments and qualitative research. This is essential to writing a plan for training, communication and outreach. In three cases (the Cameroon, Nigeria, and Rwanda) country assessments led to long-term program plans. (The other countries with breastfeeding assessments by WS/EPB are El Salvador, Nicaragua, and Peru, plus assessments done by MotherCare in Ghana, Uganda (joint WS/EPB and MotherCare), Bolivia, and the Dominican Republic.) Qualitative research was completed in Rwanda and Kazakhstan (plus short-term countries Uganda and Malawi). Quantitative research was done in Ukraine, and is planned for Honduras. Qualitative research planned for Nigeria was put on hold due to the political situation. A series of applied behavioral research studies was about to be launched in Rwanda when cut short by the civil war. Applied research that should provide very useful information for program design is underway in two countries (Mexico and Kazakhstan; see Section IV). WS/EPB determined that there was no need to conduct additional formative research in Honduras, given existing research on breastfeeding in that country.

Although the research base is consistently fairly strong, comprehensive plans for communication and outreach are non-existent. In four sites, Rwanda, the Cameroon, Nigeria and INCAP, the activity was cut off due to circumstances beyond the control of WS/EPB just as plans were about to be developed. The behavioral goals of national programs, written by nationals with assistance from WS/EPB, are tailored appropriately to each country, and emphasize initiation and exclusivity, although only some country plans cite the desired percentage change. However, the communication and outreach objectives are not well specified. The plans treat all pregnant and lactating women the same, and do not segment women into target groups based on their needs,

risks, communication patterns, and attitudes. The plans tend to rely on health personnel as the major communication channel to reach mothers. (Armenia is the exception to the rule.) National plans have not dealt with the problems of working women.

The major communication-related activity in many countries has been training health workers so that their actions support breastfeeding and so they can help teach mothers about proper breastfeeding. Communication materials were produced in the Cameroon for use in training health workers, and these materials have proven helpful in other countries as well.

In addition to training health personnel, WS/EPB to date has conducted a multi-media campaign aimed directly at mothers in Armenia, and supported community outreach groups in Mexico and Honduras. In the Cameroon WS/EPB made an effort to integrate breastfeeding into the community through a Ministry of Public Health/World Bank/CARE pilot nutrition education project, but the communication activities have not taken place to date. One poster was produced for use in Cameroonian health clinics and hospitals, a workshop on communication was sponsored, and a set of information sheets, which provided a basic introduction to breastfeeding, were developed for use by service providers and leaders of the Cameroon Infant Feeding Association (CIFAS) mother support groups. Note that other promising efforts at communication and social marketing have been cut short -- communication activities set to begin in Rwanda were cancelled due to political problems, comprehensive plans for the Cameroon could not be implemented due to USAID mission closure, plans for Nigeria have been consistently postponed, and negotiation problems with INCAP in Guatemala led to cancelling a demonstration social marketing project for the Central American region.

WS/EPB is conducting research on community support groups that should aid in development of prototype materials and guidelines. In Latin American countries where the major breastfeeding focus has been on UNICEF's Baby Friendly Initiative, compliance with "Step 10" (which calls for mother-to-mother support groups) is a natural entry point for WS/EPB activities. The model calls for a public-NGO partnership to enable hospitals to comply with "Step 10" by linking hospital referrals to community groups. WS/EPB found in an initial review of community support projects (in Honduras, Mexico, Guatemala, and El Salvador), a TAG meeting on mother-to-mother support groups, and at a Latin American regional conference with participants from twenty-two countries (sponsored by WS/EPB, LLL/Guatemala, and IRH) that there are no adequate guidelines for establishing and sustaining community breastfeeding support groups.

In response, WS/EPB is sponsoring five case studies of community breastfeeding organizations in 1995 in different countries (WS/EPB long-term countries Honduras and Mexico, plus Brazil, Peru, and Guatemala) and contexts (urban, peri-urban, and rural) to aid in the development of community mother support guidelines. WS/EPB research is also underway on a trial project in Mexico using day care center workers to reach working mothers in Mexico. The monitoring and evaluation data from Honduras, by focusing on the activities of LLL/Honduras, should provide

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valuable information about the reach and effectiveness of community support in that context. Working with other organizations, WS/EPB is helping to create a number of materials for community outreach: a curriculum to use when training community outreach workers (with LLL/Honduras); a reference manual for outreach workers or "lactation counselors" (with AED, IRH, and LLL/Honduras); a supervisors' and trainers' handbook (subcontracted to the Support Group Training Project and Ms. Maria Jose de Suarez); and a program managers' workbook (subcontracted to Nurture).

To respond to the mandate to deal with problems surrounding working mothers, WS/EPB is preparing materials to lobby for changes in workplace rules and regulations. WS/EPB has produced four local-language video documentaries on women's work in four different countries, and is creating a composite documentary in English (see Section V. A. on Policy/Advocacy).

Note that there has been some training and skill building in local social marketing capacity. WS/EPB supported a consultant to teach basic social marketing in country for a Cameroon Ministry of Public Health/World Bank/CARE pilot nutrition education project (with breastfeeding messages included). In Kazakhstan there was a training of eight professionals in qualitative research methods, and one in pretesting materials. It is also commendable that internally WS/EPB assisted in the incorporation of a social marketing and an outreach module into the WS/LME training. The Armenia media campaign was the first of its kind in the country and, although it was designed under severe time constraints using outside consultants, it should serve as a very positive example for Armenians (and possibly other NIS countries) of the process of designing health campaigns and their potential effectiveness.

### **3. Issues**

#### **CA Definitions**

The split between communication and social marketing and outreach to women in the Cooperative Agreement is inappropriate. Communication and outreach are synonyms, and social marketing is a method for planning and implementing outreach programs. The CA should have specified that a communication strategy will be designed for each country, using social marketing principles, after formative research is available. Target groups should be specified, such as: pregnant women, mothers in medical birth settings, mothers in traditional birth settings, mothers in contact with the health establishment because of illness (hers or the child's) or infant immunization, family and peer advisors for mothers of infants, working mothers of infants, existing women's group leaders, medical personnel, and policy makers.

Specific objectives should be established for each target group, and a means of monitoring progress would be formulated. In each setting, appropriate channels of communication would be

developed (or trained, if personnel) and used, such as: health personnel, TBAs, community leaders, outreach workers, support groups, radio and television, flyers, and brochures. The CA could specify that since past research (much of it conducted in the U.S.) suggests the importance of interpersonal channels in supporting women's decisions to begin and continue breastfeeding, interpersonal channels should be analyzed in each context for their communication potential.

Where resources and mission interest permits, efforts need to be made to integrate a variety of strategies, including health professional training as a means to teach women in health facilities, training of lay personnel to teach women in their homes or at work, electronic media to reinforce messages or spread news, printed materials for reference for mothers or health workers, support groups for alienated new mothers, incorporating breastfeeding lessons into girls' formal and nonformal education, etc.

### **Staff**

The organization of the CA had implications for staff assignments and priorities. The Technical Advisor for Outreach was separate from the Technical Advisor for Communication and Social Marketing. They split work by countries with the Technical Advisor for Outreach taking Latin America; thus Latin America has only interpersonal communication programs (the "mother-to-mother support initiative" and La Leche League training and outreach) and other regions have limited interpersonal communication beyond health personnel-to-women communication (see Annex G). A working paper explaining models of interventions and communication channels appropriate for different types of contexts could help overcome the de facto split.

In addition, the Technical Advisor for Communication in the past was given duties related to external public relations, information dissemination, and editing. It is expected that the recent addition of a half-time staff member for information dissemination will leave the Technical Advisor for Communication free to focus on communication programs in long- and short-term countries and strategies for international policy advocacy. If additional public relations duties remain, they should be performed by the new Deputy Director. Editing tasks should also be handled by someone else.

### **Emphasis on Health Personnel Training**

The WS/EPB program to date has emphasized health personnel as the major communication channel to reach women. Even if we assume effective training, health personnel have contact with mothers at limited times, and are not always perceived by mothers as credible sources of information. There are three major limitations of pursuing a strategy emphasizing health personnel:

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- ▶ Health personnel may be better at convincing mothers to do some behaviors (such as giving colostrum, how to hold the baby, how to deal with breast problems, how to express milk, and appropriate weaning foods) than others (such as continued breastfeeding for four to six months, the extent of exclusivity (no water, no pap), how to wean children gradually, responding to sudden increase in infant's appetite, etc.).
- ▶ Many women have limited or no contact with health personnel. For example, in the Cameroon, about 45 percent of the population does not give birth in a medical health facility. These women then have no exposure to the program's messages carried by maternity personnel.
- ▶ Some constraints to behavior change (competing messages in the form of advertising of baby formula or international diarrheal disease control protocol for infants under four months; labor policies and practices) cannot be addressed by health worker-to-mother communication.

#### **Other Channels of Communication**

Given the limitations of health worker-to-mother communication, WS/EPB should do more to explore other channels of communication, such as media-to-mother, grandmother-to-mother, and religious leader-to-father-to-mother. Given the excellent base of qualitative research in many WS/EPB countries, it should be possible to design breastfeeding promotion strategies that use multiple channels and go beyond the near total reliance on health worker-to-mother communication but it may be difficult to convince missions to support these designs. Perhaps the USAID/Washington CTO can play an advocacy role in this regard, helping to sell the importance of implementing strategies that may have greater potential community impact.

Although progress is being made in understanding how community outreach actually takes place in Latin America, WS/EPB still needs to develop appropriate models for other regions of the world. Efforts to use volunteer counsellors to reach mothers are only part of an answer, because they can suffer from some of the same limitations as professionals (and they can be difficult to sustain over time). In terms of community support, note that none of the long-term country programs have thus far received funding for targeting existing members of a mothers' support community, such as fathers, grandmothers, in-laws, co-wives and sisters, co-workers, and religious leaders. Research on community support should explore a wide range of support mechanisms, in addition to organizing mother-to-mother support groups.

Decisions about appropriate channels depend upon adequate segmenting and targeting of the audience. For example, to target women at risk, a Honduran consultant suggested research on

correlates of premature weaning. One unpublished study suggests women who work outside the home, or who deliver a boy, or who had a cesarean section, or who are teenaged, are more likely to stop exclusive breastfeeding earlier in Honduras. The communication channels and appeals to reach teen mothers would probably be very different from those to reach older women. Thus, it is very important to target these different groups of women.

### **Replicability**

WS/EPB should write a brief working paper on their models of breastfeeding interventions for different contexts. The paper would include time order of activities, target groups, channels, and types of messages. It is to be expected that the models will evolve over the life of the program. The models would serve as suggestions for host country strategy plans. For example, the models could help countries plan when a particular type of training should precede other communication activities, and when communication and training should be undertaken simultaneously. The models could also help WS/EPB evaluate requests for short-term assistance (i.e., "Are they ready for that particular step in their program? Or should we suggest they do something else at this point?"), and plan policy activities (i.e., coordinating labor law advocacy with outreach to working women). Since past research suggests that integrated approaches work best, it is expected that the working models will incorporate that kind of integrated strategy.

### **Remaining Activities**

Efforts should be made to gain support in remaining WS/EPB countries to combine media, health professional, lay outreach worker, and interpersonal support approaches to test the integrated strategy models. In Honduras, where the best groundwork is being laid for evaluation, WS/EPB should explore adding media messages and family support to the mix of activities. In the Cameroon, if activities are allowed to continue through the regional USAID project, WS/EPB should consult with the national breastfeeding program on strategies to reach women who give birth outside hospitals and clinics, and on how to effectively promote breastfeeding exclusivity. WS/EPB should aim for comprehensive efforts in Senegal and the Dominican Republic (and in Nigeria if activities are permitted). The working models and current resources should serve as a guide to selecting the current and new countries in which integrated approaches are feasible. Obviously, every effort should be made to evaluate the comparative impact of the strategies.

### **Evaluation**

Of the communication efforts to date, only a few have a good chance of being appropriately evaluated. In Honduras, the evaluation is planned and the design is being finalized. The

Honduran evaluation should enable WS/EPB to answer questions about the impact of two program components -- contact with health professionals on breastfeeding, and contact with La Liga de la Lactancia Materna's community lactation counselors. Baseline data exists for Armenia, and it should be an evaluation priority to conduct post-campaign surveys in the spring of 1995. Since there have not been any breastfeeding promotions in Armenia before, there is a strong chance of detecting changes due to the media campaign, and it would be a good opportunity to document such a campaign "success" story. Mexican and Cameroonian hospital outreach should be evaluated, but no plans exist due to lack of funds. Note that any future efforts in the Cameroon would have to be coordinated with the regional USAID office for West Africa.

It is also important to realize that evaluations in the next two years have a good chance of showing positive impact on the intermediate outcomes of awareness of breastfeeding messages, attitude change among future mothers, and behavior intentions to breastfeed exclusively among some new mothers; it will probably take longer to show an impact on breastfeeding behaviors. Thus, WS/EPB will have a better chance of documenting behavior changes if the interventions and evaluations are continued through 1998, rather than only through September, 1996 which is when current funding ends.

#### **4. Conclusions**

The WS/EPB program has consistently sought existing or conducted good, qualitative and other formative research before beginning communication and outreach efforts in its long-term countries. The exception is where such research already exists, as in Honduras. In some cases, it has helped build local research capacity in the process. However, it appears that WS/EPB has shown a bias toward top-down training-based programs, which are not appropriate in all circumstances. In general, national communication and outreach plans are weak. Most countries have emphasized training health workers, with little coordination of both media and interpersonal channels, which has resulted in weak community outreach and support.

Due to a number of constraints, there has been only one coordinated, multi-channel promotional effort at the country level, and no program integrating media and interpersonal outreach approach. Particularly difficult has been convincing missions to pay for a full range of communication interventions, particularly community-based interventions and materials targeted at mothers and influentials in the community. Moreover, the political climate in some countries has precluded a comprehensive program as planned.

Some prototypical materials have been developed, but more could be done, if funds are located, to create materials aimed directly at mothers. The outgoing WS/EPB Director and other technical staff members should author a working paper that could be used internally as a planning document on breastfeeding behavior change strategies under different types of

circumstances. In addition, WS/EPB should aim to answer some of the key questions about what state-of-the-art communication and outreach strategies are. Questions include: "What is the optimal blend of communication activities for different contexts? How can communication programs target mothers at risk of not breastfeeding, breastfeeding problems, and premature weaning? What national communication activities can support working mothers? What is the most efficient and effective means to organize sustainable community support networks for mothers in different contexts? Which media can be used effectively under what conditions to have a wider reach for lower costs? Under what conditions is it appropriate to concentrate on communicating with parents directly through media and interpersonal channels before health personnel have been trained?" Given the amount of progress that needs to be made in communication in the next two years, WS/EPB should continue to work closely with its subcontractor, the Manoff Group.

## **5. Recommendations**

- ▶ In a working paper, WS/EPB should define models of the optimal blend and time order of breastfeeding promotion interventions (media campaigns, community support groups, TBA training, community outreach workers, etc.) for different types of contexts.
- ▶ In each remaining long-term country, WS/EPB should make every effort to incorporate multiple interventions (media, interpersonal support, health worker outreach, etc.) in their comprehensive breastfeeding strategy plans. If new central efforts are begun, efforts should be made to choose contexts in which it would be possible to test multiple interventions.
- ▶ Based on local research and the working intervention models (defined above), WS/EPB should help each national program define specific goals and target appropriate women and others in the community.
- ▶ Monitoring and evaluation data on communication, via each channel, should be collected to enable comparative analysis of the costs and effectiveness of breastfeeding intervention strategies.
- ▶ Given the amount of work that needs to be accomplished in the next two years, care should be taken to let the Communication and Social Marketing Technical Advisor concentrate on national programs and international policies. Public relations, information dissemination, and editing tasks should be handled by others at WS/EPB.
- ▶ WS/EPB should also continue to work closely with its communication subcontractor to accomplish its goals.

## **D. EVALUATION AND MONITORING**

### **1. Background**

The overall goal of WS/EPB's program monitoring and evaluation activities is to increase knowledge of:

- ▶ Trends in breastfeeding behaviors. One of the deliverables in the CA is a breastfeeding trends database to be used for evaluation purposes; this will be discussed in a separate section.
- ▶ Key interventions to promote breastfeeding.
- ▶ Cost-effectiveness of interventions. Studies should examine issues like the efficiency of different aspects of the program and cost per infant death averted by breastfeeding programs (p. 26 of the CA).
- ▶ The economic benefits of breastfeeding.

WS/EPB should include monitoring and evaluation activities in each long-term country and, wherever possible, in short-term assistance countries. The mandate to test "new and improved breastfeeding promotion methods" necessitates data collection for each type of intervention (i.e., community support groups, outreach workers, media campaigns, workplace changes) in multiple contexts. Improving data collection, analysis, and indicators for monitoring and evaluation is a requirement, as is "systematic diagnosis of the incidence and underlying causes of specific breastfeeding behaviors. . .and evaluation of behavioral change in order to gauge impact" (p. 35 of the CA).

### **2. Accomplishments**

Few evaluation activities have taken place to date. The evaluation plan for Honduras is the most specified -- following consultancies and a TAG meeting, a design has been agreed upon and the questionnaires are being developed for use in January 1995 and, with sufficient program maturity, readministered in 1996. The plan appears to be of high quality, likely to yield valuable data, and feasible. WS/EPB would like to collect evaluation data in Nigeria (depending on whether USAID agrees to activities there) and Armenia (depending on funding; a baseline exists). In three other countries (the Cameroon, Senegal, and the Dominican Republic), data will be collected as part of other child survival projects, such that WS/EPB may (or has) suggested questionnaire items but is not in control of the design and quality of the data. Some data has been collected in one region of the Cameroon, but it is limited in scope. Rwandan evaluation

plans were cut short by external constraints. Data have been collected in Ukraine (maternity exit interviews) that could provide a baseline if country activities take place.

Note that initial plans for evaluations in Rwanda and Guatemala were thwarted by the political problems in the former and a lack of a contract with INCAP for the latter. No plans for monitoring and evaluation exist in Mexico, although applied research there should yield important data helpful in designing Mexican programs in the future (formative evaluation). An economic analysis of breastfeeding was conducted in El Salvador, which helped that country garner support for a national breastfeeding plan. No cost-effectiveness studies have been done to date by WS/EPB. (Note: Several were done in the LAC region through the USAID/LAC Health and Nutrition Sustainability Project.)

### **3. Discussion**

Given the lack of progress in evaluation to date and the importance of documenting WS/EPB's achievements, evaluation and monitoring needs to be a priority activity. It is more important in the next two years to document the impact of the WS/EPB efforts than to begin new promotion efforts, especially if WS/EPB is to reach its aim of testing and refining approaches. Priority should be given to: 1) developing prototype evaluation methods and instruments tested in at least a few sites; 2) monitoring and evaluating in as many on-going long-term country programs as possible to aid in the management of those programs and enable cost-effectiveness comparisons; and 3) to use the evaluation findings to answer important state-of-the-art questions about the relative importance of different program inputs in different types of contexts.

#### **Prototype Instruments and Designs**

In light of the mandate to produce improved indicators and analysis tools, we strongly urge USAID to consider amending the CA to make the development of prototypes a deliverable. The development of a set of prototypes would be an important contribution to "the state of the art" of breastfeeding promotion. The existence of prototype instruments would make it easier for future breastfeeding programs to design evaluations, which, in turn, increases the likelihood that good quality evaluation data will be collected.

To date, WS/EPB has an assessment tool (from MotherCare I), a draft of questions for qualitative formative research (based on research in many countries), and some quantitative evaluation design and instruments (from Armenia, Honduras, Ukraine, and the Cameroon). WS/EPB can use the existing quantitative instruments and findings from the qualitative research as the basis for a wide range of prototypes. Instruments should be designed to cover a variety of means of data collection (e.g., surveys, observation, and qualitative interviews), different contexts of

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breastfeeding promotion (e.g., hospitals/clinics, training, community groups, and media campaigns), and different actors (e.g., medical staff, trainees, mothers, and community leaders). WS/EPB should test and revise as many of the monitoring and evaluation prototypes as they can in the next two years, and continue testing and revising for the following two years if the project is extended. Subcontractors and consultants who have experience in breastfeeding behavior research (i.e., Manoff, Georgetown, and previous evaluation consultants) could be of assistance.

The monitoring and evaluation prototypes should include:

- ▶ Assessment forms to monitor hospital practices (presence of bottles, consumption of formula, breastfeeding practices, rooming in, time kept in hospital, etc.).<sup>6</sup>
- ▶ Mother exit interviews from different types of wards (maternity, pediatrics, neonatal) and health facilities.
- ▶ Mother KAP surveys (knowledge, attitudes, practices).
- ▶ Community outreach worker survey.
- ▶ Training monitoring (who, when, how much?).
- ▶ Trainee KAP survey.
- ▶ Mother/health care worker interaction observation scheme.
- ▶ Mother/volunteer counsellor interaction observation scheme.
- ▶ Mother/volunteer counsellor monitoring form.
- ▶ Mother-to-mother group monitoring forms.
- ▶ Qualitative research with mothers.
- ▶ Qualitative research with members of mothers' support community (husbands, older women, compound members, child caretakers, neighbors, family, etc.).
- ▶ Intercept surveys of women purchasing breastmilk substitutes.

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<sup>6</sup> Regarding assessments, it should be noted that WHO/UNICEF has developed a protocol. It is used exclusively for evaluating hospitals for BFHI certifications. WS/LME also uses a form to evaluate the progress of the hospitals participating in its program.

### Evaluating Each Country

Each country program needs monitoring and evaluation data for program management. The kinds of questions answered here include, "What was actually done? Did it have the intended impact? Why did we succeed in some cases but not in others? Which activities were necessary and which were not? What was the cost of the activities? What should we do better?" Since the programs typically involve a process of trying to change behavior, different steps in the process need to be monitored. For example, training programs need to keep records of who was trained and whether trainees learned the material. Hospital/clinic monitoring should check whether trainees changed hospital policies and practices, changed their own behavior and communication with patients, and changed patients'/mothers' intentions to comply.

Because WS/EPB was supposed to evaluate each long-term country program, it is not sufficient to have quality evaluation data from only one country (Honduras). Multiple countries are necessary to understand the relative value of the accomplishment for the cost in the cost-effectiveness studies. Furthermore, Honduras is unique for many reasons (i.e., the existence of a mature breastfeeding program) and should not be used to judge the effectiveness of all WS/EPB activities. Every effort should be made to collect high quality evaluation data from every site with on-going activities, or at least from those with different types of programs.

Note that it is sometimes possible to coordinate monitoring and some evaluation efforts with other projects/donor evaluations to gain efficiency. Growth monitoring programs could potentially collect breastfeeding data, too. Integrated training programs, for example, lend themselves to integrated monitoring and short-term evaluations. It is possible to monitor hospital activities with integrated questionnaires for women in maternity wards (including breastfeeding and other reproductive health issues), and mothers of young children in pediatric wards (integrating breastfeeding, growth monitoring, and ORS case management monitoring). The danger of using an integrated evaluation of an integrated information/education/communication/outreach program, as WS/EPB plans to do in Senegal and the Dominican Republic, is that there may not be enough details on breastfeeding to provide information on how to modify programs effectively. An additional problem with the integrated evaluation in the Cameroon is that the evaluation baseline has been done in one region of the country so far, which leaves program planners in other parts of the country with no data at all. USAID should help ensure that data collected by other USAID-funded primary health care projects in current WS/EPB countries (Senegal and the Dominican Republic) includes quality breastfeeding behavior and WS/EPB program exposure indicators. If WS/EPB will not have access to quality data from other sources, WS/EPB should collect their own breastfeeding evaluation data in Senegal and the Dominican Republic.

Thus, WS/EPB should help *each* long-term country develop a monitoring plan for each category of program activity, evaluation criteria appropriate for the national goals, and evaluation plan. In

new countries (i.e., Senegal, the Dominican Republic, and Nigeria), the plan should be developed before activities begin to permit baseline data collection when necessary. Note that short-term countries (i.e., Uganda, El Salvador, Peru, and the Philippines) should also be encouraged to develop their own monitoring and evaluation plans, and WS/EPB can help build local monitoring and evaluation capabilities. Since WS/EPB will need to test the prototype instruments discussed above, it will probably be necessary to conduct WS/EPB-funded evaluation activities in some short-term countries. If new country efforts are begun (either during the next two years or during extension years), all program activities should be evaluated to monitor WS/EPB's efforts, and to continue to refine the prototypes evaluation instruments.

### **Cost-Effectiveness Studies**

If WS/EPB collects impact data in each country, as stated above, and collects cost data, they will be able to conduct cost-effectiveness analyses. Note that cross-national comparisons of costs require parallel data. Again, the existence of prototype data collection instruments increase the likelihood that parallel data would be collected across sites.

### **Economic Studies**

The one economic study done to date (El Salvador) could be a model for other countries. If they are sufficiently easy to conduct, this kind of economic analysis could be taught in the WS/LME to physicians and policy makers lobbying for changes in hospital practices and national policies.

### **Staff**

It is unfortunate that the WS/EPB program did not have an evaluation staff member from the beginning. However, with a full-time staff member now devoted to evaluation, WS/EPB should be able to make significant progress in the coming years. At this point, is it essential that the evaluation staff member be able to spend all of her time on evaluation activities, and not be used to backstop other activities. In addition, WS/EPB (using its subcontractor Nurture) may train another staff member, who is knowledgeable about cost-benefit analysis, to assist in studies of the economic impact of breastfeeding. This would be desirable.

WS/EPB may wish to convene an evaluation TAG to discuss the development of prototypes and contexts in which to pretest them. An evaluation TAG could also help assure that work in this field already carried out by other organizations is identified so that WS/EPB doesn't duplicate any research and studies already done. Availability of this information would also offer opportunities for WS/EPB to collaborate with other key organizations working in the field.

WS/EPB may also want to consider forming an on-going evaluation working group to deal with country evaluations that would include the WS/EPB Director, the WSI CEO, the evaluation consultant,<sup>7</sup> the resident advisor for countries under consideration, the evaluation technical advisor, and other technical advisors when relevant.

### **Indicators**

WS/EPB needs indicators of effectiveness that make sense in terms of what it is reasonable for WS/EPB to have accomplished and meaningful across countries. WS/EPB should recommend revisions of national and worldwide monitoring indicators in the Cooperative Agreement to USAID, with appropriate targets/goals for the next two years.

**Impact indicators of national success:** In addition to the standardized breastfeeding behavior indicators (see next section), each country will be interested in specific behaviors, based on the initial country assessment, qualitative research, and feedback during training. For example, countries interested in changing patterns of working mothers could ask about the age of the child when the mother returned to work that caused her to be separated from her infant, or about knowledge of how to express and conserve breastmilk. Countries interested in the family planning effects of breastfeeding may want to ask when menses resumed, and the average number of breastfeeds and supplemental feeds per day.

WS/EPB evaluation prototypes should include "modules" of questions (within the appropriate methodology) to cover different types of national goals (such as breastfeeding for the nutritional improvement of children, family planning/abortion reduction, or oral rehydration), and different target groups of women (such as hospital births, TBA births, working women, day care workers, grandmothers, or teen mothers).

Wherever possible, existing data sources for impact indicators should be used. For example, child road-to-health growth cards and growth monitoring programs have weight-for-age data that could be included in evaluations and used as an impact indicator. (Additional data on the mother's contact with WS/EPB interventions and breastfeeding practices would need to be collected for each growth card.) The timing of DHS surveys in some countries may allow limited feedback on WS/EPB program effects -- albeit without information on contact. (See Chapter II.C.5. above.)

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<sup>7</sup> WS/EPB has contracted with Dr. Robert Hornik, of the Annenberg School of Communications, University of Pennsylvania, to help design other evaluation efforts, but to date his services have been used only for Honduras. His input would be valuable for other countries, too, especially the new sites in Senegal and the Dominican Republic.

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**Monitoring indicators for national programs:** WS/EPB is not in a position to offer modifications to the monitoring indicators in the Cooperative Agreement (percent women reached, percent health workers trained, percent facilities with reformed policies, number of mothers groups). These indicators are not well defined. WS/EPB may want to consider indicators such as: formula consumption trends per birth, percent medical and nursing students graduating from programs with good breastfeeding curriculum, reduction in infections/jaundice/dehydration, or other local problems. (See chapter II.C.5. above.)

**Worldwide indicators of success:** Similarly, indicators of WS/EPB and success worldwide could be revised. The indicators in the Cooperative Agreement are: number of curricula developed/revised, number of research projects completed, number of national assessments, and existence of a database across countries. Others could include: number of countries with breastfeeding policies, number of countries with revised medical/nursing/PHC curriculum, key technical issues addressed in research, countries with national/regional assessments. Note that target numbers and percentages were not specified. This will make the task of final evaluation difficult. Indicators for policy accomplishments should also be suggested.

### **Institutionalization of Evaluation**

To date, there has been some limited efforts to transfer evaluation and monitoring skills. The evaluation in Honduras will use a local research firm to collect high quality mother data, and is helping to develop monitoring skills for the local NGO, La Leche League/Honduras. In the Cameroon, a WS/EPB consultant helped to train nationals in weaning and breastfeeding baseline design and instrument, although the final product does not contain enough high quality breastfeeding measures. (WS/EPB was hampered from doing more by the impending shut-down of the USAID mission in the Cameroon.) The large local team helping with formative research in Kazakhstan was extremely enthusiastic; WS/EPB staff noted that there is a big demand for evaluation skills training (hence the large local team) and excitement about "asking the people." It is unclear whether there will be opportunities to build evaluation and monitoring skills in the new sites (Senegal, the Dominican Republic, and Nigeria). In addition, any future applied research by WS/EPB should aim to foster host-country research by local researchers that will tie directly into policy making and country programs.

### **Research for State-of-the-Art Work**

State-of-the-art work in breastfeeding program design and management needs to look across nations for differences and similarities in contexts, resources, programs, and effects. WS/EPB is moving toward this model of evaluation by justifying potential evaluation sites based on their

ability to represent different contexts. For example, Honduras represents low exclusive breastfeeding practices, a mature program, training inputs, and a Latin American context; Armenia represents low initial breastfeeding, high education population, media campaign, and the Newly Independent States; Nigeria is low breastfeeding, training, interpersonal outreach, and Africa; Senegal is high initial breastfeeding and an integrated program. However, the overarching comparative research questions need to be stated explicitly, to be sure to include them in the design of long- and short-term country evaluations.

For example:

- ▶ What are the conditions under which direct appeals to mothers (such as through mass media) can be effective so that health workers can successfully carry out their work?
- ▶ How many and which health care workers need to receive in-service training?
- ▶ Under what conditions are approaches and materials used with LAC urban mother-to-mother groups transferable to NIS and Africa?
- ▶ What is the cost-effectiveness of such groups compared to media and health worker outreach?
- ▶ Under different types of contexts, what is the best way to reach and incorporate other people in a mother's network (husbands, grandmothers, co-wives, etc.) who influence her breastfeeding decisions?

Thus, WS/EPB staff, particularly the out-going director, should write a paper and submit it for publication on priority state-of-the-art breastfeeding program design and impact questions. WS/EPB should explore ways to answer these questions through evaluation research in short- or long-term countries. Perhaps funds need to be sought to answer some important evaluation questions in short-term countries.

#### **4. Conclusions**

Despite a mandate to do evaluation and monitoring work in each long-term country and as many short-term countries as possible, WS/EPB has done little in evaluation and monitoring. At this point in the project, it is more important to document the impact of the WS/EPB efforts than to begin new promotion efforts. Given the mandate to evaluate each long-term country program, it is not sufficient to have quality evaluation data from only one country (Honduras). With a full-

time staff member now devoted to evaluation, WS/EPB should be able to make significant progress in the coming years.

In light of the necessity to produce improved indicators and analysis tools, we strongly urge USAID, in consultation with WS, to consider amending the CA to make the development of prototypes a deliverable. WS/EPB should try to test as many of the monitoring and evaluation prototypes as they can in the next two years, and continue testing and revising the prototypes for the following two years if the project is extended. WS/EPB has refined standardized indicators of breastfeeding behavior by mothers in coordination with other agencies, and these indicators can be considered prototype measures of behavior *at the level of nations*. Behavioral indicators *at the level of individuals* are still needed to monitor program success.

Priority should be given to: 1) developing prototype evaluation methods and instruments tested in at least a few sites; 2) conducting evaluations in as many on-going long-term country programs as possible to aid in the management of those programs, enable cost-effectiveness comparisons, and test prototype instruments; and 3) using the evaluation findings to test the relative importance of different intervention strategies (especially community support groups, outreach workers, media campaigns, and policy changes) in supporting optimal breastfeeding in different contexts at the community level.

In addition, it would be highly beneficial to the WS/EPB if the out-going director's highly unique and valuable experience could be recorded in writing, and the results made available to the new WS/EPB management, WSI corporate headquarters and USAID.

## 5. Recommendations

- ▶ Evaluation and monitoring in both long- and short-term countries should be a priority activity of WS/EPB. To add to existing evaluation plans for Honduras, WS/EPB should help other countries in which they are active (Armenia, the Dominican Republic, Mexico, Senegal, and Ukraine; possibly the Cameroon or other short-term countries) develop:
  - A monitoring plan for each category of program activity
  - Evaluation criteria appropriate for the national goals including but not limited to the WS/EPB recommended standardized indicators
  - An evaluation component of the national breastfeeding strategy plan
  - In-country capacity to sustain monitoring and evaluation activities
- ▶ By the end of the project, WS/EPB should develop prototype instruments and design guidelines for different levels of analysis.

- ▶ USAID and WS should amend the Cooperative Agreement to accept the set of prototypes as a deliverable.
- ▶ A contract should be prepared for the services of the retiring WS/EPB Director to prepare a paper for publication on priority state-of-the-art breastfeeding program design and impact questions, and a retrospective study of the background, contacts, and lessons learned over the last three years for WS/EPB and USAID management. This work should be carried out over the coming months.

## **E. INTERNATIONAL BREASTFEEDING INDICATORS DATABASE**

### **1. Background**

The Cooperative Agreement calls for the development and dissemination of a database containing standardized indicators of country-by-country trends in breastfeeding practices, and building of databases in each long-term country. The purpose is to "increase knowledge of . . . trends in breastfeeding behaviors" (CA, p. 20) using standardized and "more appropriate indicators and data collection and analysis tools than have been applied to date" (CA, p. 22). At a country level, the data was meant to be used to monitor progress toward meeting breastfeeding goals in national plans. The time line was to finalize breastfeeding indicators, design protocols, begin data collection in years one and two, and to collect and analyze data on breastfeeding indicators in a standardized database across all long-term countries in years three to five. In short-term countries, the goal was to try to establish monitoring and evaluation databases that include the standardized breastfeeding indicators.

### **2. Accomplishments**

WS/EPB is a recognized world leader on breastfeeding behavior indicators, working with WHO and other groups on improving recommended indicators. In a joint Technical Advisory Group meeting with the World Health Organization (June 1993), representatives from the major organizations that collect and/or disseminate breastfeeding data met to discuss their resources and goals, identify gaps and duplication of effort, and discuss collaboration. WHO had agreed on an improved set of recommended standardized breastfeeding behavior indicators for household-level data in 1991 and health center-level indicators were being pretested and revised. WS/EPB urged WHO to track confidence levels as well as central tendencies for each indicator. Currently, WS/EPB is coordinating an international Women's Reproductive Health Indicators Working Group.

WS/EPB continues to work with WHO to improve the WHO breastfeeding database. WS/EPB and the International Science and Technology Institute/Center for International Health Information (CIHI) consulted with WHO on ways to make WHO's data more accessible.

WS/EPB has created its own software program to run its database of comparative breastfeeding trends, called Lactation Trends, or LACT. Because of concern about the quality of the WHO data, the previous USAID CTO had urged WS/EPB to create their own high quality or "gold standard" database of reliable, valid breastfeeding indicators. The program, LACT, "stands alone" in that it can be run on most personal computers with just the diskettes, provided for free by WS/EPB. The data is composed of some of the WHO World Fertility Survey items, most of the DHS breastfeeding indicators, plus some additional indicators. Note that the LACT database does not replicate existing presentations of DHS data because many of the numbers are not available in DHS reports; DHS provided the information for WS/EPB on request. LACT is fairly easy to use, with understandable menus that enable access to breastfeeding trends per country or across countries. It runs off a widely used program, EPI INFO, which is distributed with the data, manual, and LACT software. LACT is flexible, such that new indicators and new data could be added to the program as necessary. Users can choose from a variety of table and graphical formats to display the data. WS/EPB has entered existing trends data up to December 1993 in the database. While the database may have limited utility (as will be discussed below), the software package is an excellent model of how USAID's health, population, and nutrition databases could be structured for wider distribution.

### **3. Discussion**

#### **The WHO Breastfeeding Indicator Database**

The advantages of having WHO collect and distribute quality data are: 1) WHO's efforts are sustainable over time; 2) potential users are more likely to seek information from WHO; and 3) WHO is already collecting data. Therefore, WS/EPB's decision to support WHO's efforts is appropriate.

LACT is one very good model of how data could be presented and distributed. However, the WHO database has problems, most of which were identified at the 1993 TAG meeting, and many of which could be addressed with additional help from WS/EPB. The WS/EPB and CIHI consultancy was aimed at helping solve problems of accessibility and ease of use. Another problem is that the WHO database office recently lost resources and may not be able to carry out the planned improvements. In addition, UNICEF pointed out in the TAG meeting that their field staff have problems with some of the indicators. WS/EPB could assist WHO to investigate potential misperceptions of indicators, and potentially simplify the terms used to describe indicators. The TAG also suggested that WHO conduct a database user survey. This is another

area in which WS/EPB could potentially assist WHO. Finally, the quality of the WHO data is uneven. At one point, USAID responded to this issue by deciding to support a separate, high quality database of breastfeeding indicators. It is unclear whether the quality of the WHO data has improved enough to eliminate the need for a separate USAID-sponsored database.

### **Integration with other USAID Databases**

In addition to the WS/EPB database, other USAID projects have created and are maintaining stand-alone databases containing breastfeeding trends such as CIHI and the Child Survival Support Program at the The Johns Hopkins University School of Hygiene and Public Health. These other databases have an advantage over LACT because they contain other maternal and child health indicators as well as breastfeeding indicators. For some potential users, it is important to be able to relate breastfeeding trends to other trends, such as health status. The multiple databases currently exist to serve narrowly defined users; it would be more efficient to create a large database that would serve many users than smaller databases for select users. The disadvantage of those databases is that they contain only a subset of the desirable breastfeeding indicators.

Thus, USAID should review their MCH databases across programs for potential integration. This would prevent duplication of effort and make existing data more widely available. To serve a wide variety of users, the database should be user-friendly, distributable on diskette, and allow graphical and table format. LACT could be used as a model of how a software program could be structured. Given the current breastfeeding databases, USAID should consider improving CIHI's database by having CIHI add more breastfeeding indicators and create a software program and database that is distributable on diskette. WS/EPB could help distribute the database to users interested primarily in breastfeeding. Note that CIHI plans to make their data available on the internet, and, given small numbers of requests thus far, is willing to make data available in spreadsheet format to individual users. (Note that the data will be in a limited form -- either multiple indicators from one country, or a single indicator across countries.) Thus, CIHI appears to be well-placed to serve as a packager and marketer of USAID data, but lacks a mandate (and probably resources) to do so.

### **WS/EPB's Stand-Alone Breastfeeding Database**

With hindsight, it is apparent that WS/EPB's database of high quality data, written at the request of the previous USAID CTO, has limited utility. Despite the high quality of the software and the data, and free distribution, there has been only one request in the year and a half since it was written -- by people developing their own database. Unfortunately, the database appears to have been developed without research into the needs of potential users. With a pretest/assessment of

needs, the database and software might have been quite different, and the distribution problem might not have been so devastating.

While working with WHO and other USAID programs to improve its databases, WS/EPB needs to decide what to do with LACT. There appear to be three alternative choices at this point. First, WS/EPB could do nothing with LACT. Second, WS/EPB could market LACT with minor improvements but the amount of effort probably does not warrant the potential results. Instead, it is probably better to concentrate on improving WHO's database rather than using WS/EPB resources to market LACT as a separate program. In order to market LACT as a separate program, WS/EPB would need to:

- ▶ Conduct more systematic research with potential users.
- ▶ Develop an easier instruction guide in addition to the current users manual. A non-technical "Quick Guide for Health Professionals" would be easier to use for novices than the current users manual, which could remain a reference document for advanced users doing complicated tasks like entering new data and new indicators. (The consultant's pre-test showed that the stand-alone system was blocked from use by a potential users' lack of prior familiarity with standard software installation procedures.)
- ▶ Consider the following minor suggestions to improve LACT:
  - users should receive a message when there is no data from which to make a table or graph
  - the program should offer significance tests between pairs of numbers
  - it should be possible to compare geographic regions
  - NIS countries should be included
  - simple bar graphs should state the exact percentage from the y-axis above the bar.
- ▶ Formulate a distribution plan, which might include distributing to current requesters of WS/EPB reports, demonstrations for targeted users of how to install and run the software, distribution to WS Associates, and/or private marketing of the software for a license fee.

The third potential alternative for LACT is to integrate country-level breastfeeding program monitoring indicators with the breastfeeding indicators already in the program. WS/EPB and WS/LME staff themselves are potential users of the breastfeeding indicators, as are other USAID-funded programs that include breastfeeding components. It would be very useful to observe the relationship between program accomplishments and breastfeeding behaviors over time. If the database combined some "purpose-level" country indicators with behavioral trends,

the database would contribute to WS/EPB's ability to answer "state-of-the-art" program design questions across countries. Such a program would be useful when deciding whether to begin short- or long-term activities in another country in the future.

WS/EPB could add to LACT monitoring indicators such as: presence of breastfeeding assessments; written breastfeeding policy; signed breastfeeding policy; signed version of the International Code of Marketing of Breastmilk Substitutes (from WHO); presence of baby-friendly hospitals (from UNICEF); number of LME Associates; widespread trained health personnel in various types of health institutions; widespread trained traditional birth attendants; breastfeeding social marketing activities aimed at all new mothers; promotion of breastfeeding for family planning; promotion of breastfeeding for dehydration; percent of women with access to mother-to-mother support groups; and presence of monitoring systems.

Most of the data is easy to collect from WS/EPB's long-term country programs and from many short-term country programs, and more could be collected from WS/LME Associates. Tables and graphs comparing process-level indicators and behavioral trends would need to be programmed into LACT. It is suggested that WS/EPB explore the expense and value of this option.

### **Integrating Country and International Databases**

So far, WS/EPB has not been able to integrate country and international databases for two reasons. First, the USAID CTO's decision to use only "gold standard" data in LACT effectively ruled out most data collected by host countries. Currently, only DHS data and a limited number of WHO numbers are used. Second, host countries have not been doing many large national samples of breastfeeding behavior because they are expensive, and may not meet their need for program-level indicators. Standardized indicators are helpful in understanding "big picture" trends in a single country, for comparisons across countries, and as an information tool to motivate countries to address breastfeeding policy. At the same time, countries should not rely on a limited set of standardized indicators to determine how to design a breastfeeding program, since much more specific information is required to determine specific needs and remedies. Breastfeeding behavioral indicators cannot replace needs assessments, baseline KAP studies, and health outcome studies.

Thus, in the course of designing monitoring and evaluation systems for long- and short-term country programs, WS/EPB should encourage countries to use the standardized indicators of breastfeeding behaviors whenever it is possible for countries/projects to do so. Countries should supplement those indicators with items relevant to the monitoring and impact of the local program.

#### **4. Conclusions**

WS/EPB has made progress in the definition and dissemination of standardized indicators of breastfeeding behavior. Given WS/EPB's expertise, special effort should be made to write up guidelines and lessons learned about the process of indicator standardization. WS/EPB's work with WHO to improve the quality and accessibility of the WHO database has the potential to be very effective in the long run, because of the sustainability of WHO's database and the likelihood of wide dissemination. One task that WS/EPB may be able to assist WHO in is to research the needs of potential database users; this information would be valuable for both WHO and USAID.

WS/EPB did create a database containing high quality data, as requested by the USAID CTO, but there are few users. After the fact, it is clear that creating a stand-alone database containing only breastfeeding indicators mostly from DHS survey data has limited utility. The database exists apart from other USAID databases on maternal and child health, despite the presence of a limited number of breastfeeding and weaning indicators on those databases.

#### **5. Recommendations**

- ▶ WS/EPB should continue to support WHO's efforts to create an integrated, user-friendly database containing high quality breastfeeding indicators, and to document the lessons they have learned about the process of influencing worldwide indicator systems.
- ▶ If USAID wishes to maintain high quality databases apart from WHO, USAID should explore combining WS/EPB's database with other USAID maternal and child health project databases (and possibly other databases). Work on a combined database should include: expanding the limited breastfeeding indicators on the other databases; conducting research with potential users to help make a combined system more user-friendly; and allowing WS/EPB to help distribute the database. It appears that CIHI would be the logical project to house the combined database.
- ▶ WS/EPB should explore whether it is feasible to rework the existing WS/EPB software and database (LACT) to include purpose-level indicators so that it can be a program monitoring tool for WS/EPB, WS/LME, WHO, and UNICEF international breastfeeding programs. If so, this could be a joint WS/EPB and WS/LME activity. If not, WS/EPB should spend no more resources and effort on LACT and concentrate all future database activities on WHO and other USAID databases.

## **F. INFORMATION DISSEMINATION**

### **1. Background**

Information dissemination is necessary to support many WS/EPB activities. The Cooperative Agreement (CA) states that research is to be shared with "policy makers to improve breastfeeding programs" (p. 20). Research and intervention findings are to be disseminated in each country where WS/EPB is providing long- and short-term assistance, through seminars, workshops and conferences. Materials such as prototype training curricula and surveys for monitoring and evaluation should also be disseminated to appropriate countries. At a broader level, WS/EPB is supposed to assist in policy and agenda-setting work through interagency coordination, PVO support, international and regional conferences, and publications (p. 30-31). To help distribute important research and intervention findings widely, WS/EPB is to coordinate their dissemination efforts with the American Public Health Association's Clearinghouse on Infant Feeding and Maternal Nutrition. Requests for Clearinghouse publications and newsletters are to be shared with them on a regular basis (p. 36 of CA).

### **2. Accomplishments**

A list of WS/EPB publications was developed and is being disseminated (see Annex F). A tracking system exists to monitor the type of document requested, the quantity, and the type of audience requesting the document(s). So far, 331 total documents have been disseminated. The vast majority (71%) of requests of publications come from health professionals. USAID staff have made some requests (14%), as have NGOs and PVOs (12%). Very few publications (3%) are going to health workers in the field. Most requests concern policy and technical monographs (46%) and qualitative research (33%). The three documents in the country assessment series are requested less often (7%), as are assorted publications concerning breastfeeding in the Newly Independent States (14%).

To date, two types of prototype materials have been developed that are used in the planning and start-up phase in new countries:

- ▶ Curricula for medical and nursing schools.
- ▶ Training curricula and information tip sheets for health personnel and volunteers in a position to communicate face-to-face with pregnant women and lactating mothers.

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WS/EPB has also created a poster promoting exclusive breastfeeding for health facilities and primary health care workers in the Cameroon, which, if found to be helpful, could be adapted for some other countries.

There has not been any wider distribution to other projects or donors. WS/EPB is conducting research that should lead to written guidelines for establishing and maintaining mother-to-mother support groups in Latin America, and has contracted for the development of some prototype manuals. No monitoring and evaluation prototypes have been created (see Section V.D.).

As noted in the policy section, WS/EPB has been active in disseminating information for the purpose of influencing both international and national breastfeeding policies. WS/EPB has held regional and national conferences, written language for international policy documents, written and disseminated policy briefs, and created videos (on working women and breastfeeding) to be used with policy makers.

WS/EPB promotional materials have also been developed. WS/EPB brochures exist in English, French, Spanish, and Russian. A logo, publication cover, and publication formats were designed. An exhibit booth was created that presents information on both WS/EPB and WS/LME; it was used at the Cairo Population Conference, and can be used at other conferences and meetings.

For staff development, WS/EPB maintains a library of its own and other breastfeeding documents. Approximately five to ten people from outside WSI use the library each year. Article reference services are also being used to keep staff current on breastfeeding-related issues.

### **3. Discussion**

The recent hiring of a half-time information dissemination specialist should help WS/EPB's future information dissemination efforts. WS/EPB's information dissemination strength thus far has been in two policy-related activities -- facilitating the development of national policies and influencing international policy documents.

Immediate information dissemination plans involve more policy-related activities, but there is no written strategy. Perhaps the policy-related information dissemination strategy is being addressed by a consultant, who is currently reworking an information dissemination strategy paper. (That paper was not seen by the evaluation team.) WS/EPB has created materials to use for influencing policies related to working women and breastfeeding. WS/EPB plans to develop an informational press kit for conference delegates, government representatives, NGOs and others about how to recognize, support, and promote breastfeeding rights. There are also plans to improve the WS/EPB slide collection to make it easier for EPB staff and others to use when

making presentations. It is unclear how each of these separate activities fit into an overall strategy, and how much priority attention these activities merit. Given WS/EPB's outstanding policy/advocacy track record, it might be worthwhile seeking non-USAID funds to support international policy advocacy activities.

Currently, very little information is reaching health workers in the field. WS/EPB needs to develop a channel to communicate with people working on breastfeeding-related projects around the world. WS/EPB has some plans to create a newsletter, which may help fill this gap. Prototype materials and guidelines, when they are ready, should be shared with people working in the field. Any such initiatives should be well coordinated with other publications in the field such as the APHA newsletter, "Mothers and Children," and WS/LME's regular communications with LME associates.

WS/EPB also needs to be able to listen to the needs of health workers in the field. They undoubtedly need particular types of information and materials formatted in a particular way for the different audiences they address. For example, the head of medical services in one region in the Cameroon told an evaluator that he would use a short video presentation on breastfeeding during a monthly meeting with heads of clinics and hospitals if he had one. The Cameroon also lacks printed information for new mothers on breastfeeding. (The only breastfeeding-related handouts seen by the evaluator in hospitals and clinics were produced by Nestle Corporation.) WS/LME provides its Associates with some materials; with feedback from those Associates working on WS/EPB, there may be ways to improve or supplement those materials. In addition, there is a need to develop in-country capability to produce these materials.

WS/EPB has been disseminating its own documents, and now has an excellent system to track "who requests what." WS/EPB should consider sending an annual update of the publications list to previous requesters, along with a brief monitoring questionnaire about the value of previously requested documents. It would be helpful to have feedback from users about WS/EPB products (documents, videos, and computer software). It is also important to develop the capability to produce its own appropriate information dissemination materials in-country.

#### **4. Conclusions**

WS/EPB needs a written information dissemination strategy, detailing the organization's goals of communicating with different audiences. Key audiences include in-country professionals and projects, USAID, USAID-sponsored projects, interagency donors, PVOs, and the research community at large. WS/EPB's information dissemination activities in the areas of international and national policies have been well done. With the recent addition of a half-time staff member dedicated to information dissemination, planning and coordination of other types of information production and dissemination activities should be improved as well. At this stage of the

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WS/EPB program, the most important goal should be to support staff as they write up guidelines, prototypes, and lessons learned, and then disseminate this information in appropriate formats to key audiences.

To reach people working in national breastfeeding programs around the world and solicit their suggestions, WS/EPB (possibly jointly with WS/LME) should begin a newsletter. The creation of other types of materials (fliers, books, slide shows, and videos) should depend on the needs of country programs. (For example, there are 10,000 slides which are part of WSI corporate resources.) Efforts need to be made not just to monitor the reach of materials, but also the impact and cost-effectiveness of WS/EPB products.

### **5. Recommendations**

- ▶ Finalize, implement, and monitor the effects of an information dissemination strategy.
- ▶ Explicitly target people working on breastfeeding programs in the field in the information dissemination plan.
- ▶ Employ a strategy emphasizing the goals of disseminating:
  - Prototype national policies, training, social marketing, monitoring, and evaluation materials developed by WS/EPB.
  - Guidelines for the establishment of national breastfeeding policies and programs.
  - Papers on lessons learned about influencing international policies relating to breastfeeding issues, and the process of influencing international indicators.
  - Summary papers of lessons learned from each technical area (applied research findings, training, communication, social marketing, and community outreach, evaluation and monitoring, and information dissemination).
  - Overall program strategy models of how to support and improve breastfeeding practices in different types of contexts.
  - Applied research findings.

## **VI. Management and Administration**

### **A. USAID (CTO, Regional, Country)**

#### **1. Background**

The Expanded Promotion of Breastfeeding component of the Breastfeeding and Maternal and Neonatal Health Project (Project No. 936-5966), which led to the Cooperative Agreement with Wellstart International has been well-designed by USAID and has appropriate purposes and goals, except for some definitional problems encountered in applying the criteria for long-term initiatives. Thus far USAID has provided adequate core and add-on/OYB funding. The one exception to this is the ENI Bureau, whose funding priorities and other considerations have kept it from providing follow-up funding to its highly successful initial conference in Kazakhstan, and the interesting applied research efforts initiated in FY94. In addition to WS/EPB's generally successful efforts to obtain funding, the previous CTO is to be commended for her highly successful initiatives in obtaining regional and country add-ons and OYB transfers to match the core funding. These individual and joint actions have enabled the project to make significant progress.

#### **2. Discussion**

The CA was managed by the previous CTO with considerable detailed, hands-on management -- especially during the first three years of operation -- in a manner usually reserved for private contracts. During this period, the previous CTO, while maintaining strong, detailed control over most aspects of project operations, was assigned many other additional tasks and responsibilities over other USAID activities, which resulted in severely limiting the time the CTO had available for the WS/EPB project. These factors led to delays in decision making, and subsequent misunderstandings between USAID, EPB project staff, WSI corporate headquarters and subcontractors especially in the area of subcontracting, and the hiring of a full-time evaluation officer.

In part, the reason for the slow start-up of WS/EPB was the time taken by USAID to exercise its detailed administrative, operations, consultation, and approval responsibilities provided for on page seven of the CA, Section F, *Substantial Involvement Understandings*. Wellstart

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International already had an excellent record in education and participant follow up at the time the CA was signed on September 25, 1991, although it had little or no prior experience in working with USAID procurement procedures, subcontracting, setting up offices in Washington D.C. and overseas, or recruiting foreign nationals. While this detailed (involvement) management control written into the CA was technically correct, and perhaps was needed during the start-up period, this micro-level management by USAID is no longer needed today, and would not seem to be in harmony with the thrust of the text set forth in Handbook 13 (Section 1B2a(5) that summarizes the use of assistance instruments (grants and Cooperative Agreements) for USAID).

It is encouraging to note that the new CTO for the project, in consultation with WS/EPB, has already taken steps to reduce USAID's day-to-day detailed, administrative-oriented supervision of WS/EPB, and the Cooperative Agreement has been amended significantly<sup>8</sup> so that at the present time:

- ▶ It is only necessary to consult USAID on replacement of the project's Director and Deputy Director positions, thus simplifying considerably the past provision of the CA which called for USAID's "approval of all key personnel and consultants, including those being considered for temporary or long-term assignment in a host country."<sup>9</sup>
- ▶ USAID approval will now only be required for subordinate agreements of \$100,000 or more, rather than the much lower past ceiling of \$25,000. Additionally, the "approval of the Annual Workplan will constitute approval of all technical and programmatic activities," but new, unplanned activities need to be submitted to the CTO for approval.<sup>10</sup>

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<sup>8</sup> Modification of Cooperative Agreement, DPE-5966-A-00-1045-00, Amendment 9 dated 7/20/94.

<sup>9</sup> The new Paragraph Six of Section F deletes entirely the old provision and substitutes the following: "Approval of all key personnel and consultants including those being considered for long-term assignment in a host country. The key Personnel are identified as follows: 'Director and Deputy Director.'"

<sup>10</sup> Old item three is deleted and the following is inserted in lieu thereof: "Approval of the Annual Workplan will constitute approval of all technical and programmatic activities. If, after approval of the Annual Workplan, unplanned activities develop which are of such significance that they would have been included in the presentation of the Annual Workplan, description(s) of those activities will be presented to the CTO for approval. The format will mirror the Annual Workplan, and approval will be requested for addition(s) to the Annual Workplan, and approval will be requested for additions(s) to the Annual Workplan. CTO Approval is required for subordinate agreements over \$100,000; however the CTO will be promptly notified of all other significant activities."

These two recent amendments to the CA should be of substantial assistance in eliminating past roadblocks caused by the micro-management aspects of the original "Substantial Involvement" provisions in the CA.

### **3. Recommendations**

- ▶ In order to avoid any future misunderstandings between the two parties, USAID should fully and specifically inform Wellstart management of what USAID considers its appropriate supervisory and collaborative role in the execution of this CA, particularly as it concerns the amended provisions effective (7/20/94) under Section F entitled "Substantial Involvement" of the agreement.
  
- ▶ Given the importance, complexity, and magnitude of the WS/EPB project, it is essential that the current USAID CTO not be overburdened with additional tasks to the point where extended delays might again occur in executing the project.

## **B. WELLSTART (EPB/Washington and Corporate Headquarters)**

### **1. Background**

This section should be viewed within the context of a project which has made significant progress in the technical areas and is progressing well with its deliverables. WS/EPB operates in socially and politically sensitive areas in many developing countries where decisions need to be made promptly, sometimes based on limited information. These factors and others mentioned in section VI.A. above have led to significant delays in the decision-making process, especially during the start-up period. In addition, WS/EPB and its corporate headquarters in San Diego, CA have not seen eye-to-eye from time-to-time. Over the past three years, branch office/headquarters differences over delegations of authority to the field, exacerbated by the difficulty of communicating adequately when the two offices are 3,000 miles apart, has made it difficult to sort out internal operational and policy disagreements, and obtain USAID clearances on a timely basis.

### **2. Discussion**

Much of WS's steep learning curve in managing a project of this magnitude and complexity is over, and WS/EPB and its corporate headquarters are fully up to speed in executing subcontracts, recruiting consultants, opening resident representative offices overseas, and purchasing equipment. Once the current recruitment is completed for the new Director and Deputy Director, WS/EPB and corporate headquarters staffing will be complete and fully adequate to carry out its mandate under the CA. EPB's management challenge in carrying out the project has now shifted to the need to execute subcontracting agreements in a timely manner, focus more keenly EPB's technical activities, and consolidate the successes achieved to date and anticipated over the next two years, so that maximum progress towards sustainability will be achieved by the closing date of the project (September 25, 1996). WS/EPB operations should be facilitated by the new WS procurement and employee manuals covering all aspects of WS's relationships and responsibilities for USAID-financed operations and procurement. Table 5 (page 81) summarizes the current status of WS/EPB deliverables called for under the Cooperative Agreement.

**TABLE 5**  
**EPB Cooperative Agreement Deliverables**

<b>Deliverables</b>	<b>Agreement Requirements</b>	<b>Completed or On-Going as of 10/94</b>	<b>Balance</b>
<b>Project Reports:</b>			
-Annual Work Plans	5	3	2
-Quarterly Activity Rpts.	16	8	9
-Annual Progress Rpts.	4	3	4
-Final Report	1	na	1
-Trip Reports	all trips	up to date	all trips
-TAG Meeting Reports	4 minimum	4	1 in '96
-LT Country Agreements	all agreements	4	5
-AR Protocols	all grants	15	0
-ST Task Orders	all missions	all	no limit
-Quarterly Expense Reports	20	11	9
<b>Long Term Country Programs</b>	up to 10 total 4 resident 6 non-resident	10 initiated 4 resident	0 0
<b>Applied Research</b>	10	14	0
<b>Short Term TA</b>	no limit	16 countries some multiple	no limit
<b>TAG Meetings</b>	4 minimum	4	2
<b>Other Deliverables</b>			
<b>Establish a Center of Excellence</b>	1	1	0
<b>Evaluation/Monitoring Systems</b>	to be developed as part of each LT country	1 initiated (Honduras)	4 min.

At the beginning of its fourth fiscal year, Wellstart is well along with its deliverables except in the area of evaluation and monitoring. Because of political eruptions in Rwanda and Nigeria, and the closing of the USAID/Cameroon Mission, two of the project's long-term countries were eliminated and one was put on hold. However, WS/EPB has six other long-term countries in process, as well as a long-term program for the "refugee nations." WS/EPB also is sponsoring three regional long-term initiatives, which are not required deliverables.

In assessing the rapid forward movement in many areas of promoting "optimal breastfeeding," credit should be given to Wellstart International's headquarters for its past and continuing work under its USAID-sponsored Lactation Management Education Program, which has trained and

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educated over 500 participants ("Associates") from 50 countries. This alumni, composed of pediatricians and gynecologists, nurses, key ministry of public health officials, and hospital administrators, have been of special assistance in Francophone Africa and in NIS countries, helping WS/EPB get the expanded breastfeeding programs accepted and underway.

In addition to the important challenges the EPB project faces, as cited above, the recent resignations of the WS/EPB Director and Deputy Director, effective November 30, 1994 and December 21, 1994, respectively, have created a crisis situation that requires top priority attention and resolution without delay. Current uncertainties and misunderstandings are damaging to the effective operation of the project and utilization of its excellent devoted staff. Resolution of this management problem should be of the highest priority to WS International's CEO and Board of Directors.

Following are some steps that should be considered in resolving the replacement of WS/EPB's top management:

- ▶ Either the new WS/EPB Director, or the new EPB Deputy Director, should be an experienced, seasoned manager familiar with USAID project management.
- ▶ Any gaps between the departure of the existing Director and Deputy Director and their replacements should be filled by senior corporate headquarters staff to be resident in Washington and acceptable to USAID/Washington. They should remain in residence in Washington, D.C. until these positions are satisfactorily filled.
- ▶ In order that there be no misunderstanding about the content of the "adequate autonomy" needed for the Washington office so that project implementation is not delayed, the WS CEO and the new WS/EPB Director and Deputy should meet and clearly delineate those occasions when corporate consultation and approval is required.
- ▶ Once firm understanding is achieved and agreed upon at the senior management level, the staffs of both offices should be fully informed of the action taken, and concrete steps should be quickly taken to improve communications, encourage teamwork, and applaud the results of positive cooperation between the staffs of the two offices.

Once the WS/EPB FY95 Workplan is finalized (hopefully developed within the framework of strategic planning for FY96 as well) and is approved by both WS corporate headquarters and USAID, it is essential that the delegation of authority from corporate headquarters to WS/EPB be

clearly defined and of sufficient magnitude to allow the decision-making process on the program and operational aspects to move ahead without delay.

This is vitally important if the project is to move forward at the projected average monthly expenditure rate which rises from \$244,000 in FY94 to \$481,000 in FY95 and \$569,000 in FY96. This more than doubles the average monthly expenditures from FY94 to FY96. (See Table 8, page 88.)

Creating this "One" team ambiance for the two WS offices, and making it become a reality, will require careful nurturing and action from the leadership in both Washington, D.C. and San Diego. When the new WS/EPB Director and Deputy Director are on board, project staff should be adequate to manage this growing volume of project activity reflected in the expanding rate of monthly expenditures.

Annex G contains organizational charts for WS/EPB and WS Corporate headquarters, as well as project backstopping assignments for corporate staff, plus a flow chart for WS/EPB project funds. Annex I describes briefly the current mechanisms put in place last summer to assure better communications and decision making between the two offices. Annex J lists the current corporate responsibilities for WS/EPB decision making.

### **3. Recommendations**

- ▶ Wellstart EPB/Washington and the corporate headquarters in San Diego must remove the organizational and management hurdles remaining concerning delegation of authority, regular communication, and facilitation of prompt action on each office's requests with a view to installing effective and timely decision-making mechanisms at all levels, including subcontractors.
- ▶ WS corporate headquarters should give highest priority to recruiting replacements for the WS/EPB project's Director and Deputy Director. This should be accomplished no later than January 1, 1995 at the latest.
- ▶ Once firm understanding is achieved and agreed upon at the senior management level, the staffs of both offices should be fully informed of the action(s) taken, with concrete steps quickly enacted to improve communications, encourage teamwork, and applaud the results of positive cooperation between the staffs of the two offices.

## **C. SUBCONTRACT MANAGEMENT**

### **1. Background**

Subcontracting for the WS/EPB project has been unconscionably delayed. The final major subcontract with Georgetown was finally signed in June, 1994, almost three years after the signing of the CA. Other subcontracts were not signed until 1993. In fact, protracted delays and signal changing resulted in a failure to sign the subcontract with INCAP which had been under negotiation for over two years. Some subcontractors (Manoff, Georgetown, Nurture) have protested about the delay in signing and difficulties in obtaining satisfactory task orders, blaming both USAID and Wellstart for the delay. As a result, very little drawdown has occurred against the subcontract line item. This situation should be remedied in FY95.

The subcontracts call for task orders as a basis for releasing funds to the subcontractors. This mechanism has maintained tight control over the subcontractors, thus severely limiting expenditures to date. WS/EPB is trying in FY95 to write larger, more flexible task orders so that the subcontractors can execute their tasks more efficiently. The long delays in signing the subcontracts limited WS/EPB's use of subcontractors for two to three years into the life of the CA, and made it necessary for core staff to execute certain of the functions originally planned for the subcontractors.

### **2. Discussion**

All of the major subcontracts have been signed, and the FY95 task orders are ready for signature; however, some of the delays in executing the subcontractor task orders may be a result of WS/EPB slowness in relinquishing some of these duties. One of the major challenges for the WS/EPB over the next two years will be to utilize these subcontractor services quickly and consistently to carry out the work of the project.

Tight deadlines should be set for processing, approving and implementing task orders. A special internal task force should be established to explore what can be done procedurally to facilitate the preparation and execution of task orders. Regular meetings should be called by the WS/EPB backstop officers with their subcontractors with a view toward accelerating implementation of the task orders, straightening out any roadblocks which may occur, and deobligating any remaining funds.

**3. Recommendation**

- ▶ WS/EPB, assisted by corporate headquarters, should give top management attention to accelerating the use of its subcontractors to support its program implementation and to help achieve the goals and purposes set out in the CA.

## **D. FINANCING AND LEVEL OF EFFORT**

### **1. Background**

The Cooperative Agreement (CA) provides for up to \$15 million in core financing and up to \$15 million in add-ons and OYB transfers over a five-year period encompassing fiscal years 1992 through 1996. Even if one allows for the usual start-up time required for any new centrally funded project operating worldwide, there were serious delays in the preparation, negotiation, and signing of the major subcontracts for the project, with the last one signed in June 1994. These delays led to lower expenditure rates than expected. As mentioned earlier, it has been a very steep learning curve for the staff on this project. However, at the end of the third year and going into the fourth (FY95), it is most encouraging to note that many of the administrative and operational problems are behind the staff at both WS corporate headquarters and WS/EPB, Washington. Working together, the WS staff from the two offices are very well-equipped to handle all of the programming and project implementation activities.

Wellstart now has a very straightforward and sophisticated accounting system which allows it to financially track all aspects of this project, as well as the Lactation Management Education Program, also financed by USAID. Monthly and quarterly statements are accurate and up-to-date. WS is to be commended for this successful effort. While the financial and administrative officers of the two WS offices know how to use the system, there is a need to train the professional staff so they can assist in the effective use of this new management tool.

Table 6 (page 87) shows the status of obligations and expenditures as of July 31, 1994. (Note: Senegal's September 1994 obligation of \$114,000 and LAC's August 18, 1994 OYB transfer of \$225,000 are also included in the table since this information recently became available.)

Monthly expenditures rose in FY94 and are projected to rise significantly beginning in early FY95. WS/EPB budget projections for FY95 and FY96 have been reviewed and appear reasonable, possibly on the conservative side. The most substantial increase in expenditures projected is in the subcontract line.

To sum up, now that the earlier start-up and other delays mentioned above are behind WS/EPB, it appears both reasonable and feasible to project a major and continued increase in project expenditures. Further, the FY95 task orders for WS/EPB's major subcontractors are ready for signing, and expenditures under the previously executed competitive grants program will reach their peak spending levels in FY95 and FY96. While other projected expenditures not specifically mentioned above are projected at higher levels, they appear very attainable. As a result, some additional USAID funding (obligations), at modest levels, will be needed in FY95 and FY96 in order to meet the planned expenditure levels, and complete the deliverables required

under the CA. (See Table 7 (page 88) for estimated project expenditures and obligations, FY95 and FY96 and Table 8 (page 88) for the average monthly expenditure rate by fiscal year.)

**TABLE 6**  
**WS/EPB PROJECT ACTUAL OBLIGATIONS AND EXPENDITURES**  
**AS OF JULY 31, 1994**  
**(in \$thousands)**

Source	Core Obligations	Add-On/ OYB Obligations	Total Obligations (7/31/94)	Core/Add-On/ OYB Expenditures to date	Balance as of 7/31/94
Core	7,854	600	8,454	4,438	4,016
LAC	0	1,475	1,475	852	623
AFR	0	1,490	1,490	441	1,049
Micronutrient	0	1,875	1,875	261	1,614
Cameroon	0	150	150	150	0
Rwanda	0	298	298	80	218
WNIS	0	600	600	43	557
CAR	0	250	250	114	136
Senegal	0	114	114	0	114
<b>Totals</b>	<b>7,854</b>	<b>6,852</b>	<b>14,706</b>	<b>6,379</b>	<b>8,327</b>

**TABLE 7**  
**ESTIMATED WS/EPB PROJECT OBLIGATIONS AND EXPENDITURES**  
**FOR FY95 AND FY96**  
**(in \$thousands)**

	Core Obligations	Add-on/OYB Oblig.	Total Obligations	Estimated Core Expend.	Est Add -Ons + OYB Expenditures	Total Expenditures*	Balance Remaining & Draw Down by FY
Prior Years	7,854	6,852	14,706	4,564	2,235	6,799	7,907
FY95	1,500	1,500	3,000	3,097	2,901	5,998	-2,998
FY96	1,500	400	1,900	2,845	3,964	6,809	-4,909
<b>Total (FY92-FY96)</b>	<b>10,854</b>	<b>8,752</b>	<b>19,606</b>	<b>10,506</b>	<b>9,100</b>	<b>19,606</b>	<b>0</b>

\* Total prior expenditures as of July 31, 1994, were \$6,379,000. Final FY94 expenditure figures are not yet available. Therefore, additional expenditures for August and September 1994 were estimated at \$420,000, bringing the total expenditures (core and add-ons/OYB) for FY92, FY93, FY94 to a firm estimate of \$6,779,000.

**TABLE 8**  
**WS/EPB AVERAGE MONTHLY EXPENDITURE RATE BY FISCAL YEAR**  
**(in \$thousands)**

Source	FY92*	FY93	FY94*	FY95 est.	FY96 est.
Core	154	140	125	258	237
Add-On/OYB	5	61	119	223	332
Total Monthly Rate	159	201	244	481	569

\*Although the CA was signed September 25, 1991, the WS/EPB office opened December 1, 1991. Therefore, using a ten-month year, the average monthly expenditure rate was \$159,000.

## 2. Discussion

The average monthly expenditure rate or "burn rate" will rise markedly in FY95 and FY96. As noted earlier, the projected significant increase in the burn rate is explained in large measure by the subcontracts coming fully on line, and the applied research expenditures hitting their peak. Therefore, in the financial planning/level of effort area the following points require immediate attention:

- ▶ WS/EPB will need to work consistently and closely with its subcontractors to be sure that the FY95/96 task orders are implemented without delay, and the corresponding projected expenditures occur (see Section VI.C. above).
- ▶ In addition to the \$3.0 million in core funding needed over the next two fiscal years (\$1.5 million in FY95 and \$1.5 million in FY96), it is also essential that the specific country/regional add-ons and OYB amounts totaling \$1.5 million in FY95 and \$400,000 in FY96 be made available on a timely basis. Both elements are interrelated and are critical for the overall success of the project.
- ▶ WS/EPB has not finalized its FY95 work plan. This work needs to be completed urgently. Since only FY95 and FY96 remain before the end of the project, it is absolutely essential that the programming/technical exercise be integrated with realistic financial planning including careful estimates of the nature, utilization and timing of funding of specific activities. This exercise should focus on the expenditure pipeline and include serious expenditure projections by month for both core and add-on/OYB funds.
- ▶ When the FY95 work plan is completed and approved, WS/EPB should undertake an intensive review of all past sub-obligations and encumbrances not yet fully expended, with a view to taking back and reprogramming any funds which cannot be spent in a reasonable amount of time. This should include both core and add-on financed activities focusing on subcontractors' task orders, grants to local organizations, research projects, and other undertakings which constitute a claim against the WS/EPB budget. If these above mentioned concerns are taken care of, it should facilitate decision making for project management and possibly free up some project funds, now tied up unproductively, for more active aspects of the EPB program.

## 3. Conclusions

Although WS/EPB has made substantial progress since its inception, its total final expenditures - an estimated \$19.6 million -- will be substantially under (about 35%) its contract ceiling (\$15

million for core funding and \$15 million for add-ons and OYBs) which totals \$30 million. This lower level of projected support over the life of the project is due in large part to the start-up delays already mentioned, and also to the current difficulty encountered in obtaining substantial add-on/OYB funds in coming years. It is fully anticipated that WS/EPB (assisted by corporate headquarters) will be able to provide all of its deliverables under the Cooperative Agreement by September 25, 1996, except those in the area of evaluation. (See section V.D. for the team's recommendations concerning priority actions to be taken in this area.)

#### **4. Recommendations**

- ▶ USAID should make special efforts to assure that no less than the significant, but relatively modest amounts, of core, OYB and add-on funding cited above (\$3.0 million for FY95 and \$1.9 million for FY96) will be made available on a timely basis to ensure that the remaining two years of this five-year project are carried out successfully, and the achievement of the sustainability goals are not compromised due to delays or lack of sufficient funding.
- ▶ WS/EPB should give urgent attention to completing its FY95 work plan, and integrating it with realistic monthly expenditure projections through FY96.
- ▶ If not already carried out as part of the FY95 work plan exercise, a serious review of the project's substantial pipeline should be initiated to assure WS/EPB management that there are little or no funds "tied up" which should be deobligated or de-encumbered and reprogrammed for more promising endeavors.
- ▶ Wellstart's excellent computerized accounting and budgeting systems, and the ability to use them competently, should be expanded beyond WS's Finance and Administrative officers with appropriate in-house training programs, so that all of the professional staff can utilize them effectively.

## ***VII. Future Directions***

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### **A. BACKGROUND**

The recommendations of this evaluation should be seen as mid-course corrections and ways to focus efforts in the next two years to achieve the CA goals, deliverables and program purposes. The team wishes to make clear that it considers the WS/EPB project a substantial success, and one which is making an important contribution in the field of maternal and child health.

### **B. CONCLUSIONS**

The Scope of Work for the mid-term evaluation requests the team's views concerning the desirability of a sixth and seven year (FY97 and FY98). The team strongly endorses a two-year extension, especially since it is unrealistic to expect that all of the urgent work needed for the expansion of breastfeeding in the developing world can be completed by end of the CA (September 1996). There will remain significant elements which will need to continue or will be ready for initiation in the fall of 1996. Two additional years will lay a stronger foundation, and will allow for fully-developed and tested models and prototypes.

The suggested priority areas for FY97 and FY98 are:

- ▶ Follow-up monitoring and evaluation in the existing long-term countries.
- ▶ Follow up in existing long-term countries for specific interventions such as communication and outreach to women.
- ▶ Applied research in key areas such as HIV, refugees, and insufficient milk syndrome.
- ▶ Dissemination of prototypes, guidelines, lessons learned, and research findings.
- ▶ Strengthen NGO capabilities in advocacy, management, strategic planning, budgeting, fund raising, supervision and evaluation.
- ▶ Work actively to support the initiation and implementation of community support systems in the Africa and NIS regions.

- ▶ Assist WS/EPB to become a self-sustaining "Center of Excellence for Lactation and Breastfeeding."<sup>11</sup>

With regard to the potential for the transition of the WS/EPB Program to a self-sustaining Center, it is useful to note that the prestige and competence of Wellstart International has resulted in its designation as a "Center of Excellence for Breastfeeding" by WHO, and the WS/EPB Program has also been designated a "Center of Excellence for Breastfeeding" by PAHO. In line with the team's mandate to consider actions which will promote sustainability of this important activity, and in consideration of the "critical mass" of experience and "know-how" currently assembled under the EPB Program, there is an opportunity to assist Wellstart International in the transition to a self-supporting institution to carry on the work.

An appropriate amount of the proposed sixth and seventh year of USAID funding should be used to help continue WS/EPB as a "Center of Excellence in Lactation and Breastfeeding Programs." USAID seed money could be used to encourage other potential donor sources to participate. These might include private donors and foundations and other international organizations, such as the World Bank, WHO and UNICEF.

Such a Center of Excellence would be involved in the following categories of activities:

- ▶ Serve as a clearinghouse and information center for current research findings about lactation, breastmilk, and innovative and feasible programs.
- ▶ Provide technical assistance to breastfeeding promotion and protection programs, IEC campaigns, policy formulation and change, as well as assistance with training programs at all levels (from hospital to community including women-to-women support groups).
- ▶ Develop and disseminate prototype materials for breastfeeding promotion and lactation management training methods and curricula for a variety of providers; qualitative research including needs assessments, focus groups, KAP studies and quantitative research, and evaluation.

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<sup>11</sup> WSI prefers to describe its collective effort which includes WS/LME and WS/EPB as a "Center Without Walls" rather than a "Center of Excellence" as they have been called and honored by WHO and PAHO. The team has no objection to another title, or the consolidation of WS and other "optimal breastfeeding" activities. The thrust of the team's recommendation is simply that if USAID agrees and is able to finance a sixth and seventh year as suggested, consideration should be also given to establishing a self-sustaining Center with broad-based financing to continue on the work after completion of the Cooperative Agreement for the WS/EPB Program.

- ▶ Convene pertinent expert committees, conferences and seminars as the need arises.
- ▶ Maintain and update LACT database (should it be transformed into a monitoring tool for international breastfeeding promotion efforts).

## **C. RECOMMENDATIONS**

- ▶ USAID should fund the Expanded Program for Breastfeeding for a sixth and seventh year to consolidate and implement the priority areas listed above.
- ▶ USAID should add as an important goal in the sixth and seventh years, to assist in the transition of the WS/EPB "Center of Excellence" into a self-sustaining "Center of Excellence for Breastfeeding" along the lines outlined above.
- ▶ USAID should help fund the transition by providing some seed money which can be used to encourage grants from other donors, e.g., international organizations such as the World Bank, WHO, UNICEF, and private foundations, PVOs, and private donors.

***Annex A***  
***Scope of Work***

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Breastfeeding and Maternal and Neonatal Health Project  
(936-5966)  
Wellstart Expanded Promotion of Breastfeeding Program  
(EPB)

Mid-Term Evaluation Scope of Work

A. Purpose of the Evaluation

The purpose of the evaluation is threefold: (1) to assess performance and progress to date, (2) to advise on any need for reorientation of priorities and strategies during the remainder of the cooperative agreement through 9/25/96, especially keeping sustainability in mind, and (3) to provide guidance to USAID on the content of follow-on breastfeeding activities to pursue after the Wellstart Expanded Promotion of Breastfeeding Program ends.

B. General Questions

The following six general questions should be addressed as major themes throughout the evaluation:

1. Is Wellstart making adequate progress toward the expected goals, purposes, and achievements, and output at the worldwide level as specified in the cooperative agreement?
2. What are the major EPB accomplishments or products to date which contribute to the worldwide state of the art in breastfeeding promotion? Are these being disseminated widely enough?
3. How many comprehensive, national breastfeeding programs has Wellstart EPB assisted? To what extent do these country programs possess the characteristics listed in the cooperative agreement for each country receiving long-term assistance?
4. Have databases for tracking trends in breastfeeding practices and for evaluating the impact of the program been developed for all long-term country programs? Likewise have cost-effectiveness studies been carried out?
5. Are long-term country project sustainable and likely to remain in place after Wellstart leaves? Is Wellstart working enough with host country governments and policy makers at the national level? Is there verifiable progress on institutionalization of Wellstart efforts to date? What actions could be taken during the remainder of the cooperative agreement to enhance replicability and sustainability?

6. Are activities, including evaluation, standardized across countries wherever feasible to be generalizable for larger, global lessons learned? What are those larger lessons learned to date?
7. Based on the lessons learned by Wellstart to date, what approaches should AID pursue in a potential follow-on breastfeeding promotion activity over the next five years? How could AID better focus its financial assistance to have greater impact on a larger scale at least cost?

C. Technical Questions

1. *Advocacy, Policy Dialogue and Information Dissemination*

- a. Which advocacy techniques have been cost effective--conferences, newsletters, publications? By what criteria?
- b. Has Wellstart had an ascertained effect due to information dissemination?
- c. Are Wellstart's results being adequately disseminated to USAID and USAID-supported projects and others active in international health? What have been the most effective ways to disseminate project outcomes and lessons learned?
- d. How actively, and with what degree of success, has Wellstart collaborated with other groups and donors who work in breastfeeding? Other G/R&D projects? USAID bilateral projects? Regional projects?
- e. Has policy dialogue initiated from Wellstart broadened the view of those working with international food policy and family planning programs to the merits of exclusive breastfeeding?

2. *Applied Research and Assessment Methodologies*

- a. What is the technical quality and global relevance of Wellstart's breastfeeding research? What should USAID's future research priorities be in this field?
- b. How have research topics been selected? Has Wellstart followed the selection criteria and process outlined in its research strategy? What, if any, changes are needed in these criteria and process?

- c. What is the extent of peer review of research? Are peer review mechanisms documented?
- d. Are research projects designed with appropriate funding levels and time frames in place? Can results be adequately disseminated after completion of studies within the time-frame of the cooperative agreement?
- e. During the remainder of Wellstart through September 1996, what specific activities could it pursue toward consensus-building around remaining controversial or unproven interventions for improving exclusive and extended breastfeeding? This could include new studies and field testing, literature review, workshops?

### 3. *Training*

- a. Has EPB drawn on the skills and expertise of the San Diego Lactation Program for training country nationals? Has EPB coordinated with other USAID projects and/or donors and agencies when the focus is on training other workers outside of hospitals?
- b. Have the criteria for selecting the primary target audience been appropriate in each country setting? Are there optimal coordination of training activities at all levels within each country?
- c. Has in-country training been planned and co-sponsored jointly with key institutions and other donors? Are training materials culturally appropriate, even to the point of being written in the local language?
- d. What sort of sponsorship of host country nationals in key posts for brief study tours have taken place? Have any new courses for such persons be developed?
- e. What medical, nursing, and midwifery school curricula and textbooks have been developed or revised to incorporate appropriate and supportive breastfeeding information? Have any new curricula and textbooks been introduced?
- f. In addressing curricula revision, what criteria are used? Do topics include those covered in the cooperative agreement?

#### 4. *Communication and Social Marketing*

- a. What sorts of CSM programs have been implemented?
- b. Have such programs provided detailed, actionable information on how to optimally breastfeed, moving beyond mere "breast is best" platitudes?
- c. Have these programs identified other constraints to behavioral change (e.g. policies in the workplace or in hospitals), and integrated with other program facets with efforts to remove these obstacles?
- d. What have been their results and impact of these programs on community adoption of exclusive breastfeeding?

#### 5. *Outreach to Women*

- a. Has EPB coordinated communication and social marketing activities closely with those of other USAID-funded communication projects (i.e. the information, education and communication [IEC] component of the MotherCare contract)?
- b. What are the linkages that have been established with the BMNH project's contractor (JSI) for maternal and neonatal health and nutrition activities?
- c. How has EPB developed the capacity of existing indigenous local women's groups for support of breastfeeding mothers? Has EPB linked its efforts with those of local groups, such as La Leche Leagues?
- d. Has EPB worked in the arena of advocacy with employers? How has EPB coordinated with such groups as USAID's Women's and Infants' Nutrition Support project, and other projects, to be an effective advocate in this area?
- e. How effective are EPB's innovative activities to reach more women, involve women's groups, etc.?

## 6. Evaluation

- a. Are well-designed evaluation components in place in Wellstart long-term country projects to measure impact on coverage of services, behavioral change, and breastfeeding practices?
- b. Are appropriate evaluation indicators being accurately measured?

## D. Administrative Questions

### 1. Management

#### a. AID

- i. What has been the quality and quantity of AID oversight of EPB?
- ii. Are the management monitoring tools in the cooperative agreement, e.g. annual workplans, semi-annual progress reports, trip reports etc. sufficient to measure progress, need for change, and expected outcomes as envisioned in the project design? What reports have been the most useful to AID for management? Are there examples of reporting that could be omitted?

#### b. Wellstart

- i. Are there sufficient core staff and consultants to perform the specified level of effort? Will the cooperative agreement level of effort be exhausted before 9/96 at current projections? Has the organizational structure been well-suited to the demands of the cooperative agreement? What impact has the turnover and vacancy of key positions had on implementation?
- ii. Are the relationships between field offices and Wellstart, Washington effective from the perspectives of headquarters, R&D/H, field staff, AID Missions?

iii. To what degree has the use of consultants and resident advisors included:

- + Timely availability
- + A far-reaching selection process
- + Clearly defined scopes of work
- + Adequate administrative and managerial support
- + Mechanisms in place for accountability and communication issues
- + Emphasis on technical and language qualifications and cultural sensitivity
- + Use of in-country expertise

iv. What has been the relationship between Wellstart, International (San Diego) and EPB (Washington)? Have any actions been taken to strengthen this relationship? How has this relationship affected staff in both sites, as well as implementation of the cooperative agreement? What is the current situation?

v. What has been the relationship between Wellstart and the subcontractors? Are there any financial issues? Do the subcontractors have clearly defined scopes of work? Are there mechanisms in place for accountability? How as communication and team work been?

## 2. Cooperative Agreement Requirements, Project Outputs

Comparing implementation to date against the specified terms for each of the cooperative agreement's delineated areas of activity, are the targets for outputs being met? Is there any need for adjustment, and, if so, what are the management and budget implications?

## 3. Financial and Level of Effort Considerations

- a. Has the cooperative agreement achieved the cost effective and efficient use of resources?
- b. Have outside parties provided resources to Wellstart? Can the efficacy and impact of this contribution, if any, be assessed?
- c. Is the current financial reporting system adequate and timely, including tracking of buy-ins? Are improvements needed?

- d. Have add-ons deterred or enhanced Wellstart in achieving its original objectives? What have been the benefits, compromises, lessons learned with the add-on process? In each of the six long-term countries and overall, what percent of total costs is being met by add-ons (including OYB transfers)?
- e. Has the availability of funds--central and add-on--been adequate to cover expenditures necessary to achieve the project's objectives? How close is Wellstart to reaching its budget ceilings for central and add-on funds? Is the salary budget line item likely to be exceeded before 9/96?
- f. To what degree are local subcontracts with in-country institutions impeding/expediting Wellstart's operations?

***Annex B***  
***Team Trip Reports***

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# **Trip Report CAMEROON**

**EPB Mid-Term Evaluation  
Leslie Snyder  
September 24 - October 2, 1994**

## **I. Background**

Dr. Leslie Snyder travelled to Cameroon as part of the mid-term evaluation of Wellstart International's Expanded Program of Breastfeeding. A list of people interviewed is on page B11. Sites visited include the Ministry of Public Health, Central Hospital in Yaounde, Central University Hospital in Yaounde, Provincial Delegation of Health for Littoral (Douala), Health Center Ad Lucens (Douala), CEBEC Hospital in Bonaberi, and Provincial Hospital South West in Buea. When possible in the clinical settings, mothers were interviewed about their behaviors, knowledge, intentions, and communication with health workers about breastfeeding. Documents received and reviewed in-country include: the 1994-95 National Breastfeeding Program Strategy Plan, a report of the Breastfeeding Week 1994 activities, the Nutrition Education Project evaluation questionnaires for mothers and health personnel, the National Breastfeeding Policy, the national regulations regarding the commercialization of maternal milk substitutes, posters for breastfeeding, family planning, and ORT, the breastfeeding training curriculum, and a memo to provincial health officials regarding up-coming breastfeeding training.

## **II. Summary of EPB Program in the Cameroon to Closeout in June 1994**

The program in the Cameroon began with short-term assistance in 1992. There were no Wellstart Associates before that time. Three Cameroonian teams (a total of 14 people) subsequently went through the LME course in San Diego. Technical assistance was provided for a workshop, which led to the drafting of a National Breastfeeding Promotion Policy and the formation of a steering committee. The WHO International Marketing Code was signed in 1993.

EPB received add-on funds from the USAID/Cameroon Mission to promote optimal infant feeding practices in three regions of the Cameroon in January 1994 through June 1994. The EPB long-term country assistance lasted only six months due to the closing of the USAID/Cameroon mission. The program was run by an expatriate Resident Advisor who had been with the USAID PRITECH Project in the Cameroon, and a Cameroonian counterpart with a half-time appointment in the Ministry of Public Health (MOPH) and half-time in the Maternal Child Health unit (MCH/PMI) in Yaounde. The counterpart was a Wellstart Associate.

To date, the program has emphasized national breastfeeding policies and training professional health personnel. The accomplishments of the EPB program are summarized below by main area of activity.

Research: An initial mini-assessment, including limited qualitative research, was completed. Some breastfeeding questions were incorporated into a baseline survey of weaning practices in one province (of ten in the country). A DHS survey and some local medical research provided additional information. Note that none of the EPB applied research projects were conducted in the Cameroon, and that WS Associates and others with an interest in breastfeeding research had not known of the applied research RFP.

Policy and Planning: During the short-term assistance phase, a National Breastfeeding Promotion Policy had been drafted and a national steering committee had been formed but did not meet. During the long-term assistance phase a two year national strategy plan was drafted based on the six months of Wellstart involvement, and understandings of cooperation with UNICEF (for materials production) and the World Bank/CARE Nutrition Education Project (for research and training). The government showed its commitment to breastfeeding with the appointment of a National Breastfeeding Coordinator, and an IEC assistant (1/2 time).

Pre-Service Training: A four-person team from medical and nursing schools attended the LME course. An in-country trainee from the nursing school in Yaounde teaches about breastfeeding and even included exam questions on breastfeeding. One WS Associate is head of the nursing school in South West Province but it is not known how she has changed her curriculum. However, in the medical school pediatrics and obstetrics curriculum there were no curricular changes.

In-Service Training: A technical curriculum was written. The curriculum was pre-tested with 15 MDs and 61 nurses/nurse assistants from the targeted three provinces. A "sensitization" presentation with handouts at the annual National Pediatrics Conference reached approximately 70 physicians. No traditional birth attendants (TBAs) were trained.

Information, Education, and Communication (IEC): Since time was short, the IEC activities concentrated on rudimentary qualitative research and materials production to support health worker trainings and the Cameroon Infant Feeding Association mother support groups. The IEC activities were coordinated with UNICEF, who agreed to assist in the multiplication and distribution of the materials. The products were:

1. Information sheets for primary health care workers and others to use for reference or as talking points during outreach sessions.
2. A poster promoting exclusive breastfeeding for use in health facilities.
3. Technical curriculum for training sessions written in modular form so that it can be adapted to different audiences.
4. Counselling cards for health workers to use in outreach were drafted but not finalized.

Evaluation and monitoring: Two questionnaires were drafted (with Wellstart technical assistance) to be revised and used as baseline monitoring and evaluation instruments for the Nutrition Education Project.

### **III. Summary of Breastfeeding Promotion Activities: June, 1994 to September 29, 1994**

Overall, progress in meeting objectives from the strategy plan has continued, although at a lesser pace than initially planned. One WS Associate said, "If we had continued at the pace we began with we would be in good shape now." The Policy was signed, and a flurry of IEC activities took place surrounding National Breast Feeding Week.

National Policy: The National Breastfeeding Policy was signed into law in September 1994.

Government commitment: The MOPH officials are very much pro-breastfeeding. In their interviews, they let it be known in no uncertain terms that they would welcome continued USAID support for breastfeeding activities. The immediate supervisor of the breastfeeding program is Dr. Lowe, head of Nutrition Services, who seemed committed to breastfeeding and would be interested in LME training himself. (During the visit it was announced that there will be a restructuring of the MOPH, eliminating the position of Director of Family and Mental Health. It is not known who/what position the head of Nutrition Services will report to in the future.)

The government still supports one person for breastfeeding activities. Toward the end of this period the National Breastfeeding Coordinator went abroad for a nine month training course, and the IEC assistant has been temporarily assigned the role of Coordinator. Thus, the government still supplies a full time position for the breastfeeding program. The MOPH also lets WS Associates and others have time for breastfeeding planning meetings, activities, and this WS evaluation.

WS Associates' commitment: Nearly all the WS Associates who were interviewed (see list, page B11) were still extremely motivated. The signing of the National Breastfeeding Policy has encouraged the WS Associates and personnel in the MOPH.

UNICEF commitment: UNICEF remains committed to the printing and distribution of the IEC training materials and the poster, and the inclusion of breastfeeding in their primary health care training.

Hospital policies and practices: Wellstart Associates have changed hospital policies in limited cases. As yet, none of the hospitals in the Cameroon are "baby friendly." (The Yaounde working breastfeeding team plans to push for Central Hospital to make the necessary changes soon to serve as an example for other hospitals and health centers. The national breastfeeding

program plans to sensitize hospital administrators about the new national policy.) Despite the donation of equipment from WS, no lactation clinics have been established.

In Central Hospital Yaounde bottles are banned. Breastfeeding is encouraged in Pediatrics, where there are two active WS Associates and the other doctors also seem to be committed to breastfeeding. On the other hand, mothers are allowed to be with their children only every two hours for two hours, and so consequently sleep outside on a porch. (The arrangement is not "mother friendly," and could cause a deterioration in the mother's health.) The delivery and maternity staff were positive about breastfeeding when asked, but none of them have been trained (the trained personnel had been transferred) and none of the women we interviewed had been instructed to give the colostrum or shown how to breastfeed optimally. In the Premature Department, a "kangaroo" program allowing mothers to stay with their premature infants had been suspended because of concern over the maintenance of sanitation and cases of stolen infants. Mothers were not allowed into the Premature Department at all; those who wished to breastfeed were encouraged to pump their breasts (using an electric pump if they desired) to provide milk for their babies. The doctor in charge said that only the most committed take the trouble. The rest of the infants receive formula for the premature, given with a spoon and not a bottle. During our visit there were only three staff people present to care for 17 premature infants.

The Central University Hospital had no patients in pediatrics, delivery, or maternity due to the economic crisis. (Staff had not been paid in nine months and an increase in fees for services means that patients go elsewhere.)

The three-member team of breastfeeding-trained staff in maternity and pediatrics remained motivated and appeared active at Ad Lucem Clinic. There were no bottles and mothers knew when and how to breastfeed. At other clinics there were no bottles, but many mothers had not been given any information post-partum about breastfeeding. Only a few mothers we interviewed anywhere had received information about breastfeeding during pregnancy, and their sources were from a pre-natal visit at an MCH/PMI, or the television. Most women did not know how to express milk (or even that it could be done).

Perhaps the most encouraging lesson of the site visits was the receptiveness by mothers to breastfeeding information. When mothers were told that colostrum is good we witnessed them putting their new infants on their breasts -- even when they had not given colostrum in previous births. They appeared receptive to the idea of exclusive breastfeeding but needed to ask questions about water. It was generally thought that women who work need to give formula supplements.

It was also striking how untrained doctors, both men and women, were doubtful about the quality of expressed milk, and how they could not imagine a routine that would enable them as working parents to maintain exclusive breastfeeding. It is hard to imagine them giving good

advice to their patients about expressing milk. They were not convinced by their trained nurses or the National Breastfeeding Coordinator while we were there.

Pre-service training: The Medicine School curriculum has not been improved. Nursing curriculum revisions were written by WS Associates in Yaounde, but it was unclear whether they had been introduced. Still, one of the first in-country trainees teaches breastfeeding in the public nursing school in Yaounde.

In-service training: Family planning training (SEATS project) curriculum has incorporated seven to nine hours of breastfeeding information based on the modular curriculum developed in the Cameroon. (There are plans to revise the in-service curriculum for primary health care workers and maternal child health workers since pregnant and lactating women have been targeted. It is anticipated that breastfeeding will be integrated with growth monitoring and pregnancy monitoring.)

In November, the NEP will do breastfeeding and weaning training of the "matron" or head of MCH facilities, representatives of missionary health facilities, "agent villagois de vulgarisation," agricultural extension workers, and women's bureau agents. The breastfeeding portion of the curriculum will use WS materials. However, there is concern that the NEP trainers have not been trained in breastfeeding and that the time devoted to lactation management is too short.

To try to cope with problems of inappropriate hospital staff and staff about to be transferred being sent for training, the program is asking units to submit lists of twice as many candidates as there are places, and is targeting health staff from pediatrics, OB/GYN, prenatal consultations, and health/nutrition education.

IEC: During World Breastfeeding Week, August 1-7, a coordinated effort took place to sensitize policy makers and the general population about the WHO advertising code and the importance of breastfeeding. The following groups helped the MOPH staff in the multi-sectoral effort: The Industrial and Commercial Development Ministry, WHO, the Cameroon Infant Feeding Association (CIFAS), the Cameroonian Association of the Rights of Children (ACDE), The Women's Organization for Food Security and Development (OFSAD), the Youth Circle (CERJES), the Association for the Aid of Incarcerated Minors and Women (AAMFI), and Nestle Corporation Cameroon. UNICEF and Panzani Corporation Cameroon financed the activities.

Key people in the MOPH read messages at a news conference, and one message was aired each night during the regular news on TV and radio. A round table was covered on TV about the code, which was aired one evening after the news. There were two community talks by CIFAS and MOPH health personnel reaching 100 to 200 women; the topics were breastfeeding, weaning, and a demonstration of how to cook weaning foods. The Yaounde event was covered by the news. Talks in two women's prisons were aimed at prison guards and mothers on infants'

rights to breastfeed and two posters were distributed to the prisons. There was a youth march in Yaounde.

The community outreach tip sheets have been revised and are being delivered to UNICEF for printing. UNICEF is also in the process of printing 5,000 more copies of the poster. UNICEF agreed to replicate copies of the new National Breastfeeding Policy.

Evaluation and monitoring: The May 1994 training has not been followed up yet, and there have been no monitoring activities.

Baseline data was collected by the Nutrition Education Project in the Far North. A draft of the findings is near but I was not able to see any preliminary findings. Nor was I able to review the sampling scheme. I was told that only one woman in the sample was exclusively breastfeeding. The questions relevant to breastfeeding promotion are limited, but in lieu of other data may still be useful. The relevant questions on the mother's questionnaire are: length of time before breastfeeding the first time and the giving of other food first; age of youngest child, whether still breastfeeding, and foods given yesterday; knowledge of what besides breastmilk should be given to children 0-5 months, 6-9 months (sitting), and 10 months and older (standing); mother's food consumption yesterday; additions to diet during pregnancy; contact with animators or health workers doing promotions in their village; husband giving advice about breastfeeding and feeding child; and literacy, demographics, and work.

The NEP also did household trials in the Far North, asking husbands to provide foods, and asking wives to try them. According to Dr. Suomo, colostrum was easily accepted by women, but they resisted giving no water to breastfeeding infants.

Dr. Shasha supervised applied thesis research on patterns of breastfeeding and the resumption of menses (which will be written up for publication).

#### **IV. Recommendations for the National Breastfeeding Program in the Cameroon and other Countries.**

Policy: In discussing their success in passing the national policy after two years of trying, the WS Associates had suggestions for other countries:

1. It might be helpful to push simultaneously to pass the WHO Advertising Code and a national breastfeeding policy. They warn that the breastfeeding policy needs to be specific and to think carefully about loopholes favorable for artificial milk companies. For example, the companies would have liked the policy to say four months exclusive breastfeeding rather than six and potentially illegal advertisements still exist for soy milk powder and infant cereals (age 0-5 months). They also noted that the companies still visit hospitals and give samples, although hospital administrators may not be aware of it.

2. It is important to sensitize people at higher levels of government about breastfeeding in order to pass the policy and have good cooperation within the MOPH.
3. More applied research conducted locally would lend credence to efforts to change policies in the Cameroon.

Strategic Plan: The current two-year plan, with minor revisions, is still realistic as long as the working teams of WS Associates and locally trained personnel keep up their efforts.

Provinces with WS Associates should also be targeted before the WS Associates lose their motivation. Despite the presence of two highly motivated WS Associates, South West Province, while very promising, was not one of the targeted provinces.

Conflicting DDC and Breastfeeding Messages: There needs to be better coordination with the MOPH, UNICEF and others sponsoring diarrheal disease control programs regarding appropriate messages about sick infants under 6 months old. In one clinic we saw a fairly recent UNICEF poster depicting a child of about 4-5 months, quite plump and healthy looking, receiving liquid from his mother using a cup and spoon. Drawings on the bottom showed how to mix an ORS packet with water. The message could be interpreted as a mother giving water to a child under six months, which contradicts breastfeeding messages. The UNICEF representative said that their recommendation remains that 24 hours within the onset of diarrhea (whether or not dehydration signs are present), all children (even those under 6 months) should be given ORS. The following messages were suggested by a WS Associate also trained in DDC:

1. Begin breastfeeding in the first 30 minutes of life whenever possible.
2. If there is no vomiting or diarrhea, give no water in any form for 6 months.
3. If there is vomiting and diarrhea, there may be a dehydration problem. Since breast milk is mostly water, give the breast.
4. If there are any signs of dehydration bring the child to the health center. At the health center, mothers of infants under six months should be given already mixed ORS solutions (using clean water) and told it is medicine so as to not have them think that they could give water to their infants. Packets and home mixing should be for children over six months.

Research: The WS Associates should write a "priority" list for research projects so that students, faculty, visiting faculty, and donors will have a sense of what types of research would be most valuable. For example, there is no national assessment of the nutritional status of pregnant and lactating women. Another "hot" topic is KAP studies and behavior trials among working mothers. There was a lively discussion among WS Associates about how working mothers cope with breastfeeding, their needs, and difficulties. It came up several more times during site visits with untrained doctors who thought that exclusive breastfeeding was impractical for working women. (Note that if the hospital/clinic staff do not breastfeed, then they probably lose credibility among mothers and commitment to the program.)

Pre-service training: The effort to change the medical school curriculum appears to remain uncoordinated. The fact that there is not a baby-friendly hospital in Yaounde to use for observations was the excuse. However, new doctors are going out into the field who now need in-service breastfeeding training. It would be better to train the next generation of doctors now even without a demonstration hospital.

In-service training: While integration of breastfeeding messages and other maternal child health messages is necessary, the nature of that integration needs to be clarified. Obviously, messages should not contradict breastfeeding recommendations and programs should be coordinated. To this extent, the Cameroon program is doing well, having reviewed and influenced family planning and infant nutrition programs to date. However, relying on piggy-backing breastfeeding training on other trainings is not sufficient. One family planning training includes only two hours out of two weeks, which is hardly enough to overcome preconceptions against exclusivity. The nutrition education project does not include staff members trained in breastfeeding (it would be helpful if the nutritionist head of the World Bank-funded project received LME or another technical and motivational training). The Breastfeeding Coordinator and WS Associates thought that their four day training (including one day of practicum) was much more successful.

Training follow-up in the Maroua, Far North Province, was possible within the hospital only -- not out among the health center staff. In other places there has been no follow up of recent trainings, although it was widely recognized as a need. Many WS Associates shared anecdotes about locally trained personnel who had misconceptions. Knowledge appears to be uneven.

Training needs to include multiple people within an institution, rather than training token representatives. The untrained continue to resist breastfeeding messages, undermining the work of their trained colleagues. In many cases, the token trained worker within a unit was transferred, leaving no one with the necessary knowledge to effect change. Active WS Associates talked about trying to follow up on their peers and trainees, to minimize inappropriate transfers among trained staff.

When reviewing the Breastfeeding Strategy Plan, the National Breastfeeding coordinator and active WS Associates suggested that the objective to train at the level of district hospitals will be difficult to achieve without more help. UNICEF has committed to helping train personnel from 30 of the 266 district hospitals (less the institutions labeled as targeted provisional hospitals). For health workers expected to go back from a central training session and conduct local trainings in their provinces, the training needs to include a module about how to be an effective teacher. The first in-country training suffered because the trainers were not good teachers.

IEC: The 1994-95 plan emphasizes training the professional health cadre, not including traditional birth attendants and healers. Thus, 40% of all Cameroonian births are excluded.

There was an idea to target TBAs and members of the media will be targeted in 1996 or later. According to Dr. Shasha of the Faculty of Medicine, rural women go to their mother or mother-in-law first for health advice, followed by the TBA or local healer (if witchcraft is involved). It is important that TBAs be reached so that they can introduce colostrum feedings immediately and support exclusive breastfeeding in the rural areas. Everyone agrees that it would be helpful to target religious leaders explicitly, but it is not being done.

We were not able to review any specific plans UNICEF has for distribution and monitoring of the IEC materials they are printing, and there was some concern at the provincial level that distribution may not be carried out effectively. Part of the problem may be that provinces are divided up by donors and UNICEF works more heavily in some than in others. The National Breastfeeding program should pay particular attention to the distribution plan to take advantage of the IEC materials.

We had a long discussion of how to use women's groups in the cities to reach their peers in cities and in villages.

We saw a Nestle-produced color information sheet that showed both breast and bottle/formula feeding in CEBEC hospital among the personal effects of a new mother, despite the adoption of the advertising code a year ago. Hospital staff should be on the lookout for such materials so that they can "correct" the message.

The MOPH could explore using radio and/or television to reinforce all primary health care in-service trainings by having a weekly program for health personnel on maternal child health issues, including breastfeeding. Newsletters could also be explored.

Evaluation and Monitoring: Monitoring and evaluation is a big gap. When reviewing the breastfeeding Strategy Plan, the National Breastfeeding Coordinator and active WS Associates agreed that they need resources to be able to do baseline and post-test research and monitoring. They are hopeful that the DHS Survey scheduled for 1996 will take place as planned so that they will at least have bottom-line indicators.

There appears to be baseline data on hospital policies relating to the Baby Friendly Initiative that could be used in evaluating success in the future.

Coordination: More care needs to be taken among donors (UNICEF, GTZ, & USAID) and the MOPH to avoid duplication of effort in creating diagnostic tools or IEC materials. A multiplicity of reference materials means that advice may differ, and that personnel trained in use of one set, when transferred to a different province, can have difficulty in using the new set. Since orientations for transferred personnel are not the norm, they may not even know of the existence of some reference tools. Care should be taken to ensure that overall primary health care diagnostic tools are incorporated into medical and nursing curricula.

Effects of the WS Evaluation: The WS evaluation itself seems to have had some motivational effects on the breastfeeding program by bringing people together. The two-year (1994-95) National Breastfeeding Program Strategy Plan was reviewed in detail with the National Breastfeeding Coordinator and three WS Associates for progress, feasibility, and priorities, which led two WS Associates to commit to particular tasks and a slight adjustment of the plan. The coordinator of the national program accompanied the evaluator in most interviews and learned how to ask better monitoring and evaluation questions of health personnel. In the course of an interview with an OB/GYN clinician and professor, we discovered an upcoming opportunity to reach Francophone OB/GYNs at a conference in Yaounde in November, and later several WS Associates agreed to contact the professor/organizer with ideas for presentations. A meeting with several interested persons in Douala (Dr. Betene, Ms. Bolanga, Ms. Kalla, and Ms. Djoubi), including one WS Associate, led to the creation of an informal breastfeeding working committee and the beginning of a breastfeeding strategic plan for Littoral Province. The highest health official in Littoral Province requested copies of training and outreach materials on breastfeeding that could be placed in the new resource library and slides and video presentation materials that he could potentially use when he makes rounds of provincial facilities or gives talks. He expressed a willingness to seek additional funding through his contacts in the U.S. to promote breastfeeding in Littoral.

## **V. Recommended Future USAID Involvement**

1. Support an annual conference bringing together all the provincial working groups to coordinate their programs, share ideas and successes, solve common problems, and motivate each other. There is a core team of committed professionals in four of the 10 provinces at present. They need to keep in touch better than they are able on the current limited resources of the MOPH. As new provinces become involved they could benefit greatly by hearing the strategies of other provinces. If other African countries have increased breastfeeding activities, a regional conference might be helpful.
2. Support or create permanent and feasible channels of communication for medical personnel at various levels to share information. Repeated in-service trainings for all the primary health care topics are expensive. One WS Associate is editor of a Cameroonian newsletter/journal (*Perscribers Journal*) that may need more time before it can become self-sustaining through subscriptions. It appears to be the only regular written channel for doctors. There does not appear to be any newsletter for nurses. Radio or television programs for medical personnel could also be explored. These channels are needed to reinforce trainings, pass on new recommendations (when they are simple and straightforward), clarify misunderstandings, and motivate health personnel to seek more detailed information.
3. Coordinate curricular reform to include breastfeeding information and the integrated aspects of breastfeeding (family planning, DDC, AIDS).

4. Support training of traditional birth attendants in breastfeeding. This is a gap that no other organization seems to be addressing. TBAs are involved in about 40% of all births in the Cameroon.
  
5. Give technical assistance for the design of a communication strategy to reach mothers. The mothers we spoke with were eager to hear about breastfeeding and have their questions answered. They are receptive, but they must be reached directly. Sponsor pilot work on mother-to-mother support groups in an African urban context. Develop pictorial handouts for women on practical information such as breastfeeding holds, typical feeding demand at different ages, how to express and store breastmilk. Develop feasible recommendations for working women based on research in the community. Implementation of a broad-based outreach effort should wait until health worker training is complete to minimize the chance of an untrained health worker undermining good mother-to-mother or media advice. However, research and handout production should begin. Health workers would benefit from having a flyer to use with (and give to) mothers in clinics and hospitals. Research on working mothers is needed to help convince doctors and nurses themselves to breastfeed exclusively.
  
6. Support technical assistance for monitoring and evaluation of breastfeeding. The quality of breastfeeding data from the Pilot Nutritional Education Project is not good enough to make conclusions about the impact of the breastfeeding program.

#### **VI. Cameroon Interview List**

Mr. Roger Seukap, National Breastfeeding Program Coordinator, MOPH  
 Dr. Louis Tsitsol, Director, Family and Mental Health, MOPH  
 Dr. Jean-Claude Lowe, Chief, Nutrition Service  
 Mr. Georges Okala, Chief of the Office of Food Control, WS Associate  
 Ms. Monique Simo, Nurse, Central Maternal Child Health Center, WS Associate  
 Dr. Agnes Bongang, General Practitioner, Central Hospital, Yaounde, WS Associate  
 Dr. Kago, Pediatrician, Assistant Head of the Pediatric Dept, Central Hospital, Yaounde  
 Dr. Martin Ondo, Pediatric Physician, Central Hospital, Yaounde, WS Associate  
 Dr. Paul Ndoumbe, Pediatric Physician, Provincial Hospital, Maroua, Far North Province, WS Associate  
 Dr. Viban Willibrord Shasha, OB/GYN, Faculty of Medicine, Yaounde  
 Dr. Eleonore Seumo, Health Officer, CARE International  
 Mr. Daniel Sibetcheu, Coordinator, Pilot Project on Nutritional Education  
 Dr. Francis Wete, Inspector General for Communication, Ministry of Communication  
 Mr. Georges Vishio, Resident Advisor (SEATS Project, John Snow, Inc.)  
 Dr. Basile Kollo, Provincial Delegate of Health, Littoral (Douala)  
 Dr. Severin Betene, OB/GYN, General Hospital, Douala, WS Associate  
 Ms. Jeannette Bolanga, Senior Nurse, Provincial Chief of Family and Mental Service, Littoral (Douala)  
 Ms. Rose Kalla, Senior Nurse, Family Planning Trainer, Bonabera Hospital

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Ms. Aurore Djombi, Senior Nurse, Director of the Provincial Nursing School, Littoral (Douala)  
Dr. Edwin Kimbo, Director of Buea Hospital  
Dr. Monique Traore, Health Program Administrator, UNICEF Cameroon  
Dr. Marc Debay, USAID Consultant REDSO-West, Regional Child Survival Programs.

# **COUNTRY REPORT**

## **Honduras**

**EPB Mid-Term Evaluation**  
**Melanie Sanders-Smith**  
**September 1994**

### **A. Introduction**

As part of the mid-term evaluation of Wellstart's EPB project, Melanie Sanders-Smith spent 2.5 days in Honduras in September 1994. The purpose of the trip was to assess the progress of Honduras as a long-term country program, specific interventions that WS/EPB has supported, and management of the subagreement with La Liga de la Lactancia Materna (LLL/H). Sanders-Smith traveled with Catherine Johnson, USAID's CTO for the project, and met with key individuals from the LLL/H, the Ministry of Health (MOH), the Faculty of Medical Sciences, and USAID/Honduras. Because of scheduling conflicts, Dr. Johnson met with key informants at the Social Security Institute (IHSS), UNICEF, and the three main hospitals.

The following discussion is a cumulation of findings expressed during open-ended interviews and reviewing documents related to Honduras. It is organized by the main issues of the evaluation SOW.

### **B. Status of the Country Program**

#### **1. Background**

Honduras has a long history of interest and support for breastfeeding activities. In the last ten years, numerous breastfeeding projects have been supported by the government of Honduras (GOH), local NGOs, the World Bank, UNICEF, and PAHO. In 1983, USAID/Honduras began a project, PROALMA, to support promotion of breastfeeding, and is currently supporting breastfeeding activities with funds from the Health Sector II project through LLL/H.

In 1992, MOH and LLL/H entered a three-year agreement to carry-out a major program called the "Development of the Breastfeeding Component in Maternal and Child Health (MCH)." This multi-component program was supported initially by USAID/H, World Bank and UNICEF. The goals of the overall program are: (1) policies and practices in institutions and communities that support breastfeeding, (2) total integration of breastfeeding support, promotion and protection into MCH services, (3) integration of breastfeeding into health professional pre-service and in-service training curricula, (4) a community support network for breastfeeding linked with health institutions, (5) institutionalized information dissemination, (6) a sustainable monitoring and evaluation system, and (7) communications and documentation/communications

strategy. Wellstart/EPB assisted in developing the plan through a request from USAID/H and MOH.

In a subagreement with LLL/H in January 1993, Wellstart/EPB agreed to provide financial and technical assistance to support LLL/H's efforts. Wellstart has also supported Honduras' efforts by training 30 health care professionals in the San Diego Lactation Management Education (LME) program.

As of August 31, 1994, \$520,328 had been spent on the Honduras program, which represents sixteen percent of the total spent on country and region programs, or eight percent of the total WS/EPB expenditures.

## **2. Achievements**

The program is progressing at a rapid pace and it is likely that MOH's goals will be met as planned. Individual activities and the overall program development can be characterized by the following qualities:

***Integrated:*** Collaborators are fully convinced of the importance of "horizontal programming" that integrates breastfeeding support into MCH services, as well as with pre-service and in-service training of health professionals.

***Multi-Level:*** The program does not rely solely on a "top-down" approach, but rather gives attention to all levels — mothers, community, health regions, hospitals, universities, and the central government.

***Needs-Driven:*** WS/EPB did not attempt to force a pre-determined set of strategies on Honduras, but rather has supported LLL/H and MOH in the activities that local experts have determined are most important, based on constraints and areas of weakness.

***Collaborative:*** Interviewees spoke with pride of the "team work" that is involved in all aspects of the plan. The "public-private partnership" between the LLL/H, MOH, and IHSS has worked successfully because of wide ownership of the program and a willingness to communicate and coordinate in strategic planning and implementation. This often slows the process but appears to be well worth the delays.

***Sustainable:*** Interviewees are fully aware of and appreciate the need to work toward sustainability. They often mentioned USAID's PROALMA project that funded many worthwhile activities but was not designed or implemented for sustainability. In an effort to be sustainable, MOH and LLL/H are trying to (1) institutionalize the program within an indigenous NGO and central government ministry, establishing a LLL/H Board of Directors and a multi-sectoral working group; and (2) build local capacity through training trainers, training LLL/H staff, using local consultants, and hiring a Honduran as a Wellstart Resident Advisor.

MOH readily acknowledges the need for financial sustainability and has shown its initial commitment by creating and funding a position for a breastfeeding coordinator in MOH. LLL/H is also considering ways to become financially sustainable and independent of donor funds, including establishing a fee-for-services system, community groups generating income through fund-raisers, LLL/H and IHSS creating communal banks to provide seed money for mothers to start projects, and entering agreements with IHSS, INCAP, and the Population Council. LLL/H is also trying to keep approaches and material costs low to make it easier to replicate them.

### 3. Issues

**Financial Sustainability:** Despite the plans being made by MOH and LLL/H, there is some question about whether they will be able to maintain the current level of activity due to inadequate funding.

**Donor Coordination:** The main external donors (USAID and UNICEF) seem to be unaware of what the other donor is doing and report that there are no deliberate attempts to coordinate. WS/EPB has kept USAID/H well informed of activities in Honduras.

**Donor Support:** Through UNICEF, the World Bank has committed to \$212,000 for the period 1994-96 to support several aspects of the plan. However, neither LLL/H nor breastfeeding counselors have been paid and some counselors have resigned because of this. WS/EPB funds are being used to cover LLL/H expenses until UNICEF funds are made available.

**Wellstart LME Associates:** Thirty Hondurans have been trained through Wellstart's LME program. However, interviewees were unable to comment on the level of involvement of Associates since they are not tracked well in-country. LLL/H and MOH plan to locate the Associates and include them in implementing the national plan, particularly to serve as trainers.

**Urban Focus:** The bulk of attention has been placed on the two main regions, both urban. This was a deliberate in-country decision made in part because of the logistical challenges of reaching rural populations in other regions, and because 50 percent of Hondurans live in these two main regions. Once the program is well established, there are plans to cover the other regions.

## C. Activities/Interventions

### 1. Policy

**Achievements:** It is believed that progress will happen only as fast as political factors (i.e., bureaucracy) will permit, so the initial focus of WS/EPB's Resident Advisor has been to get political leaders fully on board. The political doors have been opened in Honduras and more progress is imminent. The new Minister of Health appears convinced of the importance of breastfeeding and has demonstrated commitment by appointing and funding a breastfeeding coordinator within MOH. The Minister will endorse the national plan to integrate breastfeeding

into Maternal and Child Health at national conferences in October 1994. In attendance at the two 3-day conferences will be representatives from the 26 MOH and IHSS hospitals. The conferences are funded by WS/EPB, USAID/Honduras, LAC/HNS, PAHO, and UNICEF and managed by MOH with assistance from WS/EPB. (The conference will also address evaluation findings as well as develop an action plan.)

The Resident Advisor is also participating in discussions with the Ministry of Labor on legal reforms that affect working women.

*Issues:* Follow-up plans should be made immediately as to maximize the impact of the two conferences. Regarding legal reforms, the discussions may need to include a legal advisor.

## **2. Training/Curriculum Development**

*Achievements:* Wellstart has trained 30 Hondurans in LME in San Diego, of which 21 received the abbreviated course. Many were involved in a project that has since ended and have been assigned to new duties, thus they are limited in their ability to contribute to the national program. At this point, there are no plans to send others to San Diego, although three people are expected to attend a 1-week LME course in Mexico in November.

The three areas in which WS/EPB is assisting are: (1) community-level training for counselors; (2) professional level training for in-service health workers; and (3) pre-service training at the Faculty of Medical Sciences. The community-level training received the initial and most intensive attention, while pre-service is still in the planning stage.

- **Community-Level Training:** In May 1993, WS/EPB assisted LLL/H in developing curriculum for training community counselors in breastfeeding promotion and lactation management. WS/EPB also helped revise the curriculum which included simplifying the content and incorporating participatory methods and aids. Additionally, WS/EPB supported the pre-test for the manual in May and June, 1994. It helped revise the accompanying counselors' manual (which was developed by LLL/H, Institute for Reproductive Health, AED, and Wellstart) to make it consistent with the new curriculum. In February 1994, WS/EPB co-facilitated a workshop with dual purposes: (1) training 32 trainers in adult learning techniques, curriculum development, and effective facilitation techniques while giving them the opportunity to practice presenting modules, and (2) pretesting the new curriculum with 12 community mothers who would serve as lactation counselors.
- **In-Service Training:** In May 1993, a multi-institutional group of 18 people adapted a curriculum that was developed in Mexico to train clinicians at the institutional level. The collaborative approach has resulted in wide ownership, technical soundness, and a culturally appropriate curriculum. The curriculum is complete and must now be evaluated and refined before using it to train health workers in the formal system.

- **Pre-Service Training:** Talks started in September 1993 with the Faculty of Medicine to revise the medical and nursing curricula. The World Bank is funding the curricula revisions, with WS/EPB providing TA, in collaboration with UNICEF and PAHO. At this point, the political decision has been made by the Dean to revise all curricula to include breastfeeding promotion and lactation management in all levels of training. Wellstart has provided a copy of the guide written for US medical/nursing schools as a framework or beginning point. An internal committee is working on revisions. A second workshop with WS/EPB was scheduled for September 1994, but was postponed.

**Issues:**

- **Technical Updates:** Trainers for national training centers may need to be updated by LME to maintain technical quality.
- **Training Strategy:** Curriculum was developed and pre-tested months before a training strategy was drafted or before the target audience was clearly defined. Upon the urging and with assistance of WS/EPB, a detailed implementation plan was developed for the health personnel at the training center which included coordination, training, and research. Once completed, the model was transferred to the Dominican Republic, thus expediting the process considerably (what it took years to achieve in Honduras, the DR was able to achieve in a few days).
- **Capacity Building:** Additional TOT needs to be done as each curriculum is finalized to develop a strong core of master trainers. These individuals should in turn train other trainers.
- **Traditional Birth Attendants (TBAs).** The DOU called for training TBAs but nothing is being done yet and no immediate plans were discussed. MOH is developing a participatory approach and plans to work with LLL/H on this outside WS/EPB sponsorship.

### 3. Community Outreach

In Honduras, initiation of breastfeeding is not the central issue. More important is the duration of exclusive breastfeeding, the introduction of appropriate weaning foods, and dealing with lactation management problems. Therefore, LLL/H and Wellstart first focused on community support to give community counselors accurate and current information, accompanied with the skills to successfully influence mothers' behaviors.

LLL/H is focusing on BFHI Step 10. In 1994 the foundation was laid and by 1995 there should be measurable results. In addition to the community-level training activities underway, they are:

- Completing, with the help of the Institute for Reproductive Health and AED, a curriculum and manual for community counselors, as well as conducting a TOT. (3/93)
- LLL/H plans to train and develop supervision for about 1,800 advocates in two regions during the next two years. Once the initial training is done, supervision is an issue in developing a peer counseling network. (3/93)
- Honduras is part of WS/EPB's Mother Support Systems Initiative and will serve, along with Guatemala and Mexico, as a training site for other LAC countries working at the community level. (3/93)

#### 4. Research and Evaluation

*Achievements:* Of all WS/EPB's long-term country programs, Honduras has clearly received the most attention to research and evaluation. The key activities include:

- WS/EPB explored the feasibility of a country-wide evaluation of breastfeeding promotion, intended to build on existing data and contribute to decision making regarding interventions and investments. (1/93)
- WS/EPB drafted a proposal to provide on-going evaluation and monitoring through (1) secondary data analysis, (2) integration of breastfeeding indicators into routine maternal and child health reporting forms, and (3) complementary primary data collection such as evaluation or operations research. (3/93)
- BFHI training was conducted for evaluators to assess and monitor MOH hospitals. The results formed baseline data and indicated areas that should receive special support. (3/93)
- WS/EPB assisted with analysis and reporting of breastfeeding data from the 1991 National Survey of Epidemiology and Family Health (ENESF). WS/EPB also initiated a process to guarantee use of data in planning and discussing the evaluation strategy with local counterparts. Concern was raised as to the validity and reliability of ENESF data, and emphasis was placed on involving evaluation users in designing the system as well as the need to measure the quality of interactions between community counselors and mothers. (6/93)
- Assessed costs, coverage, and quality of breastfeeding promotion through maternity services in seven hospitals in Honduras, Mexico and Brazil. The results were used to identify program areas that need strengthening, assign a full-time person in MOH to implement breastfeeding activities, and to determine to implement a nation-wide monitoring system to track key breastfeeding promotion activities (92-94 study; report published 7/93 by LAC HNS cost-effectiveness project). Subsequently drafted a follow-

up paper on development of the nation-wide monitoring system designed to influence resource allocation decisions for improving coverage, quality and cost-effectiveness of breastfeeding services in hospitals. (LAC HNS project, 8/94)

- WS/EPB (Hornick and Platón) is collaborating with LLL/H on the design of a study to evaluate the effectiveness of community-level training activities. (6/94) Intervention activities and data collection scheduled to begin in 1/95.
- WS/EPB contributed to the UC/Davis intervention study in Honduras, which concluded that there are no advantages to introducing complementary foods before six months and may have the disadvantage of increasing the risk of contaminated foods. Data will be used to make programming decisions. (published 7/94)

Local talent is used to conduct research in most of the activities.

*Issues:* None

## **5. Communication/Social Marketing**

Promotion of breastfeeding has been done in Honduras through mass communications — radio campaigns and print materials — which was an important part of the diarrheal disease program in the 1980s. UNICEF has initiated and funded most efforts, and it has clearly not been a priority for WS/EPB and LLL/H.

MOH said they have a plan, with evaluation components, but will need TA and funds to carry it out. Strategies will focus on what evaluation data show as weak points. If under MOH direction, the interventions will be quick and intensive because if it is a long, expensive process it won't be sustainable. Some materials exist but are too costly to duplicate.

*Issues:* The national program could be strengthened and reinforced through a better communication and social marketing effort. This will initially require additional expertise and outside funding. LLL/H see their proposed documentation center as part of this effort.

## **D. Management**

### **1. Subagreement**

In January 1993, Wellstart signed a subagreement with LLL/H to initiate the national plan and to provide "bridge funding" to LLL/H for ten months until funds became available from the World Bank, UNICEF, and USAID/H's Health Sector II project. The agreement was extended, at no additional cost, until September 1994, and another no-cost extension has been requested to take it through March 1995. Before the funding ends, LLL/H is expected to receive money to purchase office equipment and staff training.

Shortly after signing the subagreement with LLL/H in January 1993, WS/EPB started providing assistance to LLL/H with accounting and reporting systems, including a project timeline and a DOU for LLL/H and MOH.

An administrative assessment was called for in the original plan, but was postponed by WS/EPB several times, thus delaying serious attention to strengthening LLL/H's infrastructure. It was noted that attention to internal organizational development should be a focus in future assistance to NGOs, including assistance with focusing and prioritizing activities, and monitoring and evaluating progress.

## **2. Institution Building - LLL/H**

Despite the fact that LLL/H has been the major force behind breastfeeding promotion in Honduras, it did not become an official NGO until July 1991. Since that time, and with WS/EPB assistance, LLL/H has grown tremendously in both size and capacity. It has quickly grown from five to twenty employees and is housed in a new large building that was donated by the Swiss. LLL/H is thought to be one of the most effective NGO's working with MOH and does not have the problems that are typical of Honduran NGOs, i.e., accountability, reliable administration, communication, and reporting. Among the achievements of LLL/H are: establishing an internal personnel systems; writing position descriptions; standardizing the pay scale; and improving the accounting system. It is also working closely with its Board of Directors.

## **3. Financial Management - LLL/H**

LLL/H has had many challenges in meeting financial management requirements of USAID and UNICEF. Each bureaucracy has unique requirements, and UNICEF has recently made changes in its system. LLL/H was not able to quickly adapt to UNICEF's changes which is one of the reasons that no funds have yet been dispersed under the agreement. While there have been improvements in dealing with USAID requirements, WS/EPB should continue to provide TA, including assistance with computerizing the accounting and reporting system.

## **4. Accountability - LLL/H**

LLL/H reports monthly and quarterly to Wellstart, USAID, and UNICEF/World Bank. The reporting provides a good opportunity for internal monitoring.

## **5. Relationship with Wellstart**

There are no issues about relationships with WS/EPB. In-country personnel are quite satisfied with the open and frequent communication with WS/EPB and the feeling of mutual respect. Hondurans are impressed and satisfied with WS/EPB, especially in terms of supporting a community network. WS/EPB is thought to be sensitive to local needs and to the need for

horizontal programming. LLL/H is also grateful for Wellstart's effort to keep them abreast of technical issues.

Hondurans commented that Wellstart's San Diego office is slow to respond to the changing environment in Honduras. Comments were also made about the seemingly mixed messages that it receives on strategies from Wellstart/Washington and Wellstart/San Diego. Both appear to be valid and would eventually reach the same goal, but are not presented as consistent or complementary strategies. However, this issue does not hinder progress, as host country counterparts take the best of both approaches.

#### **6. Resident Advisor**

WS/EPB has had a Resident Advisor in Honduras since early 1994. Not enough information was collected to assess the openness of the selection process, but it is clear that it produced good results. WS/EPB selected a strong candidate who has practiced medicine, has taught in US and Honduran universities, worked with MOH as a financial advisor, and worked with IHSS. He knows the system at all levels, is respected, is committed to the cause, and has a collaborative management style and approach.

WS/EPB expectations are clear, but general, and both parties seem satisfied with the relationship.

#### **7. Local Consultants**

There has been a mixture of expatriate and local consultants. Preference is given to local experts, and expatriates are used only when technical and political situations require it.

#### **8. Issues**

WS/EPB must continue to pay attention to institutional strengthening. WS/EPB can help ensure sustainability of LLL/H by assisting it diversify its funding sources (including assistance writing grant proposals, although this may be out of the scope of WS/EPB's mandate).

# **COUNTRY REPORT**

## **Mexico**

### **EPB Mid-Term Evaluation**

**Melanie Sanders-Smith**  
**September 1994**

#### **A. Introduction**

As part of the mid-term evaluation of Wellstart's EPB project, Melanie Sanders-Smith spent 1.5 days conducting interviews in Mexico in September 1994. The purpose of the trip was to assess the progress of Mexico as a long-term country program, specific interventions that WS/EPB has supported, and management of the subagreement with the Population Council. Sanders-Smith traveled with Catherine Johnson, USAID's CTO for the project, but met separately with key individuals from the Population Council (PC), USAID/Mexico, the Ministry of Health (MOH), Directorate of Maternal and Child Care (DGAMI), Mexican Social Security Institute (IMSS), the Nutrition Research Institute (INNSZ), and General Hospital, home of the National Breastfeeding Center.

The following discussion is a cumulation of findings expressed during open-ended interviews and from project documents related to Mexico. It is organized by the main issues of the evaluation.

#### **B. Status of the Country Program**

##### **1. Background**

Wellstart started working in Mexico in 1988 when the first group of health care professionals attended the LME course in San Diego. In 1991, with the establishment of the National Commission for the Promotion of Breastfeeding, introduction of the National Baby Friendly Hospital Initiative (BFHI), and an agreement with the formula companies, things began functioning at the national level.

In April 1992, the MOH requested technical and financial support from Wellstart, including partial funding for the National Breastfeeding Center. A draft Document of Understanding (DOU) was drafted in May, with a second draft submitted in July and WS/EPB staff returned to Mexico again in November 1992, to negotiate it. The DOU became "valid" shortly thereafter, but includes no signature page that indicates the actual day that it was approved by all parties. (Delay issues are discussed below.) The general goal of WS/EPB's assistance is to support the MOH's National Breastfeeding Program.

In early 1992, WS/EPB also began discussing the idea of working with the Population Council (PC) to manage WS/EPB activities locally. The agreement was not approved until October 1993, nearly one and a half years after initial discussions. Once the first task order was signed in November, 1993, PC was able to enter subagreements with local implementers, i.e., LLL/M, DGAMI.

While awaiting final approval of the DOU, WS/EPB assisted in developing breastfeeding promotion curriculum for health personnel and provided a Training of Trainers (TOT) course for using the curriculum (1992).

## **2. Achievements**

WS/EPB has completed two activities to date: directly assisting with curriculum development and conducting a TOT course, and funding LLL/M to conduct a community-level demonstration project. Completed activities, as well as planned activities, include collaboration with MOH/DGAMI, IMSS, LLL/M, UNICEF, and the Population Council. There has been no monitoring of the outcomes, or assessments of the effectiveness or impact of these efforts.

## **3. Issues**

*WS/EPB's Role in the National Program:* As of August 31, 1994, \$101,509 has been spent by WS/EPB in Mexico for the completed activities and those in progress, except research which is funded separately. (This is three percent of WS/EPB expenditures on country and regional programs.) This represents an extremely small portion of the external funds that have been contributed to the overall breastfeeding promotion effort in Mexico. (UNICEF is the major donor.) WS/EPB's funds are being used for training, community outreach, research and evaluation, but not for policy development, communications, or social marketing.

*Slow Start-up:* As described above, it took about one year to agree on a DOU, and one and a half years to sign a subagreement with PC. Subawards between PC and local implementers have also been plagued by delays, with the MOH/DGAMI subaward having the greatest lag. Delays can be attributed to the number of organizations involved (USAID/Mexico, USAID/Washington, Wellstart/San Diego, Wellstart/Washington, Population Council/New York, Population Council/Mexico, MOH and DGAMI, IMSS, LLL/M, INNSZ) and the lengthy approval processes within each organization. There have also been delays due to language issues — with documents requiring translation in both directions — and the political environment.

*1994 Elections/Future Government:* National elections were held in August 1994, and the new government will be inaugurated on December 1, 1994. The elections were a distraction that contributed to delays in WS/EPB's progress. It has also meant that there is questioning (despite the fact the same party is in power) about the extent of support that the new government will have for maternal and child health, and breastfeeding in particular. Given this uncertainty, individuals are now reconsidering the wisdom of working directly with DGAMI. It is now

believed that the program is more likely to achieve impact and sustainability if WS/EPB and PC do not work directly with them.

**Collaboration:** Despite WS/EPB's relatively small role in Mexico, it has leveraged influence by working closely with UNICEF and USAID/Mexico. UNICEF is the major donor in breastfeeding and thus has controlled the direction of activities, but WS/EPB has been able to exercise some influence in terms of content and methodological approaches. USAID/Mexico, while not giving financial support to WS/EPB, has been extremely supportive otherwise, and this support is expected to last at least through 1996. Wellstart Associates are major collaborators in terms of providing a strong technical base for the work being done in the hospitals.

**Overall Focus:** The focus in Mexico clearly has been on hospitals — mainly due to UNICEF's push for BFHI — and has had an urban bias. This is rationalized by the high percentage of hospital births and the concentration of population in urban areas. There has been a virtually unanimous decision in-country to focus first on hospitals to increase the rate of initiation, and then to provide support for the community-level activities to increase the rate duration. This focus may be another reason for lack of progress with WS/EPB. The local agenda is, for now, quite different than the WS/EPB mandate to go beyond hospital-level training and supporting activities in (1) policy development, (2) communication and social marketing, (3) community outreach, and (4) evaluation. While these are not always mutually exclusive choices, in Mexico they have resulted in differing priorities.

Interviewees perceive WS/EPB to be unfocused (mainly because it does not have a singular strategy or type of intervention) and not responsive to the needs of Mexico.

**Intended Impact:** Since the financial contribution of WS/EPB is relatively minor, WS/EPB must give great thought to the impact that it intends to make in Mexico or with the Mexico program generally. WS/EPB should focus wisely and determine what activities can make the greatest impact, either in terms of the target population in Mexico or to the worldwide breastfeeding movement. For example, WS/EPB has the opportunity to make unique contributions with the research that is being conducted in Mexico. If the quality of the research is monitored well and if there is a decisive plan for disseminating the results, the impact of the investment in Mexico can be great. WS/EPB must be careful not to waste precious resources in areas where it will have little or no impact.

**Sustainability:** The breastfeeding promotion effort in Mexico is thought to be sustainable because of the long history, high level of commitment, policy advances, and established human and physical infrastructure to support breastfeeding. WS/EPB has an opportunity to contribute to sustainability by building local technical and training capacity through additional funding of LME and TOT.

## **C. Activities**

### **1. Policy**

Before WS/EPB's involvement in Mexico there were policies and laws that supported breastfeeding, although there is not a specific breastfeeding policy. WS/EPB currently has no plans to work at the policy level.

### **2. Training/Curriculum Development**

In 1992, Mexico undertook a major effort to develop a curriculum for training health care professionals in breastfeeding promotion, designed around BFHI. This in-service curriculum was written collaboratively by several dozen people from DGAMI, UNICEF, IMSS, Mexican hospitals, and Mexican and American universities. WS/EPB gave technical assistance regarding training methodologies. The curriculum is used widely in Mexico, and DGAMI and UNICEF have shared it with Ministries of Health in Honduras and the Dominican Republic.

In December 1992, WS/EPB conducted a TOT course in which participatory techniques were taught as well as guidance on using the new curriculum. Eighteen master trainers were trained, representing the National Breastfeeding Center at General Hospital and the subcenters. WS/EPB has also funded training conducted by LLL/M (see Community Outreach).

Future training-related plans include reprinting the in-service curriculum, continuing to fund training by LLL/M, and funding a training demonstration project in an IMSS daycare center.

Despite the fact that the DOU states that WS/EPB will provide technical and financial assistance in several areas, there was no evidence of plans to: (1) assist DGAMI in adapting or developing appropriate competency-based trainers for audiences such as primary health care professionals, traditional birth attendants (TBAs) or mother support leaders, or (2) provide technical support to DGAMI for reviewing the breastfeeding component of training modules developed for its TBA intervention (no TBA intervention exists).

## **C. Community Outreach**

WS/EPB provided \$10,000 to LLL/M for a research/demonstration project involving a primary care clinic with a community-based mother-to-mother support group. The five-day course included 25 participants and was followed by eight of the participants (breastfeeding promoters) receiving an additional eight sessions. Due to start-up delays, LLL/M required a no-cost extension through November 1994. WS/EPB will fund additional community-level training conducted by LLL/M in 1995.

IMSS has been allotted \$26,000 for a community-level project and will submit two options to WS/EPB. One project is to train primary health care workers who give pre- and post-natal breastfeeding counseling. The other is to implement and evaluate a demonstration project in an IMSS daycare center. The project would gather baseline data regarding breastfeeding in a cohort of 2-6 month old babies, designing and carrying out an intensive training program for caregivers and administrators within the IMSS daycare site, evaluating the results in terms of duration and exclusivity of breastfeeding, child health, mother absence from work, sustainability and more favorable norms for the daycare system nation-wide.

LLL/M was subcontracted by Eastern Virginia Medical School and INNSZ to provide training to researchers involved in the home-based counseling research project (discussed below). Once the research is finished, the people may continue to serve as breastfeeding promoters in their communities.

Mexico is also part of the LAC regional Mother Support Systems Initiative, along with Honduras and Guatemala.

#### **D. Research and Evaluation**

WS/EPB is supporting three research projects in Mexico through the competitive grants program. They are:

- Working Women: "Breastfeeding and Work in Rural Areas in Mexico: Women's Perspectives." Primary Investigator: Sara Elena Perez Gil, INNSZ, \$25,000. This is a qualitative study that will interview women (eight indigenous and eight mestizo) in-depth to understand their perceptions of breastfeeding, motherhood and work, and provide explanations for the massive amounts of quantitative data that exist. Research began September 1, 1994, and is expected to be completed by September 1995. There are plans to send results to Wellstart and to publish them in as many journals as possible.
- Program Impact: "Intrapartum Social Support and its Effect on Breastfeeding." Primary Investigator: Ana Langer, National Institute of Public Health, \$110,000. (Dr. Langer was not available for an interview.)
- Program Impact: "Evaluation of the Effectiveness of Home-based Counseling to Promote Exclusive Breastfeeding among Mexican Mothers." Principal Investigator: Ardythe Marrow, Eastern Virginia Medical School, \$199,402, of which \$102,512 will go to INNSZ. This study focuses on peri-urban women and consists of two phases. This first phase is ethnographic research to understand the behavioral aspects of women and what affects their decisions about breastfeeding. Data has been collected, input, and is now being analyzed. Based on the results, the team will determine the areas where changes need to occur and will design the second phase, an intervention study, accordingly. The proposal was accepted in March 1993, with final approval in June 1993, and arrival of

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funds in December 1993. Data collection began in March 1994, and the study is expected to be completed by November, 1995. The team will present the findings at conferences and publish in journals.

There have not yet been problems with the amount of funding or time allotted for the studies.

WS/EPB is also considering providing support directly to the National Breastfeeding Center for two studies: (1) replication of the 1992 cost-effectiveness study, and (2) prospective study of the impact of training personnel from a MOH primary care health center in a large urban community that receives pre- and post-partum women, measuring duration and exclusivity of breastfeeding.

WS/EPB contracted a consultant, Dr. Marian Romero, to assist DGAM with the analysis of its data from BFHI evaluations. She is developing a computer program to guide input and analysis of evaluation data and will train DGAMI personnel to use the program. Obtaining adequate information for analysis has delayed Dr. Romero's work and she has thus requested a no-cost extension to November 30, 1994.

Evaluation within DGAMI has focused on hospitals' achievement of BFHI certification. These data show Step 10 to be the weakest. (It is interesting to note that the 40-hour course provided by DGAMI and UNICEF includes only 2.5 hours for anything related to Step 10.)

#### **E. Information Dissemination**

There have not yet been any information dissemination efforts, although researchers expect to publish their findings in international journals and present them at conferences. PC stands ready to assist with the dissemination effort.

PC and UNICEF will manage an international breastfeeding conference in October 1994, in Mexico. The conference will provide an opportunity to share information about the Mexico program with 35 other countries, international organizations and the Mexican government.

#### **F. Communication/Social Marketing**

WS/EPB has not been involved in any communication or social marketing activities and does not now have any plans to do so. UNICEF has funded radio and television public service announcements/programs, as well as print materials. They report that it has a far reaching effect, but is very expensive.

## **G. Management**

### **1. Subcontract**

Wellstart's financial support is coordinated through the regional office of the Population Council (PC). The PC agreement provides a framework for WS/EPB assistance over a three-year period in training, mother-to-mother support, community support, evaluation systems, and information dissemination. PC is responsible for passing funds to local organizations to implement the activities, as well as monitoring and providing technical guidance. PC also supports two research projects in Mexico, and the WS/EPB activities in Peru. Subawardees include MOH/DGAMI, IMSS, the National Breastfeeding Center, and LLL/M.

The first task order for PC, signed in January 1994, included:

Training of Trainers (Center)	\$10,000
Training Evaluation (Center)	30,000
Mother-to-Mother Support (LLL/M)	10,000
IMSS Project	4,000

Total in-country program support was estimated at \$54,000 and contract administration was \$65,256, for a total of \$119,256. Of the in-country budget, only the \$10,000 for mother support was used in FY94. The TOT and evaluation efforts were dropped, and the \$4,000 for IMSS was transferred to the FY95 budget.

The second task order, now in the draft stage, includes continuing DGAMI and LLL/M support for projects funded for 1994 but not completed because of start-up delays. Activities for FY95 include:

Mother-to Mother Support (LLL/M)	\$999 ongoing 10,000 new
Conference and Training Materials (DGAMI)	30,000 ongoing 10,000 new
Daycare Demonstration (IMSS)	26,287 new
Follow-up and Prospective Studies	47,287 new
Dissemination Activities	2,000 new

### **2. Financial Management**

Funds have been slow to reach one of the research teams and LLL/M. The research team was not able to start work for nearly two years while they waited for WS/EPB funds, and LLL/M has not yet been fully reimbursed.

PC financial management appears responsible, despite the late reporting.

### **3. Accountability**

WS/EPB requires that PC provide the following reports: annual workplan, quarterly financial reports, quarterly progress report, and annual progress report. The quality of the reporting is high, but PC is slow in submitting financial reports.

### **4. Relationships with Wellstart**

There is a great deal of respect in Mexico for the technical competence of WS/EPB staff. The general perception is that the WS/EPB staff is available and interested in open communication. There is also respect for the technical and managerial competence of PC.

### **5. Coordination**

There appears to be a high level of coordination among all the actors involved in the national breastfeeding program, as well as among WS/EPB subawardees. For example, a meeting was held in June 1994, to share progress and findings among the three research activities and training activities with IMSS, LLL/M and DGAMI.

### **6. Issues**

The main management issue in Mexico is that things have moved very slowly. In addition to the lengthy process of signing the DOU, there also have been considerable delays in signing the subagreement with PC, and the subawards with host country collaborators. For example, the first meeting to discuss the agreement with DGAMI was held in January 1994. The agreement was first submitted in English and had to be translated into Spanish. It was then sent to the lawyers for review, who rewrote the agreement and sent it to the Minister of Health for a signature without advising DGAMI. This not only delayed the agreement for eight months, but now support to DGAMI is in a precarious position since PC cannot sign any document with DGAMI except the standardized subaward for disbursing USAID funds.

In the case of one of the research projects with INNSZ, their proposal was accepted by WS/EPB in November 1992, but it was a year later when funding issues were clarified and nearly another year until the funds arrived. The team began their work in September 1994, nearly two years after their proposal was accepted. LLL/M is also awaiting reimbursement of funds for training activities.

There are several explanations for the delays, such as the need to translate agreements and the lengthy approval processes within Wellstart, PC, USAID, and the MOH. Each layer of review and approval adds weeks, if not months, to the process.

Delays are not only an inconvenience and annoyance, but cause momentum to be lost and priorities to change, further adding to delays.

Furthermore, the delays in finalizing agreements has meant that in FY94 there was very little progress in the Mexico program. If all FY95 funds are not used by September 1995, WS/EPB should not provide additional funds for in-country activities or for the PC subcontract and should consider discontinuing support for Mexico.

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***Annex C***  
***Applied Research Notes***

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WELLSTART INTERNATIONAL'S EPI PROGRAM COMPETITIVE GRANTS PROGRAM

LIST OF PROJECTS FUNDED

September, 1994

Country	Principal Investigator	Project Title	Institution	Address & Phone/Fax	Budget
Barbados	Galler, J.	Psychosocial Determinants of Breastfeeding in a Healthy Barbadian Population	Boston University	Director - Center for Behavioral Dev. & Mental Retardation M921D Boston U. School of Medicine 80 East Concord Street Boston, MA 02118 617-638-4840 fax 617-638-4843	75,530
Chile	Valdes, V.	Effect of a Breastfeeding Clinical Support Program on the Duration of Exclusive Breastfeeding in Working Women...	U. Catolica	Casilla No. 92 Padre Hurtado Centenario Pontifica Catolica de Chile CHILE fax 56-2-639-5534	66,770
Guatemala	Ruel, M	Promotion of early initiation of breastfeeding in rural Guatemala: Impact on infants' growth, morbidity, and milk intake during the first month post-partum	INCAP	INCAP Calzada Roosevelt Zona 11 Guatemala 01011, Guatemala phone 901 502 2 719 913 fax 901 502 2 736 529	111,795
Honduras	Dewey, K.	Optimal duration of exclusive breastfeeding of low birthweight infants in Honduras	University of California, Davis	Department of Nutrition University of California, Davis Davis, CA 95616-8669 phone 916 752-0851 fax 916 752-8966	290,937 (budget of \$278,937 plus \$12,000 for LME)

Country	Principal Investigator	Project Title	Institution	Address & Phone/Fax	Budget
Kenya	Bentley, P.	Determinants of Exclusive Breastfeeding & Role of Social Support & Social Networks	JHU	Johns Hopkins University School of Hygiene & Public Health Dept. of International Health 615 North Wolfe Street Baltimore, MD 21205-2179 410-955-2786 fax 410-955-0196	134,780
Lesotho	Latham, M.	Influences of Exclusive Breastfeeding to Guide Future Interventions in Lesotho	Cornell U.	Cornell University Division of Nutritional Sciences Savage Hall Ithaca, NY 14853-6301 fax 607-255-1033	26,214.00
Malawi	Habicht, J.P.	Determinants of Maternal Nutritional Status During Lactation in Malawi	Cornell U.	Same as Above	40,750.00
*Mexico	Langer, A.	Intrapartum Social Support & Its Effect on Breastfeeding	INSP	Instituto Nacional de Salud Publica AV Universidad No. 655 Col Sta. Maria Ahuacatlan CP 62508 Cuernavaca Mor. MEXICO	110,055.00
Mexico	Morrow, A.L.	Evaluation of Effectiveness of Home-Based Counseling to Promote Exclusive Breastfeeding	E. Virginia	Center for Pediatric Research Eastern VA Medical School 855 West Brambleton Avenue Norfolk, VA 23510-1001 804-446-7990 fax 804-446-5288	199,402.00

Country	Principal Investigator	Project Title	Institution	Address & Phone/Fax	Budget
*Mexico	Romo Perez-Gil	Lactancia Materna o Insercion Laboral en Tres Zonas Rural Mexicanas	INN	Instituto Nacional de Nutricion Salvador Zubitan Div. de Nutricion de Comunidad Calle Vasco de Quiroga 15 Delegacion Tlalpan 14000 MEXICO DF	24,000.00
Peru	Rasmussen, K.	Breastfeeding Beyond 12 Months- Who Decides, Who Benefits?	Cornell	Same Cornell Address as previous	73,990.00
Philippines	Adair, L.	Feeding of Low Birthweight Infants in the Philippines	UNC	UNC at Chapel Hill UNC Population Center CH 8120, University Square Chapel Hill, NC 27516-3997 919-966-4449 fax 919-966-6638	18,614.00
Philippines	Stuart & Guilkey	Statistical Effects of Marketing Influences on Health Outcomes	UNC	UNC at Chapel Hill UNC Population Center CH 305, 202 Gardner Hall Chapel Hill, NC 27599-3305 919-966-5345 fax 919-966-4986	26,310.00
Uganda	Davis, P.	Time Allocation & Infant Feeding Patterns of Women...in Urban Kampala, Uganda	JHU	Institute of Statistics and Applied Economics Makerere University P.O. Box 762 Kampala, UGANDA 256-41-559531 or 533547 fax 256-41-530756	25,056.00
Grand Total (not including C/II (23.4%) and G&A (12%) for Population Council Projects)					1,224,203

\*Mexico - indicates Population Council Project

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## Competitive Research Grant Program Suggested Revised Procedures

There follows a series of procedures that should be followed under the Competitive Research Grants Program should funds become available for additional research projects:

1. *Announcement of the RFP* for competitive applied research grants related to breastfeeding under WS/EPB should be sent to a wider audience than in the first round and through an advertisement placed in appropriate academic and research publications
2. *The initial selection* of brief prospects should be made not only by the director of research and one other staff member, but should include one external review member.
3. *In the final proposal selection*, The peer review panel should have representation from the WS office in San Diego. The USAID CTO must not be allowed to have veto power. The review panel should be reinforced by outside consultants or in-house specialists for any expertise the panel is deficient in.
4. *A more balanced distribution of proposals selected* would improve the coverage of topics and fill in knowledge gaps in areas such as maternal nutrition and breastfeeding, evaluation of elements of exclusive breastfeeding that are of clinical importance, etc. (See page 24 for further examples.)

The above steps are designed to broaden the participation in any future competitive grant programs, and improve the selection process so that it will focus on applied research topics in priority areas where gaps in "know-how" exist.

***Annex D***  
***List of Individuals Contacted by Team***

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## List of Individuals Contacted

<b>Name</b>	<b>Title/Position</b>
<b>Wellstart/EPB</b>	
Chloe O’Gara	Director
Mary Lawrence	Deputy Director
Jim Gregory	Administrative Officer
Chessa Lutter	Technical Advisor for Research
Vicki Newall	Information Specialist
Lauren Simpson	Senior Program Secretary
Kathy Krasovec	Technical Advisor for Africa
Mary Lung’aho	Tech. Advisor for Evaluation and Reserach
Carolyn Joyner	Accounting Assistant
Dwight Cochran	Senior Program Assistant
Judy Canahuati	Technical Advisor for Honduras
Linda Bruce	Technical Advisor for Training
Martha Holley-Newsome	Senior Program Associate
Carol Baume	Technical Advisor for Communications and Social Marketing
Elizabeth Rasmusson	Senior Program Associate
<b>Wellstart/San Diego</b>	
Audrey Naylor	President and CEO
Ruth Westin	Vice President
Janine Schooley	Associate Director
Pat Faucher	Director, Administrative Services
Tim Truitt	Grants and Contracts Administrator

<b>Name</b>	<b>Title/Position</b>
Lisa Daigle	Director, Financial and Personnel Services
Patricia Gage, MA, RD	Library Technician
Ann Brownlee, PhD	Technical Advisor for Program Development, Evaluation and Research

**EPB Subcontractors**

Marcia Griffiths	President, Manoff Group, Inc.
Miriam Labbok	Georgetown University Institute for Reproductive Health
Sandra Huffman	President, Nurture

**USAID**

David Oot	Director, Office of Health and Nutrition
Robert Clay	Deputy Director, Office of Health and Nutrition
Cate Johnson	CTO, Wellstart EPB Project
Jim Shelton	Acting Director, Office of Population
Mary Ann Anderson	Previous CTO, Wellstart EPB Project
Carol Rice	Asia Regional HPN Office ANE/SEA/SPA
Susan Anthony	CTO, Wellstart LME Project
Hope Sukin	Africa Regional HPN Officer AFR/SD
Connie Collins	NIS Regional HR Office
Karin Nurick	LAC Regional HPN Office
Harriet Dessler	Evaluation Officer, CDIE

<b>Name</b>	<b>Title/Position</b>
<b>Health Technical Services Project</b>	
Cathy Savino	Project Director
Linda Sanei	Technical and Program Advisor
Anne M. Emmerth	Program Assistant
Mary Tondreau	President, TvT Associates
Judith Oki	Facilitator

**PAHO**

Hector Traverso	International Health Officer
Cecilia Muxi	WS Advisor for PRAIL

**Honduras**

Herbert Caudill	USAID
Sam Dickerman	Wellstart
Alvaro Conzalez	MOH
Carol Lopez	LLL/Honduras
David Losk	USAID
Mirtha Lorena Ponce	MOH
Maria Elana Reyes	LLL/Honduras
Ada Josephine Rivera	IHSS
Jorge Sierra	Faculty of Medical Science
Enrique Zelaya	MOH

<b>Name</b>	<b>Title/Position</b>
<b>Mexico</b>	
Sara Elana Perez Gil	INNCZ
Adolfo Hernandez Cardeno	National Breastfeeding Center
Manuel Monrique	UNICEF
Aurora Martinez	MOH/DCAMI
Edith Nava	LLL/Mexico
Aurora Rabago	IMSS
Luis Emilio Salmon Rodriquez	National Breastfeeding Center
Pauline Smith	LLL/Mexico
Nancy Sweeney	USAID
Kathryn Tolbert	Population Council
<b>Cameroon</b>	
Roger Seukap	National Brestfeeding Program Coordinator, MOPH
Louis Tsitsol	Director, Family and Mental Health, MOPH
Jean-Claude Lowe	Chief, Nutrition Service
George Okala	Chief of Office of Food Control (WS Associate)
Monique Simo	Nurse, Central Maternal Child Health Center (WS Associate)
Agnes Bongang	General Prcticioner, Central Hospital, Yaounde (WS Associate)

<b>Name</b>	<b>Title/Position</b>
Mr. Kago	Pediatrician, Assistant Head of Pediatric Department, Central Hospital, Yaounde
Martin Ondo	Pediatrician Physician, Central Hospital Yaounde (WS Associate)
Paul Ndoumbe	Pediatric Physician, Provincial Hospital Maroua, Far North Province (WS Associate)
Viban Willibrord Shasha	OB/GYN, Faculty of Medicine
Eleonore Seumo	Health Officer, Care International
Daniel Sibetchu	Coordinator, Pilot Project on Nutritional Education
Francis Wete	Inspector General for Communications, Ministry of Communication
George Vishio	Resident Advisor, SEATS, John Snow, Inc.
Dr. Baile Kollo	Provincial Delegate of Health, Littoral (Douala)
Dr. Severin Betene	OB/GYN, General Hospital, Douala (WS Associate)
Jeannette Bolanga	Senior Nurse Provincial Chief of Family and Mental Service, Littoral (Douala)
Rose Kalla	Senior Nurse, Family Planning Trainer, Bonabera Hospital
Aurore Djombi	Senior Nurse, Family Planning Trainer, Bonabera Hospital
Edwin Kimbo	Director of Buea Hospital
Monique Traore	Health Program Administrator, UNICEF Cameroon
Marc Debay	USAID Consultant, REDSO-West, Regional Child Survival Programs

<b>Name</b>	<b>Title/Position</b>
<b>Others Contacted</b>	
Nancy Pielemeier	Project Director, Abt Associates
Bart Burkhalter	AED (BASICS)
Robert Hornik	Professor of Communications, University of Pennsylvania
Hubert Allen	Consultant, Hubert Allen and Associates, Baltimore, Maryland
Roy Miller	International Science and Technology Institute
Yolanda Platon	Doctoral Student, University of Pennsylvania

***Annex E***  
***Long-Term Country Program Criteria***

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WELLSTART/USAID COOPERATIVE AGREEMENT PURPOSE LEVEL GOALS AND STATUS:  
CAMEROON

GOALS	STATUS: JANUARY 1992	STATUS:JUNE 1994
1. Visible, accountable person of authority responsible for breastfeeding within the country.	1. No	1. Yes. A member of the initial LME course became the National Breastfeeding Coordinator within the MOPH.
2. National breastfeeding steering committee composed of representatives from relevant government departments, NGO's, medical associations, donor organizations and PVO's.	2. No	2. A national breastfeeding steering committee has been planned but has not yet gone into effect.
3. National breastfeeding policy with targets for improving breastfeeding policy.	3. None	3. Policy was drafted in 1992 at National Breastfeeding Policy Workshop but as of yet has not been officially approved.
4. Comprehensive, national breastfeeding program based on assessments.	4. None	4. Assessment and initiative qualitative research completed. Baby Friendly Hospital Initiative began in 1992. Significant coordination between Wellstart, UNICEF and CARE.
5. Significant host government budget allocations for breastfeeding activities.	5. None	5. Position of National Breastfeeding Coordinator along with related activities currently supported by the government.
6. Breastfeeding promotion integrated into overall health and development policies.	6. Extremely limited pre-service training and no integration established.	6. A modular curriculum was developed in 1994 that is designed for integration into other health and development fields. Breastfeeding information sheets were developed and used to support in-service training of National Family Planning Program.
7. Improved monitoring and evaluation mechanisms established.	7. None	7. Supplied technical assistance to the planning and implementation of the Nutrition Education Project evaluation strategy.
8. Results of research disseminated widely to, and applied by, policy makers to improve breastfeeding programs.	8. Limited research conducted.	8. Assessment and initial qualitative research distributed to policy makers in May, 1994.

## LONG-TERM COUNTRY PROGRAM CRITERIA

## COUNTRY: DOMINICAN REPUBLIC

CRITERIA	STATUS	EXPLANATION
1.) Visible, accountable person of authority responsible for breastfeeding within the country, with chairmanship responsibilities for a national breastfeeding steering committee	There is a breastfeeding coordinator within the Secretariat of Health	The coordinator does not have LMB training
2.) National breastfeeding steering committee composed of representatives from relevant government departments, non-governmental organizations, medical associations, donor organizations and PVOs	A breastfeeding committee exist(ed) but is not active	In 1984 the Comision Nacional de la Lactancia Materna was formed consisting of nine members of the private and public sector. The comision was formed to promote legalization of the law of marketing of breastmilk substitutes and to set up milk banks in maternity hospitals. It ceased to function when the then First Lady formed the Comision Nacional de la Madre y el Nino and took over the task of implementing milk banks. (The law, presented in 1986, was not passed.)
3.) National breastfeeding policy with targets for improving breastfeeding practices and a system for monitoring achievement of targets	A breastfeeding policy exists, but is not implemented	Policy is developed but not implemented. It is also poorly defined. (Breastfeeding Assessment (1992) Mothercare). In SESPAS hospitals babies are placed with their mothers immediately upon normal delivery, though no support or follow-up is provided. Formulas are restricted to special cases, though the criteria for contraindicating breast milk are incorrect. The norms do not clearly address optimal breastfeeding behaviors.

**EXPANDED PROMOTION OF BREASTFEEDING/MEXICO**  
**WELLSTART/A.I.D. COOPERATIVE AGREEMENT PURPOSE LEVEL GOALS AND STATUS:**

GOALS	STATUS
<ul style="list-style-type: none"> <li>■ Person of stature and authority responsible for breastfeeding within the country.</li>   <li>■ National breastfeeding steering committee composed of relevant governmental and non-governmental representatives.</li>   <li>■ National breastfeeding policy with targets for improving breastfeeding practices.</li>   <li>■ Significant host country budget allocations for breastfeeding activities.</li>   <li>■ Research on breastfeeding practices and policies promoted and developed in-country</li>   <li>■ Results of national and international research disseminated widely and applied.</li>   <li>■ Comprehensive, national breastfeeding program.</li>   <li>■ Breastfeeding promotion integrated into overall health and development policies.</li>   <li>■ Improved breastfeeding monitoring and evaluation mechanisms established to monitor achievement of targets.</li> </ul>	<p>The Secretary of Health is the chairman of the National Breastfeeding Committee. Operational responsibility is delegated to Dirección General de Atención Materno Infantil (DGAMI).</p> <p>The National Breastfeeding Committee is composed of representatives from all the institutions of the National Health System, educational institutions and representatives from other national and international organizations.</p> <p>Although there is no specific national breastfeeding policy, Mexico's Health and Labor Laws support the protection of breastfeeding.</p> <p>The Secretariat of Health has a line item in its budget for maternal and child health under which promotion of breastfeeding is a priority program.</p> <p>A number of research activities are being carried out in the BFHI, in institutions of the national health system, in universities and in the National Breastfeeding Center.</p> <p>The National Breastfeeding Center includes an information center which plans to disseminate national and international results of research and information on breastfeeding nationwide. Likewise the Hospital Amigo program publishes and distributes a quarterly news bulletin.</p> <p>The Mexico breastfeeding program includes the major components of a comprehensive program. Training health professionals has been the primary focus. Activities also include development and distribution of information, education, communication (IEC) materials, a mass media program, mother to mother support groups, and evaluation and research activities. Wellstart plans to support selected initiatives which have received less emphasis to date.</p> <p>The breastfeeding program has become an integral effort of the Secretariat of Health and is involving all the institutions comprising the national health system.</p> <p>Mexico has begun breastfeeding evaluation and monitoring activities. Wellstart hopes to strengthen the development of a breastfeeding evaluation and monitoring system.</p>

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**EXPANDED PROMOTION OF BREASTFEEDING PROJECT IN HONDURAS  
WELLSTART/A.I.D. COOPERATIVE AGREEMENT PURPOSE LEVEL GOALS AND STATUS**

OBJECTIVES	STATUS
<ul style="list-style-type: none"> <li>• Person of status and authority responsible for breastfeeding within the country.</li> </ul>	<p>The Secretary of Health chairs the Breastfeeding Working Group. Operational responsibility is delegated to the Dirección General de Salud, División Materno Infantil (DMI), offering national coverage through the health regions. The Instituto Hondureño de Seguro Social (IHSS) will offer services according to its administrative structure.</p>
<ul style="list-style-type: none"> <li>• National breastfeeding steering committee composed of relevant governmental and non-governmental representatives.</li> </ul>	<p>The Breastfeeding Working Group is composed of representatives of all health sector institutions, educational institutions and representatives of other national and international organizations. One of areas to be developed by this group is the concept of breastfeeding as the integrating factor in maternal-child health (MCH) services.</p>
<ul style="list-style-type: none"> <li>• National breastfeeding policy with targets for improving breastfeeding practices</li> </ul>	<p>In both health policies and in the Labor Code there are priorities oriented toward the protection of breastfeeding. These laws and policies will need to be strengthened by means of additional laws including the Children's Code, the International Code of Marketing of Breastmilk Substitutes, MCH norms, and others.</p>
<ul style="list-style-type: none"> <li>• Significant host country budget allocations for breastfeeding activities.</li> </ul>	<p>Breastfeeding support is included within the budget line item for MCH. All cooperation for breastfeeding promotion is being coordinated in order to maximize resources.</p>
<ul style="list-style-type: none"> <li>• Research on breastfeeding practices and policies promoted and developed in-country.</li> </ul>	<p>A number of research activities are being carried out as part of the Baby Friendly Hospital Initiative (BFHI), by health sector institutions, in the universities, and among others, by La Liga de la Lactancia Materna.</p>
<ul style="list-style-type: none"> <li>• Results of national and international research disseminated widely and applied.</li> </ul>	<p>La Liga de la Lactancia Materna includes a Documentation and Orientation Center that plans to disseminate research results, and is collecting national and international materials. Quarterly bulletins will be distributed nationally. Target institutions for this objective will be the training centers and local health systems.</p>
<ul style="list-style-type: none"> <li>• Comprehensive, national breastfeeding program.</li> </ul>	<p>The Breastfeeding Component includes different integrating strategies at institutional levels: health professional training, mass media campaigns for the general public, breastfeeding mother-to-mother support groups, education, communication (IEC) materials for health workers and the general public, research and evaluation activities.</p>
<ul style="list-style-type: none"> <li>• Breastfeeding promotion integrated into overall health and development policies.</li> </ul>	<p>The Secretary of Health conceives the Breastfeeding component as an integrator axis of maternal child health services, to achieve its objectives has required the involvement of all the health sector institutions.</p>
<ul style="list-style-type: none"> <li>• Improved breastfeeding monitoring and evaluation mechanisms established to monitor achievement of breastfeeding component integration in maternal child health services.</li> </ul>	<p>Honduras will create a breastfeeding evaluation program. Wellstart expects to support the development of a breastfeeding monitoring and evaluation system.</p>

**LONG-TERM COUNTRY PROGRAM CRITERIA**

**COUNTRY: NIGERIA**

CRITERIA	STATUS 1992	EXPLANATION
1.) Visible, accountable person of authority responsible for breastfeeding within the country, with chairmanship responsibilities for a national breastfeeding steering committee	yes	There is a BFII representative in the MOH. At the same time Breastfeeding falls into many different departments in the MOH which leads to confusion as to who is taking responsibility for breastfeeding promotion.
2.) National breastfeeding steering committee composed of representatives from relevant government departments, non-governmental organizations, medical associations, donor organizations and PVOs	not in place	Planned but not yet functional.
3.) National breastfeeding policy with targets for improving breastfeeding practices and a system for monitoring achievement of targets	not yet	there is a draft of a National Breastfeeding Policy that was developed in a National Policy workshop funded by Mothercare. The draft has never been finalized.
4.) Comprehensive, national breastfeeding program with set of appropriately designed interventions, based on assessments, implemented with improved effectiveness	no	
5.) Significant host government budget allocations for breastfeeding activities	no	
6.) Breastfeeding promotion integrated into overall health and development policies	no	
7.) Improved monitoring and evaluation mechanisms established	no	
8.) Results of research disseminated widely to and applied by policy makers to improve breastfeeding programs	no	A DHS was done in 1990.

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4.)	Comprehensive, national breastfeeding program with set of appropriately designed interventions, based on assessments, implemented with improved effectiveness	A Breastfeeding Program exists as part of the Plan Nacional de Supervivencia Infantil (PLANSI)	A Breastfeeding Program existed as part of the Plan Nacional de Supervivencia Infantil (PLANSI) which was incorporated into the Maternal Child Health Division of SESPAS. The Program's policy is contained in the PLANSI Manual of Norms which was distributed without training and therefore has had limited implementation. The program also has many organizational and technical shortcomings. As a result, breastfeeding is not promoted during prenatal care, delivery, and postnatal care in health services.  Medical personnel receive little, if any in-depth training concerning breastfeeding. Physicians and nurses are taught physiology and advantages of breastfeeding, but not its technical and clinical management. Auxiliary health personnel, especially promoters from NGOs have received some training. Of 5,000 SESPAS promoters, 800 have been trained in 33 health interventions, including breastfeeding. No information exists about their effectiveness. NGO promoters have received more consistent training. Activities to promote breastfeeding are based with private organizations. The public sector is inactive. There is a lack of coordination among donors.
5.)	Significant host government budget allocations for breastfeeding activities	no	
6.)	Breastfeeding promotion integrated into overall health and development policies	no	
7.)	Improved monitoring and evaluation mechanisms established	None exist	
8.)	Results of research disseminated widely to and applied by policy makers to improve breastfeeding programs	"The State of Breastfeeding in the Dominican Republic: Practices and Promotion was prepared in 1992.	Distribution was not widespread.

## LONG-TERM COUNTRY PROGRAM CRITERIA

**COUNTRY: Senegal**

CRITERIA	STATUS Sept 92	EXPLANATION
1.) Visible, accountable person of authority responsible for breastfeeding within the country, with chairmanship responsibilities for a national breastfeeding steering committee	1. No	
2.) National breastfeeding steering committee composed of representatives from relevant government departments, non-governmental organizations, medical associations, donor organizations and PVOs	2. No	This was being discussed as a result of the visit.
3.) National breastfeeding policy with targets for improving breastfeeding practices and a system for monitoring achievement of targets	3. None	
4.) Comprehensive, national breastfeeding program with set of appropriately designed interventions, based on assessments, implemented with improved effectiveness	4. Underway	The purpose of this initial EPB visit was to assist in the development of a national breastfeeding program.
5.) Significant host government budget allocations for breastfeeding activities	5. Some budget allocation	Some posters and IEC messages on breastfeeding were being done as part of CDD activities.
6.) Breastfeeding promotion integrated into overall health and development policies	6. No	
7.) Improved monitoring and evaluation mechanisms established	7. No.	DIIS 2 being planned for 1993.
8.) Results of research disseminated widely to and applied by policy makers to improve breastfeeding programs	8. Some.	A fair amount of research had been done or was underway. KAP and a few other studies, DIIS1 (1986) and DIIS2 (1993) being planned. Little dissemination of results.

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WELLSTART/USAID COOPERATIVE AGREEMENT PURPOSE LEVEL GOALS AND STATUS: RWANDA

GOALS	STATUS: APRIL 1992	STATUS: MARCH 1994
1. Person of stature and authority responsible for breastfeeding within the country.	1. No	1. National Breastfeeding Coordinator named at the MOH in August, 1993; Resident Advisor was hired in November 1993 by EPB to assist with establishment of Coordinator duties and National Committee.
2. National breastfeeding steering committee composed of relevant governmental and non-governmental representatives.	2. No	2. Under discussion. National Conference on Breastfeeding and Infant Feeding, held in January 1994, was organized by a committee which could have become a national breastfeeding steering committee.
3. National breastfeeding policy with targets for improving breastfeeding practices.	3. None	3. Discussions had taken place but program was waiting to determine new political situation before continuing. National workshop allowed for sensitization of policy-makers and others.
4. Significant host country budget allocations for breastfeeding activities.	4. None	4. Staff time allocated from MCH/FP, Health Education and other divisions. Breastfeeding activities began to be integrated into related child survival activities (CDD, EPI, micronutrient, F.P.)
5. Research on breastfeeding practices and policies promoted and developed in-country.	5. Little specific information on breastfeeding or infant feeding practices. Some research on weaning issues.	5. Preliminary DHS report released in early 1993; Qualitative research on infant feeding conducted by Wellstart EPB in August-September 1993; BFI surveys began in late 1992. UNICEF/Ministry of Agriculture biannual survey containing questions on infant feeding instituted in late 1992.
6. Results of national and international research disseminated widely and applied.	6. None	6. Results of the surveys listed above and several other smaller surveys and studies presented at the National Conference on Breastfeeding and Infant Feeding. Recommendations were made by working groups.

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<p>7. Comprehensive, national breastfeeding program.</p>	<p>7. UNICEF beginning to talk with MOH about the Baby Friendly Hospital Initiative</p>	<p>7. The Baby Friendly Initiative (BFI)<sup>1</sup> was launched in January 1993. National program plan was developed by Wellstart Associates and was in the process of being revised by MOH and other relevant organizations. Good working relationships with UNICEF and WHO to promote a single coordinated breastfeeding strategy.</p>
<p>8. Breastfeeding promotion integrated into overall health and development policies.</p>	<p>8. Limited information on breastfeeding given in pre-service education for health professionals. No in-service training. General impression that "everyone breastfeeds" and there are no problems. Resistance from family planning professionals to LAM and to discussions of breastfeeding in relation to fertility.</p>	<p>8. BFI had been launched in two major hospitals and over 120 staff members trained. A total of 12 people received extensive lactation management training, 7 through Wellstart LME and 5 through UNICEF/IBFAN courses. Review of pre-service curricula planned for 1994.</p> <p>The USAID/MOH Rwandan Integrated MCH/FP (RIM) project planned to integrate breastfeeding fully into its interventions designed to improve quality of service. Wellstart was working with USAID, MOH and others to assist with this integration. Some staff members of the national family planning organization had expressed interest in LAM, in part due to strong interest of SEATS Resident Advisor. A national family planning organization, SNAF, had begun promoting LAM and was expanding its training and beginning maternal development with the support of UNICEF and USAID/Wellstart.</p>
<p>9. Improved breastfeeding monitoring and evaluation mechanisms established to monitor achievement of targets.</p>		<p>9. UNICEF/Ministry of Agriculture survey was designed to provide strong on-going data collection on infant feeding. Wellstart and USAID, through the RIM project were gathering information for use as basis for evaluation of breastfeeding promotion integrated into comprehensive reproductive health activities. EPB Resident Advisor had finalized a memorandum on available data for use as a basis for evaluation planning.</p>

<sup>1</sup> The Ministry of Health decided that the title "Baby Friendly Initiative" was more appropriate than "Baby Friendly Hospital Initiative" for Rwanda, due to the small number of hospitals and the need to focus on rural health centers and community outreach.

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***Annex F***  
***Listing of WS/EPB Publications***

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## Publications List

The Expanded Promotion of Breastfeeding (EPB) Program has single copies of the following documents available at no charge.

### Breastfeeding & Culture Series

- \_\_\_ Social Context of Infant Feeding in Chikwawa District, Malawi
- \_\_\_ Qualitative Research on Breastfeeding in Rwanda (French)

### Policy & Technical Monographs

- \_\_\_ Breastfeeding & the Environment (Spanish)
- \_\_\_ (French)
- \_\_\_ (Russian)
- \_\_\_ Breastfeeding: A Natural Resource for Food Security
- \_\_\_ Breastfeeding: A Natural Resource for Food Security (executive summary) (Spanish)
- \_\_\_ (French)
- \_\_\_ (Russian)
- \_\_\_ Breastfeeding: It's Good Food Policy
- \_\_\_ Environmental Contaminants and their Significance for Breastfeeding in the Central Asian Republics (Russian)
- \_\_\_ Breast Milk Storage: Review of Literature and Recommendations for Research Needs
- \_\_\_ Literature Review on Breastmilk Expression, Storage, and Feeding

### Assessment Series

- \_\_\_ Assessment of Infant Feeding in Peru
- \_\_\_ Infant Feeding Assessment El Salvador (Spanish)
- \_\_\_ Infant Feeding Assessment in Cameroon (French)

### Other Publications

- \_\_\_ Breastfeeding is Remarkable (Russian)
- \_\_\_ Summary Report: Central Asian Regional Seminar, Almaty, Kazakhstan
- \_\_\_ Profiles of Major Health Institutions & Selected Senior Health Personnel Responsible for MCH Activities:
  - \_\_\_ Republic of Kazakhstan
  - \_\_\_ Republic of Turkmenistan
  - \_\_\_ Republic of Kyrgyzstan
  - \_\_\_ Republic of Uzbekistan

Please print clearly

Name \_\_\_\_\_

Address \_\_\_\_\_

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Send orders to:



**WELLSTART**  
INTERNATIONAL, INC.  
3333 K Street N.W.  
Suite 101  
Washington, DC 20007  
FAX: (202) 298-7988

UPDATED

Publications List

The Expanded Promotion of Breastfeeding (EPB) Program offers single copies of the following documents free of charge. This is a partial listing of the EPB documents that we find are of most interest to others; however, all documents are available upon request.

Breastfeeding & Culture Series

\_\_\_ Social Context of Infant Feeding in Chikwawa District, Malawi; Oct 1992

\_\_\_ Qualitative Research on Breastfeeding in Rwanda; July 1993  
 \_\_\_ (French)

Policy & Technical Monographs

\_\_\_ Breastfeeding & the Environment  
 \_\_\_ (Spanish)  
 \_\_\_ (French)  
 \_\_\_ (Russian)

\_\_\_ Breastfeeding: A Natural Resource for Food Security

\_\_\_ Breastfeeding: A Natural Resource for Food Security (executive summary)  
 \_\_\_ (Spanish)  
 \_\_\_ (French)  
 \_\_\_ (Russian)

\_\_\_ Breastfeeding: It's Good Food Policy

\_\_\_ Environmental Contaminants and their Significance for Breastfeeding in the Central Asian Republics; July 1993  
 \_\_\_ (Russian)

\_\_\_ Breast Milk Storage: Review of Literature and Recommendations for Research Needs; Draft

\_\_\_ Literature Review on Breastmilk Expression, Storage, and Feeding; Draft

\_\_\_ Every Mother is a Working Mother: Breastfeeding and Women's Work

\_\_\_ HIV and Motherhood: Informed choices in the face of medical ambiguity: the example of breastfeeding; Draft

Assessment Series

\_\_\_ Assessment of Infant Feeding in Peru; May 1992  
 \_\_\_ (Spanish)

\_\_\_ Infant Feeding Assessment in Salvador; Oct 1993  
 \_\_\_ (Spanish)

\_\_\_ Infant Feeding Assessment in Cameroon; Jan 1994  
 \_\_\_ (French)

Other Publications

\_\_\_ Breastfeeding is Remarkable  
 \_\_\_ (Russian)

\_\_\_ Summary Report Central Asian Regional Seminar, Almaty, Kazakhstan; May 1993

\_\_\_ Profiles of Major Health Institutions & Selected Senior Health Personnel Responsible for MCH Activities

\_\_\_ Republic of Kazakhstan; May 1993  
 \_\_\_ Republic of Turkmenistan; May 1993  
 \_\_\_ Republic of Kyrgyzstan; May 1993  
 \_\_\_ Republic of Uzbekistan; May 1993

\_\_\_ Overestimation and Misclassification in the Measurement of Exclusive Breastfeeding using 24-Hour Versus 7-Day Maternal Recall; 1994

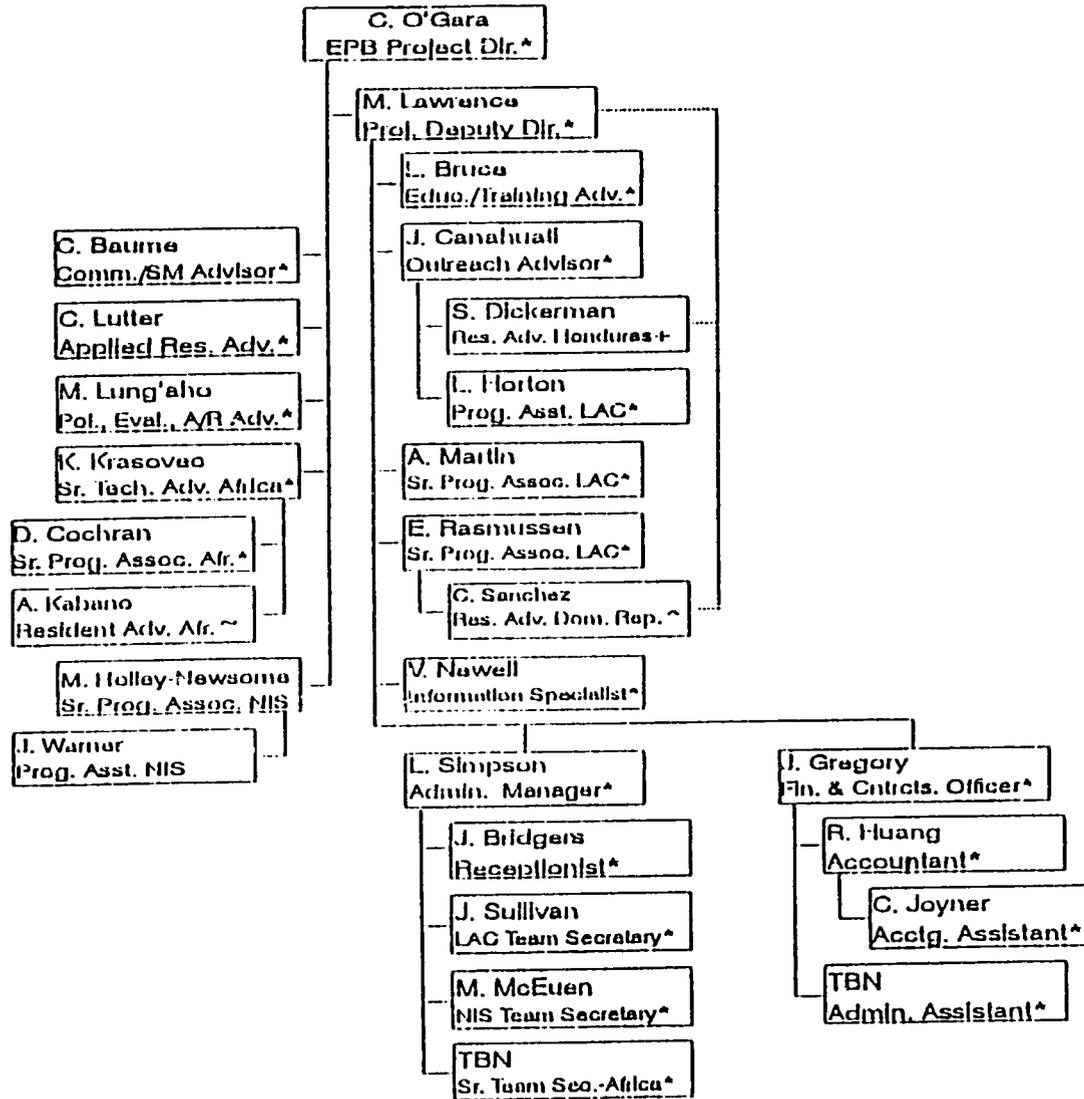
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# **Annex G**

## **Organizational Charts—WS/EPB and WS/Corporate**

**WELLSTART INTERNATIONAL  
EXPANDED PROMOTION OF BREASTFEEDING PROGRAM  
Washington, DC**

**PROJECT ORGANIZATION CHART  
(08/23/94)**



1/1

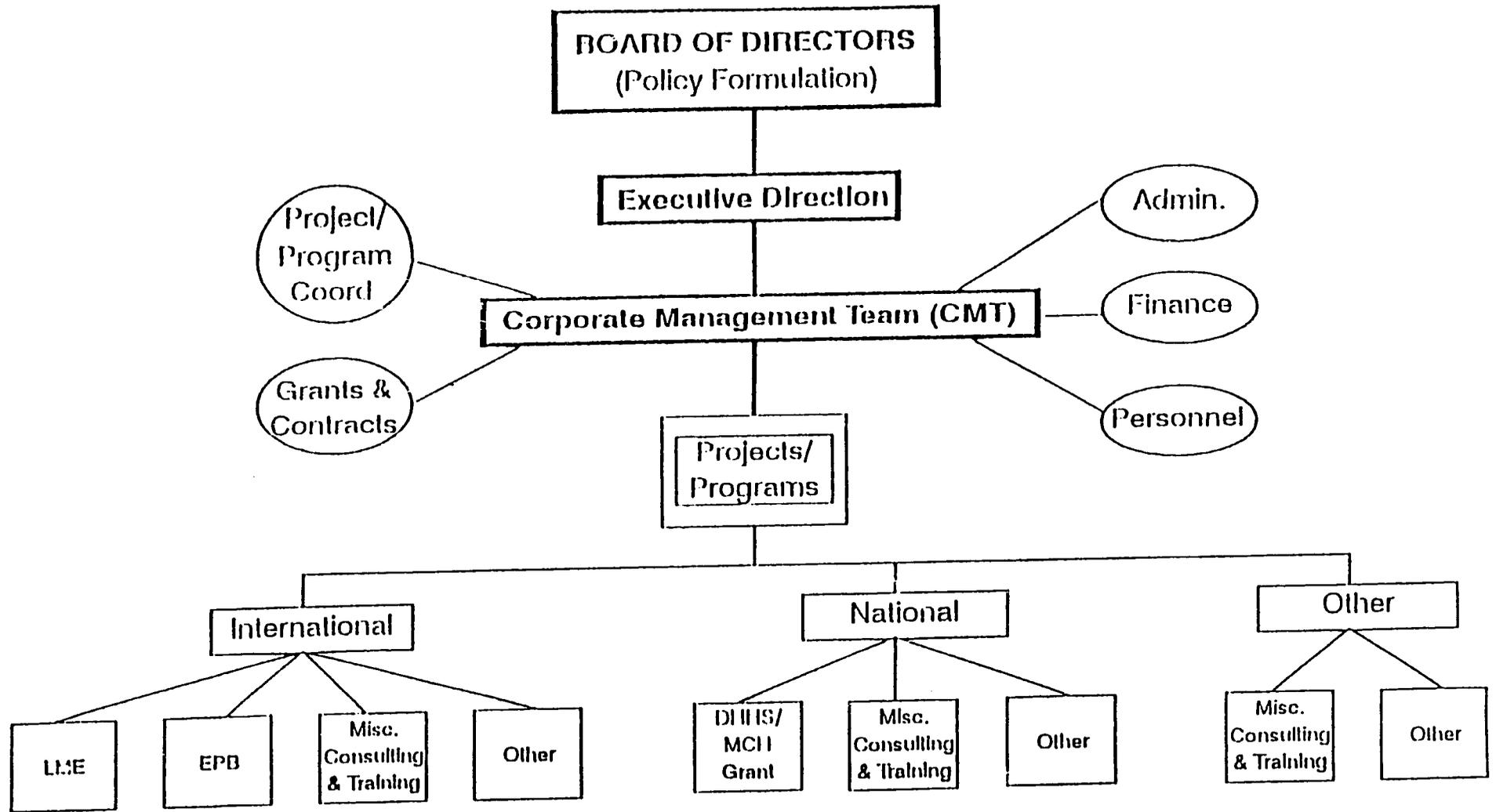
02 PROPOSED TEAM CONCEPT - EPB PROGRAM

DRAFT

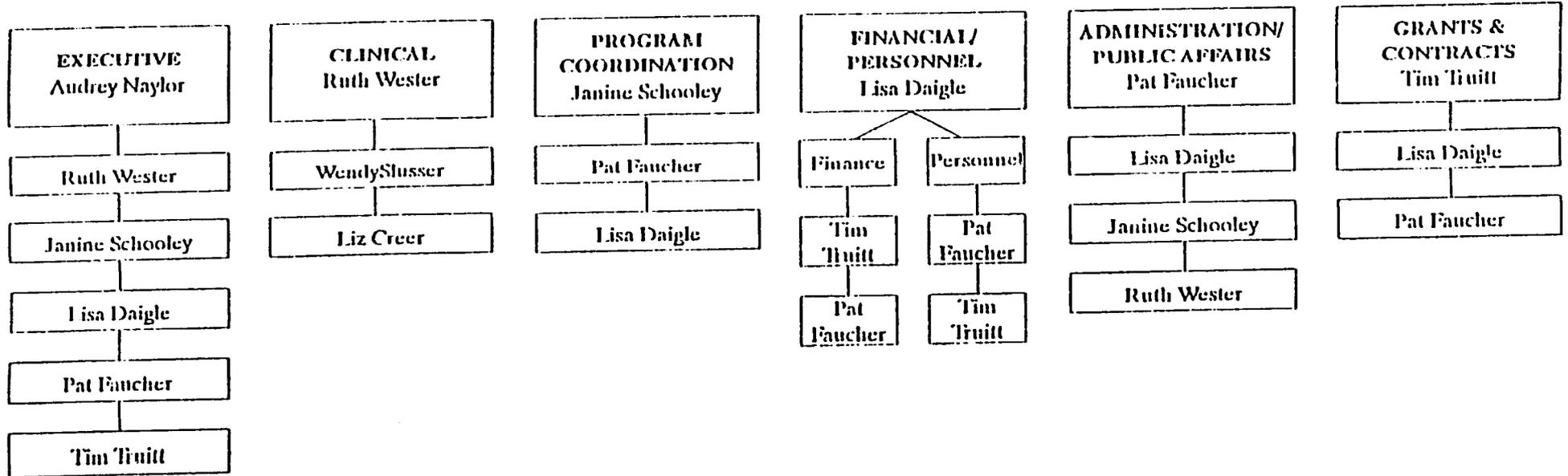
AFRICA TEAM	LAC TEAM	NIS TEAM	ADMIN TEAM
Director (Chloe O'Gara)	Deputy Director (Mary Lawrence)	Director (Chloe O'Gara)	
Tech Advisor/Africa (Kathy Krasovec)	Outreach Advisor (Judy Canluati)	Comm/SocMkting Advisor (Carol Baume)	Admin Officer (Jim Gregory)
Training Advisor (Linda Bruce)	Sr. Prgm Associate (Aimee Martin)	Research Advisor (Chessa Lutter)	Admin Assistant (Anne Starkweather)
Evaluation Advisor (Mary Lunga'ho)	Sr. Prgm Associate (Eliz. Rasmusson)	Sr. Prgm Associate (Martha H-Newsome)	Accountant (Ruth Huang)
Sr. Prgm Associate (Dwight Cochran)	Program Assistant (to be named)	Program Assistant (Joyce Warner)	Acting Assistant (Carolyn Joyner)
		Info Specialist (Vicki Newell)	Sr. Prgm Secretary (Lauren Simpson)
			Prgm Secretary (LAC) (Judi Sullivan)
			Prgm Secretary (NIS) (Mark McEuen)
	Consultant - PRAII. (Cecilia Muxi)		Prgm Secretary (AFR) (to be named)
RA - Rwanda (Augustin Kabano)	RA - Dom. Republic (Clavel Sanchez)	Resident Administrator/ Consultant (Marineh)	Receptionist (Jean Bridgere)
	RA - Honduras (Sam Dickerman)		

Notes: Tech and Info staff are expected to be utilized across teams  
 Teams should work towards increasing levels of autonomy  
 Chart does not reflect reporting/supervisory lines

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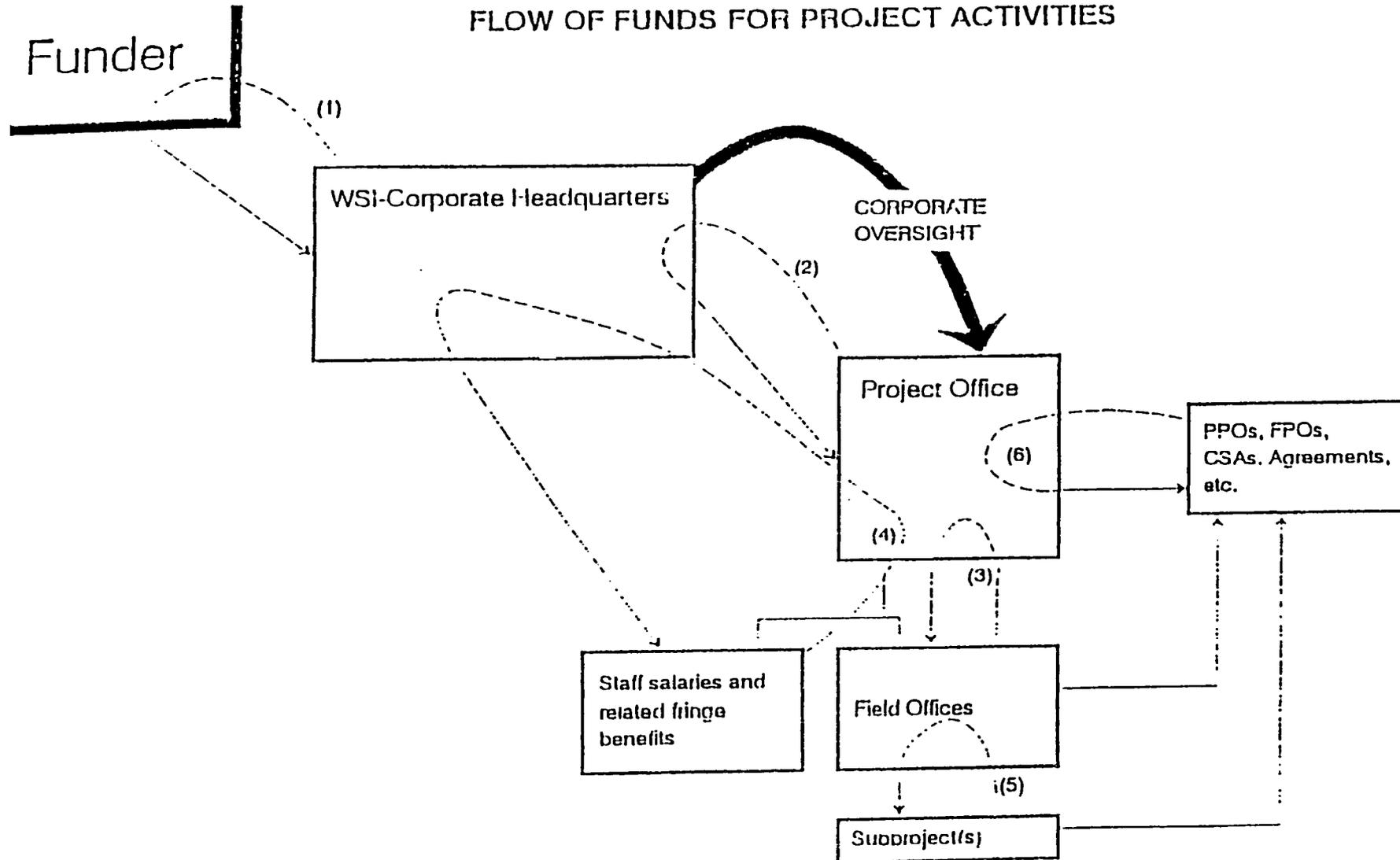


# Corporate Management Team Back-up Responsibility



1/1

# FLOW OF FUNDS FOR PROJECT ACTIVITIES



- (1) Requests funds from funder, completes and submits required financial reports.
- (2) Requests project funds from WSI-Corporate Headquarters via Request for Funds Form.
- (3) Project office responsible for management of field office activities with corporate oversight. Funds are disbursed directly from the project office to the field offices.
- (4) Timesheets are completed by project staff, reviewed and approved by supervisors, and forwarded to WSI-Corporate Headquarters for processing.
- (5) Field offices will disburse funds directly to field office subprojects upon receipt of proper documentation.
- (6) Project office responsible for management and disbursement of PPOs, FPOs, CSAs, Subcontracts/subgrants and other direct costs based on corporate procurement procedures.

***Annex H***  
***Supporting Financial Documentation***

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OBLIGATIONS AS OF 0/30/04

PICT #	Type	Core Funds	OYD Transfers	Addl On Funds	as of 6/31/04	as of 6/31/04	Valid From	Valid To
					SPENT	Balance		
2011a	Core		600,000.00		600,000.00	-0-	09/26/01	09/25/06
2011b	Core	1,400,000.00			1,400,000.00	-0-	09/26/01	09/25/06
2011c	Core	200,000.00			200,000.00	-0-	09/26/01	09/25/06
2011d	Core	603,002.00	see note below		603,002.00	-0-	09/30/01	09/25/06
2011e	Core	3,009.00			3,009.00	-0-	09/30/01	09/25/06
2011f	Core	309,089.00			309,089.00	-0-	03/01/92	09/25/06
2011g	Core	1,700,000.00			1,322,108.44	377,891.56	08/04/02	09/25/06
2011h	Core	090,913.00				990,913.00	08/04/02	09/25/06
2011i	Core	1,208,892.00				1,208,892.00	04/01/93	09/25/06
2011j	Core	214,600.00				214,600.00	04/01/93	09/25/06
2011k	Core	1,225,000.00				1,226,000.00	07/20/94	09/25/06
<b>Subtotal</b>	<b>Core</b>	<b>7,854,405.00</b>	<b>600,000.00</b>	<b>-0-</b>	<b>4,438,108.44</b>	<b>4,010,298.50</b>		
2013a	LAC Bureau			1,000,000.00	651,740.03	148,259.07	08/04/02	09/30/04
2013b	LAC Bureau		225,000.00			225,000.00	08/18/04	09/25/06
<b>Subtotal</b>	<b>LAC</b>	<b>-0-</b>	<b>225,000.00</b>	<b>1,000,000.00</b>	<b>651,740.03</b>	<b>373,259.07</b>		
2014a	Africa Bureau		300,000.00		300,000.00	-0-	08/04/02	09/25/06
2014b	Africa Bureau		100,000.00		90,099.28	3,000.72	04/01/03	09/25/06
2014c	Africa Bureau		450,000.00			450,000.00	04/01/03	09/25/06
2014d	Africa Bureau		180,000.00			180,000.00	04/01/03	09/25/06
2014e	Africa Bureau		60,000.00			60,000.00	04/01/03	09/25/06
2014Nia	Africa/Nigeria		400,000.00		44,593.22	355,406.78	04/01/03	09/25/06
2014i	Africa Bureau		250,000.00			250,000.00	07/20/04	09/25/06
<b>Subtotal</b>	<b>Africa Bureau</b>	<b>-0-</b>	<b>1,740,000.00</b>	<b>-0-</b>	<b>440,802.50</b>	<b>1,209,307.53</b>		
2016a	Micronutrient		1,000,000.00		281,018.47	730,081.53	08/04/02	09/25/06
2016b	Micronutrient		285,000.00			285,000.00	04/01/03	09/25/06
2016c	Micronutrient		215,000.00			215,000.00	04/01/03	09/25/06
2016d	Micronutrient		375,000.00			375,000.00	07/20/04	09/25/06
<b>Subtotal</b>	<b>Micronutrient</b>	<b>-0-</b>	<b>1,875,000.00</b>	<b>-0-</b>	<b>281,018.47</b>	<b>1,613,081.53</b>		
2021a	Cameroon			150,000.00	150,000.00	-0-	12/01/03	12/31/06 (6/30/04 Mission closed)
<b>Subtotal</b>	<b>Cameroon</b>	<b>-0-</b>	<b>-0-</b>	<b>150,000.00</b>	<b>150,000.00</b>	<b>-0-</b>		
2022a	Rwanda			298,317.09	79,823.04	218,493.90	09/26/03	09/25/06
<b>Subtotal</b>	<b>Rwanda</b>	<b>-0-</b>	<b>-0-</b>	<b>298,317.09</b>	<b>79,823.04</b>	<b>218,493.90</b>		
2023a	WNIS			600,000.00	43,032.52	650,067.48	09/17/03	05/15/06
<b>Subtotal</b>	<b>WNIS</b>	<b>-0-</b>	<b>-0-</b>	<b>600,000.00</b>	<b>43,032.52</b>	<b>650,067.48</b>		
2024a	CAR		250,000.00		114,379.58	135,620.42	04/01/03	09/25/06
<b>Subtotal</b>	<b>CAR</b>	<b>-0-</b>	<b>250,000.00</b>	<b>-0-</b>	<b>114,379.58</b>	<b>135,620.42</b>		
2025a	Senegal			114,000.00		114,000.00	09/27/04	09/25/06
<b>Subtotal</b>	<b>Senegal</b>	<b>-0-</b>	<b>-0-</b>	<b>114,000.00</b>	<b>-0-</b>	<b>114,000.00</b>		
<b>TOTALS</b>		<b>7,854,405.00</b>	<b>4,000,000.00</b>	<b>2,182,317.00</b>	<b>6,378,704.58</b>	<b>8,327,027.42</b>		

Total obligation to date

14,708,722.00

Note: \$600,000 initial obligation in early FY'02 was charged to core; EPB was unaware that this was an OYD transfer until FY'04

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FIVE-YEAR SUMMARY PROJECTIONS

WELL START EPB PROGRAM

as of 7/31/04	FY02		FY03		FY04		FY95		FY96		TOTAL		TOTAL		
	Care	Add m/MTD	Care	Add m/MTD											
Salaries & Related Fringe Benefits	727,607	0,040	780,232	120,000	836,203	214,200	820,647	239,076	853,369	248,639	3,814,194	897,304	4,711,499		
Consultant Services	60,849	2,498	23,022	35,061	662,440	272,040	4,244	103,354	6,111	148,830	7,334	178,596	102,409	489,007	591,416
Travel & Per Diem	162,965	7,997	79,159	121,019	60,240	261,233	00,277	370,178	117,033	451,411	540,231	1,270,082	1,810,913		
Expendable/Non-expendable Equipment	117,592	0	7,495	0	7,717	2,970	18,077	8,534	18,675	7,187	185,000	32,285	217,285		
Subagreements	50,070	25,724	72,053	160,850	106,000	101,813	1,218,058	1,332,537	882,002	2,293,438	2,449,900	1,039,525	6,480,424		
Other Direct Costs	252,889	1,038	504,527	238,162	127,319	219,179	259,377	185,941	481,875	228,097	433,895	323,234	1,004,438	1,011,660	3,006,009
<b>Total Direct Costs</b>	<b>1,372,872</b>	<b>45,801</b>	<b>1,437,008</b>	<b>690,895</b>	<b>1,212,262</b>	<b>1,180,413</b>	<b>2,640,844</b>	<b>2,331,240</b>	<b>2,414,107</b>	<b>3,862,509</b>	<b>6,888,179</b>	<b>7,759,663</b>	<b>18,826,038</b>		
<b>Total Indirect Costs</b>	<b>170,799</b>	<b>2,011</b>	<b>243,313</b>	<b>41,024</b>	<b>284,053</b>	<b>256,677</b>	<b>447,414</b>	<b>344,581</b>	<b>431,148</b>	<b>461,562</b>	<b>1,576,726</b>	<b>1,106,655</b>	<b>2,883,381</b>		
<b>Less Income Received</b>	<b>(1,013)</b>	<b>0</b>	<b>(2,057)</b>	<b>0</b>											
<b>Total Costs</b>	<b>1,642,668</b>	<b>47,812</b>	<b>1,678,344</b>	<b>732,719</b>	<b>1,496,315</b>	<b>1,437,090</b>	<b>3,088,258</b>	<b>2,675,821</b>	<b>2,845,254</b>	<b>3,964,087</b>	<b>10,662,809</b>	<b>8,818,518</b>	<b>10,509,417</b>		
<b>Totals by Year</b>		<b>1,890,470</b>		<b>2,411,043</b>		<b>2,022,404</b>		<b>6,773,088</b>		<b>6,600,321</b>		<b>19,800,417</b>			

NOTES:  
 FY92, FY93, and 1st row of FY94 represent actuals; ACTUALS FOR FY04 ARE THROUGH 7/31/94  
 FY94 INDIRECT COSTS CALCULATED AT 26% YIELD  
 Remainder of FY94 is calculated by factors shown for illustrative purposes

FY02 months	10
FY03 months	12
FY04 months	10
Total	32

FY95 and FY96 are calculated as follows:  
 Salaries & Related - for FY95, anticipated staffing; for FY96, 4% over FY95  
 Consultants - inflation factor of 20%  
 Travel & Per Diem - inflation factor of 20%  
 Equipment - inflation factor of 10% over previous year  
 Subagreements - for FY95, anticipated expense; for FY96, approved 5-year budget estimates  
 Other direct - based on approved 5-year budget estimates for FY95 and FY96  
 Indirect costs for FY95 and FY96 are calculated at 26% of Total Modified Direct Costs

Project year end (PYE) = 12/current # of month 1.2000

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***Annex I***

***Project/Headquarters Communications Mechanisms***

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Communication Mechanisms  
Wellstart Headquarters - EPB Program

EPB/HQ Weekly telephone conference coordination meeting. Includes EPB Director and Deputy Director and the CEO, Vice-President and Associate Director from WSI HQ. Meeting covers variety of topics from administrative to programmatic.

Program Coordinating Team Meeting. Meeting takes place once a month and includes Ann Brownlee, Janine Schooley, Chloe O'Gara, and one or more other EPB program tech staff.

Management Coordinating Team meeting. Takes place once a month and includes the EPB Deputy Director and Administrative Officer teleconferenced together with HQ Administrative Director, Director of Finance and Personnel Services, and the Grants and Contracts Administrator.

EPB Quarterly Programmatic Reviews in Washington. Janine Schooley, Associate Director or Ann Brownlee, PhD, Technical Advisor for Program Development, Evaluation & Research (and the CEO on occasion) travel to Washington to attend review sessions and participate in these.

Corporate Strategic Coordination Group. This meeting was initiated as a result of our July 1994 EPB Strategic Planning Retreat. The idea is to have a quarterly gathering in person to discuss issues, seek solutions, and improve communication. The group will include EPB senior management (Director, Deputy Director, and the Administrative Officer) along with all of the members of our Corporate Management Team (CEO, Vice-President, Associate Director, Administrative Director, Director of Finance and Personnel Services, and the Grants and Contracts Administrator).

Besides our more formal sessions, we have almost daily contact between EPB and HQ staff at all levels via telephone, E-Mail, fax, and mail (i.e., Grants and Contracts guidance and consultation, finance and personnel discussions, administrative discussions, programmatic discussions and planning, etc.)

***Annex J***  
***Corporate Responsibilities for EPB Program Decision Making***

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## Corporate Headquarters

### Executive Officer Approvals

Prior written approval by a Wellstart Executive Officer (i.e., Chief Executive Officer or Deputy Executive Officer) is required for the following:

#### A. Finance and Personnel

1. New positions; new employees whose salary is above the mid-point of the established WSI salary range for their position; and employees designated as key employees under a grant/agreement/contract.

#### 3B. Grants and Contracts

1. New additions to the approved WSI consultancy pool.
2. Subs and any amendments of subs.
3. Contractor Service Agreements over \$25,000.
4. Purchase of any non-expendable equipment (i.e., \$500 or greater).
5. Sole source procurement to exceed \$5,000.
6. Initial approval before proceeding to develop any subgrant/agreement program description that may exceed \$100,000.

#### C. Program Coordination

1. Annual Workplan and any modifications/additions which are of such significance that they would have been included in the presentation of the Annual Workplan. The format will mirror the Annual Workplan.
2. Annual reports.
3. Plans/proposals/budgets for any new activities (i.e., activities that are not within an ongoing Program).

Additional approvals may be required in accordance with Wellstart manuals, directives or specific grant/agreement/contracts documents.

# ***Annex K***

## ***List of Subcontractors and their Specialty Areas***

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Wollsturt International Expanded Promotion of Breastfeeding Program

SUBAGREEMENTS/SUBCONTRACTS/SUBGRANTS  
(not including EPB Research Program)

NAME	CONTACT/PURPOSE	TYPE*	DATES	AMOUNT
ACADEMY FOR EDUCATIONAL DEVELOPMENT 1255 23rd Street, NW, Washington, DC 20037 Phone: 202-884-8000 Fax: 202-884-8400	Bart Burkhalter Christlane Perry, Contract Administrator <i>Development of a strategic plan for La Leche League International's future international activities and collaboration with EPB</i>	FP	06/01/92 through 05/31/93	\$15,685
CEPREN Av. Pardo 1335, Oficina 302, Miraflores, Lima, Peru Phone: 451978 Fax: 451978	Nair Carrasco S., Coordinator <i>To serve as central coordinating office for the assessment of breastfeeding practices in Peru</i>	FP	04/22/92 through 06/30/92	\$4,500
GEORGETOWN UNIVERSITY Institute of Reproductive Health 2115 Wisconsin Ave. NW, Washington, DC 20007 Phone: 202-687-1392 Fax: 202-687-6846	Miriam Leshok, PhD <i>Provision of technical support for long- and short-term breastfeeding programs in the areas of lactation amenorrhea, breastfeeding promotion in family planning programs, population impacts of breastfeeding practices, and community-based support for breastfeeding mothers to assist them to exclusively breastfeed</i>	CR/FP Task Orders	06/22/94 through 06/30/96	\$727,631 ceiling Amount Obligated: \$222,503
HUBERT ALLEN & ASSOCIATES 2611 Old Court Road, Baltimore, MD 21208 Phone: 410-653-4056 Fax: 410-653-4057	Hubert A. Allen, Jr. <i>Update of the Global Breastfeeding Trends Monitoring System; creation of country level monitoring systems and evaluation plans</i>	CR	01/01/93 through 07/31/94	\$42,853
JOHN SNOW, INCORPORATED 210 Lincoln Street, Boston, MA 02111 Phone: 617-482-9485 Fax: 617-482-0617	Dan Moriarty, Vice-President Wendy Friedman, Director of Finance <i>Needs assessment with regard to start-up phase of LPPP regarding programmatic and activity tracking systems</i>	FP	03/04/92 through 04/04/92	\$7,094
LEDERMAN, PhD, SALLY ANN Columbia University School of Public Health, CPFH 60 Haven Avenue, New York, NY 10032 Phone: 212-304-5251 Fax: 212-305-7024	Sally Lederman <i>Preparation of background paper on environmental contamination and toxins in breastmilk in the NIS</i>	FP	11/10/92 through 01/04/93	\$5,000

NAME	CONTACT/PURPOSE	TYPE*	DATES	AMOUNT
<p><b>LA LIGA DE LA LECHE MATERNA DE GUATEMALA</b>                      14 Calle 11-16, Zona 1, Guatemala City, Guatemala                      Phone: 23696 Fax: 23696</p>	<p>Maryanne Stone-Jimenez  <i>Provision of logistical arrangements and hosting of the second regional La Leche League Workshop and Mother Support Conference, 11/2 - 11/6/92, in Antigua, Guatemala</i></p>	FP	10/01/92 through 12/31/92	\$99,440
<p><b>LA LIGA DE LA LACTANCIA MATERNA DE HONDURAS</b>                      4ta Calle NE, 5-6 Ave. #504, San Pedro Sula, Honduras                      Phone: 579869 Fax: 581930</p>	<p>María Dolores de Bazemore                      Samuel Dickerman, EPB Resident Advisor  <i>To support the Honduran national breastfeeding program in the development of community outreach strategies and activities</i></p>	AG	01/19/93 through 09/30/94	\$219,450
<p><b>THE MANOFF GROUP INC.</b>                      2001 S Street, N.W., Washington, DC 20009                      Phone: 202-265-7469 Fax: 202-745-1961</p>	<p>Marcia Griffiths  <i>Technical resource for communication and social marketing to improve breastfeeding practices</i></p>	CR + FF Task Orders	05/04/93 through 09/30/96	\$1,000,000 ceiling  Amount obligated: \$558,108
<p><b>THE MANOFF GROUP INC.</b>                      2001 S Street, N.W., Washington, DC 20009                      Phone: 202-265-7469 Fax: 202-745-1961</p>	<p>Marcia Griffiths  <i>Exploration of INCAP's experience and strengths in the areas of breastfeeding within Guatemala and regionally; formulation of strategies for future FPB assistance to/collaboration with INCAP</i></p>	FP	06/01/92 through 06/25/92	\$9,463
<p><b>THE MANOFF GROUP INC.</b>                      2001 S Street, N.W., Washington, DC 20009                      Phone: 202-265-7469 Fax: 202-745-1961</p>	<p>Marcia Griffiths  <i>Institutional strengthening of INCAP in social marketing</i></p>	FP	09/06/92 through 09/25/92	\$2,407
<p><b>NURTURE (Center to Prevent Childhood Malnutrition)</b>                      4948 St. Elmo Avenue, Ste 208, Bethesda, MD 20814                      Phone: 301-907-8601 Fax: 301-907-8603</p>	<p>Sandra L. Huffman, PhD                      Ed Karp  <i>Assistance to EPB through provision of technical support, primarily in the areas of nutrition and breastfeeding policy; country programming including the mother-to-mother support initiative; and documentation and editing services</i></p>	CR/FP Task Orders	02/08/94 through 09/30/96	\$467,420 ceiling  Amount obligated: \$182,248
<p><b>THE POPULATION COUNCIL</b>                      One Dag Hammarskjöld Plaza, New York, NY 10017                      Phone: 212-339-0623 Fax: 212-755-6052</p>	<p>Beverly Winikoff, Ph.D.                      Shirley Alexander, Corporate Secretary  <i>Funds for and field assistance with country programming and research in Mexico, Peru, and possible other countries.</i></p>	CR/FP Task Orders	10/15/93 through 09/30/96	\$1,538,025 ceiling  Amount obligated: \$397,332

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PRAGMA CORPORATION 116 East Broad Street, Falls Church, VA 22046 Phone: 703-237-9303 Fax: 703-237-9326	Richard Killian Linda Sanei <i>Provision of technical assistance/support to EPB to assist with coordination for the USAID maternal and child health seminar in Almaty, January 1993</i>	CR + FF	12/04/92 through 01/29/93	\$39,704
PRAGMA CORPORATION 116 East Broad Street, Falls Church, VA 22046 Phone: 703-237-9303 Fax: 703-237-9326	Richard Killian Linda Sanei <i>Provision of professional/technical services of Linda Sanei to assist EPB Program Director with carrying out the work of the EPB Program</i>	CR + FF	06/18/93 through 12/31/93	\$33,086
PRAGMA CORPORATION 116 East Broad Street, Falls Church, VA 22046 Phone: 703-237-9303 Fax: 703-237-9326	Jacques Defay, President Caroline Curtis <i>Provision of technical and logistical support to EPB to assist with the coordination of a Reproductive Health Seminar to be held for the WNIS region in Kiev, Ukraine, October 1994</i>	CR + FF Task Orders	08/05/94 through 01/31/95	\$145,725 ceiling  Amount obligated: \$145,725
UNIVERSITY OF CALIFORNIA AT DAVIS Office of Research, 410 Mraz Hall, Davis, CA 95616 Phone: 916-752-1992 Fax: 916-752-3406	Katherine G. Dewey, PI Louise Ivey, Sponsored Research Administrator <i>Compilation and analysis of existing datasets on the growth of breastfed infants for WHO Expert Committee on anthropometry</i>	Fixed Price	04/01/93 through 06/30/94	\$57,818

\* AG = Subagreement; CR = Cost Reimbursable; FF = Fixed Fee; FP = Fixed Price