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AN UPDATE: 1990-1992

# Breastfeeding: A Report on A.I.D. Programs

U.S. Agency for International Development
Washington, D.C. 20523

# Breastfeeding: A Report on A.I.D Programs

**An Update: 1990-1992**

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## *Introduction*

It is breastfeeding's compelling child survival, nutritional, immunological, child spacing, maternal health and numerous other benefits that led A.I.D. in early 1990 to formulate a strategy for breastfeeding. Breastfeeding's benefits remain as important as ever.

Breastfeeding saves infants' lives and averts high-risk births. Six million infant deaths from diarrhea and acute respiratory infections alone are prevented annually through breastfeeding and it is estimated that if more women were to breastfeed optimally (i.e., exclusively from birth through the first 4 to 6 months and for one year or longer), an additional two million infant deaths could be averted annually[1]. Estimates from A.I.D.-supported Demographic and Health Surveys have documented that four to six million couple years of protection from pregnancy are provided through breastfeeding which could increase significantly with active promotion of the lactational amenorrhea method (LAM)[2].

Recently published articles in the prestigious journal, Lancet, report significantly higher IQ in children born prematurely who were fed breastmilk[3], and in an A.I.D.-supported study, that lactational amenorrhea as a family planning method has a 99.5 percent six-month efficacy rate, higher than many modern contraceptive methods.[4]

These are impressive statistics, which coupled with new research findings, sustain interest at a global level in the protection, promotion and support of breastfeeding.

In the two years since the *A.I.D. Breastfeeding for Child Survival Strategy* was issued, there have been a number of significant accomplishments in breastfeeding promotion and support. Highlights of A.I.D.'s activities in breastfeeding over the past two years are summarized in this report, prepared by the A.I.D. Breastfeeding Cluster.

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[1]Huffman, S., et al. *Breastfeeding Saves Lives: An Estimate of the Impact of Breastfeeding on Infant Mortality in Developing Countries.* Center to Prevent Childhood Malnutrition, Washington, D.C., June 1991.

[2]This method delineates optimal breastfeeding patterns for maximizing birth spacing effectiveness.

[3]Lancet 1992; 339: 261-64.

[4]Lancet 1992; 339: 968-70.

## *Status of A.I.D. Programming in Breastfeeding*

A review of progress made over the past two years in implementing *A.I.D.'s Breastfeeding for Child Survival Strategy* reveals that most of A.I.D.-supported breastfeeding activities continue to be centrally driven, scattered and small. Funding for breastfeeding represented only four percent of the Agency's total Fiscal Year 1991 child survival program, or $9.7 million dollars out of $251 million (see funding Illustrations). And there remain significant program gap areas, e.g. mother-to-mother support and strategies for working women.

Only eight USAID Missions[5], six of which are in child survival emphasis countries, have made a concerted effort to promote breastfeeding as an integral part of their program. Yet even in these not all of the components considered essential for a comprehensive national breastfeeding program are in place[6]. Of the eight countries with a high level of breastfeeding activity (see Regional Maps), five are in the Latin America/Caribbean region. Although the Africa and Asia regions show promise with several countries already very active, most have yet to embrace breastfeeding promotion as a critical child survival intervention. The Near East region lags furthest behind with no significant activity. Furthermore, Eastern Europe and the Newly Independent States represent new frontiers greatly in need of breastfeeding promotion.

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[5]Pakistan, Indonesia, Philippines, Mexico, Honduras, Ecuador, Peru, Bolivia

[6]Characteristics of a comprehensive national program include: 1) a national breastfeeding policy; 2) a national breastfeeding coordinator with authority over a multisectoral national breastfeeding committee composed of representatives from government departments, non-governmental organizations, professional health associations, USAID, UNICEF, WHO, other interested donors, and private voluntary organizations (PVOs); 3) national targets for improving breastfeeding practices with a national system for monitoring attainment of those targets; 4) adherence by all health facilities to the Ten Steps to Successful Breastfeeding, set out in the joint WHO/UNICEF statement, *"Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services"*; 5) trained health care staff with the skills necessary to implement national policies; and 6) integration of breastfeeding policies into overall health and development policies, stressing the protection, promotion, and support of breastfeeding within complementary programs such as prenatal and perinatal care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases (child survival).

## *Recent Accomplishments in Brief*

At the end of 1991, A.I.D. launched its strengthened breastfeeding initiative with the award of a $30 million, 5-year cooperative agreement to Wellstart. The Expanded Promotion of Breastfeeding Program is the result and builds on the solid foundation of lactation management education (LME) by Wellstart with A.I.D. (R&D/Nutrition) support since 1983. Nearly 400 participants of the LME program now form a network of Wellstart Associates in 28 countries. In 1991, A.I.D. also renewed the Georgetown University's Institute for Reproductive Health (IRH) cooperative agreement for another five years with $14 million of a total $28 million dedicated to breastfeeding for birth spacing.

Wellstart, IRH and other A.I.D.-supported cooperating agencies are playing important roles in breastfeeding promotion. Georgetown University's IRH has been named a WHO collaborating center for breastfeeding and Wellstart is in the process of becoming one. Family Health International has been a significant actor in clarifying and interpreting research findings related to HIV transmission and breastfeeding. A consultation on this subject in Geneva, April 30-May 1, 1992, resulted in a WHO/UNICEF consensus statement that reaffirms the importance of breastfeeding in developing country environments, regardless of a mother's HIV status.

The AID-supported Demographic and Health Surveys remain an invaluable source of data on breastfeeding practices in developing countries[7] throughout the international donor community. A DHS analytic paper served as the definitive discussion piece for a UNICEF, WHO, AID meeting to define key household and health facility indicators of breastfeeding practices. Interagency consensus was reached, and represents a significant step toward global monitoring and evaluation of breastfeeding trends and goal achievement.

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[7]Under DHS I/II breastfeeding data were collected and reports are available, or soon to be available, for the following countries: Botswana (1988); Burundi (1987); Cameroon (1991); Ghana (1988); Kenya (1989); Liberia (1986); Mali (1987); Ondo State-Nigeria (1986-87); Nigeria (national) (1990); Senegal (1986); Sudan (1989-90); Tanzania (1992); Togo (1988); Uganda (1988-89); Zimbabwe (1988-89); Egypt (1988-89); Indonesia (1987); Jordan (1990-91); Morocco (1987); Pakistan (1990-91); Sri Lanka (1987); Thailand (1987); Tunisia (1988); Yemen (1992); Bolivia (1989); Brazil (1986); Northeast Brazil (1991); Colombia (1990); Dominican Republic (1986) (1991); Ecuador (1987); Guatemala (1987); Mexico (1987); Paraguay (1990); Peru (1986) (1992); Trinidad & Tobago (1987). Under DHS II surveys have begun or are about to begin in: Zambia (1992); Morocco (1992); Niger (1992); Madagascar (1992); Malawi (1992); Rwanda (1992); Egypt (1992); Burkina Faso (1993); & Senegal (1993).

In response to A.I.D.'s Breastfeeding Strategy "call for action," seven countries, all in the Latin America/Caribbean (LAC) region, have developed breastfeeding sub-strategies; four countries in LAC and two countries in Africa have undergone comprehensive assessments of the breastfeeding situation, using a standardized guide for conducting assessments developed by the Breastfeeding and Maternal and Neonatal Health subproject, MotherCare, and its subcontractor, Manoff.[8]

The Agency's Breastfeeding Strategy, as well as the advocacy role Agency personnel and cooperating agencies have played in international fora, has had a significant catalyzing and cascading effect globally—at the donor level, at the U.S. domestic level and at the developing country level. The following combined activities have enhanced and given momentum to the global breastfeeding movement and the goal outlined in the A.I.D. Breastfeeding Strategy—to increase the percentage of infants who are breastfed within one hour of delivery; exclusively breastfed from birth through 4-6 months of age; fed appropriate complementary foods in addition to breastmilk by the end of six months; and breastfed for one year or longer—

- World Alliance for Breastfeeding Action (WABA), a consortium of international NGOs formed in early 1991 in response to the Innocenti meeting and declaration
- launch of UNICEF's Baby Friendly Hospital Initiative
- commitment of Association of Infant Food Manufacturers to end donations of free or low price supplies of infant formula to maternity wards and hospitals in developing countries by the end of 1992
- U.S. House of Representatives bill to establish a breastfeeding promotion program at USDA

Despite these exciting accomplishments, much remains to be done to achieve the Strategy goal and to have 20 comprehensive, national breastfeeding programs in place by the end of the decade, as planned.

[8]Assessments have been conducted in the Dominican Republic, Bolivia, Peru, Guatemala, Ghana and Rwanda. Plans are underway for an assessment in Uganda.

## *Future Directions*

We now find ourselves at an exciting crossroads. With the Wellstart Expanded Promotion of Breastfeeding cooperative agreement in place to provide comprehensive field support together with other breastfeeding cooperating agencies poised to provide assistance in a number of technical areas; with effective interventions to address program and research gaps; with new research being published that enhances our knowledge of breastfeeding's child survival and child spacing benefits; and with momentum at an international level—cooperating agency, host country, and donor interest in breastfeeding promotion—we have the potential to make a major shift toward optimal breastfeeding practices, thus contributing to saving millions of infants' lives and averting high-risk pregnancies.

To meet the Agency's Strategy goal and to have 20 national programs in place by the end of the decade, we are requesting a renewed commitment of interest and funds from all field missions.

# HIGHLIGHTS OF BREASTFEEDING ACCOMPLISHMENTS SUPPORTED BY A.I.D.

## 1990 - 1992

**Note: Throughout this section breastfeeding will appear in an abbreviated form as bf.*

## *Training and Curriculum Development*

- 139 health professionals from Ministries of Health and hospitals in 21 countries completed lactation management education (LME) at Wellstart/San Diego; with entry of Cameroonian team, LME began developing French language capability; Spanish capability already exists
- LME Advanced Study Fellows from Bolivia, Brazil, Guatemala, Mexico, Kenya, Swaziland, and Peoples Republic of China have developed plans for national training centers
- Wellstart Latin American Lactation Congress and Seminar, March 22-28, 1992, Oaxaca, Mexico, convened for 120 ministry officials and Wellstart graduates (associates) from 12 countries
- Dr. Jose Fabella Memorial Hospital in Manila, Philippines serves as a model lactation management program resulting from LME training; physicians from all over the world visit this center of excellence
- LME training module for 200 district hospitals in Indonesia developed and piloted; plans to integrate curriculum into 300 medical, nursing, midwifery, and nutrition schools underway
- Over 4,800 multi-level health personnel and mothers in Honduras & Guatemala received community-based bf training
- Collaborative A.I.D./PAHO review of bf contents of medical, nursing and nutrition school curricula in child survival emphasis countries in LAC to be followed by country and subregional workshops to revise and update curricula

## *Policy Dialogue*

- Workshop in Cameroon resulted in draft national bf policy and action plan, all receiving wide national media coverage
- Collaboration between A.I.D. and UNICEF resulted in national bf policy for health facilities in Pakistan; seminar on implementation of policy conducted
- Lome Infant Feeding Forum, attended by 13 Francophone Africa countries, resulted in policy statement and expansion of bf efforts in six countries
- Study of costs, costs savings, and cost-effectiveness of bf promotion in LAC region conducted using the "Workbook for Policy Makers: Guide to Assessing the Economic Value of Breastfeeding"; workbook also sent to all UNICEF country representatives for assessing the economic benefits of the Baby Friendly Hospital Initiative

## *Information Dissemination*

- Six issues of *Mothers and Children* newsletter (270,000 copies) distributed in English, French, Spanish
- Over 1100 information requests about bf from developing countries filled, drawing upon more than 4,000 books, documents, educational materials
- Three *Technical Literature Updates* devoted to bf distributed to over 10,000 readers worldwide
- 9,200 English, 5,000 French, and 6,000 Spanish copies of booklet, *Breastfeeding: Protecting a Natural Resource*, distributed to policymakers worldwide—booklet received "Flashes of Brilliance" award; video of same title received honorable mention in National Association of Government Communicators Gold Screen Award competition; has been distributed worldwide

## *Communication and Social Marketing*

- Joint A.I.D., UNICEF, and Government of Pakistan collaboration resulted in national bf promotion communication strategy and campaign
- Honduran national bf promotion program launched including weekly bf newspaper column and weekly TV program
- Video, brochure, poster, and comic books developed in Philippines as part of IEC for postpartum family planning and bf; widely viewed by MOH staff and hospital administrators

## *Prenatal Care/Maternal Nutrition*

- Panel at NCIH conference on "Bf and Borderline Malnutrition in Women" sponsored and published as a volume in Journal of Tropical Pediatrics
- In Burkina Faso expanded social marketing efforts to improve maternal nutrition in eight provinces
- Maternal anemia prevention program conducted in Indonesia

## *Mother-to-Mother Support*

- 40 mother support groups in Honduras and 100 in Guatemala have been formed which provided counseling to approximately 33,000 mothers

## *Strategies for Working Women*

- Booklet entitled "Working Women Guidelines: Assisting Working Women Toward Optimal Breastfeeding" is in press

## *Surveys to Assess Trends in Breastfeeding Practices*

- DHS bf data collected for 31 countries with DHS II data collection underway
- Global trends monitoring system is in development in collaboration with WHO using DHS and WFS data

## *Research*

- Over 60 studies supported with A.I.D. funding in the areas of:

  - cost-effectiveness of hospital-based bf promotion;
  - bf and HIV/AIDS;
  - promoting lactational amenorrhea (LAM) in family planning programs;
  - Kangaroo mother method of caring for premature infants;
  - community-based intervention studies promoting bf to reduce diarrheal disease;
  - impact of bf promotion strategies;
  - mother-to-mother support;
  - improving weaning;
  - use of waters and teas;
  - child growth;
  - behavior; and
  - introduction of complementary foods

- An A.I.D.-supported study in Cameroon showed that giving water to infants is unnecessary even in the warmest and driest climates. In addition, all water samples taken from the study area were contaminated with pathogenic bacteria. Since the belief that water is essential for infants is one of the biggest obstacles faced in promoting exclusive bf, this study has already had significant policy impact

## *Breastfeeding for Birth Spacing*

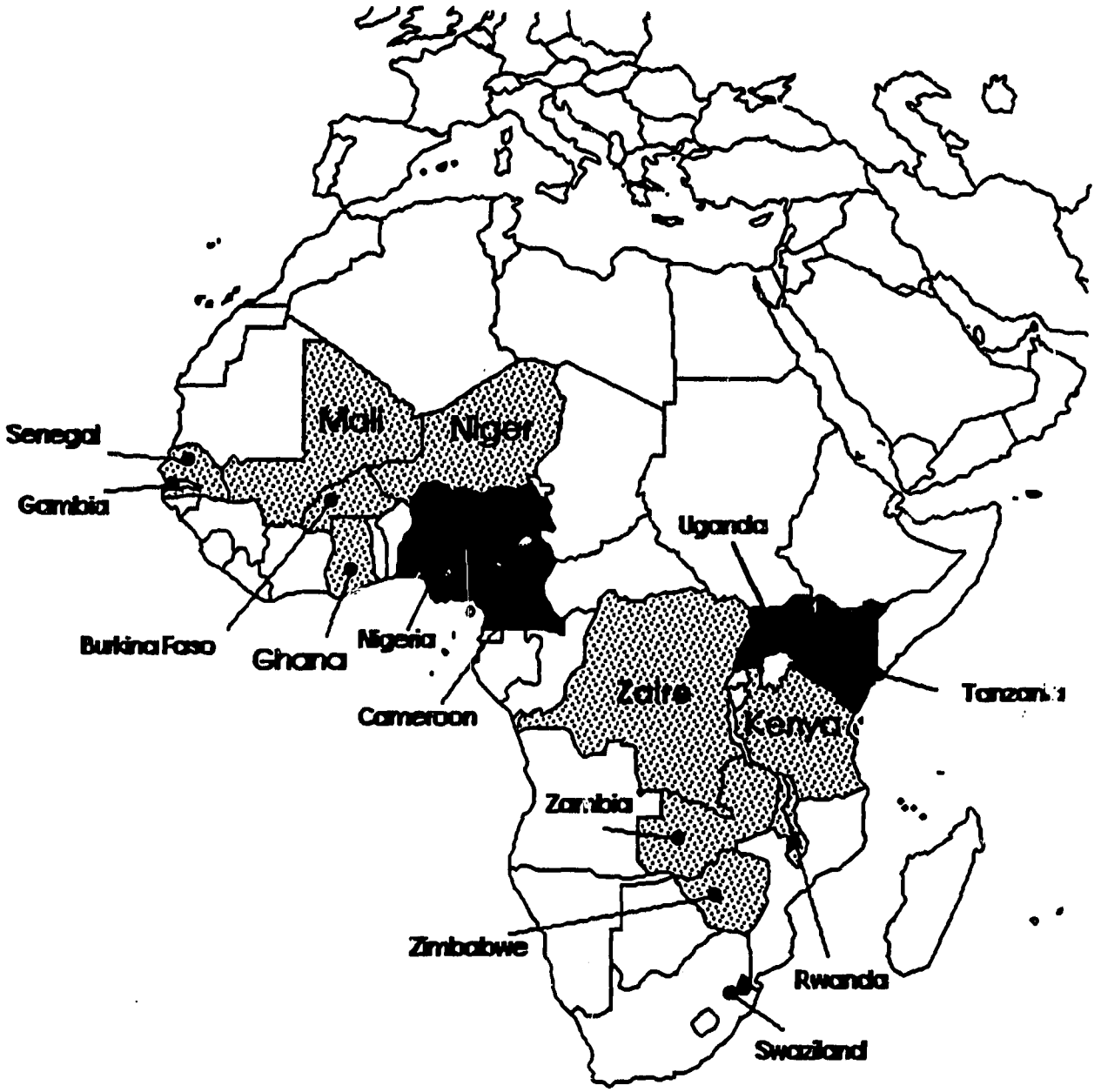
- Lactational amenorrhea as a family planning method has a 99.5 percent six-month efficacy rate, higher than many modern contraceptive methods.
- Estimates from A.I.D.-supported surveys (DHS) have documented that 4-6 million couple years of protection from pregnancy are provided through bf and could increase significantly with active promotion of LAM
- Guatemala, Honduras, Mexico, Ecuador, Chile and Zimbabwe have developed national bf policies/programs that include promoting bf for its fertility impact; other countries have requested technical assistance from A.I.D. to introduce LAM into their MCH programs

## *Micronutrients*

- Literature review on role of maternal Vitamin A status and bf found that breastmilk provides sufficient Vitamin A to prevent deficiency through 12 months of age
- Literature review on infant iron status and bf revealed that exclusive bf is sufficient to meet infants' iron needs through six months of age

# Regional Maps of A.I.D.-Supported Breastfeeding Activities

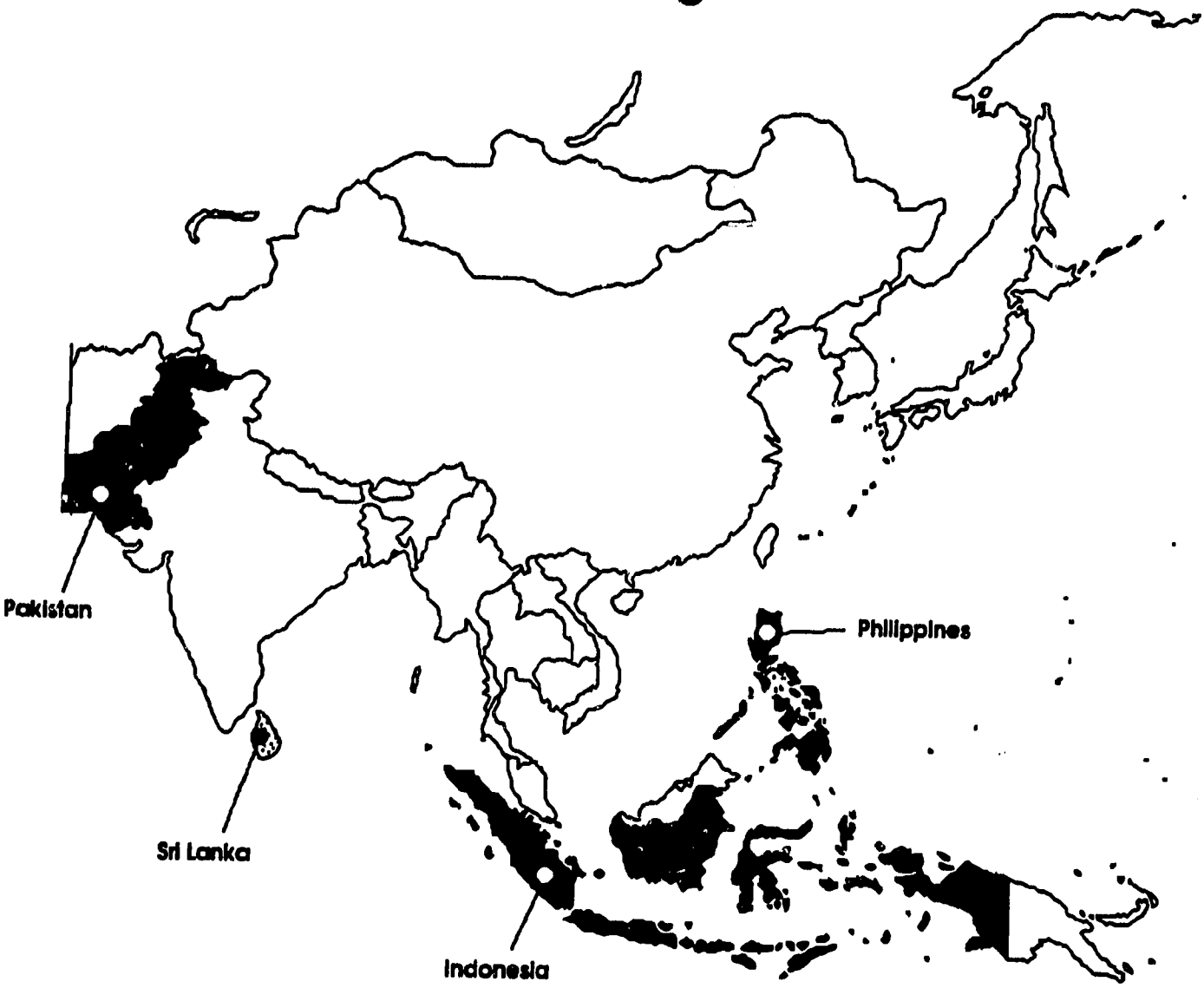
# Africa Region




## Level of Breastfeeding Activity

| No A.I.D.-assisted activity | Low | Medium | High |
|---|---|---|---|
| | Presence of 1 centrally managed Cooperating Agency (CA) or Mission funding of <= $100,000 | Presence of 2 to 3 centrally managed CAs or Mission funding from $100,000 to $500,000 | Presence of 4 or more centrally managed CAs or Mission funding >= $500,000 |

# Asia Region

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# Central America/ Caribbean Region

## Level of Breastfeeding Activity

| No A.I.D.-assisted activity | Low | Medium | High |
|---|---|---|---|
| | Presence of 1 centrally managed Cooperating Agency (CA) or Mission funding of <= $100,000 | Presence of 2 to 3 centrally managed CAs or Mission funding from $100,000 to $500,000 | Presence of 4 or more centrally managed CAs or Mission funding >= $500,000 |

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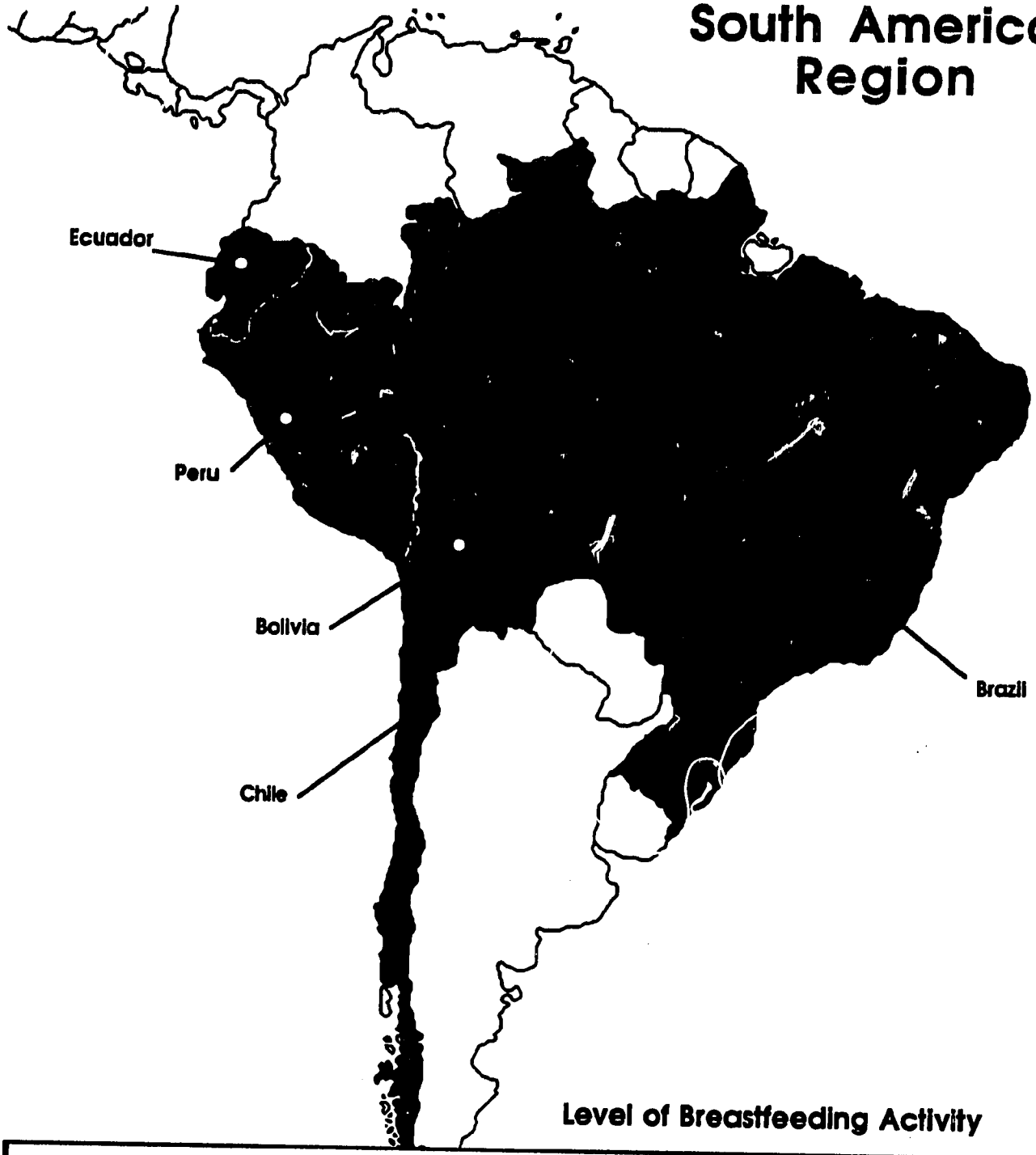
# South America Region

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# A.I.D.-Supported Breastfeeding Activities

## By

## Country, Program Area, Cooperating Agency

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# A.I.D.-Supported Breastfeeding Activities
## Africa Region
## Annex C

| Countries | Training | Dissemina-tion | Social Marketing | Maternal Nutrition | Mother Support | Working Mothers | Improved Weaning | Policy Dialogue | Assess-ments | Birth Spacing | Micro-Nutrients | Applied/OP Research |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AFRICA | | | | | | | | 4,10 | | | 10 | |
| Burkina Faso | | | | 10 | | | 10 | | | | | |
| Cameroon | 6 | | | | | | 2 | 5 | | | | |
| Gambia | | | | | | | 2 | | | | | |
| Ghana | | | | | | | | | 2,3 | | | |
| Kenya | 6 | | 16 | | | | | | | | | |
| Mali | | | | | | | 10 | | | | | |
| Niger | | | | | | | 2 | | | | | |
| Nigeria | 6 | | 16 | | | | | | | | | |
| Rwanda | | | | | | | | | 2,3 | | | |
| Senegal | | | | | | | 2 | | | | | |
| Swaziland | 6 | | | | | | 10 | | | | | |
| Tanzania | 6 | | | | | | | | | | | |
| Uganda | 6 | | | | | | | | | | | |
| Zambia | 6 | | | | | | | | | | | |
| Zimbabwe | 6 | | | | | | | | | | | |

**KEY**

**R&D/H**
1 = Applied Diarrheal Diseases Research Project (ADDR)
2 = Manoff
3 = MotherCare
4 = Pritech
5 = Wellstart/East (Washington, D.C.)
7 = WHO/Control of Diarrhoeal Diseases Programme (WHO/CDD)

**R&D/N**
6 = Wellstart/West (San Diego, CA)
8 = American Public Health Associations Clearinghouse on Infant Feeding and Maternal Nutrition (APHA)
10 = Nutrition Communication Project (NCP)

**LAC**
9 = Health Nutrition and Sustainability Project (HNS)

**R&D/POP**
11 = Development Associates
12 = Family Health International
13 = Program for International Training in Health (INTRAH)
14 = Institute for Reproductive Health (IRH - Georgetown University)
15 = Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO)
16 = Johns Hopkins University Population Communication Services (JHU/PCS)
17 = Population Council

**FHA/PVC**
18 = La Leche League International

# A.I.D.-Supported Breastfeeding Activities
## Latin America, Asia, Worldwide

| Countries | Training | Dissemination | Social Marketing | Maternal Nutrition | Mother Support | Working Mothers | Improved Weaning | Policy Dialogue | Assessments | Birth Spacing | Micro-Nutrients | Applied/OP Research |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **LAC Region** | | | | | | | | | | | | |
| Bolivia | 6,9, | | 16 | | | | | | 3 | | | |
| Brazil | 6 | | | | | | | | | | | 7,14,17 |
| Chile | 14 | | 2 | | 14 | | | | | 14 | | |
| Colombia | 6 | | | | | | | | | | | |
| Dominican Rep. | | | 10 | | | | | | 3 | | | |
| Ecuador | 6,9,14 | | 14,16 | | | | | | | 14 | | 3,14 |
| El Salvador | 6 | | | | | | | | | | | |
| Guatemala | 6,14,18 | | 18 | 18 | 18 | 18 | 18 | 18 | | 14,18 | | |
| Haiti | 3 | | | | | | | | 14 | | | |
| Honduras | 5,6,9,14, 18 | | 10,16,18 | 18 | 14,17,18 | 18 | 10,18 | 14,18 | | 9,14,17, 18 | | 14,17, |
| Mexico | 6,14 | 17 | 16 | | | | | | | 14,17 | | 14,17 |
| Peru | 6,9,17 | | 14 | | | | | | 5 | | | 14,17 |
| | | | | | | | | | | | | |
| **ASIA** | | | | | | | | | | | | |
| Indonesia | 6,14 | | | 2,3 | | | | | | 14 | 2 | |
| Pakistan | 4,6 | | | | | | | | | | | 2,4 |
| Philippines | 6,11 | 11,6 | | | | | | | | 11,16 | | 7 |
| Sri Lanka | 11 | | | | | | | | | 11 | | |
| | | | | | | | | | | | | |
| **WORLD WIDE** | 4,6,13,1 5 | 8,11,12,13,1 4,15,16,17 | 15,16 | 8,14 | | 14 | | 13,14 | | 8,12,13, 17 | 3,6,14 | |

# AGENCY FUNDING TRENDS FOR BREASTFEEDING FOR FISCAL YEARS 1989 - 1993

| Breastfeeding Funding ($000s) | | | | |
|---|---|---|---|---|
| FY 89 | FY 90 | FY 91 | FY 92 * | FY 93 ** |
| $4,000 | $5,500 | $9,700 | $7,300 | $8,900 |

* Estimated
** Projected

Includes all funding accounts for FY 92-93. FY 89-91 excludes population account.

Does not include PL480 funding.

Source: FY 1989-91, and 1993 Congressional Presentation from CIHI/ISTI; FY 1992 from '92 Congressional Presentation from AC/SI; FY 1993 from '93 Congressional Presentation from AC/SI. (The R&D Breastfeeding Initiative is included in these figures.)

# BREASTFEEDING AS A PERCENTAGE OF TOTAL USAID FUNDING FOR CHILD SURVIVAL FY 1991

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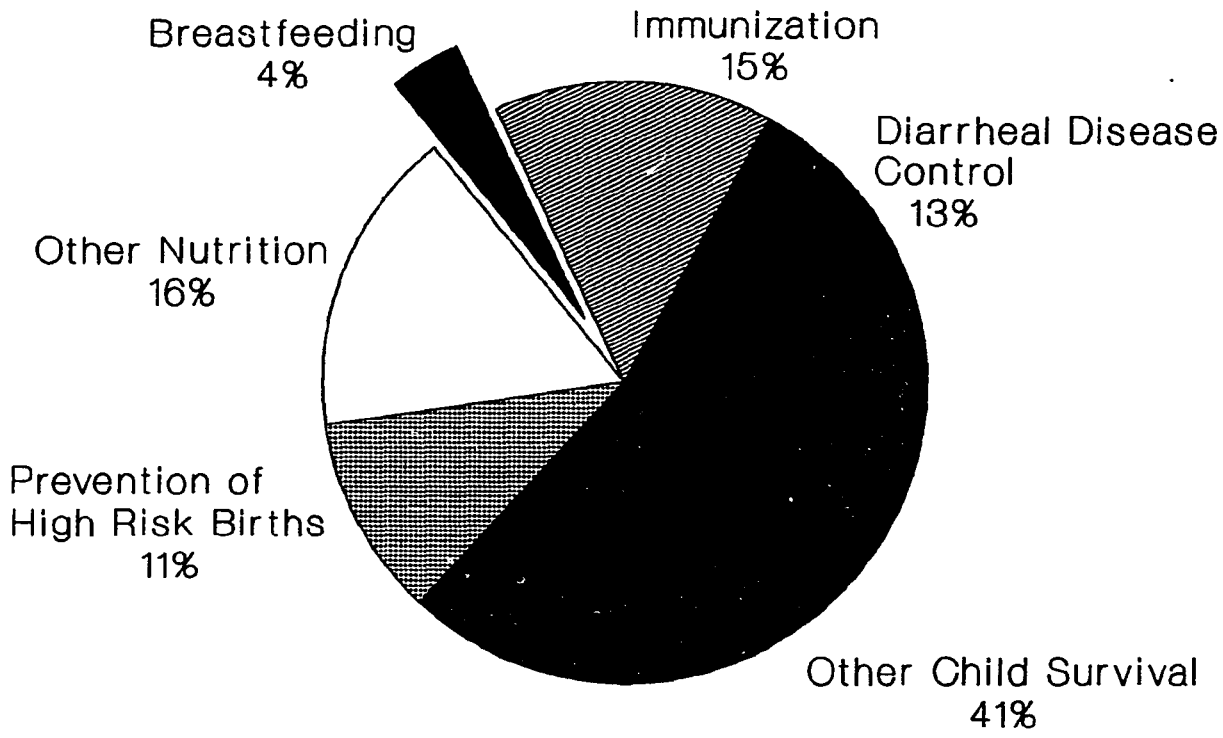
# BREASTFEEDING AS A PERCENTAGE OF TOTAL USAID FUNDING FOR CHILD SURVIVAL
## FY 1991




**Total 1991 Funding for Child Survival = $251,125,000**
**Funding for Breastfeeding Activities = $9,714,000**
Does not include PL480 funds
Includes all funding accounts, excludes Population Account
Source: 93 Congressional Presentation
Annual Health and Child Survival Questionnaire

CIHI/ISTI
June 4, 1992

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