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**NURTURING OUR COMMUNITIES:
LESSONS LEARNED IN COMMUNITY OUTREACH
IN THE LATIN AMERICA AND CARIBBEAN REGION**

**Wellstart International
Expanded Promotion of Breastfeeding (EPB) Program
1991-1996**

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BACKGROUND

One of the key objectives of Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program was outreach to women. EPB was charged with defining models for increasing rates of exclusive breastfeeding; assisting countries in designing, strengthening, or expanding outreach to women; and documenting experiences of community-level breastfeeding support programs. The three major programmatic areas designated for outreach activities were education and counseling during the prenatal and postnatal periods, establishment and encouragement of community-based breastfeeding support systems, and strategies for enabling working women to breastfeed.

EPB'S CHALLENGE

As EPB began to develop outreach activities, the challenges quickly became apparent:

- ◆ Most people working in the fields of health and development were unfamiliar with the concept of community-based breastfeeding support.
- ◆ There were few models and no tested strategies for implementing community-based breastfeeding support.
- ◆ Few individuals or organizations in the field had the combination of expertise in breastfeeding counseling and support, as well as knowledge and skill in community organization and program development.
- ◆ Existing health information systems did not monitor breastfeeding outputs or processes in a way that could provide information on community-oriented outcomes or impact.

During EPB's first two years, efforts concentrated on a situation analysis of the "state-of-the-art" in community breastfeeding and development of a strategic plan to respond to the needs identified through this analysis. The situation analysis indicated that effective promotion of breastfeeding at the community level would require the development of strategies that could guide programmatic development, adapt to specific country situations, and document impact. It was clear that the funding and regional limitations of the EPB Cooperative Agreement made prioritization essential.

A series of consultations, visits, and meetings suggested that Latin America was the region with the most mature community-based breastfeeding activities in the developing world and would offer the richest variety of opportunities for documentation and implementation. In February 1994 a group of experts in community breastfeeding met to develop a *Strategic Plan for Development of Community Support Systems in Latin America*. They identified the following priority needs:

- ◆ Guidelines for implementing community support to breastfeeding;
- ◆ Training curricula for community-level counseling and support;
- ◆ Development of a supervision model for community-based activities;
- ◆ Institutional strengthening; and,
- ◆ Monitoring and evaluation tools specific to community-based activities.

DEVELOPMENT OF A BREASTFEEDING COMMUNITY SUPPORT MODEL

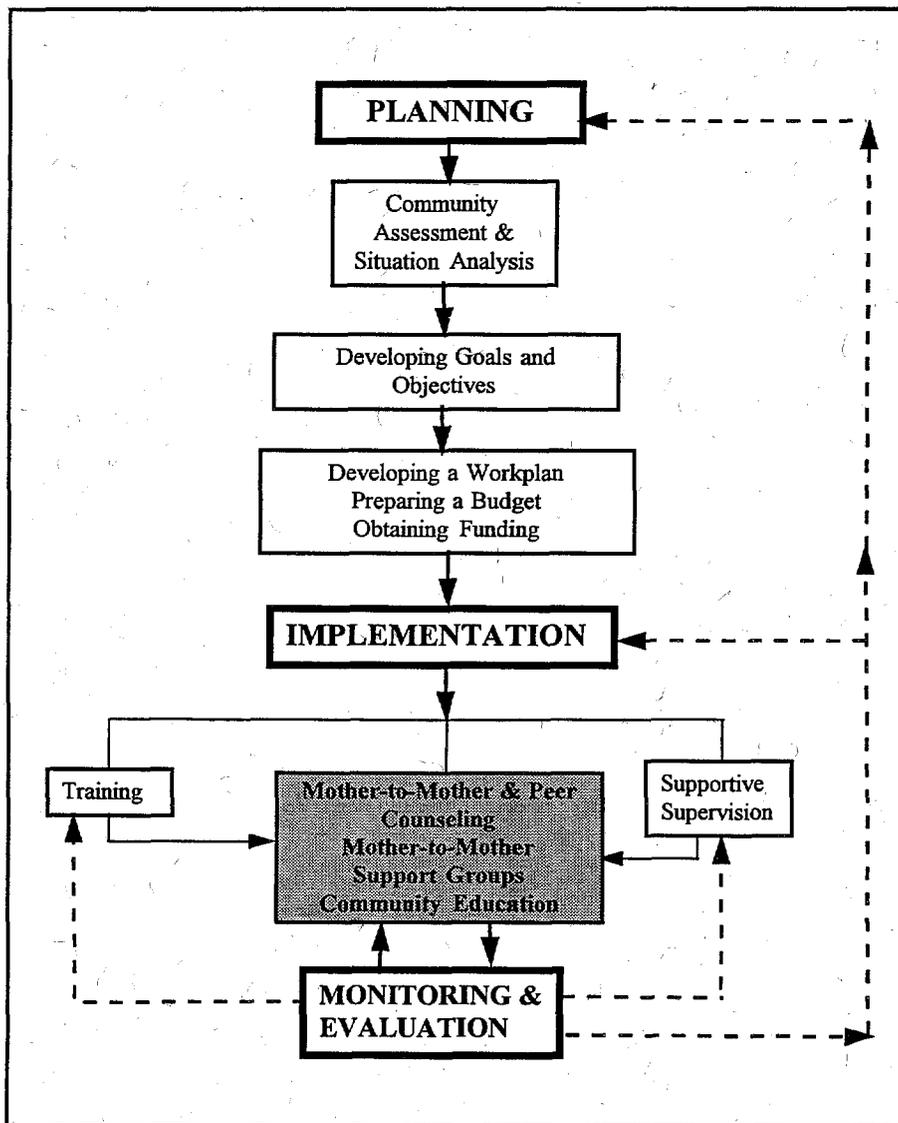
The recommendations that grew out of the situation analysis and strategic planning meeting helped to shape EPB's workplan for the remainder of the program. One priority was the development of a breastfeeding community support model. The term "community" can refer to several neighborhoods, a town, a city, or some other geographic region. For individuals working through the formal health system, "community" may mean their colleagues and clients. The term "support" implies sharing information in a culturally appropriate manner, modeling optimal breastfeeding practices, and enabling mothers to make informed choices among alternate behaviors.

Out of the experiences of EPB and other groups, the field testing of resource materials and tools, and the findings of research studies, a model emerged. The main elements of the Breastfeeding Community Support Model are planning, implementation, and monitoring and evaluation. These elements, as illustrated in the diagram below, are inter-related. For example, information collected during monitoring and evaluation feeds back into implementation and ultimately back to the beginning of the planning cycle. Neglecting any of the elements of the model will threaten the sustainability of a program.

The Breastfeeding Community Support Model is a process model incorporating components of community development, planning, management, and mother support models. Features of successful community-based breastfeeding support programs that use this model include:

- ◆ Community participation in planning and development of activities and materials;
- ◆ Mother-to-mother and peer counseling;
- ◆ Mother-to-mother support groups;
- ◆ Community educational sessions;
- ◆ A network of trained counselors, promoters, and health care workers;
- ◆ A system for supportive supervision; and,
- ◆ Program monitoring and evaluation.

BREASTFEEDING COMMUNITY SUPPORT MODEL



The shaded box in the diagram of the model indicates the importance placed on mother-to-mother and peer counseling, mother-to-mother support groups, and community education. The emphasis placed on these activities distinguishes the Breastfeeding Community Support Model from many community development models.

Lessons learned in the development and implementation of the Breastfeeding Community Support Model are described on the following pages. Elements of the Breastfeeding Community Support Model are discussed in-depth in several resources developed during EPB. These resources include:

- ◆ *Community-based Breastfeeding Support Trilogy*
 - A Planning Manual*
 - A Training Curriculum*
 - A Guide for Trainers and Supervisors*
- ◆ *Tool Kit for Monitoring and Evaluating Breastfeeding*

LESSONS LEARNED IN COMMUNITY OUTREACH

PLANNING

- ◆ *The planning process should involve the community in a community assessment.* Before developing interventions to support breastfeeding, an assessment should be conducted to gather information on prevailing breastfeeding practices in a community and the cultural, economic, and social factors that influence them. Identifications of community organizations and services that offer or could offer breastfeeding support is also important. Community participation in this process helps to raise consciousness and mobilize community support.
- ◆ *The UNICEF Triple A approach (Assessment, Analysis, and Action) is a valid approach for engaging the community in the planning process.* Through problem identification, the community is better able to identify potential target groups, interventions, and strategies. The strategy for addressing a problem, such as low rates of exclusive breastfeeding, will be influenced by an organization's priorities, target population, and resources. Activities chosen for applying the strategy should be selected with careful thought to ensure that the interventions are appropriate for the community and are an effective means for bringing about change.
- ◆ *Program activities should be carefully targeted.* Target populations of community-based counseling and support programs are usually pregnant women, mothers of infants, health workers, and family and community members who influence breastfeeding decisions. The following lessons about careful targeting of populations were learned through EPB and some of its research studies.
 - ▶ *Focus on first-time mothers.* Patterns of feeding and care established with the first child greatly influence patterns later used with other children.
 - ▶ *Focus on mothers during pregnancy and during the first week and month postpartum.* During pregnancy, most women think about how they will feed their infants after birth. The first week and month postpartum is another critical period because this is the time when mothers are likely to introduce non-breastmilk liquids.
 - ▶ *Design specific interventions for immediate family members and neighbors.* Fathers, grandmothers, and neighbors often influence a woman's breastfeeding decision.
 - ▶ *Target both urban and rural populations.* There are very few urban or rural areas of the world where exclusive breastfeeding continues for the recommended period of about six months. Assessments and formative research in many countries document this, as do the results of the Demographic and Health Surveys (DHS). In Uganda, where exclusive breastfeeding is reported to be very high, DHS data indicate that 30% of women introduce other substances before four months of age, even in rural areas.

IMPLEMENTATION

Individual Counseling, Support Groups, and Community Education

Activities in successful community-based breastfeeding programs often include interpersonal counseling, support groups, and community education. In a survey of 31 non-governmental organizations (NGOs) in Latin America that provide breastfeeding support, 68% reported that they offer individual and group counseling, 13% provide only individual counseling, and 19% counsel only through group meetings. There is a role for each type of activity, as indicated in the “lessons learned” below.

- ◆ *A network of trained and supervised breastfeeding counselors (usually mothers) living in the community is an effective way of improving availability, accessibility, and the quality of care.* Mother-to-mother support is a powerful strategy for catalyzing change and bringing knowledge to a community. The success of community-based counselors stems from their practical skills, knowledge and understanding of cultural norms, ability to provide ongoing support, personal commitment, effective communication, and rapport with mothers.
- ◆ *Mother-to-mother support groups play a key role in modeling behavior and in identifying future volunteers for community-based breastfeeding activities.* Support groups are low-cost vehicles for many kinds of health-promoting activities. Research indicates that support groups augment the effect of interpersonal counseling. Mother-to-mother support can take place in any meeting without it being specifically focused on breastfeeding, as long as the format is open and participatory, so that group members, not facilitators, “own” the meeting.
- ◆ *For sustainability of support groups, greater attention needs to be given to training and supervision of breastfeeding counselors.* There is a great deal of movement in and out of support groups. As long as a core group remains active, it will provide a base for future volunteers. Improving the quality of the meetings by using guidelines for making them forums for learning and mutual support can increase continued participation.
- ◆ *Home visits are an important means for promoting exclusive breastfeeding and may be the most sustainable aspect of community work in breastfeeding.* Home visits are particularly effective during the early weeks postpartum when women are establishing lactation. The combination of both home visits and support groups may have an even greater impact on exclusive breastfeeding rates than home visits alone. A recent analysis suggests that many breastfeeding counselors continue to make home visits years after support for program activities has ended; fewer counselors continue to conduct support group meetings.
- ◆ *Messages need to target key behaviors that impede optimal infant feeding.* An EPB research study in Mexico found that the prevalence of exclusive breastfeeding increased because breastfeeding counselors made home visits to women during pregnancy and the first few months postpartum. They tied their messages to key behaviors that had been identified during an ethnographic study of cultural beliefs and social influences associated with infant feeding practices rather than to more general messages frequently used in other projects.
- ◆ *Integration of breastfeeding support into other programs is feasible but is often not practiced.* Contacts with health workers at growth monitoring, prenatal, well baby, immunization, and family planning sessions offer excellent opportunities for individual counseling on breastfeeding. These opportunities are often lost because of a single-minded focus, insufficient knowledge about breastfeeding, and lack of counseling skills. A better understanding of the barriers to the integration of services is needed along with the development of different approaches for integration of breastfeeding in each sector.

Training

Individuals providing breastfeeding support are often peer counselors, health care professionals, hospital-based promoters, multi-purpose health care promoters, traditional health care providers, and breastfeeding advocates. The type of worker that is selected depends on a program's objectives and target population. For instance, a male health promoter or a single woman with no breastfeeding experience but with communication skills may be a good candidate for promoting breastfeeding at special community events. This person will not, however, be the best candidate for facilitating discussions at mother support group meetings.

Regardless of the type of service provider that is selected, some type of training will likely be required before many activities in community-based breastfeeding programs can proceed. Consequently, one of the top priorities at the beginning of a program is the development of a training plan. Listed below are lessons learned as they relate to training for community-based breastfeeding programs.

- ◆ *Health personnel at all levels need to have at least basic lactation management education (UNICEF eighteen-hour course or equivalent) before community-based training begins.* This training is essential to ensure credibility of community counselors and consistency of messages. It also increases the chances for the integration of breastfeeding in other community-based activities and enhances the ability of the health system to meet increased demands for breastfeeding services.
- ◆ *The long-term sustainability of community-based breastfeeding promotion is intimately linked to changes in the basic training of health professionals.* In-service training usually provides a basic, sometimes remedial understanding of the information, with no opportunity for hands-on practice. In the long run, pre-service education is a more cost-effective approach. It reaches all health workers, including those who work in the community and those who influence policies that affect community-based activities.
- ◆ *Many existing trainers will need additional training on breastfeeding, counseling skills, participatory training techniques, and adult learning principles.* Open, democratic group facilitation skills are not instinctive and may run counter to most individuals' experience in group settings, either through formal or adult education.
- ◆ *Improving the quality of care requires placing greater emphasis on improving the counseling skills of service providers.* Service providers, no matter how technically competent, need good counseling and interpersonal skills to effectively provide services to mothers and families. An approach to mothers that is based on listening and counseling rather than lecturing and "canned talks" is what is needed at all levels throughout the service delivery system, from hospital personnel to community volunteers.
- ◆ *A successful training model at the community level is practical and participatory.* It combines elements of apprenticeship/observation (such as learning by participating in a La Leche League support group); basic training in lactation management, counseling, and facilitation skills; refresher courses; and mentoring and modeling during supervisory visits. Training courses should be responsive to the experiences and needs of those being trained and provide opportunities to practice in the community or health clinics the skills that are taught.

Supervision

- ◆ *The model for supervision at the community level should be one of guidance, support, education, and encouragement.* This model focuses on people and ways to improve performance. It stands in contrast to models associated with inspection, control, and criticism. Although many organizations complain that supervision is difficult because of lack of staff, resources, or transport, there is no justifiable basis for neglecting supervision. Continual feedback provides valuable information on the status of activities. This sharing of information serves as the foundation for a monitoring system, indicates to field participants and the headquarters staff what adjustments may be needed in the program, and improves performance.

- ◆ *Supervision at the community level should focus on motivation of staff volunteers.* Staff retention helps to ensure continuity, build a network of experienced community-based workers, and reduce new training costs. Volunteers often quit because they lose interest, feel unappreciated, lack family support, seek paid employment, or become discouraged when mothers fail to attend meetings or change their behaviors immediately. Programs need to find ways of maintaining staff morale and enthusiasm. It helps to ask the volunteers themselves what is most important to them. In some cases this may be personal and public recognition, training, income-generating opportunities, or incentives, such as stipends, free medical services, or food rations.

Monitoring and Evaluation

- ◆ *Programs need to document coverage.* It is difficult to measure impact without knowing coverage. At present, very few community breastfeeding groups use instruments that can document coverage. Recognizing that many outreach programs neglect monitoring and evaluation, EPB developed a *Tool Kit for Monitoring and Evaluating Breastfeeding*. The guidelines suggest tools and indicators for measuring impact.
- ◆ *Mapping is an effective way of collecting "baseline" information on the number and location of pregnant women and mothers of infants in the community.* Community members can assist in mapping the program area. The information collected helps to establish a baseline against which program goals and coverage can be measured.
- ◆ *Community volunteers can effectively monitor outcomes.* A simple monitoring form for use during monthly home visits can be used to measure changes in breastfeeding practices. A few key breastfeeding indicators, such as those suggested by the World Health Organization, should be incorporated into the community assessment of all health or development interventions.
- ◆ *Implementation of monitoring and evaluation at the community level requires technical support at certain key points.* For example, assistance may be needed in helping the community in setting up the monitoring process, interpreting the data, and using the data for decision making and planning.

RECOMMENDATIONS FOR FUTURE PROGRAMMING

While the experience to date has been rich, there is considerably more to be done in expanding and strengthening community-based breastfeeding promotion. Recommendations for future efforts to promote, protect, and support breastfeeding at the community level are presented below.

- ◆ *Respond to focused requests from the field for technical assistance.* The role of projects such as EPB is that of facilitator, providing technical assistance to countries that must take responsibility for the development and implementation of their own national plans. Community organizations have requested assistance in designing monitoring systems, developing and pretesting materials, training staff, developing curricula, writing fund-raising proposals, and establishing electronic networks for the exchange of experiences. A key lesson learned through EPB is that technical assistance, to be helpful at the community level, should be:
 - ▶ Process oriented;
 - ▶ Intermittent, but consistent, for developing local capacities;
 - ▶ On-site, practical, and participatory (doing with as opposed to doing for);
 - ▶ Offered to self-selected participants based on interest and commitment;
 - ▶ Oriented toward information sharing and networking; and,
 - ▶ Supportive of data collection for analysis, decision making, and planning.
- ◆ *Strengthen established networks.* NGOs, with their vast networks, should be an integral part of any strategy to improve community-based breastfeeding programs. Some examples of work to be done that would be immediately helpful for NGOs include a thoughtful review of the indicators, suggested activities, and goals of the Private Voluntary

Organization (PVO) Child Survival matching grants program and development of a steering committee of emergency relief organizations to operationalize nutrition guidelines for emergencies.

- ◆ *Facilitate public-private partnerships.* It is important to ensure that the public sector's role in sustainability is understood and valued and to acknowledge the role of the private sector and its ability to "push" the formal health system to review and adopt innovations in service delivery.
- ◆ *Promote, disseminate, and adapt materials for community-based activities.* The resources that EPB has developed for community work are based on field experiences. With slight modifications and translations into local languages, the manuals, tool kits, counseling cards, and other resources can be used in a variety of settings.
- ◆ *Improve information exchange and communication.* Communications can be expanded and improved through:
 - ▶ An electronic international, regional, or national network of breastfeeding support organizations;
 - ▶ A mother support multi-language newsletter, available online;
 - ▶ A database of community-based support groups; and,
 - ▶ Interagency coordination.
- ◆ *Develop and test quality control monitoring instruments for health facilities.* These monitoring instruments could be used to assist hospitals and health centers in identifying ways to become more client-centered and supportive in their relationships with mothers.
- ◆ *Document program impacts.* Programs should continue to document the impact, long-term sustainability, and cost-effectiveness of activities, including programs in countries where some or all of the guidelines developed during EPB have been field-tested. These countries include Bolivia, Dominican Republic, Guatemala, Honduras, Mexico, Nicaragua, and Peru. Organizations in other regions should be identified that are interested in strengthening their capabilities and documenting impact through the use of EPB's management, monitoring, and evaluation guidelines. Another important activity should be documentation of the processes, outcomes, cost-effectiveness, and sustainability of several counseling and education models (counseling through home visits, support groups, community education, or various combinations of these forms of counseling).
- ◆ *Strengthen the management and administrative capacity of community-based organizations.* Many breastfeeding promotion and support programs are still in their infancy. They need assistance to improve the management of their organizations, including financial management and fund raising.
- ◆ *Expand and extend the experiences in Latin America and the Caribbean to other geographic regions.* The lessons learned in community-based breastfeeding support in Latin America have been rich and plentiful. The challenge now is to extend these opportunities and benefits to Africa and Asia.



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