



Programmatic Case Study No 2

Building Comprehensive Breastfeeding Programs at the National Level

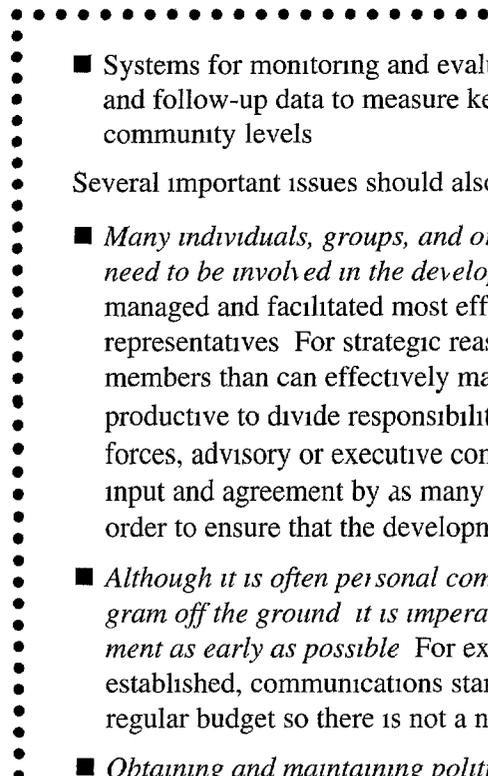
Elements of National Programs to Promote Optimal Infant Feeding

The development of a national program to promote optimal infant feeding is a complex, continuous process requiring the participation of multiple organizations working at all levels of development. Many aspects of the process will vary from country to country and over time as each national program is influenced by its unique external environment. Some programs are driven by or built upon existing initiatives that focus on a particular aspect of infant feeding promotion, such as the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI), others are incorporated at the national level into broader programs such as reproductive health or nutrition. Ideally, the scope of a national program to support optimal infant feeding should be comprehensive simultaneously focusing on breastfeeding, complementary feeding, maternal nutrition, and reproductive health/LAM (Lactational Amenorrhea Method of contraception). The most successful programs also integrate breastfeeding and related issues into as many Maternal and Child Health (MCH) and nutrition programs as possible.

A number of key elements should be included in national programs

- A full-time national program coordinator
- A national breastfeeding steering committee or commission
- Policies at the national and institutional level regarding infant feeding, LAM, and maternal nutrition, as well as national legislation related to the International Code of Marketing of Breastmilk Substitutes,
- Education and training strategies and programs including continuing education (inservice) and strengthening of health professional curricula (preservice),
- A community outreach component,
- An IEC/mass media/social marketing program that is coordinated with the community outreach and education and training components so messages to mothers, families, the general public, and health professionals are consistent
- A research agenda, including operations research to assist with problem-solving within the national program as well as basic clinical, epidemiological, and social research as necessary,

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- Systems for monitoring and evaluating program activities and collection of baseline and follow-up data to measure key infant feeding indicators at the health facility and community levels

Several important issues should also be considered as national programs are developed

- *Many individuals, groups, and organizations (governmental and non governmental) need to be involved in the development process* However, the process is ultimately managed and facilitated most effectively by a smaller active and influential core of representatives For strategic reasons a national commission may need to have more members than can effectively manage the program, but it may be more feasible and productive to divide responsibilities among smaller ad hoc working groups, task forces, advisory or executive committees, etc A full-time coordinator, selected with input and agreement by as many of the key stakeholders as possible, is necessary in order to ensure that the development process continues to move forward
- *Although it is often personal commitment and perseverance that get a national program off the ground it is imperative that attention be given to institutional development as early as possible* For example, essential management systems should be established, communications standardized, and program support included in the regular budget so there is not a need to rely fully on volunteerism over the long term
- *Obtaining and maintaining political commitment is crucial* This has been one of the clear advantages of the WHO/UNICEF approach to the BFHI However in order to expand many of the national infant feeding programs beyond BFHI policy-makers must be convinced that program activities benefit them directly by contributing to the fulfillment of their responsibilities and by furthering their careers For example, emphasizing the cost savings elements of breastfeeding promotion programs can be useful in gaining decision-maker support
- *Leadership and a "critical mass" of local technical expertise is essential* Without sufficient technical programmatic and administrative capability, a national program will lack depth and will ultimately be difficult to sustain

The Role of Wellstart International and its Associates in National Program Development

Although the specific elements scope and nature of national programs vary from country to country certain elements are important for any well-functioning national breastfeeding program—a national policy a national coordinator and/or committee, effective program activities at the national level etc The following countries participating in Wellstart's Lactation Management Education (LME) Program have a majority of these in place

Africa Burkina Faso Cameroon, Ghana Kenya Madagascar, Nigeria, Senegal Swaziland, Tanzania, Uganda, Zambia Zimbabwe

Latin America and the Caribbean Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras Mexico, Nicaragua, Uruguay

Asia China, Indonesia, Pakistan, Philippines, Thailand

Europe/Middle East/Newly Independent States (NIS) Armenia, Egypt, Georgia, Poland



Photo Wellstart

Wellstart's LME Program has contributed to national program development in these countries in several ways

- A number of professional-level teams and decision-makers have been chosen for LME Program participation because of the strategic roles they can play in developing or strengthening national programs. For example, recent teams from Chile, India, Senegal, Thailand, Zambia, and Zimbabwe were nominated expressly because they were in positions to influence national infant feeding policies and programs. Policy-makers have often been allowed to attend the first two weeks if they did not have the time to participate in the entire four-week entry course.
- The LME entry course includes a number of sessions and workshops designed specifically to assist in program development. A series of presentations and workshops on program planning and evaluation provide the teams with guidance on developing their own program plans, and plans developed by previous teams are shared so that the process builds on past work. Additional sessions on BFHI training and assessment, curriculum development, the Code of Marketing, social marketing and communications, women and work, community outreach, etc., also provide useful planning information. Throughout the course, exchange between teams with similar national needs and governmental structures is often very beneficial as well, and there is opportunity for discussion and critique when each team presents their plan to Wellstart faculty and the other participants on the last day.

Wellstart teams have been very active at the national program level on return from the LME course

- A number of Wellstart Associates serve as members of national breastfeeding commissions or steering committees. Wellstart Associates have also created or joined key national-level infant feeding associations (e.g., ULMET in Uganda and COTALMA in Bolivia), which serve as institutional members of national committees. In this way, national-level policy-making efforts benefit from consistent technical input.
- Wellstart Associates have served as national BFHI, breastfeeding, or nutrition program coordinators in at least 19 countries worldwide.
- Associates have participated in drafting key legislation affecting breastfeeding practices and programs. Often, such legislation is an outgrowth of national policy development. Some examples include infant feeding directives in countries of the former Soviet Union, the national rooming-in law in the Philippines, and laws pertaining to breastfeeding such as those in El Salvador. In many countries there is now nutrition legislation encompassing issues related to breastfeeding, maternity leave, and the International Code of Marketing.

Follow-up technical support by the Wellstart faculty has included providing assistance for a number of program development strategies

- Both the Expanded Promotion of Breastfeeding (EPB) Program and LME Program have sponsored and facilitated national policy development workshops (Senegal and Cameroon). These two Programs have been involved in the planning process for such workshops, as well as in reviewing draft policies, providing technical assistance, etc.
- Wellstart faculty have provided technical assistance to Wellstart Associates and other colleagues in Ministry of Health (MOH) working sessions to develop national breastfeeding program plans. Assistance has been provided in organizing and conducting national planning and evaluation.

Without sufficient technical, programmatic and administrative capability, a national program will lack depth and will ultimately be difficult to sustain.



Photo: Wellstart

Maintaining and increasing international pressure and governmental support is a key strategy for development of national policies and programs for breastfeeding.

workshops, with key national officials and Associates taking the lead in facilitating the process. In-country assistance has been provided for program development in Senegal and the Philippines, and for planning workshops in Bolivia, Cameroon, Dominican Republic, Egypt, Honduras, and Nicaragua, and is being planned for India in the near future.

- Wellstart has played an important role in planning and developing key elements of national programs, such as national breastfeeding training programs and centers, community outreach activities and the BFHI. Wellstart collaborated with WHO to develop *Promoting Breastfeeding in Health Facilities: A Short Course for Policy-makers and Administrators*, a tool that can be used to encourage support for the BFHI and provide decision-makers with the management guidelines necessary to provide adequate support for breastfeeding at the health facility level. The course was field-tested in Kenya, Saudi Arabia, and the United Kingdom, and is now being used by Associates and colleagues in a number of countries.
- Other strategies have been used to deal with specific decision-maker concerns. Questions related to the cost-effectiveness of national breastfeeding promotion programs have been addressed through collaboration on studies of the cost-effectiveness of hospital programs (such as the LAC/HNS Study sponsored by USAID). The *Workbook for Policy-makers: The Economic Value of Breastfeeding* (Levine et al.), has been helpful in calculating national-level costs and savings both through formal studies (El Salvador), and during “cost/savings exercises” in policy and planning workshops (Cameroon, Bolivia).

Strategies for fostering program development through “south-south” exchange and use of the Wellstart Associate network have included

- Promoting cross-fertilization through site visits, study tours, high governmental official delegations to neighboring countries, technical assistance in key areas of need (such as how to establish a national commission), regional workshops, and strategic planning sessions that foster intra-country or international exchanges of experiences.
- Fostering strategic exchanges within and among countries by means of regional meetings such as the regional Wellstart congresses in Bali and Oaxaca. Cross-pollination of ideas and strategies was a major purpose of these interactive regional congresses, which brought together the Associates as well as key policy-makers from each of these regions, often for the first time.

Strategies for collaborating with other donors at the international level have included

- Participating with other donors and NGOs in various donor coordination meetings and, whenever possible, involving Associates themselves as Wellstart organizational representatives.
- Coordinating with major initiatives such as the WHO/UNICEF Baby Friendly Hospital Initiative, which has been one of the most successful international health initiatives of its kind, with over 12,000 hospitals worldwide designated Baby Friendly

to date. The fact that a large number of Wellstart Associates and other national breastfeeding experts were already in place and “ready for action” was critical to the Initiative’s strong start. The international pressure for change that resulted from the BFHI was in turn a significant advantage for the Associates and others managing and providing technical support for national breastfeeding programs. Associates in several countries have been designated national BFHI coordinators, and many have served as master trainers and assessors.



Photo: Wellstart



- Maintaining and increasing international pressure and governmental support is a key strategy for development of national policies and programs for breastfeeding. The Innocenti Declaration, the World Summit for Children, World Health Assembly resolutions, and the BFHI all provide governments with guidelines on priorities and objectives. Regional and international policy conferences such as the International Conference on Nutrition, the International Conference on Population and Development, the Fourth World Conference on Women, etc. also help to set the policy-makers' agendas. As much as possible, breastfeeding should be incorporated into these international policy conferences. As a result, governments are more likely to be motivated to strengthen their national programs in response to international pressure and to act on the public promises for action made by their own senior officials during these forums.
- Involving Associates in the process of developing platforms, drafting resolutions, and influencing plans of action at these international policy events has had multiple benefits. Associates work to ensure that these documents and events receive needed technical input, link national-level efforts to the broader scope of international activities, and ensure that agreements made at the international level are instituted at an operational level.

It is essential that at least a small, knowledgeable team of technical infant feeding experts be in place at the national level before policy and program development work is actively pursued.

Lessons Learned

- *Strategic recruitment and selection of strong leaders to occupy key positions is important.* Directors or key staff from nutrition or MCH services and institutes with major responsibilities for national infant feeding programming have attended the LME entry course. In a number of countries, National Breastfeeding Coordinators have been sent to Wellstart for LME participation, while in others, high-level professionals have been appointed to this essential position upon their return. Associates have gone on to become medical school deans, undersecretaries of health, and in at least one case, Minister of Health. When teams entering the LME Program 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, the process of developing national programs has been considerably accelerated and strengthened.
- *Timing and order of contributions to strengthen national programs can be critical, but the most appropriate sequence depends on the local situation.* National policy development should always be part of the national program development process. 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 infant feeding experts 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.
- *Linking policy-makers with technical experts and program implementers is useful.* A key strategy of the Bali and Oaxaca regional congresses was to bring together Associates and national-level policy-makers (at least two from each country), for official and practical program planning. In many cases, these congresses provided the first oppor-

Breastfeeding promotion has the advantage of being related to a wide range of political agendas.

tunity 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, Kazakhstan, 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

- *Flexibility, creativity and strategic thinking is critical for effective national program development.* Technical assistance visits should be used strategically to bring together the appropriate “players” and serve as a catalyst for action. Outside experts can often be more convincing to decision-makers, particularly when the visit involves a high-profile event involving top-level policy-makers, the media, etc. In general, it is important to assess the target audience (i.e. policy-makers), and effectively communicate information about the program that will have direct benefit for them. For example, in Latin America the “First Ladies” meet regularly, and MCH issues are often in line with their priorities.

Strategies for Sustainability

Strategies for political, institutional, and programmatic sustainability must build on technical competency and allow a great deal of flexibility. It is essential to obtain and maintain a commitment to national breastfeeding programs on the part of policy- and decision-makers. Coordination and advocacy are necessary to maintain their support and participation, and it is important to help them understand the value of national breastfeeding programs relative to the challenges of implementation.

- *Demonstrate the benefits of national program development in terms of fulfilling responsibilities and meeting priorities.* 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 motivate policy-makers to find effective mechanisms for reaching those targets. National program results should be presented as a means of attaining those objectives.
- *Design activities/programs to match existing political agendas.* Breastfeeding promotion has the advantage of being related to a wide range of political agendas. If the primary 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.
- *Compile and utilize compelling data regarding costs and savings.* 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 leadership

- *Coordinate and collaborate to maximize resources and increase participation* 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
- *Sharing experiences, tools, etc , is 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

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Future Directions

In addition to building on these and other lessons learned, the following are priority activities for increasing the quantity quality and overall impact of national breastfeeding programs worldwide

- *Assess current national programs to determine ways in which they can be strengthened expanded and/or the experience adapted for application in other settings* A growing number of countries now have national policies and programs in place However, the coverage and quality of these programs vary widely Many existing programs should be encouraged to develop more of a multifaceted, coordinated approach including all major components national and institutional policy change, inservice and preservice education/training of health professionals, outreach to the community, information, education communication (IEC) and mass media campaigns, Code of Marketing enactment and monitoring, and monitoring/evaluation of key breastfeeding indicators Barriers problems, and challenges should be identified and systematically addressed

- *Provide technical assistance to facilitate the process of developing national policies and programs* For example, technical assistance can be provided in national breastfeeding policy development. Lawyers with experience in drafting Code of Marketing and maternity legislation can be identified and utilized. Experience and skills in strategic planning, national program planning and evaluation, and establishing national commissions/committees, etc. can be more effectively shared. Consultancies should always be organized to include strategies for effective transfer of knowledge and skills. 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.
- *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). Examples of tools developed by a variety of groups that have proven particularly useful, and could be more widely disseminated, include
 - National infant feeding policy examples,
 - Policy briefs on various issues of national importance (HIV/AIDS, reproductive health/LAM, feeding in refugee situations, etc.),
 - Generic or prototypical legislation, codes of marketing, policies, etc.,
 - Guidelines and agendas for national policy development workshops,
 - Guidelines, agendas, and session plans for planning and evaluation workshops,
 - Generic bylaws and other legal documents for national-level commissions, etc.,
 - Strategic Guidelines to Promote, Protect, and Support Breastfeeding (PRAIL),
 - WHO/Wellstart’s *Promoting Breastfeeding in Health Facilities: A Short Course for Policy-makers and Administrators*,
 - Guidelines for advocacy and strategic planning workshops,
 - Nurture’s *Workbook for Policy-Makers on the Economic Value of Breastfeeding*,
 - “Profiles” type computer demonstrations of the effects of various infant feeding strategies,
 - The EPB Program’s *Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs*
- *Encourage donor groups to emphasize comprehensive strategic planning rather than a piecemeal approach to carrying out programs* The current trend towards decentralization in decision-making and allocation of funds brings with it one major disadvantage—a tendency to underemphasize strategic thinking and the design of comprehensive approaches. The result tends to be a patchwork quilt of short-term activities based on a variety of changing factors and interests, rather than a well-coordinated program designed for sustainable results. Education of donor personnel will be required to help ensure that their decisions are based on technically sound and current information and experience. Incentives for results at the macro as well as micro levels should be built into donor organizations’ goals and objectives wherever possible.

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