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*Expanded Promotion of
Breastfeeding (EPB) Program*

Final Report (1991-1996)

November 1996



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Breastfeeding (EPB) Program***

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Overview of the Wellstart EPB/USAID Cooperative Agreement

Breastfeeding promotion is a highly cost-effective intervention that contributes to the U.S. Agency for International Development's (USAID) maternal health and child survival objectives. Breastfeeding saves about six million lives of infants annually and has the potential to save an additional one to two million infant lives if practiced exclusively. Breastfeeding also significantly contributes to reduced fertility worldwide. A recent study by the Latin America and Caribbean Health and Nutrition Sustainability (LAC/HNS) project showed that, by even the most conservative standards, breastfeeding promotion was one of the most cost-effective interventions for child survival, comparable to other conventional practices such as immunizations and oral rehydration therapy. Breastfeeding's impact is felt at an earlier age and is greater than that of oral rehydration therapy. Unlike immunizations, breastfeeding does not necessitate links with health services.

Despite these widely acknowledged benefits of breastfeeding (see also Figure 1), infant feeding practices throughout the world are suboptimal. These suboptimal practices contribute to increased infant morbidity and mortality, reductions in the world's food supply, and increased population growth. Of particular concern is the low prevalence of exclusive breastfeeding. Although breastfeeding is a cultural norm throughout much of the world, for the most part, this norm does not include exclusive breastfeeding until the infant is about six months of age.

To foster optimal breastfeeding practices, Wellstart International, through its Lactation Management Education (LME) and Expanded Promotion of Breastfeeding (EPB) programs, has played a pioneering role in USAID's initiative to expand breastfeeding promotion, protection, and support. Wellstart's breastfeeding promotion programs contribute to USAID's Population, Health, and Nutrition Center (PHNC) strategic objectives of: increased use of key child health and nutrition interventions; increased use of safe pregnancy, women's nutrition, family planning, and other key reproductive interventions; and, increased use by women and men of voluntary practices that contribute to reduced fertility.

The EPB Program was established in late 1991 through a Cooperative Agreement between USAID's Office of Health and Nutrition and Wellstart International to expand and enhance the work being done worldwide by Wellstart International staff, Wellstart Associates in the field, and others to promote optimal breastfeeding practices. It was envisioned that the program would help Wellstart strengthen its global "network of excellence" and broaden its capability to more effectively pursue its organizational mission: promoting family health



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through the global promotion of breastfeeding. In addition, it was anticipated that the EPB Program would allow Wellstart to expand its support for the design, implementation, and evaluation of multi-sectoral, integrated national programs that reach beyond hospitals and into communities to promote breastfeeding.

The main purpose of the EPB Program was to provide technical assistance to countries, organizations, and institutions to further breastfeeding promotion efforts using innovative strategies and approaches. While Wellstart EPB/USAID's Cooperative Agreement emphasized program intervention, the overarching goal was not just to undertake program activities, but to "test, expand, refine, and monitor practical and successful approaches to promoting and supporting optimal breastfeeding practices," and to increase knowledge of breastfeeding trends, key breastfeeding interventions, and cost-effectiveness of interventions.

Figure 1

What are the Benefits of Breastfeeding?

- ▶ Breastfeeding protects against infant illness and saves lives
- ▶ Breastfeeding contributes to birth spacing
- ▶ Breastfeeding means improved infant nutrition
- ▶ Breastfeeding maximizes the intellectual potential of infants
- ▶ Breastfeeding benefits maternal health
- ▶ Breastfeeding improves food security and saves money
- ▶ Breastfeeding protects the environment

What is Optimal Infant Feeding?

- ▶ Initiation of breastfeeding within one hour of birth
- ▶ Frequent, on-demand feeding (including night feeds)
- ▶ Exclusive breastfeeding until about six months of age
- ▶ Complementation of breastmilk with appropriate weaning foods at about six months of age
- ▶ Sustained breastfeeding well into the second year of life or beyond
- ▶ Increased breastfeeding frequency and continued feeding during illness, increased breastfeeding and feeding frequency after illness for catch-up growth

Specifically the program was designed to:

- ▶ Provide long-term technical assistance in up to ten priority countries;
- ▶ Provide short-term technical assistance to as many countries as possible;
- ▶ Undertake between seven and ten applied research studies on breastfeeding; and,
- ▶ Support, in a limited way, worldwide policy initiatives and other related activities that further breastfeeding promotion.

Over a five-year period (1991-1996), EPB met nearly all and surpassed many of these original objectives. In collaboration with colleagues from around the globe, EPB designed and tested a number of innovative strategies to increase optimal breastfeeding practices and offered a comprehensive approach to overcoming barriers to breastfeeding at all levels—national, institutional, community, and individual.

Nearly all the goals of the Cooperative Agreement were accomplished with a funding total of \$17.7 million (out of an estimated ceiling of \$30 million). EPB has worked in 34 countries in Africa, Asia and the Near East (ANE), Latin America and the Caribbean (LAC), and the Newly Independent States (NIS): long-term programs in twelve countries; needs-based initiatives in three regions; and, short-term technical assistance in nineteen countries. EPB supported thirteen applied research studies on breastfeeding.

Collaborating Partners

EPB worked as part of a team, collaborating with both international and local organizations. These collaborators included technical specialists through EPB's four major subcontractors:

- ▶ The Manoff Group
- ▶ The Population Council
- ▶ Nurture—Center to Prevent Childhood Malnutrition
- ▶ Georgetown University's Institute for Reproductive Health (IRH)

EPB worked with breastfeeding organizations such as IBFAN, LLL/I, and WABA, and other USAID-funded projects, such as BASICS, The EVALUATION Project, IMPACT, MotherCare, PRITECH, the RIM Project, and the WINS Project. At the national level, EPB has worked with many Ministries of Health (MOHs) and local private

EPB has worked in 34 countries to overcome barriers to breastfeeding at all levels—national, institutional, community, and individual.



A collaborative approach resulted in faster **progress** toward program goals and helped to ensure longer-term **sustainability** of efforts.



voluntary organizations (PVOs) and non-governmental organizations (NGOs), such as The Asia Foundation in Pakistan, CALMA in El Salvador, CENLAM in Mexico, SESPAS in the Dominican Republic, local NGOs in Nigeria, and local La Leche League chapters in Guatemala, Mexico, and Honduras. At national, regional, and international levels, EPB has collaborated in policy, training, and programmatic efforts with CARE, CRS, IRC, PAHO, UNHCR, UNICEF, WHO, and the World Bank.

This collaborative approach enhanced coordination and integration, fostered strong professional links, reduced costs through leveraged funding, and expanded beneficiary and organizational coverage. It also resulted in faster progress toward program goals and helped to ensure longer-term sustainability of efforts.

The Experience of EPB

Assistance was offered in the technical areas defined below and more fully described in the following pages:

- ▶ *National Breastfeeding Programs*—National program design and implementation including analysis of infant feeding practices, strategic planning, policy design and implementation, training, research, social marketing and communications, and limited monitoring and evaluation.
- ▶ *Policy*—Development of international, national, and institutional-level policies to support and promote optimal infant feeding practices, including formulation of policy through in-country or regional workshops.
- ▶ *Training*—Development of appropriate, competency-based curricula and the institutionalization of a cadre of master trainers to implement training programs for facility- and community-based health care providers. Training strategy development and the provision of training and capacity-building in related technical areas (e.g., social marketing, research, community-based approaches, etc.)
- ▶ *Community Outreach*—Community-based support for breastfeeding women with particular emphasis on mother-to-mother support and support for working mothers.
- ▶ *Social Marketing and Communications*—Social marketing and communications activities including formative research, cultural and behavioral studies, and development and testing of communication strategies and materials.

- ▶ *Monitoring and Evaluation*—Monitoring and evaluation activities to obtain information to enable policy makers, program managers, and implementers to determine the effectiveness of strategies and interventions to increase and improve infant feeding practices.
- ▶ *Applied Research*—Support for research to expand programmatic, socio-cultural, and biomedical knowledge about breastfeeding for policy makers and program managers.

Major EPB Accomplishments

EPB designed and tested innovative breastfeeding promotion strategies, working towards integration of the programmatic components mentioned above. Almost all of the countries with which EPB worked achieved some policy reform. Many officials from MOHs, health care providers, and community workers in EPB program countries received training in lactation management and/or training-of-trainer techniques and adult learning principles to help them build a cadre of master trainers in-country. All EPB countries also received breastfeeding materials for reproduction and dissemination. Continuing in the Wellstart tradition of empowerment through education, EPB developed collaborative partnerships, transferred knowledge and skills, and strengthened local capabilities whenever possible.

The countries in which EPB worked included:

- ▶ Four long-term country programs with Resident Advisors: Dominican Republic, Georgia, Honduras, and Nigeria.
- ▶ Eleven long-term country or regional programs with no Resident Advisor: Africa Regional Training Initiative, Armenia, Cameroon (with an in-country program administrator), Kazakstan, Mexico, Nicaragua, Pakistan, Plan for Integrated Actions in Latin America and the Caribbean (PRAIL), Rwanda (with a short-term in-country advisor), Senegal, and the Initiative on Maternal and Child Feeding in Emergency Humanitarian Assistance.
- ▶ Short-term technical assistance to nineteen other countries. In *Africa*: Guinea, Madagascar, Malawi, Uganda. In the *ANE/NIS* regions: Egypt, Indonesia, Central Asian Republics (CAR) [Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan], the Philippines, the Western Newly Independent States (WNIS) [Belarus, Moldova, and Ukraine]. In the *LAC* region: Bolivia, Colombia, El Salvador, Guatemala, Peru.

There were other EPB Program achievements:

- ▶ A number of key breastfeeding policy issues were addressed through a variety of mechanisms. These issues included: breastfeeding and the environment, economic benefits of breastfeeding, food security, women and work, mother-to-mother support, breastmilk expression and storage, breastfeeding in emergencies, the role of breastfeeding in reproductive health and family planning, cost-effectiveness of breastfeeding promotion, and HIV transmission and breastfeeding. Frequently, policy documents were used in national and international policy arenas.
- ▶ EPB successfully lobbied for the inclusion of breastfeeding language in final documents from five international conferences: United Nations Conference on Environment and Development (UNCED) in 1992, International Conference on Nutrition (ICN) in 1993, International Conference on Population and Development (ICPD) in 1994, World Summit for Social Development (WSSD) in 1995, and Fourth World Conference on Women (FWCW) in 1995.
- ▶ EPB coordinated two major regional reproductive health conferences for USAID in the CAR and WNIS.
- ▶ Numerous products, materials, and tools designed to aid breastfeeding promotion efforts in four languages (English, Spanish, French, and Russian) were developed and strategically disseminated to individuals and organizations in more than 60 countries.
- ▶ In close collaboration with UNICEF and others, EPB supported the training of more than 7,500 health professionals (at hospital and primary health care levels) and 950 community workers in lactation management in fourteen countries. EPB also supported 75 participants in Wellstart's LME Program and trained over 350 health professionals and community workers in training-of-trainer skills and adult learning principles. These health care professionals have become a core of master trainers in their countries.
- ▶ Nine curricula for in-service training of physicians, nurses, midwives, and community workers in lactation management, the Baby-Friendly Hospital Initiative (BFHI), and diarrheal disease/breastfeeding were developed and/or revised in three languages for use in Cameroon, Dominican Republic, Georgia, Honduras, Mexico, Nigeria, Peru, and Uganda.
- ▶ A trilogy of manuals for training in community-based breastfeeding support was developed in English, Spanish, and French. These were used in Honduras, Madagascar, Nicaragua, and El Salvador to aid development of community-based initiatives.

- ▶ In collaboration with Wellstart LME, EPB contributed to pre-service curricula reform in Dominican Republic; Eastern, Central, and Southern Africa (ECSA); and, Honduras.
- ▶ National assessments of breastfeeding practices and promotion were conducted in eight countries (Cameroon, El Salvador, Guinea, Nicaragua, Nigeria, Peru, Rwanda, and Senegal) with “rapid breastfeeding assessments” conducted in four additional countries (Armenia, Georgia, and WNIS [Ukraine and Moldova]). EPB assessments were completed with host country counterparts and were an important component in planning and developing country program activities.
- ▶ Qualitative research on infant feeding practices was conducted in seven countries (Kazakhstan, Malawi, Nicaragua, Nigeria, Rwanda, Senegal, and Uganda) and used by program planners and ministry personnel to identify barriers to optimal infant feeding and develop social marketing messages designed to overcome those barriers.
- ▶ Social marketing materials, using mass media, counseling cards, information sheets, posters, videos, and/or audiotapes, were developed and used as part of breastfeeding promotion activities in Armenia, Cameroon, Nicaragua, Nigeria, Pakistan, and Senegal.
- ▶ A Tool Kit was developed (in English, Spanish, and French) to provide program managers with practical methods and appropriate indicators to facilitate the monitoring and evaluation of breastfeeding practices and programs.
- ▶ EPB conducted a baseline survey of infant health and feeding practices to evaluate community-based breastfeeding promotion activities in Honduras and developed preliminary case studies of breastfeeding promotion programs in four countries (Armenia, Cameroon, Honduras, and Kazakhstan).
- ▶ EPB developed the Lactation Trends (LACT) Database on standardized breastfeeding indicators to assess breastfeeding trends and identify areas of complementary action.
- ▶ Thirteen applied research studies on various breastfeeding topics were conducted that included appropriate program and policy recommendations in ten countries (Barbados, Chile, Honduras, Kenya, Lesotho, Malawi, Peru, Mexico [3], Philippines [2], and Uganda). Research topics included: the effect of exclusive breastfeeding on low birth weight infants; the effect of home-based counseling on exclusive breastfeeding; and, the effect of clinical support on breastfeeding among working women.
- ▶ EPB also completed additional research in the areas of contamination of breastmilk in Kazakhstan and breastfeeding in emergency situations (by conducting a rapid

assessment, including program and policy recommendations, of infant feeding in a Rwandan refugee camp in Tanzania).

Evolution of a Model for National Breastfeeding Programs

As the EPB Program began, it became clear that early expectations of developing comprehensive country programs that included all five technical areas of policy, training, community outreach, social marketing and communications, and applied research as defined in the Cooperative Agreement were unrealistic. Although the majority of EPB country programs were initially designed within this framework, as program work proceeded, such a broad scope in each country was considered inappropriate. (Technical assistance provided by EPB in long-term country and regional programs is documented in Figure 2.)

Each country had diverse needs requiring custom-tailored assistance. In-country human resources were not always available to address all technical areas at once. Within a given country, the type of health care system and the degree of previous breastfeeding promotion activities affected the approach taken by EPB. For example, in a country with a high percentage of hospital births, changes in hospital practices were an effective way to initiate breastfeeding promotion activities. However, in countries such as Pakistan, where most births take place outside of health facilities, social marketing efforts were more likely to reach a greater number of mothers.

In addition, funding for such a broad scope of activities in many countries was unavailable. The levels of USAID mission interest and available donor and government funding determined how much could be done. The time needed to develop each of the specific country components was considerable, and a time schedule could not be arbitrarily imposed. The experience of EPB underscored the need for the impetus for change, as well as the development of country programs, to be generated from within the country and not driven by outside interests or agendas.

EPB found that if it responded to country requests from USAID Missions, MOHs, and NGOs for assistance on discrete activities, better results were achieved. EPB offered technical assistance "cafeteria style" (across a range of program components) from which country representatives made an informed choice (with input and guidance from USAID Missions' strategic plans, EPB qualitative research, needs assessments, etc.) about which activities best suited their needs. This approach allowed activities to be politically feasible, culturally acceptable, and easily integrated into the country's own broader plan for breastfeeding and overall health and nutrition strategies.

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Figure 2*EPB Technical Assistance by Long-term Country and Regional Program*

Long-term Country Program	Resident Advisor	Policy	Training	Community Outreach	Social Marketing			Applied Research	Monitoring & Evaluation
					Assessment	Qualitative Research	IEC		
Africa Regional Training			✓						✓
Armenia			✓		✓		✓		✓
Cameroon		✓	✓		✓		✓		✓
Dominican Republic	✓	✓	✓	✓					
Emergency Humanitarian Assistance		✓	✓					✓	
Georgia	✓	✓	✓	✓	✓				
Honduras	✓	✓	✓	✓				✓	✓
Kazakstan			✓		✓*	✓		✓	✓
Mexico			✓	✓				✓	
Nicaragua			✓	✓	✓	✓	✓		
Nigeria	✓		✓		✓	✓	✓		✓
Pakistan			✓	✓			✓		
PRAIL		✓	✓						
Rwanda			✓		✓	✓			
Senegal		✓	✓		✓	✓	✓		

*A needs assessment was conducted for the Central Asian region as a whole, including Kazakstan.

Successes and failures in country programming work were not therefore merely measured against the inclusion of all five technical areas in every country, but, more importantly, against policy and behavior changes in relation to specific activities. It became clear early on that measurable, broad, population-based behavior changes were unlikely to occur in a country within the five-year span of the EPB Program, and should ultimately be measured over a longer period of time.

*Participation in international conferences helped to build up an extensive network of Institutional support for breastfeeding policy reform, particularly when **In-country representatives** were actively involved.*



Policy

Substantial work was done by EPB in breastfeeding policy in seven countries and two regions, yet it is difficult to assess the specific impact of most policy activities. For example, while policy workshops appear to help develop momentum for breastfeeding promotion efforts and thus seem to act as a catalyst for activities, it is often difficult to document a concrete result. EPB assisted in developing and implementing seven national and two regional policies that support and promote breastfeeding and conducted national policy workshops in several of its long-term country programs. EPB also helped develop a wide variety of institutional policies (in hospitals, through national breastfeeding centers, and within NGOs). In addition to providing technical assistance to develop national and institutional policies, EPB helped to develop country and regional breastfeeding strategies in collaboration with WHO, PAHO, and UNICEF.

EPB helped to ensure that breastfeeding issues were included in preliminary and final conference documents for five international conferences (UNCED, ICN, ICPD, WSSD, and FWCW). EPB also participated in and contributed to the UNHCR/ACC/SCN Workshop on Nutrition in Emergencies as well as the UNHCR/UNFPA Symposium on Reproductive Health and Refugees. EPB's experience was that participation in international conferences helped to build up an extensive network of institutional support for breastfeeding policy reform, particularly when in-country representatives were actively involved. The long-term impact of EPB's participation in these international conferences will be tested by whether or not formal policy statements will be translated into programs that are supported by adequate financial resources. The active involvement of key in-country representatives should help make this translation process more successful.

Policies and guidelines were also drafted to provide technical information and to motivate various target audiences to support and promote breastfeeding. Breastfeeding issues that were addressed included: breastfeeding and the environment, economic benefits of breastfeeding, food security, women and work, mother-to-mother support, breastmilk expression and storage, breastfeeding in emergencies, the role of breastfeeding in reproductive health and family planning, cost-effectiveness of breastfeeding, and HIV transmission and breastfeeding.

EPB discovered that countries where the remains of authoritarian systems exist can serve as fertile ground for rapid and effective policy reform. In the NIS, for example, certain changes in hospital practices were relatively easy to implement due to the high percentage of hospital births and a government system through which policies could be easily changed throughout the country via MOH directives.

Training

Improving the knowledge and skills of health professionals in lactation management can lead to more successful breastfeeding experiences for women, especially in the time surrounding delivery. Problems that can lead to early termination of breastfeeding or inappropriate use of supplements can be avoided if health professionals have the skills needed to help counsel mothers. More often, however, training is needed to address inappropriate advice given to mothers based on previously taught views about breastfeeding or on cultural factors affecting health professionals. Providing health professionals with up-to-date information on the benefits of exclusive breastfeeding and how to manage lactation combined with teaching them supportive counseling skills can lead to improved care for breastfeeding women. EPB worked with Wellstart's LME Program, UNICEF/WHO's BFHI, and others to develop strategies, tools, and resources for training health workers.

EPB training activities occurred in fourteen countries: Brazil, Cameroon, Colombia, Dominican Republic, El Salvador, Georgia, Honduras, Indonesia, Mexico, Nicaragua, Nigeria, Pakistan, Peru, and Uganda. EPB assisted MOHs, international and local PVOs and NGOs, community groups, universities, breastfeeding training centers, and other public and private entities in the design of cost-effective training strategies, the development of competency-based training curricula, the implementation of training-of-trainers workshops to develop an in-country core of master trainers, and the adaptation of supportive materials for successfully implementing facility-based and community-level training programs. South-to-south sharing of materials, trainers, and experiences was a key feature of EPB's overall training strategy.

EPB's experience in training health professionals and community workers has shown that:

- ▶ Training is most effective when a long-term training strategy is utilized;
- ▶ Developing a core of master trainers in-country helps to institutionalize training skills to more effectively implement ongoing training programs;
- ▶ While content training is essential, training in teaching techniques and effective counseling is also important for a successful training component;
- ▶ Monitoring of training activities is most helpful when the *proportions* (not merely numbers) of staff trained within a particular facility or region are assessed; and,
- ▶ Pre-service curricular reform is more cost-effective than in-service training in the long run.

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Community Outreach

Expansion of breastfeeding support beyond hospitals and health facilities and into the community was a major focus of the EPB Program. Although there was no consensus on how best to provide community-based breastfeeding support early on, EPB began to identify programs and strategies for community-based breastfeeding support with the intention of gaining knowledge, building on experience, and advancing the “state of the art.” Many of the earliest programs that tested models for breastfeeding support in the community were in Latin America, with Honduras the most notable. EPB documented the process of developing community support in Honduras.

The community work in Honduras yielded important generic lessons and underscored the belief that support mechanisms for breastfeeding at the community level work. Tools, such as a supportive supervision system for community workers, were effective. Developing a cadre of volunteers was one way to create a grassroots, community network, although it was essential that there be a functioning organization to provide the oversight, training, and supervision of volunteer counselors. This could be an organization focused specifically on breastfeeding, such as La Leche League in Honduras, or it could be another independent NGO which works with volunteer workers in other health sectors.

Breastfeeding offers a link to the community and can serve as a bridge to improvement and expansion of other primary health care activities at the community-level. There is growing evidence that programs that are mother-centered and offer good counseling and support can increase and improve breastfeeding practices. It is useful to stress the public-private partnerships to expand coverage and services that can, in some countries, provide models for government and motivate the public sector to strengthen breastfeeding support activities.

Because MOHs have generally not been able to provide continuous supervision of volunteers due to financial, logistical, and staff constraints, it has been difficult for them to develop a network of breastfeeding support without a link to an NGO that takes the lead in this activity. More exploration is needed, however, of how to encourage female health volunteers who focus on other topics in the community to include counseling and breastfeeding support in their efforts. Also necessary is the transfer and adaptation of EPB’s experience and approaches to community-based breastfeeding support in Latin America to other countries and regions.

Community-based promotion activities with support from EPB have occurred in Bolivia, Dominican Republic, Guatemala, Honduras, Mexico, Nicaragua, and throughout the LAC region in close collaboration with PAHO. EPB provided technical assistance and training in numerous countries, financed a technical advisory meeting on mother-to-mother support,

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and assisted with the development of a *Strategic Plan for Development of Community Support Systems in Latin America*. A series of materials entitled *Community-based Breastfeeding Support* was developed, field tested, and used to strengthen the promotion and support of breastfeeding at the community level. The trilogy includes: *A Planning Manual*; *A Training Curriculum*; and, *A Guide for Trainers and Supervisors*.

A summary piece on the outreach program *Nurturing Our Communities: Lessons Learned in Community Outreach in the Latin America and Caribbean Region* points out several key lessons learned:

- ▶ A network of trained and supervised breastfeeding counselors living in the community is an effective way of improving availability, accessibility, and quality of care;
- ▶ Counseling messages need to target key behaviors that impede optimal infant feeding;
- ▶ Mother-to-mother support groups play a key role in modeling behavior and in identifying future volunteers for community-based breastfeeding activities; and,
- ▶ To ensure long-term sustainability of community-based breastfeeding promotion, changes in the basic training of health professionals are necessary to reinforce community efforts and avoid sending mixed messages to mothers.

Social Marketing and Communications

EPB gained experience in the promotion of breastfeeding through communications and social marketing, although this was ultimately an area with limited emphasis in EPB programs due to the level of field support funds available. EPB examined infant feeding behaviors and the structural and socio-cultural context of these behaviors through qualitative research conducted in collaboration with The Manoff Group in seven countries—Kazakhstan, Malawi, Nicaragua, Nigeria, Rwanda, Senegal, and Uganda. In addition, The Manoff Group and EPB developed a *Guide to Qualitative Research for Improving Breastfeeding Practices* to help program planners and managers identify obstacles to optimal breastfeeding, define practically feasible and technically effective interventions to improve breastfeeding practices, and design a strategy for promoting these practices.

EPB also applied social marketing skills in such areas as communication strategies development, materials development, and information dissemination. In close collaboration with in-country partners, EPB developed educational materials and posters, counseling cards, community/women's information, and videos on women's work and breastfeeding.

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In addition, national efforts to promote and support breastfeeding using mass media were designed and implemented in Armenia, Nicaragua, Nigeria, and Senegal.

Social marketing experience from Armenia, Cameroon, Nicaragua, Nigeria, and Pakistan indicates that messages about breastfeeding need to be specific and targeted to appropriate groups, such as fathers and other family members. Messages need to be tailored to specific behaviors, for example, addressing the concern of mothers in many places that babies need water from an early age. Other messages should be designed for health personnel to reinforce training they have received about breastfeeding and lactation management issues.

Experience in Armenia showed that it was possible to tailor messages for health workers and to focus on hospital practices through a mass media campaign. This campaign, in coordination with other breastfeeding promotion efforts by UNICEF and the MOH, managed to produce changes in postpartum hospital practices, as well as to improve knowledge levels among health care providers and mothers.

EPB learned that qualitative research could provide valuable insights into the breastfeeding practices and beliefs in a given community and was an important step in the development of messages, information, and materials, as well as essential for good program planning. Messages were most effective when they were designed with input from the community and arose from knowledge about local practices and conditions.

Monitoring and Evaluation

The delayed establishment of an evaluation component within the EPB Program meant that a comprehensive evaluation program was not possible. EPB evaluation efforts therefore focused on completing evaluation activities that would document progress in active EPB-supported program activities and provide a foundation for follow-on work as well as enhancing efforts for future breastfeeding evaluation activities. *A Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs* was therefore developed to provide program managers with practical methods to facilitate the monitoring and evaluation of breastfeeding programs and practices.

Other EPB evaluation activities included development of a global breastfeeding trends database (LACT) which, in the interest of sustainability, was passed on to WHO. EPB also conducted a baseline survey in Honduras to evaluate community-based breastfeeding promotion activities in two health areas and developed preliminary case studies of national breastfeeding programs in Armenia, Cameroon, Honduras, and Kazakstan.

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*It is critical to introduce and **Integrate** the process of evaluation into the **planning** of programs in such a way that information on program status makes early as well as mid-course corrections possible.*

Much work remains to be done to help program planners and counterparts understand that evaluation is not merely a reporting mechanism to satisfy funders that money has been well spent. If the process of integrating monitoring and evaluation into the program development and management process is to succeed, evaluation cannot be treated as an adjunct to programmatic activities. Rather, it is critical to introduce and integrate the process of evaluation into the planning of programs in such a way that information on program status makes early as well as mid-course corrections possible.

A number of technical issues must be addressed to improve evaluation quality. For example, in contrast with many other health practices, the appropriateness of infant feeding practices is closely linked to the age of the child. Where possible, calculated rather than reported age should be used. The *Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs* provides guidance on the accurate calculation of infant age. Guidance is also provided on other issues, including how to appropriately compare the breastfeeding rates of two or more groups of infants (for example, comparisons of infants from two different geographic areas or comparisons of infants from the same population measured at different points in time) and how to appropriately select a sample on which to measure breastfeeding duration.

Applied Research

Despite the vast amount of information available in the literature on human lactation and breastfeeding, specific information necessary to improve the efficacy and efficiency of interventions designed to extend the duration of exclusive breastfeeding is lacking. The goal of EPB's Applied Research Program was to provide policy makers and program managers with information that could assist in the design, execution, and evaluation of programs and policies to promote exclusive breastfeeding and other optimal breastfeeding practices in developing countries.

EPB's Applied Research Program supported thirteen competitive research projects on breastfeeding, divided into three overarching issues: 1) What policies and programs are best suited to extend the duration of exclusive breastfeeding? 2) Why do some mothers exclusively breastfeed for the recommended length of time while others do not? and, 3) What constitutes the optimal length of exclusive breastfeeding during infancy?

In addition, data was collected and analyzed on both breastmilk sufficiency and contaminants in breastmilk in Kazakstan. Literature reviews on breastmilk expression, storage, and feeding were used to design research protocols for future investigation. EPB

Researchers focusing on breastfeeding topics should **begin** by working with program managers and staff to identify what **programmatic** questions need to be answered.



also conducted policy initiatives and research on infant feeding in refugee situations. Scientific data was reviewed on vertical transmission of HIV/AIDS through breastmilk in comparison with alternative risks. Other issues addressed included: a scientific basis for optimal breastfeeding, a policy summary on the cost-effectiveness of hospital-based breastfeeding promotion, and a technical paper on births averted through breastfeeding. Transfer of knowledge and skills in the area of applied research also occurred through the provision of technical assistance and the involvement of in-country researchers.

Lessons learned from the Applied Research Program have led to recommendations that:

- ▶ Researchers focusing on breastfeeding topics should begin by working with program managers and staff to identify what programmatic questions need to be answered, rather than asking what are the programmatic implications of their research once the research is completed; and,
- ▶ Research should be intervention focused so that the effectiveness of various strategies to improve breastfeeding practices are tested.

Challenges and Recommendations for the Future

Internationally, EPB attempted to raise and address priority issues of concern to those involved in breastfeeding promotion, particularly related to community-based support. One such issue was the role of breastfeeding at the country level. The benefits of “scaling up” to a national effort, generally through the public sector, have been discussed often with respect to breastfeeding programs. While this approach has been the objective with high profile national family planning programs and immunization programs, this may not always be the best strategy for breastfeeding promotion due to the type of interventions and support needed, especially at the community level.

Instead, it may be preferable to emphasize *expansion* of what is known and what works, based on experience from the field. In many places, it has proven useful to work toward the integration of breastfeeding into other health activities such as child survival and family planning, while remembering that integration is a means to an end and not the endpoint itself. Building on existing resources and coordination with other service delivery efforts and true integration will benefit not only breastfeeding but other health activities as well.

The evidence for breastfeeding is strong as a cost-effective, culturally acceptable, and powerful force for decreasing millions of infant and child deaths each year due to pneumonia and diarrhea. The challenge is to convince policy makers, planners, and donors to

implement breastfeeding promotion as a priority activity and to give them the tools and the resources they need to successfully implement long-term sustainable efforts to promote, protect, and support breastfeeding.

Throughout this project, EPB fostered numerous discussions with USAID and other collaborating organizations about the future of breastfeeding promotion activities based on EPB achievements. The culmination of these discussions took place at EPB's final dissemination workshop entitled *Breastfeeding: Promoting Links for Life*. This symposium outlined the importance of reaching women directly and concluded that much remains to be done in community outreach and social marketing to meet this objective.

Future activities should continue to promote optimal breastfeeding beyond the medical establishment and impact the community directly through mother-to-mother support groups and other community-based interventions, social marketing to change attitudes toward breastfeeding by directing messages at whole communities and not just mothers, and, improvement of workplace policies that are not supportive of lactating women. Much work also remains to be done, through monitoring and evaluation, to measure the overall effect of breastfeeding promotion efforts on target beneficiaries. Specific recommendations by technical area are given below.

Policy—It is essential for future programs to capture the momentum created by recent international policy advances so that new efforts can build on the accomplishments, models, and experience of the past.

Information is an important tool for policy reform and one that EPB used extensively. Information that is timely, relevant, and “framed” for the appropriate audience of policy makers is crucial in effecting policy changes. For example, when the benefits and the cost-effectiveness of breastfeeding are presented to financial planners, the chances of policy change and implementation are greater. The policy reform process is a long-term incremental activity that is difficult to short cut. Most changes in country policies have come about as a result of systematic approaches to understanding the problem, offering solutions, and facilitating political support and consensus on change. It is important that specific action plans and implementation strategies be available to stimulate debate and/or to move to actual program development and implementation.

Training—Future training activities should be focused primarily on integrating breastfeeding into pre-service curricula. This would ensure that countries are not completely dependent on in-service training programs to train health care providers at all levels, which can be costly and time-consuming to implement and ultimately do not lead to long-term change.

Community Outreach—While the experience in community outreach efforts to date has been substantial, there is considerably more to be done to expand and strengthen community-based breastfeeding promotion. It will be important to document program impacts, processes, and outcomes, comparing the cost-effectiveness and sustainability of various models (counseling through home visits, support groups, community education, etc.). Recommendations for future efforts to promote, protect, and support breastfeeding at the community level include: offering technical assistance to field programs; dissemination and adaptation of materials for community-based activities; facilitation of public-private partnerships; strengthening of established networks and programs; and, improved information exchange and communication.

Social Marketing—In social marketing, an important challenge for the future will be to follow up on behavioral change programs that EPB helped initiate. Ongoing monitoring and evaluation of the wide variety of materials and messages that EPB tested and disseminated are needed so that future interventions can be guided by careful examination of the results of these past efforts.

Monitoring and Evaluation—In the area of evaluation, assistance and guidance in the use of the *Tool Kit for Monitoring and Evaluating Breastfeeding Practices and Programs* is recommended to improve the monitoring and evaluation of all types of breastfeeding interventions. Future evaluation resources will have to be balanced to meet several competing demands. There is a need for long-term, sustained, and intensive work with a few programs to enable the development of models for comprehensive programmatic evaluation. These efforts will show the value that evaluation activities can bring to breastfeeding promotion programs, as well as help further develop tools and strategies upon which other program evaluation activities can be modeled.

At the same time, there is a need for responsive, flexible, and sufficient capacity to respond to requests from the field for technical assistance in monitoring and evaluation. The development of local capacity will require sufficient technical support at certain key points. In particular, assistance is likely to be required in the design and establishment of a monitoring system, in interpreting the data, and in using the data for decision-making and planning.

Relatively more progress has been made on evaluation of facility-based than on community-based breastfeeding promotion. There are particular challenges related to the monitoring and evaluation of community-based activities that should be addressed. These include the need to develop strategies to make evaluation and monitoring activities participatory in nature, involving local counterparts in the determination of the focus of monitoring efforts, data collection, and use of the data for decision-making. There is also need to document

processes at the community-level that lead to institutionalization and long-term sustainability, as well as cost-effectiveness of program activities.

Research—Future research efforts on breastfeeding topics should focus on testing the effectiveness and cost-effectiveness of various interventions aimed at increasing the duration of exclusive breastfeeding and, in particular, targeting the first week and month postpartum.

EPB has laid groundwork in the global promotion of optimal breastfeeding practices. Unlike other interventions, such as programs to address diarrheal disease and malnutrition, breastfeeding promotion is unusual in that the first step is to convince individuals and policy makers that a breastfeeding *problem* exists. In most developing countries, many women breastfeed and policy makers assume that the issue needs no attention. The critical importance of *exclusive* breastfeeding for the health of the child and for fertility reduction is not recognized. Once the breastfeeding situation and optimal breastfeeding practices are understood, exclusive breastfeeding can be presented as part of the *solution* to the most pressing child survival problems—malnutrition, diarrheal disease, acute respiratory infection (ARI), and child spacing.

The challenge for Wellstart, USAID, and the many others with a leadership role in the fields of breastfeeding and maternal and child health is to keep the momentum of the EPB Program going, to build on the lessons learned and experiences gained in the past five years, and to continue to promote, protect, and support breastfeeding for the benefit of families worldwide.

Although the EPB Program is closing, Wellstart International continues to serve as a resource for all components of breastfeeding promotion, protection, and support, as well as for EPB products and skills. Any questions about the work of the EPB Program, or any of Wellstart's other programs, as well as requests for EPB and other Wellstart publications, should be directed to:

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WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby-Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

International Programs

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Health and Nutrition, provides comprehensive education, with ongoing material and field support services, to multidisciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 50 countries is developing appropriate in-country model teaching, service, and resource centers and providing training and support within their own institutions, nations, and regions.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health and Nutrition, broadened the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts included assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expanded programmatic, social, and biomedical knowledge about breastfeeding.

Wellstart's *Egyptian Initiative to Promote Breastfeeding*, funded through USAID/Cairo, involves six technical components: Needs Assessment and Planning; Education and Training; Curriculum Development; Community Outreach; Information, Education, and Communication; and, Evaluation and Monitoring. Administrative arrangements will include co-staffing a national and sub-national training and resource center along with the Ministry of Health and Population in close coordination with a large maternal and child health program for Egypt soon to be developed.

National Programs

Nineteen multidisciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing, and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences, and consultation on programmatic, policy, and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.
