WELLSTART INTERNATIONAL

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The Lactation Management Education Experience 1983 - 1998

Accomplishments, Lessons Learned, and Recommended Strategies

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Chad
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Acronyms

ACC/SCN	Administrative Committee on Coordination/Subcommittee on Nutrition
APHA	American Public Health Association
BFHI	Baby-Friendly Hospital Initiative
CDD	Control of Diarrheal Disease
CES	Continuing Education and Support
COTALMA	Technical Committee to Support Breastfeeding
EPB Program	Expanded Promotion of Breastfeeding Program
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IBFAN	International Baby Food Action Network
ICDS	Integrated Child Development Scheme
ICN	International Conference on Nutrition
ICPD	International Conference on Population and Development
IEC	Information, Education, Communication (= Social Marketing)
LAC-HNS	Latin America and Caribbean-Health & Nutrition Sustainability Project
LAM	Lactational Amenorrhea Method
LINKAGES	A 5-year, USAID-funded, worldwide program to promote improved breastfeeding and related complementary feeding and maternal dietary practices.
LME	Lactation Management Education
MBPI	Maharashtra Breastfeeding Promotion Initiative
MCH	Maternal and Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
OMNI	Opportunities for Micro Nutrient Intervention
PVO	Private Voluntary Organization
SINAN	Swaziland Infant Nutrition Action Network
TAG	Technical Advisory Group
TOT	Training-of-Trainers
UNICEF	United Nations Childrens Fund
USAID	United States Agency for International Development
WABA	World Alliance for Breastfeeding Action
WHO	World Health Organization

Introduction and Summary

Background

Since 1983, Wellstart International, with support from the US Agency for International Development (USAID), has been providing education and technical support to health professionals from around the world through the Lactation Management Education (LME) Program The focus of this Program is the promotion of breastfeeding as a key contributor to optimal infant and maternal nutrition and health

The completion of the current cooperative agreement with USAID marks the end of a long and productive collaboration between USAID/Washington and Wellstart on the LME Program Although the funding mechanisms have changed over the years (subcontract from 1983-85, grant from 1985-89, and cooperative agreement from 1989-98), the core approach has remained the same

> The LME Program provides not only education, but also leadership development and ongoing technical support to senior perinatal health care providers — "Wellstart Associates" — who are in positions of influence and able to make changes as widely as possible in the challenging arena of health care The LME Program promotes the value of field-based participation in the development and implementation of activities, and provides assistance with planning and evaluation rather than presenting Associates with ready-to-use plans.

Over the years, the wisdom of this approach has been proven through a wide variety of successful activities and programs, many of which are outlined in this report Through the LME Program, Associates have helped change hospital practices, establish national breastfeeding programs and centers, train thousands of health professionals (many of them trainers themselves), change policies and curricula, and provide breastfeeding education and support at the community level

An equally important legacy of the LME Program is a strong, international network of Associates who remain active and committed to the promotion of breastfeeding Many of these health professionals hold key positions as educators, policy-makers and program implementers, and because most remain active in their respective countries, the influence of the LME Program will continue long after this particular cooperative agreement comes to a close

Photo Wellstart

Though this phase of the LME Program is ending, efforts to find creative and useful ways of meeting the need that the LME Program has worked to address these last 15 years will continue Funding diversification efforts have been initiated and two courses and selected follow-up and field support activities have already been possible through other funding mechanisms Wellstart remains hopeful that the energy and momentum of the efforts already in place within the network can continue to be nurtured, and that the end of this cooperative agreement will not also mean the end of the LME Program

Overview of the LME Program

The overall aim of the LME Program has always been to contribute to the sustained promotion, protection, and support of breastfeeding (including maternal nutrition, complementary feeding, and the contraceptive effects of exclusive breastfeeding) in developing nations as a means of improving infant and maternal nutrition and health by

- Increasing the knowledge and skills of current and future perinatal health care providers in this complex subject area,
- Ensuring the success of breastfeeding promotion efforts by providing Associates with ongoing technical assistance, field support, and material support,
- Facilitating the continued availability of resources of expertise for local, national, and regional breastfeeding programs, and
- Aiding the development of strategies for integrating breastfeeding promotion into related health initiatives (e g reproductive health, diarrheal disease control, acute respiratory infection, primary health care service, etc)

Photo Wellstart

A total of 653 leading health professionals from 55 countries (432 during this cooperative agreement) have begun participation in the LME Program through a four-week entry course, offered in English, Spanish, French, and Russian They include pediatricians, obstetricians, public health physicians, nurses, midwives, nutritionists and other professionals from Africa, Asia, Latin America and the Caribbean, Eastern Europe, and countries of the former Soviet Union (For a list of all Associates, key contact information, and details on participating countries, see Annex 1 and the inside front and back covers)

As the number of these Associates has grown over the years, the developing network has continually gained strength through shared experiences, lessons learned, and joint efforts which have been possible because of the common background and focus that the LME Program experience has provided The exponential, or "multiplier" effect of training and educating those who educate others has led to impressive numbers of health care providers who are prepared to continue the process Through the progress of the LME Program and an eventual "critical mass" of Associates, Wellstart has been able to move forward from the first steps of providing information and training, directing the results of this core education to the logical next steps - for example, helping to develop national programs and breastfeeding centers, and coordinating the use of Associates as expert consultants outside their own cities and regions

Because the LME Program is process-oriented rather than project-oriented, quantification or measurement of results is more difficult However, there are certain outcomes that have had undeniable impact on the worldwide efforts for breastfeeding promotion

- The education and ongoing support to Wellstart Associates, who in turn share their knowledge with thousands of other health care providers, has meant a change in the quality of support to literally millions of breastfeeding families worldwide

- Wellstart-influenced changes in hospital practices related to maternal and infant care and feeding has led to measurable change in the health status of mothers and babies, and are associated with significant cost savings

- Intensive efforts to reform curricula in medical and nursing schools has meant that more and more health care providers will begin their careers better equipped to serve breastfeeding populations

- Communication, social marketing, and community outreach activities in many countries are increasing breastfeeding awareness in general populations

- Large-scale promotional campaigns, such as the UNICEF/WHO Baby Friendly Hospital Initiative (BFHI), have benefitted from a widespread network of technical experts including many Wellstart Associates The BFHI was able to quickly gain momentum because of the available resources of expertise that were already in place

Along the way, Wellstart has also developed as an organization, and the faculty and staff have learned, and put to use, many valuable lessons as a result of the LME Program experience.

This report offers lessons regarding.

- Leadership development,
- Motivation and behavior change,
- Networking, and
- Program development and institution-building

Also presented in this report are a number of recommended strategies, regarding

- Faculty development and technical support,
- Associate network development,
- Preservice curriculum change,
- National program development,
- National/regional center development, and
- Support for international policies, events, and initiatives

This document attempts to report on a complex and far-reaching program that in reality includes two decades of Wellstart's experience as an organization The LME Program has influenced many countries beyond the 55 that are directly involved, and has both given to and received benefit from many other international and domestic organizations, programs, and initiatives This report highlights only a small number of the collaborating countries and projects as examples and, for ease of reading, summarizes and graphically portrays information wherever possible For publications providing further details on some of the topics, such as case studies and country status reports, please see Annex 2

Photo Wellstart

Program Objectives and Achievements

Seven components assure the quality and sustainability of the LME Program:

Recruitment and Selection - Multidisciplinary teams of senior health care professionals in positions of influence, who can work together to make change, are recruited for participation in the Program

Education and Motivation - The LME entry course curriculum includes formal presentations, discussions, and clinical experiences designed to respond to participant interests and needs.

Program Planning - Participant teams are assisted in developing program proposals during the course. Plans typically focus on organizing model clinical services and educational programs at the institutional and/or national level

Material Support - Participants are provided with a comprehensive selection of texts and other materials for use during the course, and have access to our extensive library collections The Program also provides teams with a customized set of teaching materials for use upon completion of the course

Program Implementation - Upon returning home Associates are encouraged to refine their program plans and begin working with appropriate colleagues to implement them

Continuing Education and Field Support - Technical assistance is offered through information updates, field visits, and collaborative opportunities within the worldwide network of Wellstart Associates and supporting organizations Wellstart responds to needs identified by the Associates themselves, resulting in technical assistance that is most likely to meet the needs of local programs as they develop.

Expansion of Activities - As Associates educate other educators and policy makers, their sphere of influence grows exponentially. In addition, they become ongoing in-country resources for achieving national and international objectives such as those defined in the Innocenti Declaration and the World Summit for Children Plan of Action.

The objectives for the cooperative agreement period of October 1989 - March 1998 were adjusted after the first five years of the LME Program, though the basic activity areas remained the same Objectives and achievements covering the entire cooperative agreement period are outlined in the chart below

OBJECTIVE· Prepare multidisciplinary teams of perinatal health care professionals from developing countries to serve as specialists in lactation management, prepared to offer scientifically sound care for the breastfeeding mother-infant couple, and to teach others to do the same

Planned Activities:

1) 296 participants
2) 84 teams
3) 26 courses with seven in languages other than English
4) Three languages
5) Two regional conferences (Latin America and Africa)
6) Adjustments to course curriculum

Achievements.

1) 432 participants from 32 new countries
2) 132 teams
3) 27 courses with 14 in languages other than English (three French, eight Spanish and three Russian)
4) Four languages
5) One regional conference (Latin America)
6) Adjustments to course curriculum made

OBJECTIVE: Further strengthen the Associates' capabilities for lactation management education, service, and research activities at the institutional, national, and regional levels

Planned Activities:

1) 42-45 Continuing Education and Support (CES) visits spread as evenly as possible to countries throughout each region
2) As many CES visits as possible made by or in partnership with Associates and 6-9 visits will focus on program planning, evaluation, administration and management issues
3) 15-20 Advanced Study Fellowships, with six more provided with funds secured from other sources
4) Clinical skills update module developed
5) Three Regional Advanced Clinical Skills Development Workshops provided
6) Examples of curricula, etc collected and shared with interested Associates

Achievements.

1) 74 CES visits as follows 32 to Latin America, 19 to Africa, 3 to NIS, and 20 to Asia/Middle East
2) 7 of the 74 CES visits were made by or with Associates and at least 12 of the visits focused on program planning, evaluation, etc 3 Associates represented Wellstart at international conferences
3) 16 Advanced Study Fellowships provided, with one more provided with funds from other sources
4) Module developed
5) Three regional workshops provided (Kenya, Bolivia, Honduras)
6) Examples collected and shared

OBJECTIVE: Assure extension of the influence of health professionals with lactation expertise to the community level Collaborate with Associates on the development of **national or regional breastfeeding programs/centers**, integrated with other MCH and related interventions when appropriate

Planned Activities:

1) Modify LME content and approach
2) Encourage teams to organize two courses for trainers of primary and non-professional care givers
3) Provide focused assistance to ten selected countries such that ten national centers/programs become active
4) Provide funding for information and equipment needs with funds secured from other sources
5) Continue to collaborate with Associates on integration Collect and share curricula examples and tools
6) Explore concept of Affiliate Centers and develop plans
7) Three Affiliate Centers developed (one each in Africa, Asia and Latin America)

Achievements·

1) Content and approach modified
2) Teams organize an average of more than two courses
3) Assistance provided to help develop national/regional centers/programs in 15 countries
4) Funding provided in one country (Bolivia)
5) Collaboration continued and examples and tools collected and shared
6) Affiliate Center concept explored through TAG and plans developed
7) Five national/regional centers (Mexico, Bolivia, Honduras (two) and Kenya) received focused attention as Wellstart Affiliate candidates

OBJECTIVE: Assure timely access to current **information and teaching materials** for use in their activities and programs

Planned Activities:

1) Send six reprints each month from current literature, later quarterly
2) Communicate electronically with Centers
3) Support libraries at regional/national centers
4) Develop and distribute a questionnaire to assess needs and formulate strategies
5) Continue to strengthen the Learning Resource Center (LRC)
6) Develop a plan for maximizing availability and use of new technology
7) Materials provided to all new Associates/teams (course texts, teaching kits, etc)
8) Newsletter developed and disseminated twice
9) Continue coordination with APHA Clearinghouse

Achievements

1) 6-10 reprints sent each month, then quarterly to all Associates Due to budgetary constraints, reprints then sent to selected quarterly reprint recipients A total of 433 reprints, as well as 70 miscellaneous documents, videos, and posters, have been distributed
2) Not done
3) Some support provided such as provision of materials, systems, and networking
4) Questionnaire developed and distributed
5) LRC Strengthened
6) Plan developed
7) Materials provided to all new associates/teams
8) Newsletter developed and disseminated once
9) Coordination continued while APHA Clearinghouse still functioning

OBJECTIVE Develop a **research and evaluation** component and evaluate the impact and accomplishments of the LME Program and lessons learned

Planned Activities:

1) Develop ongoing system for evaluation
2) Provide technical support and encouragement for research by Associates
3) Create file of resource information
4) Facilitate presentation of 6-10 research papers
5) Country Status Reports completed for new countries and updated for all others
6) Impact data collected and analyzed
7) Case Studies prepared highlighting development of programs and centers in at least three countries
8) Lessons Learned document prepared
9) Expand continuing education opportunities in the area of planning and evaluation for Associates and Fellows
10) Collaborate on data collection, trends monitoring, refinement and testing of indicators, development of strategies and tools

Achievements

1) System developed
2) Technical support provided
3) File of resource information created
4) 13+ presentations facilitated
5) Country Status Reports completed and updated
6) Impact data collected and analyzed, and results disseminated
7) Six Country Case Studies and five Program Case Studies prepared and disseminated
8) Lessons learned document prepared
9) Though continuing education opportunities continue to be available, expansion was not possible
10) Collaboration with UNICEF, WHO, EPB, LINKAGES, LAC HNS, etc , carried out

OBJECTIVE: Strengthen and maximize the contribution of breastfeeding to the overall strategies for Safe Motherhood and Child Survival Contribute to **communication, coordination and collaboration** between and among Wellstart International's programs, its Associates, donor agencies, organizations, governments, programs, and projects working in the field of breastfeeding

Planned Activities:

1) Identify potential links
2) Coordinate a meeting to explore joint projects
3) Initiate one joint project
4) Provide TA, presentations, short courses to other projects during meetings, workshops, etc
5) At least one Associate funded to attend each of three international meetings
6) Continue communication and collaboration with Wellstart's EPB Program

Achievements

1) Potential links identified
2) Meeting coordinated
3) Several joint projects initiated
4) Completed at 132 meetings/courses
5) Three Associates funded to attend international meetings (WABA Global Forum, ACC/SCN meeting, EPB Final Meeting)
6) Communication and collaboration continued through end of EPB Program

Summary of Accomplishments and Results

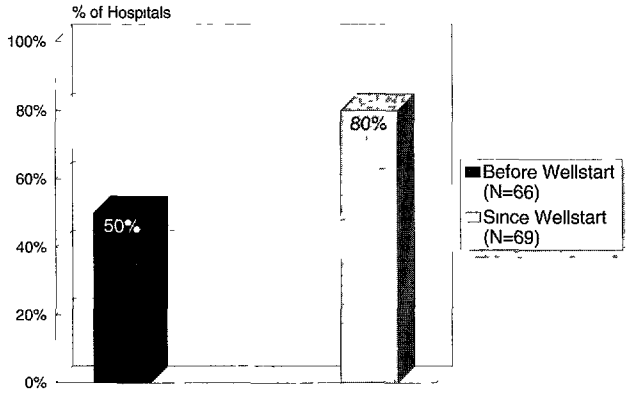
Changing Hospital Practices

One of the first activities Wellstart Associates often undertake after participating in the LME entry course is to make changes to policies and practices at the hospitals where they work For many years, as part of a continuing evaluation of the LME program, Wellstart has surveyed Associates about the practices at their hospitals before and since entering the LME program

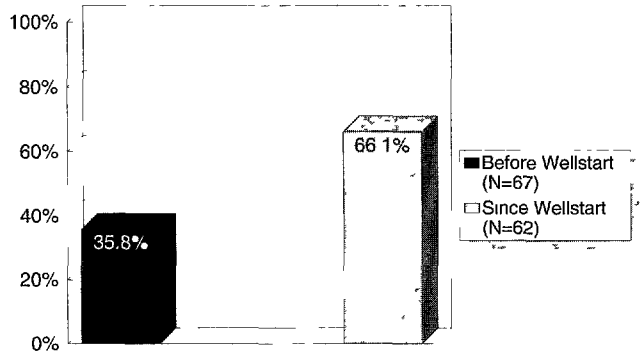
Follow-up data was gathered in 1992 and 1996 Data gathered from 72 hospitals, an average of four years after entry into the Program, shows a number of improvements For example, since entering the LME program, the percentage of hospitals with breastfeeding committees and perinatal staff trained in lactation management has greatly increased, and the percentage of hospitals where breastfeeding is initiated within a half-hour of birth has also risen substantially

The rates of exclusive breastfeeding at discharge in participating hospitals also increased The differences between results before and since Wellstart participation may be less than is actually the case, as there is some indication that hospitals may have been stricter in their definitions of "exclusive breastfeeding" after the Wellstart course, and thus harder on themselves in the follow up survey

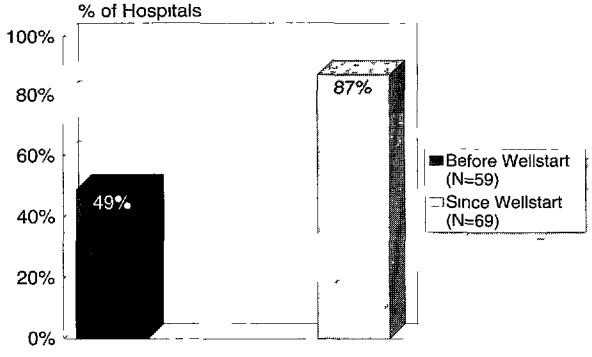
Percentage of participating hospitals with breastfeeding committees



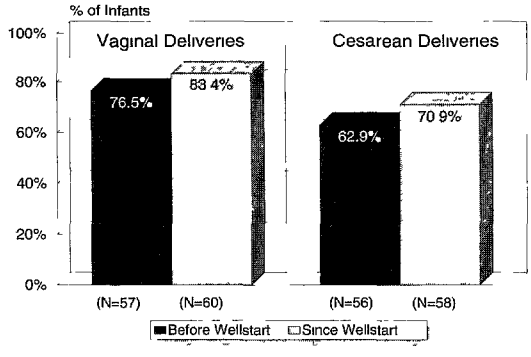
Percentage of hospitals where breastfeeding is initiated within a half-hour of birth (vaginal)



Percentage of participating hospitals where perinatal staff have received training in lactation management



Percentage of infants exclusively breastfeeding at discharge in participating hospitals



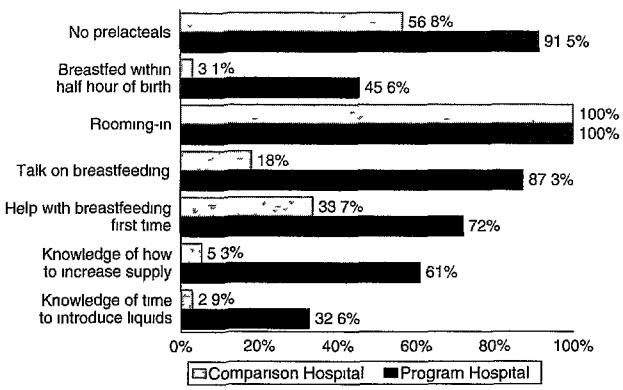
Impact on Breastfeeding Behaviors, Health Status and Cost Savings

Wellstart Associates in 36 countries have reported active involvement in breastfeeding research, and at least 238 research projects have been completed or are in progress This research has helped quantify the impact of breastfeeding promotion activities

Brazil: The Impact of a Hospital Breastfeeding Promotion Program on Breastfeeding Behavior

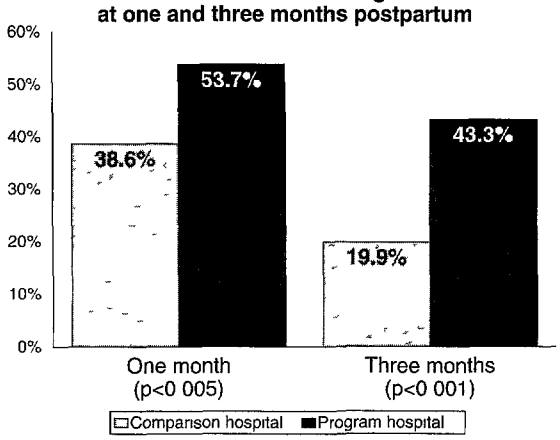
Wellstart Associates in Brazil collaborated with the USAID/LAC HNS Study on *Improving the Cost-Effectiveness of Breastfeeding Promotion in Maternity Services* The program hospital, where Wellstart Associates and others had implemented a strong breastfeeding promotion program, had much stronger coverage of breastfeeding services than the comparison hospital

Coverage of breastfeeding services



Rates of exclusive breastfeeding were significantly higher at one and three months postpartum for babies delivered at the program hospital

Exclusive breastfeeding rate at one and three months postpartum



The median duration of exclusive breastfeeding was 53 days longer for women who delivered at the program hospital
75 days for program hospital vs
22 days for comparison *(p<0 001)*

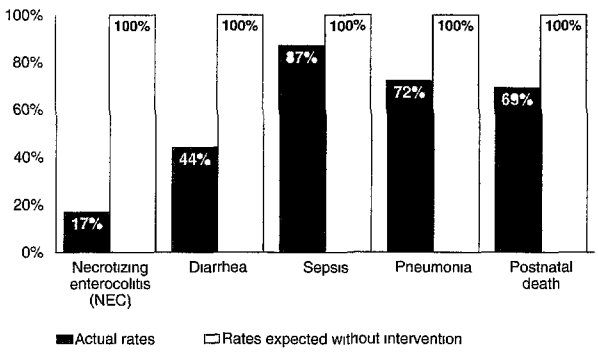
(From T Sanghvi, "Improving the Cost-Effectiveness of Breastfeeding Promotion in Maternity Services, Summary of the USAID/LAC HNS Study in Latin America (1992-1995)")

Thailand: The Impact of a Hospital Breastfeeding Promotion Program on Postnatal Morbidity, Mortality, and Costs

Wellstart Associates at a hospital in northeastern Thailand initiated a comprehensive breastfeeding promotion program that included antenatal breastfeeding support, early suckling and skin-to-skin contact, rooming-in, a lactation clinic, and community outreach

A retrospective study compared postnatal morbidity and mortality before and after implementation Standard Morbidity and Mortality Ratio calculations showed a reduction in percentage rates for in-hospital morbidity for a number of conditions compared to those expected without the intervention (100%)

Postnatal morbidity and mortality
Rates compared to those expected without intervention



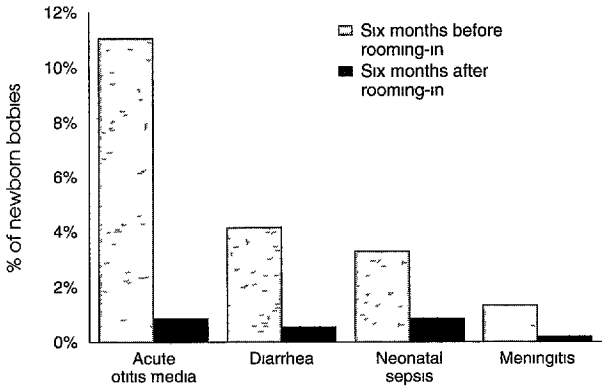
Cost savings of approximately $29,477 annually were observed for the period 1988-1991 due to reduced expenditures on formula, bottles, teats, and treatment of NEC and diarrhea

(From "Reduction of Postnatal Morbidity, Mortality and Budget in Nakhon Ratchasima Hospital during Breast-Feeding Program Period" by V Pichaipat, P Thanomsingh and Y Tongpenyai, Thai J Epidemiol *1993, 1(2) 45-52)*

Indonesia: Effects of a Hospital Rooming-in Program on Morbidity of Newborns and Cost Savings

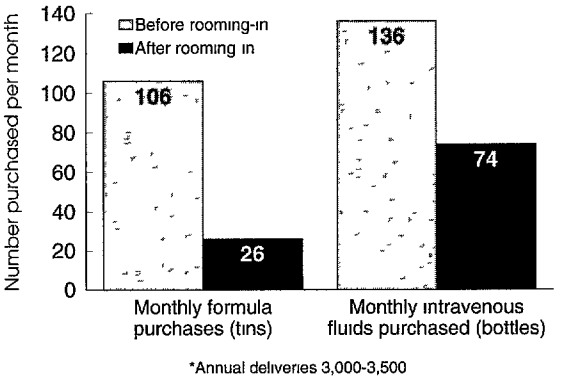
Wellstart Associates in an Indonesian hospital instituted a rooming-in program after their return from the Wellstart LME Program entry course Rates of morbidity (per 1,000 live births) were observed for various illnesses six months before and after initiation of rooming-in

Morbidity of newborn babies at Sanglah Hospital before and after rooming-in



Cost savings through reduced need for formula and bottles of intravenous fluids were greatly reduced once rooming-in was instituted

Cost savings realized through intensified rooming-in program at Sanglah Hospital*



(Adapted from Soetjiningsih and Surraatmaja S (1986) "The advantages of rooming-in" Pediatrica Indonesia *26 231)*

Chile: The Impact of a Hospital and Clinic-based Breastfeeding Promotion Program on Breastfeeding, Amenorrhea, and Hospital Costs

A Wellstart Associate and colleagues at the Catholic University of Chile conducted a prospective study in which a health system-based breastfeeding promotion program was initiated to support exclusive breastfeeding for six months and allow mothers to use the lactational amenorrhea method (LAM) for child spacing The study was developed with, and funded by, the Institute for Reproductive Health at Georgetown University The program consisted of

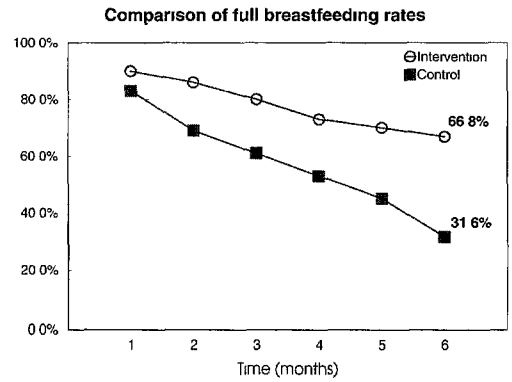
- Training the health team in the benefits and clinical management of breastfeeding,
- Promoting breastfeeding and educating parents in the prenatal clinic,
- Changing hospital policies related to early initiation, exclusive breastfeeding and breastfeeding support,
- Creating a Lactation Clinic to prevent and manage breastfeeding problems and provide follow-up,
- Supporting mothers who chose LAM as a postpartum introductory method of family planning

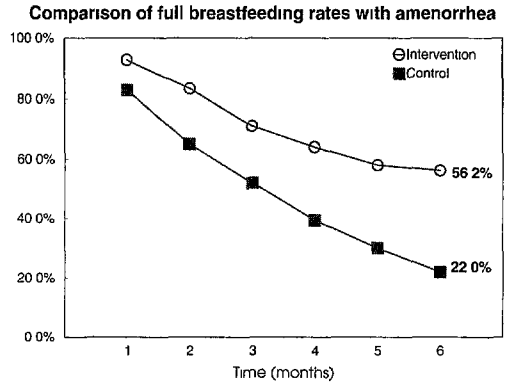
The program (intervention) resulted in the following changes

- Average time from birth to first breastfeeding was reduced from 6 7 hours to 2 8 hours (p<0 0001),

- Rates of exclusive breastfeeding during hospital stay increased from 47% to 81% (p<0 01),
- Rates of full breastfeeding at six months postpartum increased from 31 6% to 66 8% (p<0 0001),
- The percentage of women who were fully breastfeeding and remained amenorrheic 180 days postpartum increased from 22% to 56 2%,
- Changes to rooming-in at the hospital resulted in a savings of 34% in personnel costs, due to lower staffing needs.

(Adapted from Valdes V et al "The Impact of a Hospital and Clinic-based Breastfeeding Promotion Programme in a Middle Case Urban Environment", J Trop Ped, 1993, 39 142-151)

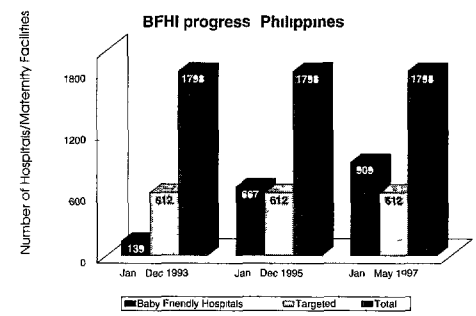




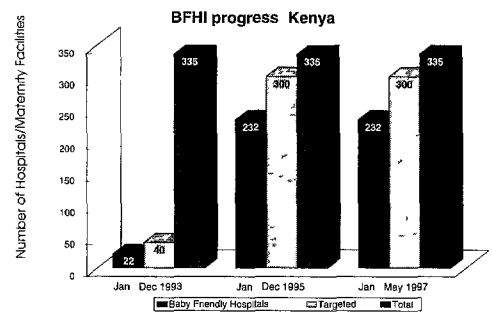
Baby Friendly Hospital Initiative

Wellstart and its Associates have been very involved in the Baby Friendly Hospital Initiative (BFHI), a global initiative of UNICEF and WHO to promote optimal infant feeding practices in hospitals The BFHI, which has been adopted by 171 countries throughout the world, specifies "Ten Steps" for hospitals to implement in order to encourage breastfeeding in their facilities The BFHI has been adopted by each of the 55 countries where there are Wellstart Associates

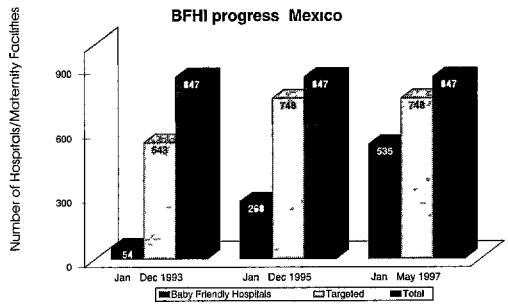
In the **Philippines**, the National BFHI Coordinator is a Wellstart Associate, and all the Associates have been designated national assessors Associates serve as master trainers at the national and regional training centers, in Manila and Cebu, respectively, which have trained trainers from around the country and have also provided courses for teams from China, Thailand, Myanmar, Malaysia, Vietnam, Mexico, and Jamaica In all, over 4,000 health professionals have received BFHI training



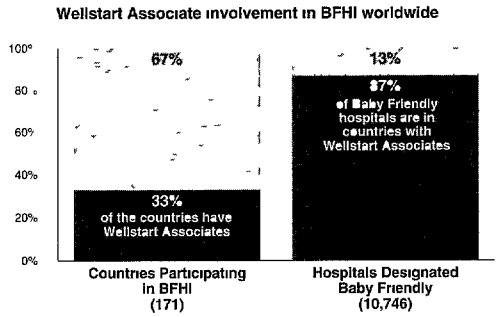
In **Kenya**, the National BFHI Coordinator is a Wellstart Associate, and Associates staff the National Lactation Training Center in Nairobi, where over 4,000 health professionals have been trained in the implementation of BFHI Associates have participated in BFHI assessments, helped to field test *Promoting Breastfeeding in Health Facilities A Short Course for Administrators and Policy Makers* prepared by WHO and Wellstart for use in BFHI, and hosted a number of regional training activities



In **Mexico**, Wellstart Associates were key in establishing the National Breastfeeding Center in Mexico City, as well as 5-6 regional centers Over 1,500 health professionals have been trained through the centers and have, in turn, trained at least 3,000 others The Associates were key in holding an international BFHI conference in 1994, with representatives from Africa, Asia, and Latin America, and have served as BFHI consultants in other countries such as Honduras, Dominican Republic, Nicaragua, and El Salvador



The major role that Associates have played in the implementation of the Initiative in their countries can be further demonstrated by the fact that 87% of the world's Baby Friendly hospitals are in countries with Wellstart Associates, even though only 56 of the 171 countries participating in the BFHI (including the U S) have Wellstart Associates



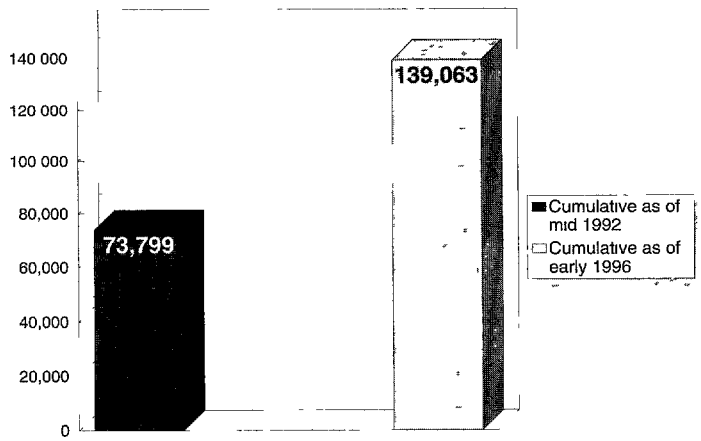
Education and Training of Health Care Providers

The education of Wellstart Associates initiates a multiplier effect Through both inservice training (continuing education) and preservice education in schools of medicine, nursing, and nutrition, Associates in turn reach large numbers of other health workers, including pediatricians and neonatologists, obstetricians, nurses, midwives, administrators, and volunteer community health promoters However, these trainees represent just a fraction of the health workers impacted In many cases, the health workers trained by Wellstart Associates go on to train countless others

Inservice Training

As of 1992, Wellstart Associates reported that they had directly trained 73,799 other health workers in lactation management By 1996, this number had increased to 139,063

Individuals trained in lactation management by reporting Wellstart Associates: Comparison of 1992 and 1996



The education of Associates usually sets in motion a "cascade" of training activities, with teams trained by the Associates going on to train others in their own institutions and regions or states For example

- Three Wellstart Associates in Malaysia have trained teams of nurses and physicians from each of the country's 14 states These teams are now providing training in lactation management to maternity staff throughout the country

- In Poland, two Wellstart Associates trained 355 trainers from 71 hospitals who are now providing training throughout their regions

- In Chile, the BFHI program has focused on a training-of-trainers (TOT) approach, with multidisciplinary teams from three pilot BFHI hospitals provided with clinical practice, scientific knowledge, and the skills they needed to train others After a successful start in 1992, the strategy expanded each year, with similar courses held for hospital and outpatient clinic teams from around the country

- Thailand offers a powerful example of the multiplier effect The participation by a group of Thai Associates in the LME Program has now resulted in the training of regional, provincial, and district-level trainers, and over 100,000 health care providers at the local level

Effects of the BFHI "Training of Trainer" Strategy in Chile

Year	Number TOT Trained	Number trained by these trainers
1992	33 trainers	300 health workers
1993	67 trainers	4,200 health workers
1994	75 trainers	3,200 health workers
1995	100 trainers	1,500 health workers
1996	150 trainers	1,500 health workers
Total	425 trainers	10,700 health workers

Multiplier effect in Thailand

Preservice Education and Curriculum Development

The most sustainable and cost-effective means of educating a large number of health care providers is preservice training of medical, nursing, and other health services students Once changes have been made in preservice curricula, the need for inservice training is greatly reduced Preservice education in lactation management and curriculum development have been a particular focus of both Wellstart International and the Associates

Associates in 31 countries have reported making changes to medical school, nursing school, and undergraduate curricula to improve and increase breastfeeding education Many Associates have found that breastfeeding and lactation management topics can be easily integrated into existing courses in both the basic and applied sciences In addition, most have strengthened clinical care of mothers and infants in obstetric, perinatal, postpartum, and pediatric settings

Examples of Preservice Curriculum Change

- In **Indonesia**, Associates developed a breastfeeding management curriculum for the Department of Education to use with medical and dental students The curriculum to be used in midwifery schools, nursing schools, and the academy of nutrition has also been revised for the Department of Health, and adopted by the Indonesian Pediatric Association

- In **Honduras**, Associates have been working to ensure that the entire seven-year medical school curriculum includes breastfeeding education Four programs (pediatrics, obstetrics-gynecology, internal medicine and surgery) have been significantly revised, as has the curriculum for the national nursing school

- The National Breastfeeding Committee of **Chile**, including six Associates, has developed lactation management curricula in collaboration with all Chilean universities for use in medical, nursing, midwifery, nutrition, pharmacy, and dentistry schools

The *Lactation Management Curriculum A Faculty Guide for Schools of Medicine, Nursing and Nutrition* was developed by Wellstart International and the University of California, San Diego, with support from the US Department of Health and Human Services The *Guide*, which provides sample educational objectives with supporting content outlines, ideas for participatory teaching strategies, teaching tools and materials, and reference and resource lists, has proved to be a valuable tool for curriculum change Using the *Guide* as a resource and working with a variety of projects and funding sources, Wellstart International and our Associates have facilitated an ongoing process of preservice change in a number of regions and countries around the world For example

- In **Latin America**, regional workshops were held for teams of high-level faculty and government representatives to assess the adequacy of teaching about lactation at universities and to present the Guide as a tool for curriculum assessment and change Participants developed national plans and began implementing them almost immediately

  - In the **Dominican Republic**, for example, the university team offered two curriculum integration workshops for faculty representatives from various departments at a major medical school in the country The group produced a curriculum document, as well as a detailed plan for faculty development

  - In **Nicaragua**, the national team formed a network of universities interested in participating in a Mother-Baby Friendly University Initiative The participating universities have developed institutional documents of commitment and have worked together to draft Ten Steps criteria and guidelines for the Initiative Six of the key universities have begun full implementation of their own comprehensive projects, including training, assessment, promotion, sensitization, policy dialogue, materials development, and facilities changes such as the establishment of milk banks, lactation clinics, and milk expression and storage facilities for university students and employees

- In **East, Central, and Southern Africa** a regional workshop for department chairpersons from 10 countries was organized by the Commonwealth Regional Health Community Secretariat, with Wellstart technical support, to sensitize participants to the need for improving the breastfeeding content of their curricula and enable them to draft curriculum outlines and action plans

  - Universities in **Kenya, Zimbabwe**, and **Tanzania** then received small grants which they used to hold workshops for sensitizing colleagues in their own institutions and involving them in curriculum change activities Changes have been made in departments, and in Kenya a proposal for integrating lactation management across the medical school programs has been submitted to the university administration

- In **Zambia**, changes have been made in obstetric, pediatric, and community medicine departments, and activities for strengthening faculty knowledge and skills in lactation management are underway.

Communication and Social Marketing

Wellstart Associates in 36 countries have reported conducting communication, social marketing, and community outreach activities These activities include publication of breastfeeding books, videos and pamphlets, and television and radio campaigns to increase breastfeeding awareness in the general population. For example·

- Wellstart Associates in **Indonesia** aired breastfeeding messages and established help lines at private and government radio stations
- In **Thailand**, breastfeeding information was disseminated to villages by loudspeaker announcements
- In **Peru**, Associates produced a Sunday insert on breastfeeding in a local newspaper with a circulation of 250,000
- In **Nigeria**, Associates produced a national television program that reached over 50 million people during World Breastfeeding Week

Intensive work in Armenia by Wellstart Associates and colleagues shows that a multifaceted approach to breastfeeding promotion can be a powerful tool for change

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Armenia: The Effect of a Multifaceted Approach to Breastfeeding Promotion

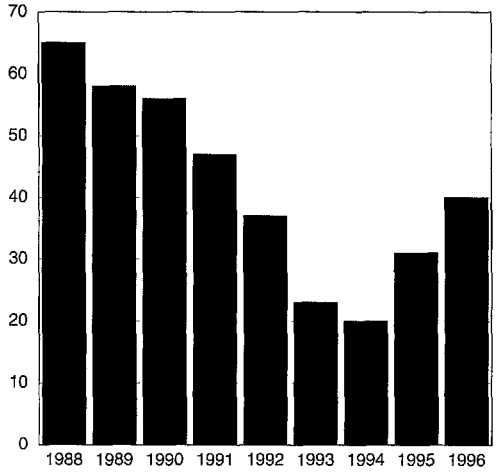
In 1994, Armenia was facing an infant feeding crisis The prevalence of full breastfeeding had been declining and was at an all time low of 20% at four months of age Inexpensive infant formula was no longer available after the collapse of the Soviet Union and USAID announced that it was ceasing all donations of formula Armenia was faced with the need to improve breastfeeding rates quickly and dramatically

The Ministry of Health in Armenia requested Wellstart's assistance in its breastfeeding promotion activities Three Armenian health professionals attended Wellstart's LME course in 1994, where they revised the national breastfeeding plan With Wellstart EPB Program support, a national mass-media campaign was launched in late 1994 to encourage mothers to breastfeed The campaign included a press conference, radio spots, a two-minute television spot, full page advertisements in the newspapers, and the production of 60,000 brochures for mothers

The campaign was accompanied by phasing in the BFHI Ten Steps in all hospitals, training of core specialists by the Wellstart Associates, and beginning a national training plan to educate perinatal health providers in lactation management In 1997, three more Armenians joined the LME Program, and one Associate returned to Wellstart as an Advanced Study Fellow

The results have been dramatic In 1996, the full breastfeeding rate at four months of age was 40 1%, double the rate two years earlier The rate of exclusive breastfeeding for children under four months was 20% in early 1997, compared to 0 5% in 1993

Full breastfeeding at the age of 4 months (%) in Armenia



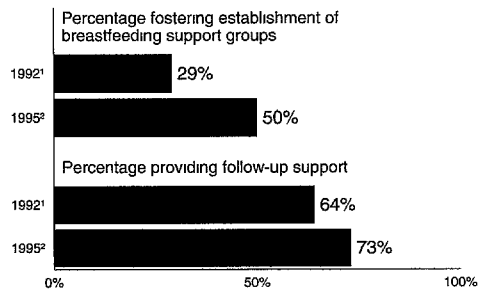
Community Outreach

Wellstart Associates have been instrumental in fostering various community outreach activities in support of breastfeeding Activities include training community health promoters, outreach workers and members of local NGOs, forming mother support groups, and creating breastfeeding-friendly workplaces For example

- In **Swaziland,** 50 members of the Traditional Healers Association received 2½ weeks of training in breastfeeding counseling and other health issues with the intention to train the remaining 4,000 healers as soon as possible Approximately 80% of Swazis are believed to visit traditional healers
- In **Honduras,** Associates have been involved in the formation, training, and supervision of a total of 461 mother support groups These support groups and related breastfeeding counselors are linked to health facilities and the community through a national integrated MCH program
- In **Nigeria,** Associates have conducted breastfeeding talks and helped form support groups among market women, church groups, community-based organizations, and in work places
- In **Thailand,** more than 165,000 volunteers and "model mothers" received 14 hours of training in breastfeeding given by Associates and others Student volunteers have been organized as well, and breastfeeding education has been integrated into elementary and secondary school curricula

Recently, community outreach activities have increased For example, a 1992 evaluation of hospitals with Wellstart Associates showed that only 29% fostered the establishment of mother support groups By 1995, this percentage had increased to 50% of the hospitals with Associates In 1992, 64% of the hospitals provided follow-up support in the form of calls, visits or referrals and, by 1995, this figure had increased to 73%

Breastfeeding support after discharge in hospitals with Wellstart Associates



¹Based on results from all hospitals providing follow up data in 1992
²Based on results from all hospitals that had reported as of 1995

India: Expansion of a Hospital's Work to the State and Out to the Community Level

The Wellstart Associate team at Sion Hospital, situated in the midst of Dharavi, the largest slum in Asia, first transformed its own institution's approach to breastfeeding support The team then began working with colleagues from the government, other health facilities, medical and nursing schools, and NGOs to improve health provider training and breastfeeding support in hospitals and maternity services both in Bombay and throughout the entire State of Maharashtra, with a total of 107 hospitals designed "Baby Friendly" by the end of 1996

The "Maharashtra Breastfeeding Promotion Initiative" (MBPI) under the leadership of Associates, is now working on a dual focus of supporting community-level health workers locally and fostering the development of a national-level program for country-wide results at all levels (community projects, teaching institutions, medical facilities, etc)

At the community level, the MBPI has introduced the concept of Baby Friendly Anganwadis An "anganwadi" is the smallest unit of the Integrated Child Development Scheme (ICDS), which forms the grassroots level of government medical service One anganwadi covers 1,000 families in a slum or village, and is served by one anganwadi health worker In a 1996 pilot project at Dharavi (funded by a Belgian NGO), 150 anganwadi workers were trained in breastfeeding management by the MBPI using methods appropriate for illiterate populations, such as providing the workers with games and flash cards with which to teach women in the slums The program's finale was a health fair, with breastfeeding games at every stall Each anganwadi health worker had been asked to bring seven mothers, and a total of 750 mothers participated All of the other ICDS programs in slums throughout the country have since requested similar programs

Establishing National Breastfeeding Centers

Wellstart has always been committed to strengthening local resources Through the LME program, Wellstart has helped facilitate the development of major education, training, and resource centers in a number of countries

Ways in Which Associates Have Contributed to Center Development:

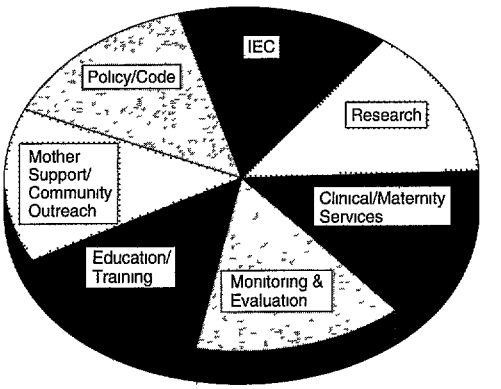
- Under the leadership of Wellstart Associates, 14 breastfeeding centers are currently functioning in 13 countries. (Note· the term "center" is being used to describe a variety of configurations)
- Nine senior Associates from eight countries formed a Technical Advisory Group to share experiences, offer advice, define the Wellstart Affiliate Center concept and develop guidelines for its implementation.
- Associates from three countries in Latin America (Bolivia, Honduras and Mexico) participated actively in the joint Wellstart/Management Sciences for Health (MSH) Institutional Strengthening Initiative which provided participatory technical assistance in organizational development to center and national program leadership
- Associates from Kenya, Honduras and Bolivia have participated in the development and field testing of the *Management Development Assessment for Training Institutions* which is now part of MSH's Health and Family Planning Manager's Electronic Toolkit

National Breastfeeding Centers Developed By Wellstart Associates and Colleagues

Centers have been developed in Bolivia, Brazil, Chile, Colombia, Egypt, Honduras, India, Kazakstan, Kenya, Mexico, Philippines, Swaziland, and Thailand

These centers are active in breastfeeding promotion on many levels

- Training of health care providers, often through "training of trainer" strategies,
- Development and dissemination of teaching materials,
- Maintenance of a learning resource collection,
- Strengthening of curricula at health professional educational institutions,
- Design and support of national breastfeeding programs,
- Development of national training strategies,
- Provision of clinical services,
- Community-based support for breastfeeding, including mother-to-mother support,
- Organization of social marketing and communication campaigns,
- Assistance with monitoring and evaluation, and
- Involvement in research



These centers, to varying degrees, all contribute to the full spectrum of breastfeeding promotion, protection and support, as illustrated by the graph above right

All the centers use local expertise and serve as resources for breastfeeding education and information They are based on Wellstart's commitment to facilitating development through the empowerment of independent and locally appropriate resources

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Bolivia: How a Group of Technical Experts Became an Institution

In 1989, the 16 Bolivian Associates joined together to form COTALMA (Technical Committee to Support Breastfeeding), which has received technical and financial support over the years from the LME Program through training, scientific and clinical updates, planning and evaluation assistance, and institutional development In less than a decade, this group of Bolivian health professionals has developed into a well-respected organization with a national breastfeeding center (CCR) and a number of subnational centers

COTALMA's early emphasis was on direct training, which consisted of providing courses to a total of 1,129 participants from 127 institutions, and follow-up visits to approximately 20 hospitals per year More recently, COTALMA has shifted its focus to training of trainers, the establishment of a national network of breastfeeding training and resource centers, and community participation With technical support provided by COTALMA for their training activities, five subnational centers and 12 subnational breastfeeding committees have reached an additional 1,630 participants

Photo Wellstart

With the support of UNICEF and the Bolivian government, COTALMA has also been instrumental in the implementation of the Bolivian BFHI, providing training, assessment and technical support to the Initiative as a whole, and to all 30 of the participating hospitals, and hosting a regional BFHI training and assessors course for neighboring countries

COTALMA's consultants and technical resources are well respected, and are used by health professionals and organizations from Bolivia as well as other countries in Latin America Many of their members hold positions of authority, and their connections with complementary networks contribute to the strength of the organization

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Summary of Key Lessons Learned

Lessons in Leadership Development

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Provision of a solid scientific foundation and the necessary clinical expertise is an essential step in strengthening the ability of high-level health professionals to play a leadership role in the areas of breastfeeding promotion and lactation management. To successfully reach health professionals, especially those at senior decision-making levels, course content must be current and have a sound scientific basis Furthermore, teaching the practical skills needed for clinical service is most effective when the scientific rationale is clear Clinical skills need to be taught in a clinical setting by faculty whose instruction is based on expertise acquired and maintained through their own continuing responsibilities as clinicians This combined scientific/clinical approach is fundamental to the LME Program

Teams of dedicated, knowledgeable, and well-connected health professionals must be organized and nurtured as leaders in every country. Even in institutions or countries which are quite decentralized and where local teams do work on their own, some centralized coordination and technical leadership is necessary for breastfeeding training and promotion programs as well as for curriculum change efforts Such high-level technical leadership takes years to develop and requires a number of strategies to strengthen capabilities, experience, and credibility Once this is accomplished, however, the complementary contributions of such a group create a whole greater than the sum of its parts

Teams entering the LME Program from Thailand, Chile, Philippines, Bolivia, and Georgia, for example, have included strong leaders and professionals who were either highly placed at the national level or who later rose into positions where they could strongly influence national policies and programs In each of these countries, the process of national program development has been considerably accelerated and strengthened

Commitment, leadership, and perseverance can lead to significant accomplishments even where resources are scarce In India, the secret to the many successes of one financially-strapped health institution struggling to care for a multitude of destitute mothers and infants has been the strong leadership and extraordinary effort by the few individuals who have taken the time to solicit and encourage continued support on all fronts

Recruitment and selection of appropriate team members for education and training is one of the most important steps in assuring an successful multiplier effect and substantial impact. Adequate time and effort should be devoted to developing criteria for selection, recruiting, and ensuring that participants in an education/training program are those most likely to utilize the information and skills obtained Faculty at university teaching hospitals, policy- and decision-makers, program coordinators, and training program or center directors are excellent choices since they are already strategically placed within organizational structures that facilitate the multiplier effect Selection of senior-level, multidisciplinary teams, based on the roles they are expected to play in program strategies, has proven much more effective than training individuals "on request "

The importance of at least one key, motivated technical leader who can serve as a catalyst for national program or center development should not be underestimated. The concentrated effort a leader with the dedication, patience, and vision to work gradually to build the large-scale effort can lead to a wide impact It is imperative that such a person be given the opportunity and funding support to devote his or her energies full-time to the task Many centers or programs are being operated by part-time volunteers who have several other jobs, but such volunteerism can only last for a relatively short time before burn-out and fiscal realities set in

Photo Wellstart

In Chile, one Associate has played a pivotal role in the development of a comprehensive and successful national program with influence throughout the Southern Cone UNICEF funding has enabled her to devote herself full time to developing and maintaining a national center as part of the national program and to serve as a regional UNICEF consultant

In Swaziland, a small group of motivated health professionals worked, often on a volunteer basis, to address the critical problem of malnutrition in their country and region They organized what eventually became the Swaziland Infant Nutrition Action Network (SINAN), and later a team they sent to the LME Program entry course returned home with a country program plan ready to implement One of the team members became President of SINAN, and was later asked to play an even more significant role as Regional Coordinator for IBFAN Africa

It is important to allow sufficient time for developing leadership capability; an intensive process that will continue throughout a career. To become a technical expert and leader in a subject matter as complex as optimal infant feeding and maternal nutrition requires considerable concentration of effort, as well as exposure to other leaders in the field

As an organization develops, the structure, leadership styles, and approaches need to change. Leadership and decision-making must evolve from being individually based to institutionally based, with appropriate checks and balances on power and influence incorporated into both systems and structure Periodic review and analysis of the growth and development of the leadership structure, bylaws, board, etc , will ensure that they keep adequate pace with the changing organization and environment

Lessons in Motivation and Behavior Change

Identify barriers to optimal behaviors, and develop creative solutions. The LME Program approach of working through Associates has allowed those most familiar with local issues and barriers to develop and implement their own plans The result is a joint process whereby practical solutions and effective resources are developed and applied where they are most needed

In the Philippines, the Dr Jose Fabella Memorial Hospital (where 36,000 births occur annually) used creative strategies to better support breastfeeding in a culturally appropriate way and at very little cost For example, lacking a budget for new beds when converting to rooming-in, the hospital shortened the legs on the old beds, inserted plywood to shore up sagging mattresses, and then arranged the beds in tandem, to encourage mother-to-mother support Additionally,

when decision-makers showed signs of resistance to the expansion of the Baby Friendly Hospital Initiative, custom-tailored courses for policy-makers and administrators were developed to educate, motivate, and gain the commitment of key officials

Be strategic and flexible enough to take advantage of situations as they arise. Because the LME Program approach is process-oriented rather than project-oriented, it has allowed the necessary flexibility in responding to a changing environment

Armenia was faced with a unique opportunity to increase breastfeeding rates An external donor agency (USAID) decision to cease donations of infant formula unified physicians, hospitals, and the Ministry of Health in an attempt to avert a "formula crisis," resulting in strong support for breastfeeding promotion activities

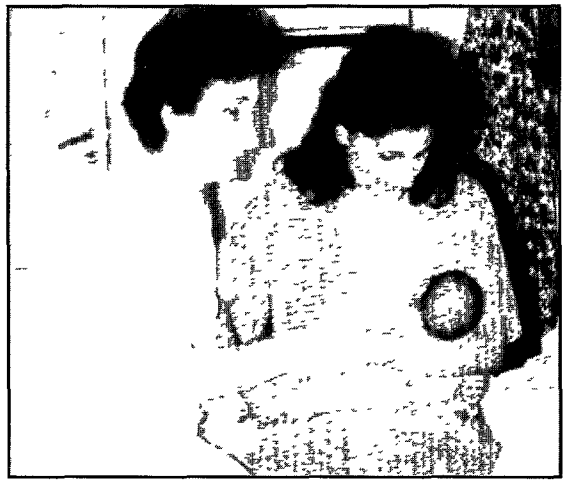

Photo Wellstart

In many countries the BFHI has provided the impetus for an effort to develop more comprehensive national programs Breastfeeding advocates have taken advantage of the heightened awareness and enthusiasm generated by the Initiative to encourage promotion beyond the hospital, focusing on curriculum change at medical and nursing schools, community programs such as Baby Friendly anganwadis, Mother-Baby Friendly MCH centers, workplaces, and communities

Share experiences and facilitate adaptation of existing resources. Continual exchange between health professionals with similar interests helps maintain enthusiasm and momentum.

The Associate Network, transcends cultural, language, and professional boundaries with its relatively singular focus Sharing of sample documents, outlines, and prototype tools helps health professionals learn how to identify and articulate their specific needs, and allows them to adapt the materials rather inventing them The resulting sense of ownership contributes to the effectiveness of the tools and the process as a whole

Get people excited and motivated, and they will do the rest. Enthusiasm can be generated in many ways, including stressing the potential for impact, introducing technically challenging subject matter, facilitating social interactions with motivated colleagues, etc

Wellstart Associates become committed to the promotion, protection and support of breastfeeding because they are energized by the subject matter itself, they are provided with tools (knowledge, skills, materials, etc) with which to create impact, and they are stimulated by the interpersonal relationships that they have developed with colleagues at Wellstart and around the world

Photo Wellstart

Ongoing contact is crucial for continued motivation and support: Follow-up support as a component of the educational process is essential for continuing education, motivation, networking, supervision, and monitoring The four-week LME Program entry course in San Diego is the beginning of an ongoing relationship between Wellstart and the Associates involving follow-up, material support, and opportunities for motivational and educational interaction

As national centers evolved in Bolivia, Chile, Honduras, Kenya, Mexico, the Philippines, Swaziland, Thailand, and elsewhere, they began by training health professionals who were then expected to train others and make changes to support breastfeeding in their own settings For their "training-of-trainers" strategies to have maximum impact, these centers have had to develop cost-effective means of providing follow-up support, including follow-up visits when feasible, support provided through phone calls, mailing of technical resource materials, questionnaires, etc

Facilitate the strategic use of political and other external pressures. While the dedicated work of competent professionals is essential to implement technically sound program activities, it is critical to focus attention on gaining high-level government support that will lead to the policy and financial decisions needed to support the activities

In several countries, including Chile, Egypt, Mexico, the Philippines, and Thailand, the dynamic leadership of UNICEF's former executive director James Grant was critical for gaining support at the highest government levels for the BFHI and breastfeeding promotion in general Various global forums, declarations, and plans of action, as well as personal communications and meetings by Mr Grant and others put pressure on key heads of state and senior decision-makers that was essential to the success of the Initiative

Lessons in Networking

Teamwork and coordination are not automatic. The LME Program experience has been characterized by the extraordinary motivation of health professionals to disseminate their acquired knowledge about breastfeeding to colleagues, families, and friends These health professionals have been able to achieve their goals largely because of teamwork across disciplines and at all levels of the health care system and community

Collaboration and cooperation have been hallmarks of the Nicaraguan experience For example, all major universities and professional schools have joined together as a University Network which relates to a subcommittee of the national breastfeeding committee Not only are these universities working on strengthening the breastfeeding components of their curricula, but they are working in a coordinated and integrated fashion with OMNI to improve the micronutrient content as well The Ministry of Health, UNICEF and USAID's PL-480 program have joined forces, building on the experience of the BFHI and the Mother-Baby Friendly University Initiative, to develop a Mother-Baby Friendly Maternal and Child Health Center Initiative A coordinator has been hired through the LME Program to facilitate this complex program

In Swaziland, both IBFAN and SINAN, its national branch, have demonstrated how it is possible and empowering to combine forces with government at all levels (Ministries of Health, Agriculture and Education, Parliament, Ambassadors, etc) Establishing and maintaining good communication and personal relationships help to achieve this, and it also takes

Photo Wellstart

ongoing cultivation and advocacy skills It is crucial that the relationship between NGOs and government be viewed as mutually beneficial and nonterritorial, with minimal burden on either side Working together, IBFAN, SINAN and the Swazi government have developed creative breastfeeding promotion strategies that have served as regional models, organized a network of trainers that provide courses throughout East and Southern Africa, and played a critical role in national and international policy development

A multifaceted approach to breastfeeding promotion can be a powerful tool for change. Many Associate teams have worked to complement education and training with a broader program that includes IEC and community outreach Research projects that help to funnel financial, technical, and programmatic support to an education and training program have also been useful in more comprehensive efforts

The breastfeeding promotion program in Armenia began with committed, high-level MOH staff establishing national policies and a national program in 1994 It continued with a strong, multi-faceted approach that included educating mothers through mass media, changing hospital practices through training and policies, and educating perinatal health providers throughout the country in lactation management, while at the same time decreasing the availability of formula Remarkable improvements were made in breastfeeding practices, with the prevalence of full breastfeeding doubling in two years

The first Chilean team of health professionals to enter the LME Program was funded to carry out research on the lactational ammenorrhea method (LAM) The team's work to strengthen lactation management and develop and test strategies for increasing mothers' ability to use LAM for child spacing created a stronger overall program that was better able to support women both in the area of breastfeeding and family planning Subsequent support for research on working women has also helped to provide answers to programmatic questions, validated approaches, and improved program outcomes

It is not only feasible, but also important, to effectively combine health facility and community elements into one comprehensive system. As part of the community, health care workers, facilities, and systems must be integrated with other breastfeeding promotion efforts Linking policy, advocacy, community outreach, and training together at every opportunity and in creative ways leads to the most effective and sustainable results Health professionals do not necessarily have the experience and expertise required for effective community participation, so it is important that they create linkages with other resources such as NGOs, community-level projects, etc , that have greater experience with community participation

Since the early 1980s Honduras has pioneered breastfeeding promotion efforts With the help of Wellstart's EPB Program and others, and the involvement of several key Wellstart Associates, the Honduran government and the local breastfeeding NGO have been working to integrate breastfeeding promotion into maternal and child health services nationwide Their combined strategy includes training of health personnel (both hospitals and health centers) with linkages to a network of volunteer community-based breastfeeding counselors and mother support groups Successful elements have included a practical and participatory community-based curriculum to train primary and community health care personnel in integrated health education with emphasis on breastfeeding, and a handful of persistent advocates who have guided this ongoing and challenging process

In Myanmar, a very creative Baby Friendly Initiative has expanded its scope beyond the hospital, with strong support from the country UNICEF office and Ministry of Health A Baby Friendly

Clinic Initiative is reaching general practitioners in small community clinics and offices and a Baby Friendly Home Delivery program is strengthening breastfeeding support by midwives and TBAs during home births Mothers in maternity shelters are receiving added support and work places are being encouraged to allow mothers to breastfeed or express milk on the job

A central goal of breastfeeding promotion in Chile has been to ensure that mothers are receiving a single, unified message from all sources While early breastfeeding promotion efforts in Chile focused on community education, it was later decided that education for health care providers was the crucial first step towards institutionalizing change Until health providers could furnish accurate, consistent information, the community continued to receive confusing and contradictory advice Now, due to the success of provider education programs, the emphasis of education can once again be refocused on mothers, families, and the general community

As funding for efforts to improve maternal and child health becomes increasingly scarce, it is important to integrate breastfeeding with other child survival and maternal care strategies, while ensuring that breastfeeding support remains a strong program component. Although an integrated rather than vertical approach to programming breastfeeding activities is preferable, the integration needs to be balanced with some degree of separation Breastfeeding, in particular, lends itself very well to integration with a variety of initiatives and programs, but breastfeeding programs also require a separate identity that allows for appropriate emphasis and accountability

There is no perfect recipe or model for network development. Networks can be informal or formal, and can develop within a country, a region, or be international in scope (such as the Associate Network) Networking can be primarily for purposes of simple communication, or to encourage coordination via newsletters or the Internet (e g LAC MAT— Latin American Internet newsgroup for breastfeeding) A network can be a more formal system of centers linked together by a system of triage and referral, or can be organized to function along the lines of a "center without walls" concept, in which core and speciality courses are offered at varying participating centers within a geographic region

Photo Wellstart

Lessons in Program Development and Institution Building

Program Development

Institutions must evolve rather than be planted. Programs and centers should and do develop along different lines depending upon the history, the needs of people involved and potential users, and the funding available

Thinking at first that "regional centers" which address the needs of more than one country should be established in each region, Wellstart has come to believe that it is more effective to facilitate a process whereby national-level programs or centers evolve and eventually reach out to countries in their regions Several centers, though not officially designated as regional or international, have begun to serve training and technical support needs beyond their own countries in response to opportunities that have arisen (in Bolivia, Honduras, Kenya, Mexico, the Philippines, Thailand, etc),

The process of building teams, and developing capability and institutionalization takes time. Programs and centers should and do develop along different lines depending upon the history, the needs of people involved and potential users, and the funding available Though many of the teams and centers participating in the LME Program have made great strides, further administrative and technical strengthening will be required to help them reach full potential Regular contact, both social and professional, is also important for maintaining effective group interactions and momentum Facilitation and mediation may be required to minimize divisiveness and turf battles when strong personalities are involved

Photo Wellstart

It is important to start small and build from there. Teams, programs and centers need to begin by doing what they do best and then, over time, add new activities, audiences and approaches For example, they must work to establish strong, credible clinical teaching programs at their own institutions and then branch out by linking lactation management with other child survival and reproductive health activities and programs As an organization grows, it needs to find the right balance between being open to new recruits who bring additional energy and enthusiasm, while maintaining technical quality and credibility

In the Philippines, the Fabella Hospital began its work by gradually transforming the policies and practices at its own facility to provide strong breastfeeding support for its high-risk clientele It then gradually began to serve as a training resource for teams from other Manila hospitals and, with experience and increasing governmental support, eventually became the official National Lactation Management Training Center It now provides courses for regional teams throughout the country and for teams from a number of other nations

National policy development should always be part of the national program development process, but the most appropriate sequence depends on the local situation. In some countries, programs are planned and further policy development is one of several program activities In other countries, it may be necessary to strengthen commitment and understanding of infant feeding issues at the top level by means of well-designed policy forums before breastfeeding-related programs can even be authorized It is essential that at least a small, knowledgeable team of technical experts in infant feeding be in place at the national level before policy and program development work is actively pursued

For example, it was possible for national program development work to proceed much more efficiently in Cameroon, (where knowledgeable Wellstart Associates and others with LME expertise were available, and could actively participate in the process), than in Senegal, which had not yet developed a critical mass of local experts Once a team received intense training through the LME Program, Senegal was able to more effectively plan for its national program

Documentation of impact and public relations are important elements of any development strategy. Technical reputation alone is not enough for an organization to be considered valuable or to be guaranteed sufficient funding Successes, lessons learned, and results must be publicized Strategic alliances, memberships, collaborative relationships, etc , must be actively cultivated if an organization is to grow and prosper

A good combination of monitoring, evaluation, and applied research activities can yield valuable results and provide vital data to policy-makers as well as positive reinforcement and motivation for further effort and funding support Well-planned data collection is essential to measure changes in key indicators as different activities are implemented

National and Regional Centers

There are three primary models for breastfeeding promotion centers, each best suited to its particular setting. Though variations do exist, the three basic models are 1) centers that are free-standing NGOs, 2) centers based at existing institutions, such as teaching hospitals, or 3) centers that are regional training networks such as IBFAN Africa Center development within a given setting should evolve, with center leadership exploring what arrangements work best given the setting and circumstances Simply imposing a prefabricated model precludes the crucial steps of participation of local decision-makers, establishment of technical credibility, and growth of commitment

In some countries, one "national center" has been designated to take the lead in training and other breastfeeding promotion activities, whereas in other countries, there can be a number of national centers In Honduras, there are two "national centers," both of which are key components of a comprehensive national program In some cases, centers tend to be developed at the institutional level, as in Pakistan and Indonesia where, although there are no national centers, many of the major teaching institutions supporting the national programs have centers

The free standing, NGO-based training and technical support center model has advantages and drawbacks For example, over the years COTALMA in Bolivia has not been directly affected by the ups and downs of governmental changes However, it must cover its own expenses and cannot rely on the support from a larger organization as a strategy for weathering fluctuations in the funding environment

Photo Wellstart

There are advantages and disadvantages associated with being designated an official National Center. Although centers can play an important technical and programmatic role for a national breastfeeding program, it is not a requirement, nor is it necessarily ideal for a center to be officially designated as "national " In some countries, bureaucratic red tape can slow down the efforts, and governmental changes can wreak havoc on the stability of a center if it is too closely affiliated with any one political faction or person However, there are many benefits to be gained if the center can be made a part of the national program, including increased access to resources, broader coverage of services, better coordination and integration, increased influence through political clout, etc

It is important for centers and programs to develop and implement practical funding strategies. Centers and programs do not necessarily need to have a significant amount of funding to get started Nonetheless, financial management, including strategic planning, monitoring, and the use of data for decision-making, is essential, and not necessarily automatic Funding strategies should include funding diversification, cost recovery activities such as market surveys, development of fee structures, proposal development, entry into key networks, achieving PVO status to qualify for international aid, establishment of overhead rates, etc

A focus on starting small and building on available funding opportunities, rather than trying to obtain full funding from a single source, will likely be more successful

Even centers or programs that are part of existing institutions must work towards institutionalization. When centers or programs are part of existing institutions they can take advantage of those existing structures and resources However, a center or program can weaken or dissolve when stakeholders such as a hospital director are no longer in place Establishment of a budget line item for the center assists in the institutionalization process, as does formal acknowledgment of additional responsibilities in the position descriptions, titles, and compensation packages of a center's leadership Formalizing a management or advisory board is often another important way to move from individualized to institutionalized influence and control

Needs and Recommended Strategies

Based on experiences and lessons learned, a number of strategies have been developed and explored through the LME Program and are worth further attention as key contributors to cost-effective, sustainable impact These include Faculty Development and Technical Support, Associate Network Development, Preservice Curriculum Change, National Program Development, National/Regional Center Development, and Support for International Policies, Events and Initiatives Specific recommendations are outlined below

Faculty Development and Technical Support

Strategy Elements for Strengthening In-country Education and Training in Recommended Sequence[1]

- Sensitization of decision-makers/policy development
- Development of core of educators and master trainers/resources of expertise
- Establishment of model "mother and baby friendly" health services
- Development and implementation of a national inservice training strategy
- Development and implementation of a national preservice education strategy

[1] In some cases, activities may be reversed in order or may be able to be implemented in parallel Although all important, elements may be weighted differently or combined in varying mixtures from country to country and over time

The need remains for the basic elements of the LME Program entry course. New teams of health professionals are still in need of the unique and comprehensive education offered through the LME Program There is still demand for the strong scientific basis and depth of the technical information, combined with the enhancement of clinical skills provided by the LME Program courses in English, French, Spanish and Russian Even the good education and training resources which have developed at the national and regional levels still need to be strengthened, a role that the LME Program, which can assist with high-level capacity building, networking, clinical skills enhancement, etc . can continue to play

Wellstart Associates and others still need technical assistance in several key areas. In order to maximize the potential represented by this large international network, further assistance is needed in clinical management and teaching skills, state of the art technical information, program planning and development, teaching

and training skills, curriculum development, and administrative and organizational management skills Mechanisms for providing this type of technical assistance include field support visits, provision of materials such as technical updates, advanced study fellowships, south-south exchanges, participation in conferences and workshops, etc The use of Associates as technical experts and consultants can also play an important role in increasing their technical and programmatic capacity Technical assistance visits should also be used strategically to bring together the appropriate "players" and serve as a catalyst for action Additionally, outside experts often can be more convincing to decision-makers, particularly when the visit involves a high-profile event involving top-level policy-makers, the media, etc

Photo Wellstart

Associates and others need regular, updated information and materials to use in their teaching and promotion programs. Without current information and tools, including text books, reprint articles, audiovisual aids, teaching aids, policy briefs, curriculum guides, courses, etc , the Associates' credibility and effectiveness will diminish over time. Access should be increased through better utilization of electronic communication and the use of existing networks

Associate Network Development

The abilities of the Associate Network should continue to be developed. Wellstart and other organizations benefit from the contributions of the experts available within the network and, therefore, it is important to cultivate the Associates' abilities as well as their reputations as qualified experts Rather than choosing to use external consultants who might be stronger initially, it is preferable to use the skills of the Associates for international consultancies whenever possible, thereby strengthening their abilities and creating sustainable local resources for long-term impact Working within political structures, debriefing and report writing, etc , will also enable Associates to better promote themselves beyond their own institutions

Linkages between policy-makers, technical experts, and program implementers should be facilitated. A key strategy of Wellstart's Bali and Oaxaca regional congresses for Asia and Latin America was to bring together at least two Associates and national-level policy-makers from each country for official and practical program planning In many cases, these congresses provided the first opportunity for Associates and policy-makers to work together as integrated teams, and for many participants the resulting bonds have endured well beyond the congresses themselves One of the major strategies of the Reproductive Health Conference in Almaty, Kazakstan, sponsored by the EPB Program and others, was to facilitate the exchange of information and coordination of efforts between breastfeeding experts and reproductive health policy-makers Such events provide an effective combination of opportunities for informal networking and coordination in addition to formal planning and presentation sessions

Photo Wellstart

The Network itself should be nurtured. Active coordination, communication, continuing education, and information sharing are necessary in order to transform a widely dispersed group of professionals into a productive network of Associates, subnetworks, and affiliate institutions These efforts bind the Network together and provide the impetus and motivation for continued success Wellstart, to a certain degree, has performed this function over the years Without active nurturing, the Network will disintegrate and, as the size and scope of the Associate Network grows, it is increasingly important to make frequent use of electronic communication and to reach larger numbers of people, networks, and institutions in order to share information, experiences and lessons learned as effectively and rapidly as possible.

"Marketing" of the network, and of the LME Program's philosophy of educating the educators for a far-reaching effect, should be a priority. Because the effect of the Network is greater than the sum of its members, Wellstart continues to work to facilitate communication and collaboration between Associates and other organizations with similar interests and goals The Network is an extraordinary resource for long-term and effective promotion, protection, and support efforts for optimal maternal and infant health and nutrition It would truly be a loss if this rich and synergystic resource were left to disperse due to lack of attention Wellstart and the Associates must increase efforts to publicize the work accomplished and its impact, in order to continue to receive acknowledgment and funding for these efforts Although the cost-effectiveness of the multiplier effect is well-known, more needs to be done to publicize the many successes that would not have been possible without the strength of a collegial network, as well as to promote the education approach as a means of effecting sustainable change

Preservice Curriculum Change

Educating medical and nursing students during their preservice schooling is fundamental to long-term sustainability and institutionalization of breastfeeding promotion. Preservice education reform is an essential component of any national program because preservice education and specialist training programs traditionally do not adequately address breastfeeding and lactation management Remedial education is costly and unlikely to bring about sustained changes On the other hand, modifications to the fundamental preservice curricula will prepare students to support and assist the breastfeeding mother as soon as they enter their professions Some of these students will eventually become policy-makers and educators who will also be more knowledgeable and supportive of breastfeeding When preservice education is adequate, continuing education can focus on updates and refresher courses

Suggested sequence for strengthening preservice curricula

Hold Sensitization Workshops
- review or develop preliminary action plan(s)/curriculum outlines

↓

Develop Leadership
- select coordinating body or team
- inform/involve other faculty & representatives

↓

Attain Institutional Commitment

↓

Assess Current Teaching/Curricula

↓

Expand Involvement
- organize workshop to share plans/ideas and tools gain support and establish action plans

↓

Develop Faculty Expertise
- education distribution of materials, etc

↓

Create Curriculum Outlines and Course Session Plans
- obtain formal approval of curriculm outlines
- synthesize into a program wide curriculum document

↓

Implement Revised Curricula

↓

Monitor & Evaluate

↓

Revise as Necesary

The integration approach to curriculum change provides an opportunity for coordination between departments and courses, and can be used to strengthen curricula on any topic. Wellstart's Lactation Management Curriculum Guide, for example, clearly outlines specific information which can be integrated into existing medical and nursing school curricula, and suggests various means for doing so, including collaboration between departments, disciplines and other professional groups A coordinated, multidisciplinary approach also encourages recognition of the contributions of other professional groups to the promotion of breastfeeding

Faculty development is essential for sustainable improvement in university curricula. Strong core teams of faculty members must be provided with a significant amount of current scientific knowledge and clinical skills and expertise in order to become convinced of the importance of curriculum change These teams then provide leadership and motivate, involve, and assist other faculty to develop their knowledge and skills The core team is crucial to the change process The existence of a multidisciplinary team representing obstetrics, pediatrics, and community medicine/nursing, nutrition, and/or public health promotes inter-departmental cooperation and overall coordination with regard to the material Time for study, access to updated materials, and opportunities for skill development are necessary for faculty to begin acquiring new knowledge Faculty development must also include participatory assessment and planning Though faculty may need assistance with the action planning process, if they can be involved from the beginning, they will be more accepting of the process and more successful

Strategies for institutional change need to be developed. Institutional change is a slow process requiring support in a number of areas Strategies must include formal approval in accordance with the institution's governing policies if the changes are to be sustained and not dependent upon individual faculty members A coordinator or facilitator, such as a respected, diplomatic colleague, is needed to take responsibility for guiding the process through administrative and evaluative activities Each institution must establish a leadership team that will assume responsibility for the project and serve as a resource for other faculty University administrators and faculty need to recognize the benefits of this capacity-building exercise for their institution by serving as a model to other universities, publishing papers on the process, hosting regional meetings on curriculum integration, etc

A regional approach works well and helps to ensure sustainability. Coordination at the regional level can be cost-effective, allowing sharing of ideas and resources It is motivational, lending prestige and credibility to the effort The focus can then be narrowed to the institutions/countries with the most interest and/or potential Being part of a greater effort promotes healthy competition Regional leadership contributes regional applicability to the final product, leading to greater credibility and acceptance of the work

Photo Wellstart

Adequate resources for teaching must be made available. A collection of current bibliographic materials needs to be accessible, targeted rather than general, and in a language and format that is useful for teaching and learning A lactation clinic within the institution should be organized, as it provides an important teaching opportunity and strengthens the practical component of an educational program

National Program Development

National program results should be presented as a means of attaining key national and/or international objectives. Breastfeeding has the advantage of being related to a wide range of political agendas If the key focus at the national level is child survival, family planning/reproductive health, or the environment, or if there is a strong religious or social rationale for breastfeeding, appropriate strategies can be developed to emphasize the contributions breastfeeding can make Linking program objectives to existing targets such as UNICEF's mid- and end-of-decade goals for the BFHI or to the infant feeding objectives developed by WHO, and encouraging governments to commit to similar goals for their own countries, will help to motivate policymakers to find effective mechanisms for reaching those targets

Collaborative efforts should be fostered, so that joint strategic planning and coordinated technical and financial support can be provided. Key groups at the national level with influence on the health system and society (e g , professional societies, religious groups, medical and nursing school faculty, etc), should be involved as much as possible For example, the role of a National Breastfeeding Coordinator is to work with other national programs to ensure that infant feeding is appropriately incorporated into other MCH programs, such as CDD training

Compelling data regarding costs and savings should be compiled and utilized. There is very little that can influence policy-makers more than data on cost savings Whenever possible, the benefits of optimal infant feeding should be expressed in cost savings and management terms when presented to administrative and political leadership

The growing number of experiences and tools should be compiled and shared as an effective way of facilitating the development process. Prototypical or generic tools (e g , policy statements and sample legislation) and practical guidelines are particularly useful in launching the process of policy and program development, and in easing the burden of implementation for inexperienced advocates

National programs should be built into the governmental structure in ways that cushion them from sometimes frequent changes in government. Strategies will vary depending on the system, but may include, for example, having budget line-items for breastfeeding built into the yearly government budgets, designating permanent national positions (national breastfeeding coordinator, etc), designating breastfeeding promotion as a formal national program rather than simply a series of activities likely to be discontinued when individual decision-makers leave, and obtaining "bipartisan" support in systems with frequent changes in government

There is a need to keep up international pressure to sustain national support for breastfeeding promotion. If momentum is to be maintained, donors need to join with country leaders in the near future and map out strategic initiatives and supportive policies for "beyond 2000 " Even if in-country advocates such as Wellstart Associates do not attend or are not directly involved in the preparation for key international conferences, they should nonetheless be provided with the resulting documents to share with local authorities and to assist in "marketing" their programs by linking them to agreed upon platforms and international policy goals

Photo Wellstart

National/Regional Center Development

Essential Services Provided by "Centers" at the National, Regional, or Global Level

- Standard setting to ensure quality
- Advocacy and leadership
- Information exchange
- Problem solving
- Coordination and/or liaison with existing coordinating bodies
- Resource generation

Institutional Strengthening Strategies Applicable to all "Center" Models

Financial

- Work to get support for the "Center" into national government budget
- Promote efficiencies through coordination/integration/consolidation
- Generate revenue through:
  - products
  - services
  - research grants
- Be strategic (learn from the private sector)
- Conduct market surveys
- Be proactive and creative in promoting center and its services
- Respond to changing market demands and political shifts
- Form strategic alliances
- Explore cost sharing

Organizational

- Prepare a strategic plan
- Employ at least part-time staff
- Strive for autonomy
- Select an effective advisory board/board of directors
- Stress quality assurance
- Put good administrative and financial management systems in place
- Actively involve stake holders
- Initially look for charismatic leadership and shift to more administrative management over time
- Stress coordination and form strategic alliances
- Work on public relations, generating political support, and staying in the limelight

Programmatic

- Stay on the cutting edge/keep up with state of the art information and techniques
- Stay focused on the vision or mission of the center
- Remain flexible and needs-based
- Coordinate with other related programs
- Document impact and results

Existing breastfeeding training and technical support centers should be utilized and strengthened as a viable and cost-effective means of providing education, training and technical support at the regional and national levels

No one particular center model should be promoted. Centers should be considered part of a broader program or effort and a means to the end of meeting countries' goals and objectives rather than an end in themselves A development process which emphasizes strategic matching of resources to needs should be fostered, since there is no one model that is universally better than another

As national training programs expand, centers need to find effective ways to decentralize efforts. Effective strategies have varied from country to country for "training of trainers" In some cases, a network of centers has been developed in an effort to decentralize responsibilities and maximize impact In some countries, trainers at the subnational level may not be housed in "centers," but may be part of a team of multipurpose trainers functioning out of regional or district health offices Whatever the system, sufficient funding for supervision and follow-up support as well as some form of centralized coordination are essential

A strategic combination of vertical and integrated approaches ("vertizontal") should be fostered whenever possible. Successful models for integration will vary, depending on the local situation For example, a breastfeeding center may remain a separate operation, but expand its ability to offer modules tailored for other MCH programs Centers may participate in joint training initiatives so that health workers are not scheduled for a multitude of conflicting and overlapping courses Or, it may be more appropriate to fully integrate breastfeeding training and support activities with other MCH-related activities in an MCH or child survival training center If this is the case, it is important to retain the quality and prominence of focus on breastfeeding topics

Cost recovery should be emphasized and funding diversification strategies developed and implemented early on. Important aspects of this strategy include public relations (publicizing center capabilities, operations, and results, both technical and administrative), market surveys to define audience, needs, and products/services of the center, building strategic alliances, developing funding proposals and fee-for-service strategies, establishing overhead strategy and rates, strengthening administrative and financial policies and procedures, etc Furthermore, funding diversity rather than full self-support should be the goal Centers and programs are likely to require some form of subsidy for operational expenses Often funding sources such as UNICEF will only pay for direct costs associated with training or specific activities Centers and funders alike must take a realistic look at what it will take to fund the administrative and organizational cost of operating a center

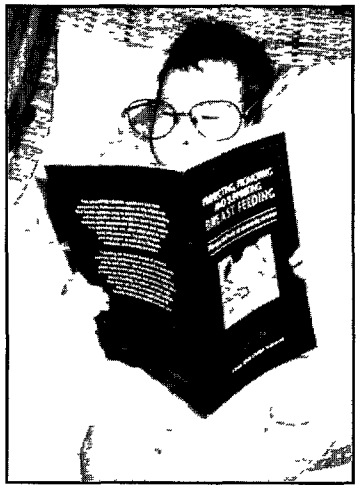

Photo Wellstart colleague from Thailand

Support for International Policies, Events, and Initiatives

Technical assistance should be provided to health professionals capable of influencing international policies. Many Associates and others are capable, with some further orientation and guidance, of providing national, regional and global policy leadership and advocacy Linking key advocates in the field with policy events as they occur can be a powerful means of ensuring that policy dialogue is practical and ultimately operationalized at country level

Viable strategies for sustaining "Baby Friendliness" in facilities already so designated are needed. In some cases, pressure from the top level to meet targets for change has meant that facilities have been designated before they are truly Baby Friendly It is essential to train new maternity service staff and provide refresher sessions for those already there In addition to ongoing educational activities, strategies for monitoring and/or reassessment of designated hospitals need to be further developed and field-tested Resources and technical support are needed to assist countries in implementing a "maintenance phase" for the Initiative

Further intensive work at the community level is essential to sustain optimal infant feeding. Extension of the BFHI to reach the midwives and traditional birth attendants who support home deliveries, as well as the staff who provide antenatal and postnatal care in MCH centers and clinics, is essential if Baby Friendly care is to be offered to the full population of mothers and babies for the entire perinatal period Emphasis on strengthening "Step 10" (regarding mother support groups) through further technical and financial support for community outreach activities is necessary to promote exclusive breastfeeding and appropriate complementary feeding practices

Photo Wellstart

Summary of Recommendations for the Future

Faculty Development and Technical Support

Provide an LME course at least once each year in each of 4 languages (English, Spanish, French, Russian), or as demand dictates

Provide technical assistance and material support to the most active Wellstart Associates and their colleagues

Facilitate the use of breastfeeding training and technical support centers for LME-type courses and follow-up in each of the following countries Bolivia, Brazil, Chile, Colombia, Egypt, Honduras, India, Kazakstan, Kenya, Mexico, Philippines, Swaziland, and Thailand

Facilitate a process of determining the education, training, technical support needs, and existing resources in West Africa, and the potential for assisting in the development of a francophone regional "center"

Associate Network Development

Identify opportunities for participation by Associates and other technical experts in key international meetings such as the WABA Global Forum, Innocenti II, ACC/SCN Ad Hoc Working Group, etc

Continue to maintain contact with the Associate Network and facilitate south-south exchanges whenever possible

Explore and enhance electronic "connectivity." Internet access should be assessed to identify potential and gaps Explore both text-based and graphics-based interactive communication Provide orientation and training on the availability and use of this technology Improve electronic access to updated and high-quality technical, programmatic, and organizational information

Photo Wellstart

Establish and manage a viable triage and referral system that matches needs with available resources. Develop a directory of existing centers and programs and their services including technical specialties of institutions and individuals, research capabilities, etc Establish and maintain a "clearinghouse" function for resources available through the network such as materials in multiple languages, etc

Hold an African Regional Congress, based on the Bali/Oaxaca model

Preservice Curriculum Change

Continue efforts to sensitize governments and educators to the importance of change at the preservice level by holding sensitization workshops where findings from impact studies are presented

Expand into new regions such as francophone Africa, Asia, the former Soviet Union, and industrialized countries

Further develop a cadre of expert facilitators of the preservice change process and increase their utilization by developing systems for accessing them (publicize their availability, facilitate linking needs with resources, etc)

Facilitate the hiring of regional coordinators (Latin America, anglophone and francophone Africa, and Asia to start with) who can coordinate preservice curriculum change activities, provide needed technical assistance, and motivate continued action at the country and individual institutional levels

Hold a multinational (global or regional) strategic planning workshop or round table to disseminate information about the accomplishments of curriculum reform to date, to consolidate an approach to further work, and to explore topics of mutual interest such as upgrading textbooks and licensure examinations

Expand the Mother/Baby Friendly University Initiative globally by means of a series of regional meetings or workshops The experience with BFHI could be a model for action ("starter countries," global criteria, awards process)

National Program Development

Assess current national programs to determine how they can be strengthened, expanded and/or the experience adapted for application in other settings. Many existing programs should be encouraged to develop a more multi-faceted, coordinated approach Barriers, problems, and challenges should be identified and systematically addressed

Provide technical assistance to facilitate the development of national policies and programs in the following areas national policies and legislation, strategic planning, national program planning and evaluation, and establishment of national commissions/ committees Mechanisms for sharing the growing number of practical experiences with national program development should be explored, such as south-south exchanges, case studies, lessons learned documents, site visits to successful programs, etc

Photo Wellstart

Compile and disseminate tools for use in developing and sustaining national programs. Tools should be made available in sufficient quantities and in appropriate languages (at least English, Spanish, French, and Russian) Compile examples of tools developed by a variety of groups that have proven particularly useful, and disseminate widely

National/Regional Center Development

Update the knowledge and teaching capabilities of current center staff and consultants through short courses and other technical updates

Replenish the cadres of center staff, as dedicated professionals retire or are transferred, and provide in-depth training for new staff as needed

Assist with the establishment and maintenance of strong collections of technical resources (technical documents, training materials, slides, videos, etc) as well as systems for searching and accessing relevant scientific and programmatic literature

Further develop the systems for communication and networking among centers, to facilitate sharing of innovative strategies, new materials and information, and expertise Systems may include report sharing, newsletters, and establishment of electronic communications (such as via a center web site)

Strengthen the ability of centers to identify and maintain ongoing sources of financial support, and to move towards sustainability. This includes facilitation of strategic alliances, particularly with NGOs and other collaborating agencies

Assist in the establishment of management structures, procedures, and systems that support the financial, organizational, and programmatic sustainability of the center

Encourage projects and donors to draw upon the centers both to provide courses (either at the centers or in the field) and to provide south-south technical assistance in areas in which center staff have expertise

Provide technical assistance to selected centers regarding the design of strategies to market and charge competitively for their services Prepare and distribute up-to-date information on the services and expertise available through the network

Explore, coordinate with, and utilize organizational development and sustainability-related experiences and resources in other fields such as family planning

Support for International Policies, Events, and Initiatives

Integrate dialogue on breastfeeding and related topics wherever and whenever feasible in international policy meetings, discussions, and forums.

Increase and improve effective inter-agency coordination (UNICEF, WHO, USAID, and other key international agencies), concentrating on specific and practical collaborative areas and projects at the field level

Support the implementation of Innocenti II as a means of setting a global vision and agenda for the new millennium.

Gather and disseminate impact data which provide convincing proof of the value of the BFHI. Existing studies need to be compiled, analyzed, and disseminated to the decision-makers who will determine the future of the Initiative

Finalize and distribute strategies and prototype tools for monitoring and reassessment of hospitals already designated to countries interested in receiving technical guidance on this issue. Guidelines should include an analysis of resources needed (staff time, per diem, etc) for alternative strategies, as well as suggestions concerning methods for increasing hospital management and worker commitment to attaining and maintaining true Baby Friendly standards Possibilities for integrating breastfeeding-related standards into broader quality assurance systems should be presented as well

Compile and share case studies featuring the wide range of creative strategies that countries have implemented to expand the Baby Friendly approach beyond the hospital (particularly Mother-Baby Friendly Community and University Initiatives) Examples as well as the guidelines and tools that have been developed should be shared with interested countries and donor groups

Advocate for continued support from UNICEF, WHO, USAID, and other donor groups, both for the "traditional" Baby Friendly program and for new components such as monitoring and reassessment, and expansion of the Baby Friendly approach beyond the hospital setting

Explore the feasibility of a global meeting or series of regional conferences focused specifically on the BFHI, with time provided for country groups to make plans for the future, building on accomplishments and lessons learned

Photo Wellstart

Summary and Conclusions

Myth #1: The LME Program is too expensive.

Fact #1: It is indeed true that, in comparison to stand-alone training courses of similar length to the LME entry course, the LME Program appears more expensive However, the cost/benefit ratio needs to be assessed when considering whether something is "too" costly. One of the dilemmas in determining the expense of the LME Program is that there are no adequate comparables The Associate network represents an extremely productive group of volunteers who have produced a tremendous amount for very little investment Though measuring direct results is difficult because of the lack of control over the Associates and their activities, it is clear that they will continue to have widespread impact into the future. For example, by 1995, Wellstart Associates had themselves trained at least 139,063 other health care workers, the majority of which are trainers or educators But training has not been the only impact For example, at least 238 research projects have also been undertaken by Associates since exposure to the LME Program. In addition, the percentage of participating hospitals fostering the establishment of breastfeeding support groups has increased from 29% in 1992 to 50% in 1995.

Myth #2: The LME Program is a U.S.-based training course.

Fact #2: Because the most familiar component of the LME Program is the four-week entry course in San Diego, there has been a tendency to equate the LME Program with just the course. However, when looking at the full breadth of the Program it becomes clear that this course is just one portion of the activities of the Program, and of each Associate's participation in the Program. Most of the training that the Program generates or is involved in is actually done in the field by the Associates themselves, often with assistance by LME Program faculty The entry course is a means of developing mechanisms for the ongoing field-based education, training, and technical support that follow.

Myth #3: The LME Program is a limited, vertical, facility-based program.

Fact #3: Through the Associates, the work Wellstart has done in the areas of research, social marketing, policy, and community-level promotion has and will continue to be as field-based, culture- and language-specific, and sustainable as possible. Breastfeeding is a natural integrator, but it is the Associates who actually make this concept of integration a reality in the field The integrated approach is emphasized during several entry course didactic sessions Integration is also encouraged through the program planning component of the Program, and continues through the field support component The Associates and their centers and programs continue to play essential roles in integrating breastfeeding with other maternal and child health care interventions as well as integrating the all-too-often isolated health professional and community-based components

In summary, the LME Program has evolved over the last 14 years into a program that emphasizes a learning process approach to the development of sustainable resources of expertise at the individual, institutional, and governmental levels locally, nationally, and globally A great deal has been learned in terms of how to contribute to a comprehensive breastfeeding program and the power of education as a means of institutionalizing change

The LME Program has proven the value of fostering the development of a network of committed Associates in all aspects of breastfeeding promotion, protection, and support For example, through the LME Program, Wellstart has been an active partner in the birth of national or regional training and resource centers in more than a dozen countries in all geographic regions of the world, and has explored the process of formalizing this relationship with several of these centers in a Wellstart Affiliate Program

Associates have also been very active in national program development and in one of the most cost-effective and unattended areas of the educational continuum entry-level preparation of health professionals Demand for assistance with the process of assessing and planning for preservice curriculum change is on the rise, and the LME Program and others have only begun to meet the need for technical assistance and the development of credible faculty in this area

Photo Wellstart

The Associates, and the centers and programs they are developing, are the LME Program's most important outcome These resources have yet to be sufficiently tapped and their potential fully maximized The network should be strengthened and made accessible to any project or organization working in the field of maternal and child health

The kind of change that is still needed to ensure that breastfeeding is appropriately promoted, in the ways and at the levels called for by the major national and international agencies and policy-makers, will not come easily or quickly It takes time to develop sustainable, institutionalized, and well-integrated programs It has taken several generations and the interaction of many complex factors to undermine optimal infant feeding practices It should not be surprising that it will take time to reverse the trend — but in terms of the benefits to maternal, child, and family health, making such an investment of time and resources will be well worth the effort.

Photo Wellstart colleague from Nicaragua

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Annex 2: LME Program Publications

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Country Status Reports

These are reports prepared by Wellstart Associate report coordinators from countries participating in Wellstart's Lactation Management Education (LME) Program Each lists the current Wellstart Associates and summarizes country breastfeeding background and chronology, Associate activities, national breastfeeding program and center development, documents available, future activities, and support needed Status reports are 10 - 20 pages and are $2 00 each Single copies of reports can be provided free of charge to developing country nationals

Armenia (1996) **SR37 (E)**
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Burkina Faso (1995) **SR03 (E F)**
Cameroon (1995) **SR04 (E F)**
Chile (1995) **SR05 (E S)**
China (1992) **SR06 (E)**
Colombia (1995) **SR07 (E S)**
Costa Rica (1995) **SR08 (E S)**
Dominican Republic (1995) **SR09 (E S)**
Ecuador (1995) **SR10 (E S)**
Egypt (1995) **SR11 (E)**
El Salvador (1995) **SR12 (E S)**
Guatemala (1992) **SR13 (E S)**
Honduras (1995) **SR14 (E)**
India (1995) **SR15 (E)**
Indonesia (1995) **SR16 (E)**
Kazakstan (1995) **SR17 (E)**
Kenya (1995) **SR18 (E)**
Kyrghyzstan (1995) **SR19 (E)**
Madagascar (1995) **SR38 (E F)**
Malaysia (1995) **SR20 (E)**
Mexico (1992) **SR21 (E S)**
Myanmar (1995) **SR22 (E)**
Nigeria (1995) **SR23 (E)**
Pakistan (1992) **SR24 (E)**
Panama (1995) **SR25 (E S)**
Peru (1995) **SR26 (E S)**
Philippines (1995) **SR27 (E)**
Poland (1995) **SR28 (E)**
Sierra Leone (1992) **SR29 (E)**
Swaziland (1995) **SR30 (E)**
Tajikistan (1995) **SR31 (E)**
Tanzania (1992) **SR32 (E)**
Thailand (1995) **SR33 (E)**
Uganda (1995) **SR34 (E)**
Zambia (1995) **SR35 (E)**
Zimbabwe (1995) **SR36 (E)**

Research in Action Series - Results and Lessons Learned from the Wellstart Network

Summaries of study designs, methods and results from key studies conducted by Wellstart Associates, colleagues, and/ or Wellstart staff

- **A Successful Health System-Based Breastfeeding Promotion Program in Chile. Research Brief No. 1** Valdes V and Wellstart International, 1994 2 p Free **RA01 (E)**
- **Comparison of Lactation Management Training Techniques in Chile. Research Brief No. 2** Valdes V and Wellstart International, 1994 2 p Free **RA02 (E)**
- **Results of a Hospital-based Breastfeeding Promotion Program in Thailand. Research Brief No 3** Tongpenyai Y and Wellstart International, 1994 2 p Free **RA03 (E)**
- **Ukraine Maternity Exit Survey. Research Brief No 4** Baume C, EPB and the Ukraine Ministry of Health, MCH Division, 1995 2 p Free **RA04 (E)**
- **The Impact of Breastfeeding Promotion Summary of Research Findings from Wellstart Associates and Colleagues** (1994) Summaries of key results related to the impact of breastfeeding promotion from studies undertaken by Wellstart Associates and colleagues 8 p Free **RA05 (E)**
- **The Impact of Breastfeeding Promotion. Executive Summary** (1994) 2 p Free **RA06 (E)**

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LME Program Evaluation Series

- **Analysis of Hospital Practices and Wellstart Associate Activities Results from Participation in the Wellstart LME Program** (1998) A presentation of results from a survey of hospitals before and since teams entered the LME Program, including key changes in hospital practices affecting breastfeeding, percentages of mothers following optimal breastfeeding practices, and examples of Wellstart Associate activities in community outreach, communication and social marketing, research, and curriculum development 8 p Free **PE01 (E)**
- **Wellstart International's Lactation Management Education (LME) Program A Participatory Approach to Evaluation** (1994) Summary of Wellstart's evaluation strategies, which have emphasized a collaborative evaluation approach (working with Wellstart Associates to undertake evaluation activities that provide useful data for planning and evaluation at both the international and country levels) and also strengthen evaluation skills 2 p Free **PE02 (E)**

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Case studies for six countries and five programmatic areas of emphasis for the LME Program have been developed, often in collaboration with Wellstart Associates These case studies provide an overview of experiences, strategies, lessons learned and recommendations for the future

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- **Country Case Study No. 2 - Swaziland: How One of the Smallest Countries in Africa is Making a Regional Impact** (1998) Wellstart International, LME Program and Ms Nomajoni Ntombela, MCH Specialist, LINKAGES Project 8 p Free **CS06 (E)**
- **Country Case Study No. 3 - Armenia: The Effect of a Multifaceted Approach to Breastfeeding Promotion** (1998) Wellstart International, LME Program, Dr Anahit Demirchian, National Program Coordinator for Breastfeeding, Armenia, and Dr Kim Hekimian, American University of Armenia 8 p Free **CS07 (E)**
- **Country Case Study No. 4 - Chile The Power of Education to Influence Breastfeeding Practices** (1998) Wellstart International, LME Program and Dr Verónica Valdés, Pediatrician and Associate Professor, Catholic University of Chile 8 p Free **CS08 (E)**
- **Country Case Study No 5 - India. How One Hospital's Work to Change Breastfeeding Trends Expanded Beyond State Borders** (1998) Wellstart International, LME Program and Dr Armida Fernandez, Professor of Pediatrics (Neonatology), Sion Hospital and LTM Medical College 8 p Free **CS09 (E)**
- **Country Case Study No 6 - Philippines A Creative Breastfeeding Program Serves as a "Baby Friendly" Model World Wide** (1998) Wellstart International, LME Program, Dr Margarita Galon, Undersecretary of Health, Department of Health, Philippines, and Dr Amelia Fernandez, Dean, Medical College, University of Philippines 12 p Free **CS10 (E)**
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- **Programmatic Case Study No. 4· Breastfeeding Education, Training, and Resource Centers** (1998) Wellstart International, LME Program 16 p Free **CS14 (E)**
- **Programmatic Case Study No 5 A Global Effort to Strengthen Lactation Management Education for Health Professionals in University Programs** (1998) Wellstart International, LME Program 8p Free **CS15 (E)**

Other Publications

- **Congreso Latinoamericano de Lactancia de Wellstart Internacional, Oaxaca, México, 22-28 de marzo, 1992 - Memoria [Proceedings of the Wellstart International Latin American Congress on Lactation]** Herrera G, Schooley J, and Valdés V, eds 1994 A summary of the opening and closing sessions, workshops, seminars, Q&A sessions, achievements, and recommendations for the future Includes the text of the Oaxaca Declaration Collaborative effort of Wellstart International, The Population Council, and USAID 463 p Free **OP27 (S)**
- **Vitamina A y Lactancia Materna· Comparación de Información de Países Desarrollados y en Desarrollo [Vitamin A and Breastfeeding: A Comparison of Data from Developed and Developing Countries]** Newman V 1993 This report summarizes the vitamin A status of lactating women, the effect of vitamin A status and maternal vitamin A supplementation on the vitamin A content of human milk, and the adequacy of breastmilk as a source of vitamin A 112 p Industrialized countries $10 00 Free to developing countries **OP25 (S)**
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