

A.I.D. EVALUATION SUMMARY PART I

(BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

IDENTIFICATION DATA

A. REPORTING A.I.D. UNIT: <u>USAID/EL SALVADOR</u> (Mission or AID/W Office) (ES# _____)	B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN? yes <input type="checkbox"/> - slipped <input type="checkbox"/> ad hoc <input type="checkbox"/> Eval. Plan Submission Date: FY ___ Q ___	C. EVALUATION TIMING Interim <input checked="" type="checkbox"/> final <input type="checkbox"/> ex post <input type="checkbox"/> other <input type="checkbox"/>			
D. ACTIVITY OR ACTIVITIES EVALUATED (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report)					
Project #	Project/Program Title (or title & date of evaluation report)	First PROAG or equivalent (FY)	Most recent PACD (\$mo/yr)	Planned LOP Cost ('000)	Amount Obligated to Date ('000)
519-0329	Center for the Support of Maternal Lactation (CALMA)	1986	6/89	\$220,000	\$220,000

ACTIONS

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR	Name of officer responsible for Action	Date Action to be Completed
Action(s) Required		
1. Provide Technical assistance to assist in Program Planning, definition of priorities and proposal development.	HPN	6/30/89
2. Assist CAIMA to identify other potential funding sources.	HPN	9/30/88

(Attach extra sheet if necessary)

APPROVALS

F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION: mo 7 day 15 yr 88 *[Signature]*

G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:

Project/Program Officer Signature <i>[Signature]</i> Typed Name <u>Sandra Del Prado</u> Date: <u>10/24/88</u>	Representative of Borrower/Grantee Signature <i>[Signature]</i> Approved Spanish Version Date: <u>10/24/88</u>	Evaluation Officer Signature <i>[Signature]</i> Date: <u>12/01/88</u>	Mission or AID/W Office Director Signature <i>[Signature]</i> H. Bassford, DIR Date: <u>12/02/88</u>
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II. EVALUATION ABSTRACT (do not exceed the space provided)

The Center for the Support of Maternal Lactation (CAIMA) Grant began in July, 1986, and was designed to improve maternal and child health through improved nutritional practices of mothers, including, but not limited to, increases in the number of mothers who breastfeed their babies. This mid-term evaluation was conducted in April-May 1988 by a consultant provided by John Snow, Inc., and consisted of interviews with CAIMA staff, volunteer Promoters, USAID, MOH and Hospital personnel, and a number of local PVOs who have utilized CAIMA's training services. The purpose of this evaluation was to determine progress to date and to look at ways to assist CAIMA to survive when AID funding concludes in June 1989. Major findings and conclusions are:

- * CAIMA has satisfied and surpassed the training targets established in the Grant and it is estimated that they reach 100,000 persons annually through the Promoters they train in the promotion of breastfeeding, and in mother/child care and related health and nutrition areas.
- * CAIMA's leadership and training of health and hospital staff has helped to improve practices favoring immediate breastfeeding in three hospitals, resulting in reduced infant mortality, incidence of infections, and in savings to the hospitals in money and personnel.
- * Despite an excellent reputation for responsive and quality training and esteem in the international community, CAIMA has not yet secured its survival without external assistance. Violence and unrest have caused program interruptions, repeated loss of core professional staff from the country, and hesitance on the part of many potential donors to collaborate with a Salvadoran organization.
- * One third to one half of infant deaths in El Salvador occur in the first month, a period in which other child survival weapons such as vaccinations and ORT are not yet affective, but in which breastfeeding does affect mortality and morbidity rates. One hospital reported significant reductions in the deaths of premature children due to practices that encouraged immediate breastfeeding.
- * CAIMA's role in support of family planning may be underestimated; through controversial as to the degree of protection, breastfeeding does reduce fertility.

I. EVALUATION COSTS

1. Evaluation Team Name	Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
John Snow, Inc.		PDC-0262-I-00- 7150-00	\$10,559.00	PD&S

2. Mission/Office Professional
Staff Person-Days (estimate) 5

3. Borrower/Grantee Professional
Staff Person-Days (estimate) 15

A.I.D. EVALUATION SUMMARY PART II

J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided) Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office: USAID/El Salvador

Date this summary prepared: 10/24/88

Title and Date of Full Evaluation Report: Center for Support of Maternal Lactation (CALMA Project)
Mid-Term Assessment and Planning April 18 - May 6, 1988

Purpose and Methodology

This mid-term evaluation was designed to assess achievements to date and to explore ways to assure CALMA's future survival when AID funding concludes in June, 1989.

The evaluator was asked to assess the extent to which CALMA had fulfilled the project purpose, which is:

"To assist in improving maternal and child health through improved nutritional practices of mothers, including, but not limited to, increases in the number of mothers who breastfeed their babies."

AID has assisted CALMA since 1979, first through support channelled through La Leche League International and then, following CALMA's attainment of status as an autonomous local PVO in 1983, through direct grants. The current and second grant to CALMA, which began July 13, 1986, provides three-year funding in the amount of \$220,000. This grant will end June 30, 1989.

The consultant provided by John Snow, Inc. conducted the evaluation between April 18-May 6, 1988, interviewing USAID and CALMA staff, MOH and Hospital staff, and numerous local and international organizations who have participated in CALMA's training activities.

Major Findings and conclusions

1. CALMA has satisfied and surpassed the training targets established in the Grant and carries out a program of high quality, emphasizing work in small groups, simulation, hands-on activities, and heavily participatory techniques.
2. It is estimated that CALMA reaches 100,000 persons each year through the Promoters they train in the promotion of breastfeeding, in mother/child care and related health and nutrition subjects.
3. CALMA has moved into the area of community work and will soon complete 2 years of experience in the Occidental Region and in training and backstopping promoters working in urban marginal areas of San Salvador.

4. CALMA has lagged in the production of educational materials, but has laid out a work plan for emphasis in this area in the next 14 months. The Manual on Mother Care and Attention to Children, and Breastfeeding will be published the Fall of 1988.
5. CALMA's leadership and training of health and hospital staff, along with the orientation of key personnel in breastfeeding promotion at Wellstar in San Diego, have helped dramatically to improve practices favoring immediate breastfeeding in three hospitals. These changes have resulted in reduced infant mortality, incidence of infections, and in savings to the hospital in money and personnel.
6. Lack of precision in setting goals or measuring impact has characterized CALMA activities.
7. Despite an excellent reputation for responsive and quality training, and esteem in the international community for its perseverance, CALMA has not yet secured its survival without external assistance.
8. CALMA's inability to establish self-sustainability has not been due to organizational weakness; its management capability excels, and many letters have been written and funding avenues explored over the years. The first grant to the La Leche League which established CALMA was highly unrealistic in its expectations, assuming as it did that an essentially public service agency would become self-supporting with ease through service charges and member dues.
9. CALMA has probably been as successful as it can be in its revenue producing activities within its clientele in El Salvador, but has lacked expertise in presenting programs to external agencies, in writing supportable, saleable projects with specific target populations, objectives, beginnings and endings.
10. In El Salvador a third to one half of infant deaths occur in the first month, a period in which other child survival weapons such as vaccinations and ORT are not yet effective, but in which breastfeeding and birthing care do affect mortality and morbidity rates.
11. CALMA is providing a public service in a vital health area in a very poor country and its clients are preventive health institutions with limited resources with which to support it.

Principal Recommendations

1. CALMA should contact SETEFE in the Ministry of Planning to enquire about their eligibility for PL 480-generated funds under a PVO line item. If this avenue appears hopeful, CALMA should proceed with project preparation requesting AID to provide TA on an emergency basis.
 2. That USAID find the way to support CALMA through an additional period during which a central objective continues to be that of achieving self-sustainability but which affords a rational means and time frame for getting there.
 3. That USAID assist CALMA with technical assistance outside of the grant and in the recruitment of an experienced promotional writer, able to prepare project proposals, to sort out potential international donors for CALMA activities, and to assist in preparation of promotional materials.
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4. That CALMA define more precisely the objectives it is currently trying to attain in terms of Child Survival and those it wishes to attain in the future; that these be quantified and formulated into one or several proposals.
5. That CALMA continue to work on evaluative mechanisms that will measure impact and process, and to demonstrate further what has been achieved to date: e.g. the extent to which health personnel have been given training in breastfeeding promotion and related subjects, what is left to do, and what will be their role; which hospitals have milk banks, sponsor practices beneficial to breastfeeding, have support groups, and a strategy for attaining the others with the help of UNICEF, AID, Wellstar.
6. That CALMA, with the professional skills of its Board, continue to identify the role of breastfeeding on the national health scene, changing trends, progress being made whether in improving hospital practices, modifying curricula or having trained half of the pediatricians, the breastfeeding role in family planning, etc. and distributes such information not only through seminars as presently done but through print (newsletter; writing articles which can be reprinted and distributed).
7. That CALMA staff give first priority to work with the technical assistance provided; that the Board of Directors present their project ideas to the writer as early as possible in writing and that special meetings be held to develop the most promising among them. These include ideas for setting up a Lactation Clinic, a Documentation Center, Research and the projects outlined herein for community training and followup.
8. That CALMA complete the design of its informational brochure and have it printed as soon as possible; that other promotional ideas presented by the Board be discussed further and carried out, as feasible, with current funding.
9. That CALMA proceed with the development of educational materials, to the extent of funds available under the current Grant, to undertake the necessary participatory research with rural young mothers/families, and to design and develop educational materials for promotore use and for distribution to mothers/families at all strategic points, during and following promotore talks, upon leaving the hospital following childbirth and initial breastfeeding.
10. Structured follow-up to the Wellstar training should include Regional Seminars, sponsored by USAID and UNICEF with leadership or collaboration provided by CALMA in order to multiply effects of the training and to strengthen CALMA in the Regions.

Lessons Learned

1. Financial self sustainability was not realistic in the war-torn environment of El Salvador during 1986-1989.
2. Breastfeeding in the first month of life does affect mortality and morbidity rates.
3. Though controversial as to the degree of protection, breastfeeding does reduce fertility.

K. ATTACHMENTS (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier)

Center for support of Maternal Lacternal (CAIMA) Project Mid-term Assessment and Planning.

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE

The evaluation provides an in-depth report on CAIMA's achievements to date, and identifies the problems and key obstacles to the promotion of breastfeeding and nutritional practices in the public and private sectors of El Salvador.

The evaluation produced some useful recommendations and the recommendation that CAIMA seek funding through (SETEFE) is being followed up on, with high expectations for success. Also, the Mission has approved contracting local technical assistance, with Grant funds, to assist CAIMA to identify program priorities and to develop proposal writing capabilities during the last six months of the AID Grant.

The Mission does not agree that continued AID funding is the only avenue for CAIMA's survival, and has been instrumental in developing the SETEFE PVO funding source as an alternative.

X

USAID/San Salvador
El Salvador

Indefinite Quantity Contract No. PDC-0262-1-00-7150-00

CENTRO DE APOYO A LA LACTANCIA MATERNA (CALMA) PROJECT
CENTER FOR SUPPORT OF MATERNAL LACTATION (CALMA)PROJECT

MID-TERM ASSESSMENT AND PLANNING

Report Prepared By

Joyce M. King, Consultant

Field Work, 18 April-6 May, 1988

Report Produced By:

John Snow, Inc.
210 Lincoln Street
Boston, Massachusetts 02111
Telephone: 617-482-9485



JOHN SNOW, INC.

USAID/San Salvador
El Salvador
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INITIALS, ACRONYMS

ABES - Asociacion Bautista de El Salvador
ADS - Asociacion Demografica Salvadorena
ANDA - Asociacion Nacional de Acueductos
APSISA - Apoyo a los Sistemas de Salud
ASONDES - Asociacion de Nutricionistas de El Salvador
CALMA - Centro de Apoyo a la Lactancia Materna
CEDRO - Control de Enfermedades Diarreicas y Rehidracion Oral
CENTA - Centro Nacional de Tecnologia Agropecuaria
CESAD - Comite Evangelico Salvadoreno de Ayuda y Desarrollo
CIPHES - Coordinacion de Instituciones de Promocion Humana de El S.
CONADES - Comision Nacional de Ayuda a los Desplacados
CONAN - Comision Nacional de Alimentacion y Nutricion
ENCO - Escuela Nacional de Comercio
CREFAC - Centro de Reorientacion Familiar y Comunitaria
FAMOSA - Fabrica (factory)
FESAL - Family Health Survey
IBFAN - Red Internacional de Grupos Pro-Alimentacion Infantil
ICC - Inter-institutional Coordinating Committee
ICCO - Comision Intereclesiastica de Coordinacion para Proyectos de Desarrollo
INFRAMEN - Instituto Nacional de Francisco Menendez
ITLA - Instituto Tecnologico Latinoamericano
LLLI - La Leche League International
MCH - Maternal Child Health
MOH - Ministry of Health
OFASA - Obras Filantropicas Adventistas de Salud y Ayuda
ORT - Oral Rehydration Therapy
SECONAN - Secretaria Ejecutiva de la Comision Nacional de Alimentacion y Nutrition
SETEFE - Secretaria Tecnica de Financimiento Externo (Technical Secretariat for External Financing)
UNTS - Unidad Nacional de Trabajadores Salvadorenos
USAID - US Agency for International Development
USAM - Universidad Salvadorena Alberto Masferrer

GLOSSARY

Child Feeding

Exclusive Breastfeeding - Only breast milk is given during the first six months; it is given upon demand and no other food is given.

Mixed Feeding -Breast milk and cow's milk only are given during the first six months.

Modified Feeding -Breast milk is given during the first six months at fixed times along with cow's milk and other semi-solid foods.

Artificial Feeding - No breast milk from birth; cow's milk is given.

Partial Breastfeeding - Breastfeeding continued after the first six months along with other foods.

EXECUTIVE SUMMARY

AID has been providing assistance for breastfeeding promotion through the private sector since 1979 when it made its first grant to La Leche League International (LLLI) to support the creation of a Salvadoran private agency. The Center for the Support of Breastfeeding (CALMA) was born and became fully autonomous in 1981. It has undergone turbulent years which have impeded some actions but on the whole, CALMA has successfully met the technical expectations of the AID grants given over the past eight years. The amounts have been small but vital to CALMA's continuation. Since 1984 when the last of the LLLI grant was spent, AID has granted CALMA a total of \$281,000 to run to June 1989. Needless to say, CALMA is a very small item amidst the vast multi-million AID health portfolio, but the funds given have yielded results of which USAID has been justly proud. CALMA was specifically lauded by USAID staff in the past for its ability to achieve much with very little.

The evaluation was requested at this time to examine not only what has been accomplished by CALMA but to consider how CALMA can become a self-sufficient organization as quickly as possible. Though CALMA is working in the priority area of Child Survival, and has been providing excellent training on major Child Survival subjects in response to requests of the welcoming, though poor, private and public sector of El Salvador, the USAID considers CALMA's key objective to be its earliest sustainability, mainly in view of its own management burden. In fact CALMA

has required little monitoring, has been characterized by prompt reporting on budgetary status and technical progress, and is a very dedicated private sector group.

CALMA's foremost achievement is a high quality training program for promotores of public and private agencies who work as health education providers at the community level. CALMA has been training some 1200 promotores and direct beneficiaries (mothers, students) annually, with an estimated reach of 100,000 beneficiaries throughout the country, principally in rural areas (short of 10% of the childbearing-aged population of El Salvador).

CALMA's leadership and training of health and hospital staff, along with the orientation of key personnel in breastfeeding promotion at Wellstar in San Diego, have helped dramatically to improve practices favoring immediate breastfeeding in three hospitals. It is probable that these changes have resulted in reduced infant mortality, lower incidence of infections, and in savings to the hospital in money and personnel.

Though devoting major energies to revenue-raising, CALMA has been able to obtain less than \$5,000 annually through member fees, sale of services and breastfeeding paraphernalia. They have been successful in obtaining two grants, one of \$10,000 in 1983 from the United Methodist Women and one of \$41,000 in 1986 from the Canadian Hunger Foundation. CALMA has not had available to it expertise in project writing nor in promotion. CALMA has

now acquired experience, and it has excellent potential for acquiring support: an excellent image at home and abroad, and sound management practices and capacity to take on more than it is now doing.

Most relevant is that CALMA is working in an area of prime importance to Child Survival objectives. Breastfeeding promotion not only is a major force in reducing the high rates of mortality that occur in the first month of life, a period in which a third to a half of infant deaths occur (and on which oral rehydration and vaccination campaigns have little impact), but, further, increasing breastfeeding reduces fertility. The correlation between reduced breastfeeding and shorter amenorrhea/increased fertility is documented in the 1985 FESAL study.

It is recommended that USAID provide funds for an experienced promotional writer to assist CALMA over an additional period of time to identify the most likely funding sources in the international community, to write project proposals in support of what CALMA is doing and what it proposes to do, to prepare promotional materials and otherwise obtain funds in support of CALMA.

Aware that the objective of self-sustainability, sought both by AID and CALMA, is a primary one, it is recommended that CALMA's work should nevertheless not be diminished by a constant shortage of funds for normal operation and that AID provide CALMA the breathing space it needs to make best use of its current funds and to progress in the future. Thus it is proposed that AID support not only the technical assistance described, but support the organization either on a phaseout plan with two years funding

or for an additional period as a technical assistance-providing institution able and capable of participating in the achievement of Child Survival goals.

I. Introduction

A. Background

This assessment and planning document, requested and funded by the San Salvador USAID Mission, reviews the progress made to date by the Centro de Apoyo a la Lactancia Materna (Center for the Support of Maternal Lactation) and lays out a plan for future activities and directions.

AID has assisted CALMA since 1979, first through support channelled through La Leche League International and then, following CALMA's attainment of status as a full-fledged, autonomous local PVO in 1983, through direct support. The current grant, dated July 13, 1986, provides three-year funding in the amount of \$220,000. The grant will end on June 30, 1989, a little more than a year from now.

B. Method

The IQC contractor, John Snow, Inc., provided an evaluation consultant to carry out the work specified in Appendix 1. The consultant spent three weeks in El Salvador (April 18-May 6, 1988) to carry out an evaluation and to initiate future planning with CALMA staff.

Prior to leaving the United States, the consultant contacted persons working in the design and evaluation of nutrition and breastfeeding programs and in relevant training programs.

In El Salvador, the consultant met with USAID and CALMA staff to discuss the Scope of Work and primary emphases of the evaluation. USAID indicated its interest in an overall evaluation of CALMA's strengths and weaknesses and expressed a primary concern in CALMA's financial independence, an objective sought by USAID from the outset but even more important today because of AID's decision to reduce the number of projects and management units. Thus, detailed proposals that are supportable by USAID and others are needed for CALMA's future activities, and USAID foresees following up the current evaluation with Technical Assistance along these lines.

CALMA is even more concerned than the USAID Mission that a sounder financial footing be established, having undergone serious shortages in real or expected cash flow that have entailed hardships for personnel or losses of professional talent because the organization could not offer the rate of salary increases normally expected. However, they have been frustrated in their attempts to achieve financial self-sufficiency from the public services they are providing because the user organizations are also preventive health-oriented groups, with a non-paying clientele and their resources for training are extremely limited. CALMA is necessarily looking

at options that may mean fewer public services in the future and more attention to self-sustainment activities. However, the CALMA staff feel the organization should be playing a vital role over the next few years in assuring that breastfeeding is a strong component in Child Survival activities.

The Consultant attempted to assist CALMA in reviewing the feasibility of the different options. The first step in this collaboration was to review progress to date. CALMA documents were carefully reviewed, and an analysis made of training completed to date and the potential coverage of the population from this training. An important study had been made by CALMA recently which in the form of self-evaluation asked the benefiting agencies to provide a critique of CALMA's services and an estimate of population reached through the training provided. In addition, partially structured and open-ended interviewing of hospital staff was carried out. Health staff of private organizations, Ministry of Health officials, and promotores were interviewed, and maternal education observed in three action sessions.

In two hospitals, "before and after" assessment was attempted to document changes in the last few years attributable in large part to CALMA leadership. It included comparisons of data on changes in hospital practices, such as: the extent of use of bottles and infant formula for

newborns, well and sick; how soon mother nurses the baby; practice of rooming-in; use of glucose solutions, oxytocins for uterine contraction; and hospital support and assistance to encourage mothers to breastfeed.

Participant observation was used to assess capability of promotores (volunteers working with CALMA). In addition, general management practices were reviewed and adherence to grant requirements assessed.

The CALMA staff and Board of Directors took the initiative in developing the outline proposal for an eventual self-financing activity. They also worked with the Consultant in delineating a Child Survival role for CALMA, and in preparing preliminary budgets and work plans for carrying these out.

Before leaving San Salvador, the findings, recommendations and future plans were discussed with CALMA and presented to USAID. The draft English and Spanish versions of the report were delivered to CALMA and USAID. Final comments will be incorporated in the report to be made available in 10 copies by John Snow, Inc. by June 9, 1988.

C. Country Context: Ministry of Health; USAID

The Ministry of Health is heavily funded by the international agencies in a struggle for stability. Its share of the national budget is 3.5%, down from the 8-9% it was receiving in the seventies.

The CALMA grant represents a very small portion of the USAID health portfolio. CALMA's funding level is \$220,000 in a USAID health budget of some \$20 million for family planning alone, \$13 million for Save the Children, and \$48 million for overall support of the Health Ministry. USAID has collaborated with the ICC (MOH, UNICEF, PAHO and Rotary) on vaccination campaigns and is providing support to other Child Survival activities. The USAID also supports the MOH with basic medicines and mass media campaigns to combat acute respiratory infections, to promote ORT, Growth Monitoring and Breastfeeding. A four year Child Survival strategy (1988-1991) is being planned to to run out of the MOH's Epidemiology Division. It will include a mass media campaign employing an advertisement agency. No role for CALMA has yet been formulated.

D. History of CALMA Financing and Efforts at Sustainability

1. First Grants 1979-1985

The first AID grant signed in December 1979 for \$480,495 was for three years ending in December 1982. It was subsequently extended through January 1983. The grant was made to LLLI for the establishment of CALMA. From the outset, it was expected and expressed in the Conditions Expected at the end of the Project that CALMA should be fully self-sustaining "supported by its sales activities and contributions"; no specific plans were elaborated in the project except that in the third year "fund raising activities (would be) established". This was a highly unrealistic expectation given the political scene and the newness of the organization. During these years, Calendar Years 1980, 1981 and 1982, in addition to the money for LLLI staff and purchases made in the U.S., funds spent in the country came to \$285,352, or about \$85,000 a year. Following the end of this grant, CALMA tried to go it alone, with substantial assets coming from teaching income from abroad, a \$10,000 donation from the United Methodists, an in-kind (materials) donation from LLLI and the benefits of a favorable exchange rate for dollars received. However, despite extreme austerity and continued efforts to support itself, (selling consultant services and training) CALMA in 1983 again had to ask AID for funds. It was intended that PL-480 generated funds channeled through the Ministry of Health or SETEFE in the Ministry of Planning should be made available but these

efforts failed and USAID granted temporary funds amounting to \$6,500 in July 1984 to keep the organization afloat. In 1985, direct USAID funding in the amount of \$54,725 was provided to cover a period of a little more than one year, from February 1985 to April 1986, then extended to July 1986.

2. Current Grant, 1986-89

The present grant, dated July 13, 1986 in the amount of \$220,000 covers a three-year period which is to end on June 30, 1989. Grant funds are to cover mainly salaries and fringe benefits (46%), logistical support (32%), and administrative/operating expenses (22%).

3. Summary of USAID Funds and Use by CALMA

Over the years, following are the AID inputs and the averaged amounts available to and spent by CALMA:

Period of Grant	Amount of Grant	Amount Avail Used by CALMA	Period Covered	No. of Months	Per Month
Dec 79-Dec 82 (USAID)	\$480,495	\$285,400	Dec/79-Jan/83	38	\$7510
Own funds+ Methodists	10,000	70,895+ 10,000	Feb/83-Sep/84	19.5	\$4149
Sep-Nov/84 (USAID)	6,500	6,500	Sep-Nov/84 }	2.5	\$2600
Own funds+ Canadian Embassy	3,000	12,000+ 3,000	Dec/84-Jan/85	2	\$7500
Feb/85-Mar/86 (USAID)	54,725	54,725	Feb/85-Jun/86	18.5	\$2960
Jul/86-Jun/89 (USAID)	220,000	43,071	Jul/86-Jun/87	11.5}	
Mar/87-Feb/89 Canadian Found	41,000	3,500	Mar-Jun/87	}	\$4938
Own funds+		10,220+	Jul/86-Jun/87	}	
Average....					\$5427.5

+ Expenses covered with CALMA funds, received from the sale of services, educational materials and breastfeeding paraphernalia, not a part of the Grant.

Source: CALMA files; staff interviews.

It should be noted that CALMA is attempting to stretch funds. The lesser amounts being expended in the first year (\$43,071), less than one third of \$220,000--\$73,300--reflect these efforts rather than the need for

a lower level of expenditures. CALMA has held back, e.g., in producing vitally needed educational materials pending a clearer picture of the future. CALMA anticipates an outflow of at least \$6000/month in the second project year. Thus it is anticipated that a small but very limited amount will be left at the end of the grant period.

4. Self-Sustainability

Not only has CALMA made efforts to make itself a viable agency, it has cut expenses to the bone, perhaps at times to its detriment. Though many staff members have held fast, some have necessarily had to take other better paying jobs and their skills have been lost to the organization. At times staff members took half pay, a very severe personal hardship. Those who stay are not only underpaid but can hope for no increments unless the agency can raise the money for it (increments are specifically disallowed in the AID budget). CALMA documented in 1987 that its personnel were receiving the lowest salaries among public service agencies.

CALMA's efforts to raise money have included:

a) attempting to get private and public sector to pay for consulting and training. It can be seen in the section below that failure to make this work was not due to lack of demand or ability of CALMA to provide services; the problem was inability or unwillingness of the assisted groups

to pay more than nominal fees for these services. For example, the Public Health Ministry pays for training hours only occasionally and considers the CALMA charge of 30 colones (\$6.00) per hour too steep. The private agencies interviewed during the evaluation who use CALMA's training services expressed their own severe financial constraints and inability to pay more than token fees.

b) requesting support from other potential donors. Requests were made to the Interamerican Foundation, ICCO, Partners of America, IBFAN, CARE, the Kellogg Foundation, and others. Political constraints for assisting El Salvador were the main reasons given for rejections; others were unwilling to provide grants to cover salaries.

Expected sources of financing were unrealistic. For example, member fees amount to less than \$1,000 annually. In 1987, fees for training and other professional breastfeeding expertise provided to agencies working in El Salvador came to 8,996 colones (\$1800) and sales of pamphlets and breastfeeding support materials came to 8887 colones (\$1780).

CALMA has received small donations, e.g., \$10,000 in 1983 from the Women's Division of the United Methodist Church. In addition, the Canadian Hunger Foundation approved a CALMA project in 1986 for \$41,000 over two years to undertake community breastfeeding promotion. Extra staff have been hired to carry out this program over two years ending in 1988. It

should be noted that this grant does not cover any or part of the salaries of permanent CALMA staff; it is rather an add-on activity, which greatly strengthens the work CALMA is doing.

E. The Health Problem

The average infant mortality rate for the 5 years preceding the 1985 Salvadoran Demographic Health Survey was 71/1000 and the child mortality rate was 27/1000 (Salvadoran Demographic Health Survey, 1985). Deaths were concentrated in the first month of life, during which one third to one half of Salvadoran infant deaths occurred (DHS).

A major cause of death (Salud Publica en Cifras 1983) apart from "certain infections originating in the perinatal period" was intestinal infections (20%), followed by bronchitis, emphysema, asthma, pneumonia and congenital anomalies.

Malnutrition rates have risen in the last decade, with 5% of under fives suffering from severe malnutrition, (under 60% weight for age, Gomez classification). Fifty per cent of the 6-11 months age group suffer from some form of malnutrition and have the highest rate of severe malnutrition among all age groups (INCAP).

Declining breastfeeding and inadequate birthing care play an important role in these statistics, especially in the early deaths. Early weaning, inadequate supplementation, lack of clean water, poor environmental sanitation, and poor hygienic practices bring about diarrhea and malnutrition. Serrano and Puffer demonstrated in their 1973 study that there was a strong correlation in El Salvador between premature weaning and infant mortality. In Honduras, 50% of new diarrhea cases were found to occur in infants under one year of age, and all deaths from dehydration due to diarrhea were among bottlefed babies. The Honduran work further demonstrated that infant deaths attributable to diarrhea doubled between 1977 and 1982 (Canahuati/PROALMA), and noted that the decline in breastfeeding appeared to be associated with infant morbidity and mortality rates.

At the time the 1981 CALMA Baseline Study on Breastfeeding was made, the majority of Salvadoran women were breastfeeding through 12 months, but only 10% of the children had been exclusively breastfed (see Glossary) for the first six months. In the same study, it was noted that 50% of the mothers did not breastfeed their infants until the second or third day, due to faulty practices in hospitals and to ignorance in home births regarding the danger of giving colostrum to newborns.

The most significant problem, however, is the downward trend in duration of breastfeeding, particularly among rural women, and among women under 30 years of age. The 1985 Salvadoran Survey shows that rural women continued to breastfeed several months longer (15.3-19.1 months for under 30 year olds and over 30 year olds respectively) than urban women (13.7-14.8 months for the two age groups) and metropolitan San Salvadorans (12.1-13.2 months each). However, the FESAL study notes, the differences in the length of time metropolitan and rural women breastfeed have diminished over time--by six months among younger women (under 30) and by three months among older women (over 30). The Survey shows a correlation between less educated women and lengthiest breastfeeding. Decline in breastfeeding duration has resulted in a shorter post-partum amenorrhea and the likelihood of increased fertility among rural women who are most resistant to contraception.

The 1985 Survey shows that 47% of all births in El Salvador were attended by physicians, 35% by midwives, 4% by nurses, and the rest by others or unassisted (66% in the home). These figures are an improvement over those noted by INCAP in 1983 when it was estimated that a third of all births occurred in hospitals, the second third attended by midwives and the final third were attended by others or unassisted.

Ministry of Health norms prescribe rooming-in and the encouragement of breastfeeding in the Child Care Norms (1984). Four prenatal and 1 postnatal consultations are prescribed in the Maternal Care Norms (1983). During postnatal consultation, the new mothers are to receive counsel according to health education norms. Maternal health norms refer to prenatal and postnatal "emphasis on breastfeeding, family planning, and enrolment of the newborn" with no mention of content. The Child Care Norms specifically prescribe that the newborn should be brought to its mother for breastfeeding "immediately", health of both permitting. Further specified is rooming-in for all healthy infants "to encourage breastfeeding and stimulation of the baby". The Norms omit prescriptions for nursing problems. In hospitals visited where active promotion of breastfeeding is practiced, staff complained that the nursing pair, when referred to health institutions for followup, did not receive the encouragement, assistance and advice that might prolong breastfeeding.

F. Obstacles Diminishing Breastfeeding and Adequate Nutrition in the Public and Private Sectors

Principal obstacles to the promotion of breastfeeding are grouped as follows:

1. Training of Health Providers

a. Even though many health providers have been trained in the public and private sector, there still exists need for training in general knowledge about the health advantages of breastfeeding (for mother, child, the family, and in achieving national objectives) among policymakers and health providers.

b. Despite the training just mentioned, there is still a lack of adequate technical information available to mothers on how to overcome breastfeeding difficulties.

c. Lack of or incomplete content on breastfeeding in educational and training curricula.

d. Insufficient training of midwives; inadequate maternal and child care; unassisted or poorly assisted births.

2. Cultural/Economic Factors

a. Emigration of families to urban areas and new lifestyle practices including bottlefeeding;

b. Reinforcement of validity of substitutes for maternal milk; lack of restrictive legislation.

c. Increasing number of women working away from home; lack of legislation to assure nurseries in work places or time out for breastfeeding; inadequate maternity leave to permit lactation.

d. Poor maternal nutrition; their concern with quality and quantity of milk supply.

2. Health Practices

a. Lack of follow-through on existing norms for breastfeeding promotion in Ministry of health institutions.

b. Lack of adequate contact between health staff and pregnant and nursing women.

c. In most hospitals, practices that inhibit breastfeeding:

- o separation of mother and child following delivery;
- o use of medications, drugs that inhibit breastfeeding;
- o lack of emotional support for breastfeeding women.

II. The Program to Date

A. Meeting the Grant Requirements

The Cooperative Grant Agreement specifies that the grantee shall prepare quarterly progress reports, and meet the following requirements: i) prepare a first year's implementation plan for submission to USAID; ii) obtain prior approval by USAID of any technical assistance planned by CALMA; and iii) assure that no increases in salaries or in fringe benefits for CALMA employees be paid from the Grant.

CALMA has more than satisfactorily met the Grant requirements.

o CALMA has not only furnished the quarterly reports on achievements and budget, but has made supplemental reports on performance, such as the self-evaluation data and analysis undertaken in 1987. CALMA submitted a three-year training implementation plan for the current grant.

o No problems with compliance with TA regulations have arisen, as CALMA has not used the TA funds provided in the grant.

o No increases in salary or fringe benefits have been paid from the AID grant, despite the fact that adherence to this provision has brought about considerable hardship for CALMA staff and been detrimental to optimal performance of the organization.

B. Major Strengths of CALMA; Program Impact

The most important achievements to date are: solid institutional grounding of an indigenous PVO which has earned the respect of the health community, a record of determination and survival in difficult circumstances, sound management and accounting procedures, and fulfillment of technical goals, notably training services, far and above project targets.

1. Management

In its first two years of existence, CALMA was managed by a La Leche League International Director, but in 1981 took on its own national Project Director, and achieved legal status as a non-profit entity in that year.

Just at this moment when the Center was becoming fully active, political problems accelerated and resulted in the cessation or diminution of efforts to reach many outlying hospitals, clinics and citizens' groups. In addition, for political and professional reasons the initial core of women who had inspired the Center's creation left the country. Yet others came to direct the Center and to serve on its Board of Directors and in 1983 CALMA became a wholly indigenous and autonomous institution receiving special praise at that time from the USAID Mission for what the Center had been able to accomplish with limited funds.

The current staff include: the executive director, who has recently come to CALMA, is a nurse, and has stepped rapidly into leadership of the office; an administrator; a nutritionist; a health educator and two promotores (hired for two years under the grant from the Canadian Hunger Foundation, and working in San Salvador and Santa Ana); two secretaries; a driver; a watchman; and a part-time accountant. The Director General of CALMA serves without pay though regularly works in the CALMA office. A pediatrician, the DG chairs an impressive Board composed of another physician, nurses and nutritionists, who work in Salvadoran Government Offices and in USG programs, and all of whom have deep interest in the sustainability of CALMA and who have developed a number of ideas that could be shaped into projects, such as the idea of a lactation clinic.

CALMA operations are well organized under a highly efficient administrator; time cards are kept; hours strictly adhered to; and an aura of professionalism, esprit de corps, cheerfulness and mutual support are present. Information is readily available from the files, and the budgetary data are complete and up-to-date. There is no excess in staff; the driver performs a variety of other tasks in addition to chauffeuring, acting as messenger, and caring for a somewhat decrepit vehicle owned by the agency (and about which no complaints were voiced). The small building which houses CALMA offices is simple, without air-conditioning, barely adequate as a training site, and immaculate.

2. Training of Institutional Trainers and of Mothers/Students

Despite the serious political and budgetary constraints, training activities have come out well beyond targets throughout CALMA history. Under the initial grant 1979-1983, when project expectations were three seminars and six workshops CALMA completed 15 seminars and 11 workshops for doctors, nurses, health educators, social workers and nutritionists. Eleven courses were also given for social and rural promotores, students, teachers, mothers and youth groups.

From 1983-1986, CALMA trained more than 4,000 persons including doctors, nurses, nurse auxiliaries, social workers, promotores, housewives, students and community leaders from the public and private sector.

Under the current grant, there are to be 4700 persons trained by June 1989. CALMA has maintained an excellent pace of training and at the end of March 1988, less than two-thirds along the way in the present grant, had trained 3,034 individuals. The stated goal in the grant was to train a total of 4700 persons in 36 months which translates into 2742 for the 21 months through the first quarter of calendar year 1988. Thus, they have already trained 300 beyond the target. They will train well above 5000 persons, by the end of the grant, and will have a potential coverage of 100,000 mothers and children a year. Cost of each trainee is estimated at \$44 (\$220,000 divided by 5,000) and of each beneficiary, \$0.73 (\$220,000 divided by 300,000). Far more important than these simple quantifiable indicators is the extent to which the participating agencies have expressed (in writing) their satisfaction with the training given by CALMA. This high regard has been confirmed in meetings during the present evaluation.

About 1200 persons a year have been trained by CALMA. (See summary Tables in Appendix 3, showing trainees and participating institutions, by year). 164 doctors have participated in the CALMA training. The major program users with multiplier effect have been the following:

Nurses	1436	Teachers	738
Promotores	1093	Nutritionists	49
Health Educators	67	Community Leaders	4482
Social Workers	118	Home Ec Educators	95
Auxiliary Nurses	263	Coop Workers	300

Appendix 4 shows total personnel trained by occupation. The estimated total number of multiplier trainees for the seven years is 6400, with an estimated coverage of 700,000 including the direct beneficiaries (mothers, fathers, children, students, market vendors). It should be noted that many of the multiplier figures refer to coverage each year (nurses in a hospital, for example, usually provide education to new groups of mothers each year; teachers have new students each year), while others, especially direct beneficiaries, are a "one time only" investment. Appendix 5 summarizes the information reported by participating institutions. The report notes a total of 3,000 multiplier trainees through last year with an estimated coverage of 377,412 persons. While these data are not complete (not all assisted institutions reported), they confirm the validity of estimates made above.

3. CALMA Promotores and Community Follow-up

In addition to the training summarized above, CALMA has provided training and follow-up to 85 promotores working in urban marginal areas of San Salvador, in Occidental Region, in San Martin and Sonsonate. These training activities are financed by the Canadian Hunger Foundation. Five training modules are used: Care of Mother and Child (all related aspects of breastfeeding); Nutrition Education (especially infant feeding and pregnant and nursing mother nutritional needs); sex education; child stimulation and development (including vaccinations and oral rehydration); and a miscellaneous program of hygiene, first aid, home gardens, and education techniques.

Teaching methods are creative and dynamic, emphasizing participation of the trainees and employing hands-on techniques, such as preparing natural medicines, simulation, and the use of small working groups. Content has been added or modified in response to needs expressed by the promotores (and mothers). Courses are held in the Caritas church site in Sonsonate and in the CALMA offices in San Salvador.

It is estimated that the 85 promotores will reach 3,380 persons in the different communities served by the promotores. The volunteers receive no financial remuneration beyond token per diems and transport to come to the CALMA training site.

The consultant observed three training sessions and discussed with participants the content of training received and how the information is used in the communities. In Sonsonate, the majority of the 25 promotores receiving CALMA training were men who gave informal talks to mothers when they came to Caritas centers for free food rations. They were convinced of the merits of breastfeeding and were able to cite health and economic advantages of breastfeeding. The volunteer group from marginal urban areas included 38 women from San Salvador barrios. They were participating in the preparation of natural (herbal) remedies for common ailments. They were especially inspired about the money that would be saved by the different preparations including two with a Vaseline base, one a Vicks-type ointment made from camphor and eucalyptus leaves, syrups of ginger and mango leaves for easing coughs and colds, and tinctures for cleaning the skin. These activities respond to needs that the women have expressed and capability in natural medicines enhances the value these promotores have in their communities. The course is given as part of the first aid and health self-sufficiency part of the training. These promotores serve an average 25 mothers each. They said that the major problem their community women faced was severe poverty; many women must go to work and leave their babies

behind. The promotores discussed the use of milk pumps and how mothers could arrange to leave milk behind for others to give their infants. They also had learned how to care for special breast problems and made solutions from leaves supposedly promoting milk flow (sacaleche), They did not know how to make home solutions of ORS, but they understood clearly appropriate feeding practices during diarrheal bouts, especially the importance of continued breastfeeding.

4. Changes in Hospital Practices

CALMA's own training efforts in the country and the training and orientation provided by Wellstar at San Diego have influenced changes in hospital practices. Likewise efforts on the part of UNICEF and of AID-sponsored Ministry of Health activities, have resulted in considerable support of breastfeeding promotion. Aside from the training component, no effort is made here to separate the role CALMA played in these changes, but in hospitals visited, substantial credit was given to CALMA leadership.

Three fully operating milk banks have been established in Maternity/San Salvador, Santa Ana and San Miguel; another 15-16 are planned for operation in the current year but are not yet staffed or functioning as milk banks, though they have lactation areas where women may breastfeed. Milk banks ensure that mothers' milk is available for children needing it; priority is given to premature infants and the remaining milk, provided not

only by mothers but by volunteers, is given to high-risk children and finally, full term children. First milk, or colostrum, is saved for infants. In San Salvador Maternity Hospital, where an average of 60-70 infants are born daily, with the aid of three milk pumps, some 200 ounces of milk are collected, and 20-25 infants fed daily. In San Juan de Dios, milk is collected but mothers are not encouraged to "stock" ahead in a deliberate effort to favor the physical presence of the mother for breastfeeding. In this Santa Ana Hospital, where an average 20 births occur daily, an average of 129 ounces of milk are collected daily in the milk bank which was established in 1983 but did not fully function until 1984.

In both hospitals visited, rooming-in has become standard practice, instituted in 1982. All infants are brought to their mothers and except for cases of infant illness, the infants stay there. In Santa Ana, 75% roomed in. In San Salvador Maternity Hospital and in San Juan de Dios Hospital, children are breastfed within the first hour. San Juan reported 100% of mothers were breastfeeding when they left the hospital. Satisfied users (usuarias satisfechas) are the support group in these hospitals. They are mothers who understand the merits of breastfeeding and are selected and trained by the hospital staff in how to tell mothers about the advantages of breastfeeding, how to promote the practice, and help with problems that arise. The curriculum is one developed by CALMA, and is a five-day course. In the 47-bed (most beds accommodate two post-partum

women) Maternity Hospital of San Salvador, 11 such women were helping by giving talks in the wards (100 in a recent month and 175 individual counselling sessions). In San Juan 15 women had been trained and nine were available and helping. Usuarías expected to help in the hospital one year only but it is thought that their training will be used to help others outside the hospital setting.

5. Morbidity/Mortality

In San Juan, the Neonatal Director reported that the morbidity and mortality rates had remained the same but the causes had changed. Neonatal sepsis was leading cause in 1982 followed by diarrhea, conjunctivitis, impetigo, congenital malformation and fetal failure. Today the first cause is fetal failure, followed by prematurity, congenital malformation and neonatal sepsis in last place. The nurse and Neonatal Director, who had taken part in the Wellstar training in December 1987, reported with satisfaction that there has not been a case of diarrhea in the last five years. In San Salvador Maternity Hospital, mortality of premature infants had decreased as follows: in 1984 before the milk bank, the mortality rate was 66%; in 1985 it was 30% and by 1988, only 12%.

6. Savings in Hospital Expenses

Substantial savings have occurred since instituting the practices of rooming-in and immediate breastfeeding, namely in the following manners or areas:

- o Hospital stay for mothers has decreased; premature infants at San Salvador Maternity stayed an average of 9 days before the milk bank was established; today the average stay is 6 days.

- o Personnel that used to care for infants are no longer needed for this purpose and have more time for other jobs;

- o Fewer bassinets are required since rooming-in was adopted. In San Juan de Dios, the number of bassinets in use have been reduced from 60 in 1982 to 11 this year.

- o Reduced costs for medications and feeds formerly given (oxytocins, glucose solutions, bottles). In San Juan de Dios, where average number of births remained the same, the bottle requirement was reduced from 500 to 50. In San Salvador Maternity, before establishment of the milk bank, they used 60 tins of special milk a month. Afterwards, only 6 per month had to be purchased. Before the practice of rooming-in, 450 tins of milk were required; today they purchase 150.

C. Areas that Need Developing or Strengthening; Weaknesses

1. Inadequacy of Promotional Materials

CALMA has not produced sufficient materials which could make for a more dynamic promotion for the organization, bringing its existence regularly to the attention of potential users of training services and providing up-to-date breastfeeding information at all levels.

2. Self-sustainability

Promotion of Projects for the Donor Community

The records show that CALMA spent considerable effort a few years ago attempting to obtain funds from the international community to support their organization. They applied to the Interamerican Foundation, ICCO, Partners of America, IBFAN, CARE, Kellogg Foundation, CIDA, UNICEF, and others. Most of these organizations replied that as a matter of policy, they were either unable to collaborate with El Salvador at all or that they were greatly impeded in assisting development programs like those of CALMA in El Salvador. However, another reason often given for refusal had more to do with the presentation of projects than political hesitancy to aid a Salvadoran private agency. CALMA, feeling that its core problem was

coming up with salaries for its staff, regularly requested budgets showing this item as the major (and continuing) expense, when partial salaries for limited periods should have been requested under different projects as administrative expenses or overhead. CALMA has not had the advantage of an experienced project writer on its staff, and they have only limited knowledge of the most promising sources upon which to draw. Only in hindsight is it easy to say that they should have asked for additional money for technical assistance to be used for this purpose.

There is every reason to expect that CALMA could support itself with donor grants; few organizations of its type exist in the world and they already have a highly favorable image not only in El Salvador but in the international community. They have good organizational potential for taking on much more work and with a full-time staff member devoted to this essentially fund-raising and promotional writing task (while also helping to make CALMA's skills known to the industrial private sector) should put the organization on its own feet and pay for continued services of this type within CALMA after AID funding has ended. Two years of funding seems a reasonable framework for phasing out support to CALMA if this staff position can be filled promptly with a well-qualified, experienced person.

Approaching the Private Industrial Sector

Apart from the private voluntary agencies, CALMA has made no effort to obtain the support of private industry, which might be willing to pay for health instruction of its employees or otherwise might be enlisted to pay for breastfeeding and maternal and child health care materials. In the U.S., at least one lactation center has received financial aid from the baby food companies. Their cooperation should be enlisted in right directions, not shunned. Minimally, a dialogue should be established to determine what interest if any they might have in a supporting role.

3. Training the Trainers; Education Techniques; Materials for Mothers

More emphasis is needed on education techniques for trainees who are multiplier agents and on feedback from mothers. If CALMA does expand its community promotore followup work beyond that being carried out under the grant from the Canadian Hunger Foundation, operational research will be needed to learn more specifics about why women are discontinuing longer term breastfeeding and what they are able and willing to change. These restraints need to be worked into the education given. Materials need to be developed, both for promotore use (most of them are making their own materials) and especially for distribution to mothers through the program and other channels (departure from the hospital). All persons interviewed

considered this latter need to be a priority one. Technical assistance is needed to develop these materials and to pretest them, and CALMA has lagged in this area.

4. Refining Objectives and Following-up; Evaluation

Present stated objectives are vague. While there have been benefits in having them be less specific--allowing CALMA to respond to the provision of services as they have arisen--the result has been a lack of clarity about where CALMA has been and should go, an ability to assess which part of the countrywide problem it has selected to work on and with what degree of success. For example, CALMA had no objectives for orienting and training at top levels of government, hospitals, or universities which was really its initial purpose. Now that considerable national awareness of breastfeeding importance has been achieved, the organization is moving toward other objectives, more at the community level. There has also been lack of a plan for achieving self-sufficiency, no timetable for phaseout of USAID support.

CALMA should be working more closely with the Asociacion Demografica Salvadorena, utilizing and analyzing data they are producing. There may also be opportunities to work out further investigative studies jointly where information gaps exist. There is also need for interim evaluations of positive changes where CALMA has provided major training, e.g., in Santa

Ana Hospital. Providing simple formats for record-keeping would be useful for informal progress reports to the MOH, UNICEF, AID and others who support breastfeeding promotion. Data from such an evaluative mechanism could go into a newsletter promoting breastfeeding and CALMA services.

III. Planning for the Future

A. Future Funding

Because the grantee CALMA has performed outstandingly and because the problems relative to breastfeeding are priority ones in child survival strategies, the consultant recommends as first option that USAID should continue to support CALMA in what the organization is doing and should expand on it to make it an effective arm of the Mission's Child Survival Strategy.

However, in recognizing USAID's management constraints and strong desire for institutional self-sufficiency but noting that the conditions under which CALMA was expected to achieve self-sufficiency were not realistic, a second option is to give CALMA sufficient time and resources to make fund-raising a reality, an adequate setting in which CALMA can reach independency from AID support. Under this option, CALMA would not only strive for self-sustainment but attempt to obtain support for pursuing wider public service objectives as well.

Conclusion of CALMA financing at the end of the current grant seriously risks destroying the institution. Even with the technical assistance USAID plans to provide over the next months for CALMA to work on self-sufficiency planning, it will not replace the need for someone to work

full-time within the organization over a sufficient period of time to develop supportable proposals and to identify resources in the worldwide donor community nor to launch adequately an activity such as the lactation clinic CALMA is considering for financial sustainment beyond the period of major Child Survival emphasis. As noted under Option Two, two years funding should be sufficient to achieve a sound fund-raising component within the organization. Alternatively, CALMA might be included under APSISA as TA to the MOH or as part of MOH Child Survival activities. CALMA might also seek funding from the MOH under the recently developed PL-480 Program line-item. However, the evaluator urges strong USAID support: nine years investment on the part of AID, CALMA, LLLI and others to build an organization which has had an outstanding impact for the money, ought to be given this sounder base for survival.

B. Current Grant: Plan of Work, July 1988-June 1989

CALMA plans to undertake activities in the final year of the current USAID grant according to the following Plan of Work:

Jul-Sept 1988	Oct-Dec 1988	Jan-Mar 1989	Apr-Jun 1989
Training of app. 3-400 benefic.	Training of app. 3-400 benefic.	Training of app. 3-400 benefic.	Training of app. 3-400 benefic.
Training, Comm. promotores Occid.	Training, Comm. promotores, Occid.	End of Canadian promotores prog.	Followup w/comm. promotores, own
Manual revised, (BF, Nutrition Stim.), pretested & printed; Ptg.of Child and Mother Feeding (Min. of Culture)	Reprod. of Pamphlet on BF; Reprod. of Tape/Video on BF; Elabor. & Pretest of Tape/Video on BF Techniques.	Design, Elabor. Reprod. of posters on Child Survival and BF; Design Elab. Pret.& Reprod. Pamphl. Spec.BF Situations	Design, Elabor. & Reprod of promotional pamphlet on CALMA activities Informal Bulletin (No.2)
		Inf. Bulletin No.1	
	Wellstar training	Followup on Wellstar in Regions	Wellstar Followup Regions
Technical Assist. on board, identif. fund. sources	Two proposals submitted to intl. donors		
Prelim. work on Promotional materials.	Work with Board on fundraising prop.		Evaluation of Donor Activity Status fund-raising

C. Options One and Two

The outlines of options one and two are presented below. They are both expected to achieve financial sustainability, but have different emphases. Interim USAID technical assistance should be applied immediately to help CALMA develop further planning along these lines.

1. Option One: Five-Year Child Survival Program

Background/Rationale

While immunization and ORT campaigns have excellent potential for reducing infant and child mortality rates, they have less effect on neonatal mortality than the promotion of breastfeeding and providing adequate birthing care. Breastfeeding offers immunity to acute respiratory infections and other diseases, and is of vital importance in protecting infants from dehydration. Increasing this practice also contributes to the attainment of another Child Survival goal, that of reducing fertility.

Breastfeeding efforts in El Salvador to date have focussed primarily on incidence. Hospital practices that promote breastfeeding such as rooming in, elimination of routine distribution of infant formula, presence of milk banks to feed premature and sick babies, support from staff

knowledgeable of breastfeeding problems, are changing or have changed. CALMA has supported Ministry of Health and other agencies in training staff, and in gaining support of the top levels. In 1981, CALMA's baseline study reported a 96% breastfeeding incidence for the last born child, up from 90% in the penultimate child. Even among urban women there was a 90% incidence. No later figures are available on incidence, but experts (Marin, Cruz, CALMA) agree that the great majority of Salvadoran women initiate breastfeeding.

The problem is rather the downward trend in duration of breastfeeding, particularly among rural women, and among women under 30 years of age. The 1985 FESAL Study notes that rural women continue to breastfeed longer (15.3-19.1 months for under 30 and over 30, respectively) than urban women (13.7-14.8 months) and metropolitan San Salvadorans (12.1-13.2). However, FESAL notes that the differences in the length of time metropolitan and rural women breastfeed have diminished over time: by six months among younger women (under 30) and by three months among older women (over 30). Most significant about these marked changes, in the words of FESAL (p. 31) is that the evidence of (lessened length of lactation and of postpartum amenorrhea, increased fertility) "is particularly relevant because the women are from the most deprived social strata, i.e. in rural areas, and are the least educated. These women are demonstrating the most marked reduction in breastfeeding duration of breastfeeding and are the very ones who present the most resistance to adopting contraception." The extent of

exclusive breastfeeding in the first months was 10% according to the 1961 CALMA study. A major gap exists in the promotion of continued breastfeeding on a one-on-one basis, following the support efforts currently being made in many hospitals and health centers to help and encourage more women to begin breastfeeding. There is mass media support for breastfeeding, but it is inadequate motivation without the direct maternal contact and problem-solving capacity. Education and counsel for promotion of continued breastfeeding in the context of socio-cultural and economic realities of home and community are needed at the health facility level (active breastfeeding promotion in post-natal and well-baby consultations) and at the community level. CALMA sees its most practical role beyond the Ministry of Health level, training and backstopping community health and social affairs promotores, teachers, religious and community leaders, and in developing models for mother support groups.

At the same time, breastfeeding orientation/training similar to that provided by Wellstar in 1987, for other key health personnel, notably obstetricians, nurses and university doctors is needed to reinforce the top-down process.

Occidental Region is an area with minimal civil unrest in which CALMA has already carried out hospital and promotore training. Important is its accessibility for the close monitoring that will be needed especially in

the initial stages. Occidental Region has serious maternal and child health problems. Infant mortality and maternal mortality rates of 52.7 and 1.2 (Cifras) were higher than those recorded for the other Regions in 1982.

Goal, Purpose, Outputs, and Inputs

The goal is to reduce neonatal morbi-mortality, to reduce fertility, and to improve maternal child nutrition, with emphasis on young rural populations. (quantification of goal)

The purpose is to maintain breastfeeding incidence and duration in the young rural population, specifically in Occidental region. (quantification of purpose)

Outputs:

- o operations research as to causes of reduced breastfeeding among young rural women in Occidental Region with results that will be at least partially replicable to other Regions;
- o development of informational materials on breastfeeding and related subjects for community level use;

- o a system of follow-up (sistema de referencia) and evaluation of breastfeeding duration, training and support group coverage of population;
- o an information and referral center in Santa Ana in support of development of milk banks; a backstop and training center for promotores, teachers, private industry health personnel, satisfied users (usuarias satisfechas) and mother support group leaders; a lobbying group for identifying job-related needs;
- o x number of trained health promotores, teachers, and other multiplier agents;
- o x% of target population (under 30, rural women) receive education directly through project;
- o x% of target population (under 30, rural women) receive education indirectly;
- o x% of breastfeeding population receive indirect education;
- o x number of project proposals submitted to x number of donor organizations.

Inputs

Budget for the five-year program is estimated at \$1,000,000

as follows:

Salaries and fringe benefits.....	400,000
(additional to current staff would be the following:	
1 Project Coordinator, Santa Ana	
3 Assistants, Administrative/Technical	
6 Health Educators	
2 Secretaries	
1 Driver	
1 Watchman	
Office/training site.....	50,000
CALMA expenses, San Salvador.....	250,000
Additional Training costs.....	75,000
Additional Materials development and printing.....	150,000
2 vehicles.....	40,000
Miscellaneous additional expenses.....	35,000

Description of Target-Population

Urban and rural population of Occidental Region were estimated as follows in 1983 (Salud Publica en Cifras, 1983):

	Urban	Rural	Total
Ahuachapan	53,899	204,605	258,504
Santa Ana	194,412	277,304	471,716
Sonsonate	123,516	222,528	346,044
Total	371,827	704,437	1,076,264

The childbearing aged population of Occidental Region is estimated at 210,000 (21% of one million). Of these two-thirds, or 140,000 are estimated to be under 30 years of age, and one third, or 70,000 over 30 years of age. Rural population is estimated at 65% for the three Departments. Average population in a Canton is estimated at 2,592. Average family is estimated at 6. Therefore, the estimated number of families and target populations (rural women under 30 years of age in the three Cantones is as follows:

	Number of Cantones	Est. Number of Families	Estimated Target Rural <30 yr Pop.
Ahuachapan	128	55,300	28,700
Santa Ana	156	67,392	38,842
Sonsonate	131	56,592	31,170
Total	415	179,284	98,711

B. Option Two: Two Year Grant to Attain Sustainability and Continue Optimal Program

Background: CALMA has tried unsuccessfully to become self-sustaining largely by providing public services to the private and public sector and to some extent by developing projects seeking support from the international donor community. These latter efforts have been hampered by past political constraints on the part of donors to support Salvadoran activities and by the lack of expertise in project-writing within CALMA.

With the help of a technical promotional writer, CALMA will reshape its ongoing activities and define new areas in which to work on Child Survival activities. The organization will continue to provide training assistance to the private and public sector, but shape this into a project with specific objectives for presentation to an external donor, with the expectation of obtaining funding for it before June 1992. CALMA will also prepare a global plan for attacking problems in one Region, and outline step-by-step projects that can be presented to the international donor community. Other fund-raising activities, which preferably are ones that support the provision of public services, will also be defined and attempted.

Inputs

Under this proposal, USAID would provide grant funds as follows (the equivalent of two years funding at the current rate of support plus a vehicle), or \$170,000 and external funding and income raising activities would be as follows:

	YR 1	YR 2	YR 3	YR 4	YR 5	TOTAL
USAID Grant	65,000	50,000	35,000	20,000	0	170,000
CALMA funds	5,000	6,000	7,000	7,000	8,000	33,000
New Projects (Other Donors)	10,000	30,000	50,000	70,000	92,000	252,000
Total	80,000	86,000	92,000	97,000	100,000	455,000

Included in the above budget are funds for technical assistance, both for promotional work and for continued emphasis on the production of education materials. The budget assumes that USAID will help with technical assistance in the year prior to July 1989, for launching promotional work and project writing. Six months is considered minimal.

IV. Conclusions

1. CALMA has satisfied and surpassed the training targets established in the Grant and carries out a program of high quality, emphasizing work in small groups, simulation, hands-on activities, and heavily participatory techniques.

It is estimated that CALMA reaches 100,000 persons each year through the promotores they train in the promotion of breastfeeding, in mother/child care and related health and nutrition subjects. The great majority of them are women of childbearing age. This suggests that somewhat under 10% of the childbearing population are reached with breastfeeding and related messages. Husbands and other family members influencing breastfeeding practices have also been reached through the training program.

Through support of the Canadian Hunger Foundation, CALMA has moved into the area of community work and will shortly have completed 2 years of experience in Occidental Region and in training and backstopping promotores working in urban marginal areas of San Salvador. Their management and implementation of this training project has brought them knowledge and experience with realities at the community level and has broadened the

content of their training modules (beyond the promotion of maternal child care and breastfeeding only to a basic Child Survival package) in response to the expressed health and nutrition needs of the community.

2. CALMA has lagged in the production of educational materials, but has laid out a work plan for heavy emphasis on this aspect in the next 14 months; also many materials have been designed but have not yet been finalized, pretested, or reproduced. The basic manual, prepared last year, (Manual on Mother Care and Attention to Children, and Breastfeeding), will hopefully be out in early fall of 1988. Other plans for the coming year include the reproduction of the breastfeeding pamphlet, reproduction of Sonoviso (cassette and video) on breastfeeding, preparation of a new Sonoviso on techniques for encouraging breastfeeding, initiation of an information bulletin, new posters, and basic materials with pictures which will suit illiterate as well as literate women and families.

3. CALMA's leadership and training of health and hospital staff, along with the orientation of key personnel in breastfeeding promotion at Wellstar in San Diego, have helped dramatically to improve practices favoring immediate breastfeeding in three hospitals. These changes have resulted in reduced infant mortality, incidence of infections, and in savings to the hospital in money and personnel.

4. Lack of precision in setting goals or measuring impact has characterized CALMA activities. Grants to CALMA have been made without requiring a project framework, settling for an overall support function in the area of training, and the organization has had little experience in thinking along project lines.

5. Despite an excellent reputation for responsive and quality training in the country, and esteem in the international community for its perseverance, CALMA has not yet secured its survival without external assistance. CALMA is a young organization, with 7 years of autonomy. Its first years have been difficult political ones in which violence and unrest have forced interruptions in their programs, the repeated loss of core professional staff from the country, and hesitance on the part of many potential donors to collaborate with a Salvadoran organization.

6. CALMA's inability to establish self-sustainability has not been due to organizational weakness; its management capability excels, and many letters have been written and funding avenues explored over the years. These have produced but two favorable responses: a \$10,000 grant from the United Methodists in 1983 and a \$41,000 grant from the Canadian Hunger Foundation in 1986. The first grant to the LLLI which established CALMA was highly unrealistic in its expectations, assuming as it did that an essentially public service agency would become self-supporting with ease

through service charges and member dues; those expectations accompanied subsequent grants. In fact, these revenue sources in a normal year have yielded less than \$5,000.

7. CALMA has probably been as successful as it can be in its revenue producing activities within its clientele in El Salvador, but has lacked expertise in presenting programs to external agencies, in writing supportable, saleable projects with specific target populations, objectives, beginnings and endings. They have, for example, been turned down by donor organizations because they usually have usually asked for support of salaries, rather than requesting administrative support, overhead, or other more palatable presentations of personnel costs.

8. The importance of breastfeeding promotion to Child Survival goals may be underestimated by the USAID. In El Salvador a third to a half of infant deaths occur in the first month, a period in which other Child Survival weapons such as vaccinations and ORT are not yet effective, but in which breastfeeding and birthing care do affect mortality and morbidity rates. One of the hospitals visited reported significant reductions in the deaths of premature children due to practices that encouraged immediate breastfeeding. CALMA's role in support of family planning may also be underestimated; though controversial as to the degree of protection, breastfeeding does reduce fertility.

9. Finally, CALMA is providing a public service in a vital health area in a very poor country, a service that USAID often pays a great deal of money to make available in developing countries. CALMA's clients are preventive health institutions with limited resources with which to support it. Its very existence as a vital, scrupulously honest, private agency serving health objectives in El Salvador would seem to speak for itself.

10. CALMA could scrape and save and postpone expenditures and perhaps make it through several additional months beyond the grant termination date. However effective the promotional technical assistance is, and however long CALMA can survive, the present grant will not provide enough time to expect self-sustainability, and the momentum of activity will be greatly damaged. CALMA will require AID support for an additional period beyond the current grant if it is to be assured of survival.

V. Recommendations, in Order of Priority

1. That CALMA should immediately contact SETEFE in the Ministry of Plan to enquire about their eligibility for PL 480-generated funds under a PVO line item, and to determine the types of projects that might be approved; if this avenue appears hopeful, CALMA should proceed full steam ahead with project preparation requesting AID to provide TA on an emergency basis.

2. That USAID find the way to support CALMA through an additional period during which a central objective continues to be that of achieving self-sustainability but which affords a rational means and time frame for getting there. The first preference is that CALMA be included as an arm of USAID Child Survival Strategy and that their services be purchased to undertake a five-year pilot program in Occidental Region to maintain current breastfeeding levels especially among younger women and to promote appropriate child and mother feeding practices. The second alternative is that AID provide CALMA with two years of current level funding, with the addition of a vehicle, over a multi-year phaseout plan (four years are suggested). USAID should inform CALMA formally whether Options proposed herein are feasible for AID funding and in which direction the organization should proceed insofar as AID is concerned.

3. That USAID assist CALMA with technical assistance outside of the grant and in the recruitment of an experienced promotional writer, able to prepare project proposals, to sort out potential international donors for CALMA activities, and to assist in preparation of promotional materials. If USAID agrees in principle to fund CALMA beyond the current grant, the first task would be assisting CALMA to lay out a detailed proposal for continued AID funding with a financial phaseout plan.

4. That USAID also provide technical assistance under its existing contract with the Academy of Educational Development. It is suggested that such technical assistance might best serve as the initial impetus to the work to be undertaken under 3. above if possible to arrange in that order.

5. That CALMA continue to work on defining more precisely the objectives it is currently trying to attain in terms of Child Survival and those it wishes to attain in the future; that these be quantified and formulated into one or several proposals.

6. That CALMA continue to work on evaluative mechanisms that will measure impact and process, and to demonstrate further what has been achieved to date: e.g. the extent to which health personnel have been given training in breastfeeding promotion and related subjects, what is

left to do, and what will be their role; which hospitals have milk banks, sponsor practices beneficial to breastfeeding, have support groups, and a strategy for attaining the others with the help of UNICEF, AID, Wellstar.

7. That CALMA with the professional skills of its Board continue to identify the role of breastfeeding on the national health scene, changing trends, progress being made whether in improving hospital practices, modifying curricula or having trained half of the pediatricians, the breastfeeding role in family planning, etc. and distribute such information not only through seminars as presently done but through print (newsletter; writing articles which can be reprinted and distributed).

8. That CALMA staff give first priority to work with the technical assistance provided, having prepared itself through the current evaluation and the three preceding reinforcing steps; that the Board of Directors present their project ideas to the writer as early as possible in writing and that special meetings be held to develop the most promising among them. These include ideas for setting up a Lactation Clinic, a Documentation Center, Research. and the projects outlined herein for community training and followup.

9. That CALMA complete the design of its informational brochure and have it printed as soon as possible; that other promotional ideas presented by the Board be discussed further and carried out, as feasible, with current funding, and as proposed under 3. and 4. above.

10. That CALMA proceed with the development of educational materials, to the extent of funds available under the current Grant, to undertake the necessary participatory research with rural young mothers/families, and to design and develop educational materials for promotore use and for distribution to mothers/families at all strategic points, during and following promotore talks, upon leaving the hospital following childbirth and initial breastfeeding. Thought should be given to combining breastfeeding and family planning messages, and to the best way of coordinating with those preparing messages for mass media.

11. That USAID, possibly with UNICEF support, send additional key Salvadorans to the Wellstar Program in San Diego in multidisciplinary teams; CALMA should participate in the selection and be invited to send members from their Board and especially the new CALMA Executive Director for training.

12. Structured follow-up to the Wellstar training should include Regional Seminars, sponsored by USAID and UNICEF with leadership or collaboration provided by CALMA in order to multiply effects of the training and to strengthen CALMA in the Regions.

13. That CALMA and USAID Project Officer consult about an improved format for the Quarterly Report which will reduce work of the Project Officer.

14. That CALMA suggest in writing to USAID additional analyses to be made from the FESAL data (notably further breakout of young age groups and possibly further analysis to show the quantitative relationship between fertility and breastfeeding). Such a request should include Draft Tables expected from the analysis, a justification for intended use, and the estimated cost obtained from FESAL. CALMA should also suggest through USAID additional questions that might be asked in the next study which would help to quantify the relationship between fertility and breastfeeding, namely asking women how many feedings per day.

APPENDIX 1
STATEMENT OF WORK

A. Specific Tasks. The Evaluator is requested to:

1. Identify problems and key obstacles to the promotion of breastfeeding and nutritional practices in the public and private sectors of El Salvador.

2. Develop a detailed strategy for addressing the problems and obstacles identified in 1 above.

3. Develop a work plan, implementation schedule, and recommendations for financial sustainability, for CALMA personnel.

B. Methodology. The evaluation methodology should include, but not be limited to:

1. A review of the CALMA grant agreement, self-evaluation, financial records and promotional materials.

2. Interviews with CALMA staff, the USAID project manager, appropriate medical or paramedical personnel from institutions which receive CALMA assistance, and where possible, mothers who are direct beneficiaries.

3. Site visits to CALMA offices, training and/or counseling activities.

C. Reporting Requirements

1. The evaluator will provide a final report which shall include the following: an executive summary, including the purpose of the evaluation, methodology, findings, conclusions and major recommendations.

2. The report will also include, among others, the following items:

- a. a paginated table of contents.
- b. the scope of work under which the evaluation was carried out.
- c. A comprehensive presentation of the evaluation recommendations, listed in order of priority.

3. Two copies in English and two in Spanish of the draft report will be submitted to the USAID/El Salvador by the evaluator prior to departure.

4. The contractor will incorporate Mission comments and observations into the text of the final report and present 10 copies each in English and Spanish to USAID/El Salvador within 30 days of receiving USAID's comments on the draft.

D. Level of Effort

The contractor shall provide one consultant for approximately 18 consecutive calendar days in El Salvador to perform the evaluation required by this Statement of Work.

Services should begin o/a April 18 and end o/a May 7, 1988.

A six-day work week is authorized.

E. Qualifications of the Evaluator

The consultant should have at least an FSI Spanish rating of S-3, R-3 and be familiar with and have experience working in less developed countries in the area of health/nutrition education and breastfeeding promotion and have experience in program planning.

The contractor will be expected to abide by Regional Security Office regulations for his/her safety.

APPENDIX 2

LIST OF PERSONS CONSULTED

United States (by telephone)

Mrs. Julie Klements, LA/HNP, AID/Washington.
Mrs. Chloe O'Gara, Nutrition Advisor, Office of Nutrition,
AID/Washington.
Mrs. Tina Sangvi, Private Consultant on Nutrition and Breastfeeding.
Mrs. Gayle Gibbons, Director of APHA's Clearing House on Infant Feeding
and Maternal Nutrition; editor of the newsletter MOTHERS AND
CHILDREN.
Dr. Sandra Huffman, Department of International Health, Johns Hopkins
University.
Mrs. Jeanine Schooley, Project Wellstart, San Diego, CA.

El Salvador

CALMA Staff

Lic. Ana Josefa Blanco de Garcia, Executive Director.
Lic. Norma Bessy Aguilar, Administrator.
Lic. Josefina Olmedo, Dietician/Nutritionist, Technical Collaborator
Lic. Rosa Vilma Marroquin, Health Educator
Sta. Patricia Elizabeth Zavaleta, Promotora.
40 volunteer Promotores of CALMA from urban, marginal areas.
25 volunteer Promotores of CALMA, Sonsonate.

CALMA Board of Directors:

Dr. Raul Antonio Sanchez Alfaro
Dr. Jose Eduardo Cordova Macias
Lic. Ana Cristina Mejia Perez
Lic. Ruth Linares de Melara
Lic. Maria del Carmen Sosa de Araujo

USAID

Mrs. Sandra Del Prado, APSISA Project Officer; CALMA Project Officer.
Mr. Kevin Armstrong, Population Officer; Child Survival Officer.
Mrs. Ruth de Melara, Health Specialist, USAID (former Executive Director
of CALMA, member of Board of Directors, CALMA).
Dr. John Naponick, Health/Population/Nutrition Director.
Mr. Richard Thornton, Assistant HPN Director.
Dr. Elizabeth Burleigh, Consultant on Child Survival Strategy .

MINISTRY OF HEALTH

Dra Lidia de Nieto, Chief of the Epidemiology Division.
Dr. Jorge Roberto Cruz, Chief of Maternal Child Health.
Dra. Rosa Irma de Granados, Area Materno-Infantil.
Enf. Zoila Tucios de Jimenez, Division Materno Infantil.

MATERNITY HOSPITAL, San Salvador

Enf. Dolores Galeano de Lopez, Deputy Chief of Nursing

SAN JUAN DE DIOS HOSPITAL, Santa Ana.

Dra Miriam Penate de Martinez, Director of the Hospital.
Enf. Rosa Imelda Molina, Chief of Nursing.
Enf. Margarita Palacios de Monroy, Chief of Neonatal Division.

Caritas staff, SAN ANTONIO DEL MONTE, Sonsonate.

ESCUELA DE FORMACION Y ADIESTRAMIENTO DE RECURSOS HUMANOS

Lic. de Guevara, Coordinadora del Seminario sobre Supervivencia Infantil. (Private and public sectors, April 22, 1988).

CESAD, Salvadoran Evangelical Center for Aid and Development.

Lic. de Seballos, Nutritionist.

CARITAS NACIONAL

Sr. Gilberto Gallegos, Chief of Educators; MCH Tecnico.

DESARROLLO JUVENIL COMUNITARIO

Dr. Javier Lorenzana, Chief of Health Program.

UNICEF

Dr. Patricia Marin, Resident Representative.

ASOCIACION DEMOGRAFICA SALVADORENA

Mr. Jose David Araya Zelaya, Director of Planning Unit, Evaluation and Investigation.

OTHER

Mr. Manuel Rodriguez-Casado, Communications Consultant, Academy for Educational Development.

APPENDIX 3

COMPLETE LISTS OF CALMA TRAINEES AND PARTICIPATING INSTITUTIONS

BY YEAR, 1981-1988.

LISTADO COMPLETO DE PERSONAS DE INSTITUCIONES PARTICIPANTES CAPACITADAS POR AÑO

INSTITUCIONES GUBERNAMENTALES

1981 - 1982

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Ministerio de Salud Pública y A S	308	Médicos, Educadores, Enfermeras	27 días	Lactancia Materna
Hospital de Niños Benjamín Bloom	60 4 2	Madres Lactantes Enfermeras Trabajadores Sociales	20 horas 3 días	Lactancia Materna Lactancia Materna
Escuela de Enfermeras, San Salvador	7 210	Enfermeras Estudiantes	12 días	Lactancia Materna
Escuela de Capacitación Sanitaria	3	Enfermeras		Lactancia Materna
Curso de Auxiliares de Enfermería	63	Estudiantes	1 día	Lactancia Materna
Región Metropolitana de Salud	40	Médicos	3 horas	Lactancia Materna

INSTITUCIONES PRIVADAS

1981 - 1982

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Instituto Salvadoreño del Seguro Social	100	,	12 días	Lactancia Materna
CONADES	7	Auxiliares de Enferm.		Lactancia Materna
Fundación Burdach	40	Maestros	2 días	Lactancia Materna
Asociación Demográfica Salvadoreña	5	Enfermeras	3 días	Lactancia Materna
ASONDES	25	Nutricionistas	2 días	Lactancia Materna
CARITAS	17	Promotres Sociales	2 sem.	Lactancia Materna
Plan de Padrinos	50	Promotores Sociales	2 Sem.	Lactancia Materna
CESAD	1	Promotor Social		Lactancia Materna
Población y Familia	1	Promotor Social		Lactancia Materna
CREFAC	26	Trabajadores Sociales	15 días	Lactancia Materna
U N T S	16	Promotores Rurales	5 días	Lactancia Materna
Colegio Sagrado Corazón	111	Estudiantes de Bto.	30 días	Lactancia Materna
El Castaño	86	Madres y Jóvenes	3 meses	Lactancia Materna
Iglesia Bautista	70	Madres y Jóvenes	30 días	Lactancia Materna
U S A M	125	Estudiantes	1 día	Lactancia Materna

INSTITUCIONES GUBERNAMENTALES

1 9 8 3

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Escuela de Enfermeras, San Salv.	60	Estudiantes Enferm.	6 días	Lactancia Materna
Escuela de Enfermería, Santa Ana	90	Estudiantes Enferm.	4 días	Lactancia Materna
Región Occidental de Salud	32	Enfermeras	5 días	Lactancia Materna
Hospital de Santa Ana	55	Enfermeras, Auxilia- res de Enfermería	4 días	Lactancia Materna
Región Central de Salud	5 35	Médicos Enfermeras	1 día	Lactancia Materna
Centro de Adaptación de Menores	12	Niñeras	5 días	Lactancia Materna
SECONAN	89	Multidisciplinario	15 días	Lactancia Materna
Región Metropolitana de Salud	18 75 60	Médicos Auxiliares de Enferm. Enfermeras	4 días	Lactancia Materna
Unidades de Salud de San Jacinto	25	Médicos	8 días	Lactancia Materna
Unidad de Salud Barrios, San Mi- guelito.	125	Enfermeras		Lactancia Materna
Unidad de Salud Concepción y San Bartolo	110	Auxiliares de Enferm.		Lactancia Materna

INSTITUCIONES PRIVADAS

1 9 8 3

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
PROALMA - Honduras	51	Multidisciplinario	4 días	Lactancia Materna
	9	Madres Embarazadas	2 Sem.	Lactancia Materna
Colegio Sagrado Corazón	17	Estudiantes de Bto.	3 Sem.	Lactancia Materna
Cáritas - Arzobispado	15	Promotores	2 Sem.	Lactancia Materna
Centro Ginecológico	10	Médicos	4 horas	Lactancia Materna
	50	Enfermeras		
Cáritas	100	Líderes Comunales	1 día	Lactancia Materna
Iglesia Luterana	22	Promotores	5 días	Lactancia Materna

INSTITUCIONES GUBERNAMENTALES

1 9 8 4

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Ministerio de Educación	90 11	Maestros Agrónomas	3 días	Lactancia Materna
Ministerio de Salud Pública y A S	33	Educadores en Salud	3 días	Lactancia Materna
C E N T A	95 20 7	Educadores del Hogar Promotores Ext. Agríc. Agrónomos	5 días	Lactancia Materna
INFRAMEN	123 4	Estudiantes de Bto. Maestros	3 días	Lactancia Materna
Región Central de Salud	30 2 3	Enfermeras Médicos Educadores	2 días	Estimulación Temprana
Consejo Salvadoreño de Menores	2 1 1 5 5 12	Trabajadores Sociales Médico Nutricionista Enfermeras Maestros Niñeras	3 días	Lactancia Materna

INSTITUCIONES PRIVADAS

1 9 8 4

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Centro de Capacitación de la Mujer Iglesia Bautista.	30	Señoras	13 días	Lactancia Materna
C A L M A	8	Embarazadas y Lactant.	8 días	Lactancia Materna
Instituto Salvadoreño del Seguro Social.	124	Enfermeras	5 días	Lactancia Materna
Iglesia Luterana	42	Promotores Rurales	8 días	Lactancia Materna
Cáritas	368	Amas de Casa	16 horas	Charlas varias

INSTITUCIONES GOBIERNAMENTALES

1 9 8 5

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Hospital de Santa Ana	33	Enfermeras y Auxiliares de Enfermería	3 días	Educación Sexual y Estimulación Temprana.
	43	Enfermeras	2 días	Lactancia Materna
INFRAMEN	120	Estudiantes de Bto.	12 horas	Lactancia Materna
Hogar del Niño	15	Religiosas	12 horas	Educación Sexual
	42	Orientadores	24 horas	Educación Sexual, Estimulación Temprana.
	110	Adolescentes	2 horas	Lactancia Materna
Hospital de Chajatenango	5	Médicos	3 horas	Lactancia Materna
	20	Enfermeras		
Hospital de Santa Tecla	21	Enfermeras	12 horas	Lactancia Materna
Ministerio de Salud Pública y A S	5	Médicos	2 horas	Lactancia Materna
	45	Enfermeras		
Hospital de Sonsonate	40	Enfermeras	10 días	Educación Sexual y Estimulación Temprana.
Región Occidental de Salud	40	Enfermeras	10 días	Educación Sexual y Estimulación Temprana.
Hospital de Ahuachapán	36	Enfermeras	5 días	Educación Sexual y Estimulación Temprana.

60

INSTITUCIONES PRIVADAS

1 9 8 5

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
	150	Cooperativistas	1 horas	Soya
Cáritas Arquidiócesana	25	Promotores Rurales		Lactancia Materna
	16	Educadores Diocesanos	3 días	Lactancia Materna
	170	Líderes Comunales	10 horas	Lactancia Materna
	50	Ecónomas de Guarderías	5 horas	Estimulación Temprana
	50	Niñeras	4 horas	Lactancia Materna
Asociación Demográfica Salvadoreña	40	Paramédicos	2 horas	Lactancia Materna
ITLA	45	Estudiantes de Trabajo Social	12 horas	Lactancia Materna
Kinder Dr. Rafael García Castro	100	Padres de familia	4 horas	Educación Sexual
Universidad Evangélica	45	Estudiantes de Dietología y Nutrición	4 horas	Lactancia Materna
Asociación Demográfica Salvadoreña	50	Enfermeras		Estimulación Temprana
	20	Voluntarias	12 horas	Lactancia Materna
	65	Trabajadoras Sociales	9 horas	Lactancia Materna
	25	Trabajadoras Sociales	2 horas	Lactancia Materna
G F A S A	115	Promotores en Salud	10 horas	Lactancia Materna y Educación Sexual
Cáritas, Sonsonate	150	Cooperativistas	1 hora	Soya
FAMOSA	10	Amas de Casa	8 horas	Nutrición
Visión Mundial	17	Promotores		Lactancia Materna
C A L M A	20	Enfermeras	1 día	Lactancia Materna

INSTITUCIONES GUBERNAMENTALES

1 9 8 6

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Hospital de Santa Ana	35	Enfermeras y Auxiliares de Enfermería.	2 días	Educación Sexual y Estimulación Temprana
	35	Enfermeras y Auxiliares de Enfermería	2 días	Educación Sexual y Estimulación Temprana.
INFRAMEN	80	Estudiantes de Bto.	3 días	Lactancia Materna
	140	Estudiantes de Bto.	4 horas	Estimulación Temprana.
Escuela de Enfermería, Sta. Ana	49	Estudiantes	2 días	Educación Sexual
	30	Estudiantes 2º Año	4 días	Dietoterapia
	30	Estudiantes 3er. Año	4 días	Educación Nutricional
E N C O	60	Estudiantes 2º Año Bto.	2 días	Educación Sexual
Escuela José Antonio Martínez de Santa Ana.	22	Maestros	2 días	Educación Sexual
Escuela de Educación Especial, Santa Ana.	4	Maestros	2 días	Educación Sexual
	46	Estudiantes Psicología		
Ministerio de Cultura y Deportes (Departamento de La Mujer)	32	Voluntarias	4 tardes	Lactancia Materna
Hogar del Niño	20	Niñeras	2 días	Estimulación Temprana
ITCA	20	Maestros	4 horas	Desintegración Familiar
Escuela Ramón Beiloso, San Saiv.	90	Maestros	6 días	Lactancia Materna
ANDA	10	Enfermeras	10 horas	Educación Nutricional
	8	Secretarías		
Villas Infantiles	15	Tías, Mamás adoptivas	2 horas	Lactancia Materna

INSTITUCIONES GUBERNAMENTALES

1 9 8 6

PAG. 2

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Hospital de Ahuachapán	60 58 74	Padres de Familia Enfermeras y Aux. Enfermeras y Aux.	2 horas 4 días 4 días	Educación Sexual Lactancia Materna Educación Sexual y Estimulación Tempr.
Villas Infantiles	68	Niños menores de 12 a.	2 horas	Lactancia Materna

INSTITUCIONES PRIVADAS

1 9 8 6

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
CESAD	25	Promotores	2 días	Lactancia Materna
Liceo Bertrand Rousel	65 60	Estudiantes de Bto. Estudiantes de Bto.	3 días 4 horas	Estimulación Temprana
A B E S	38	Colaboradoras	4 días	Educación Nutricional
Cáritas Arquidiocesana	100	Directivos Comunaies	3 horas	Lactancia Materna
Iglesia Luterana	12	Promotores	2 días	Educación Sexual
Multi-Institucional	52	Multidisciplinario	2 días	Lactancia Materna
Plan de Padrinos, Cruz Roja Salv.	22 10	Promotores Enfermeras	1 día	Lactancia Materna
Aldeas S O S, Santa Ana	8 40	Madres adoptivas Niños	1 día	Estimulación Temprana
Promovido por CALMA	16 10	Enfermeras Promotores	1 día	Lactancia Materna
Pro-Vida	14	Amas de Casa	1 día	Lactancia Materna
Ceprosia	28	Vendedoras de los Mer- cados.	15 días	Lactancia Materna
CESAD	50	Promotores	5 días	Educación Nutricional
Asociación Demográfica Salvadoreña	20 100	Líderes Religiosas Maestros	3 horas	Estimulación Temprana Educación Sexual
CIPHEs	40	Líderes Comunaies	3 horas	Lactancia Materna

INSTITUCIONES PRIVADAS

1 9 8 6

PAG. 2

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
A B E S	35	Líderes Comunes	2 horas	Educación Nutricional
Desarrollo Juvenil Comunitario	21	Promotores	5 días	Educación Nutricional
FUNDASAL	25	Padres de Familia	4 horas	Estimulación Temprana

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INSTITUCIONES GOBIERNAMENTALES

1967

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Hospital de Maternidad	15	Promotores Voluntarios	8 días	Lactancia Materna
	37	Madres Voluntarias	4 horas	Lactancia Materna
Hospital de San Miguel	55	Promotores en Salud	4 días	Lactancia Materna
	41	Promotores Multidisciplinario-Multisect.	1 día	Lactancia Materna
INFRAMEN	140	Estudiantes de Bto.	1 día	Atención Materno Infantil
Región Oriental de Salud	80	Promotores Multisectorial	2 días	Lactancia Materna
Región Metropolitana de Salud	10	Médicos	2 horas	Lactancia Materna
	30	Enfermeras		
Escuela de Enfermeras, Santa Ana	80	Alumnas	2 días	Lactancia Materna
	88	Alumnas	2 días	Educación Sexual
Región Central de Salud	10	Médicos	1 día	Lactancia Materna
	30	Enfermeras		
Hospital de Santa Ana	3	Médicos	1 día	Lactancia Materna
	29	Enfermeras y Auxiliares de Enfermería		
Hospital de Sonsonate	25	Maestros	1 día	Educación Sexual
Ministerio de Salud Pública y AS	23	Personal Administrat.	1 día	Educación Sexual
Universidad de El Salvador, Departamento de Enfermería	23	Madres y Jóvenes	2 horas	Lactancia Materna

INSTITUCIONES PARTICIPANTES

1987

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
CALMA/ADEMAR	12	Promotores Voluntarios	4 días	Lactancia Materna
	11	Promotores Voluntarios.	5 días	Lactancia Materna
Proyecto HOPE	15	Auxiliares de Enferm.	2 días	Lactancia Materna
	10	Promotores Volunt.	2 días	Estimulación Temprana
Hospital de ANTEL	15	Auxiliares de Enf.	2 días	Lactancia Materna
CALMA/Cáritas Arquidiocesana	13	Promotores Volunt.	4 días	Lactancia Materna
	22	Promotores Volunt.	2 días	Educación Sexual
	20	Promotores Volunt.	3 días	Varios
CALMA/CEPROSID	15	Promotores Volunt.	1 día	Educación Nutricional
	18	Líderes Comunales	10 días	Educación Nutricional
	22	Promotores Volunt.	3 días	Atención Materno Infantil
	9	Promotores Volunt.	4 días	Lactancia Materna
	15	Promotores Volunt.	2 días	Estimulación Temprana
	20	Promotores Volunt.	2 días	Educación Sexual
	15	Promotores Volunt.	3 días	Varios
Colegio Lafayette	63	Alumnos de Bto.	3 días	Lactancia Materna y Educación Sexual
Asociación de químicos	40	Ingenieros	4 horas	Lactancia Materna
A B E S	22	Voluntarias Comunales	1 día	Estimulación Temprana
ASONDES	23	Nutricionistas	1 día	Educación Sexual
A D S, La Libertad	25	Maestros	1 día	Educación Sexual
A D S	20	Multidisciplinario	2 horas	Estimulación Temprana

2

INSTITUCIONES PARTICIPANTES

1987

PAG. 2

INSTITUCIONES	Nº PARTICIP.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Asociación CALMA	42	Multidisciplinario	4 horas	Lactancia Materna
Iglesia Nazareth	70	Padres e hijos	2 horas	Educación Sexual
Sociedad Salvadoreña de Psicología	70	Estudiantes de Ps.	2 horas	Estimulación Temprana
Asesoría a Estudiantes	3			
CESAD	25	Promotores Volunt.	1 día	Educación Nutricional
Proyecto Hope	10	Auxiliares de Enf.	1 día	Estimulación Temprana

INSTITUCIONES GUBERNAMENTALES

1 9 8 8

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Ministerio de Salud, Unidad de Salud de Lourdes	90	Maestros	1 día	Lactancia Materna.
Escuela de Capacitación Sanitaria	5 23 2 223	Médicos Enfermeras Auxiliares Enfermería Maestros	1 día 6 días	Lactancia Materna Lactancia Materna Lactancia Materna Educación Nutricional
INFRAMEN	59 55 55	Estudiantes de Bto. Estudiantes de Bto. Estudiantes de Bto.	3 días 1 día 1 día	Lactancia Materna Educación Nutricional Educación Sexual
Universidad de El Salvador	15	Estudiantes (Consulta de Investigación)		

INSTITUCIONES PRIVADAS

1 9 8 8

INSTITUCIONES	Nº PARTIC.	PERSONAS CAPACITADAS	TIEMPO	TEMAS IMPARTIDOS
Cáritas Sonsonate	25 25 25	Promotores Volunt. Promotores Volunt. Promotores Volunt.	3 días 3 días 3 días	Educación Nutricional Lactancia Materna Educación Sexual
Cáritas Arquidiocesana	10	Promotores Volunt.	1 día	Lactancia Materna
Cáritas de Santa Ana	25 25 25	Promotores Voluntarios Promotores Volunt. Promotores Volunt.	3 días 3 días 3 días	Lactancia Materna Educación Nutricional Educación Sexual
Universidad Evangélica	28	Estudiantes (Investig.)		

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APPENDIX 4

TOTAL NUMBER OF CALMA TRAINEES,
BY OCCUPATION

164	Physicians
1436	Nurses
1093	Promotoreres
118	Social Workers
738	Teachers
1149	"Bachillerato" Students
263	Nursing Auxiliaries
67	Health Educators
286	Pregnant and Lactating Mothers
700	Nursing Students
49	Nutritionists
332	University Students
334	Multidisciplinary
482	Community Leaders
94	Nannies
50	Daycare Workers
452	Housewives
18	Farmers
95	Home Economists
35	Nuns
42	"Orientadores"
110	Adolescents
300	Cooperative Workers
45	Social Work Students
170	Fathers
31	Secretaries
40	Children
28	Merchants

APPENDIX 5

DIRECT TRAINING AND INDIRECT COVERAGE REPORTED BY
PARTICIPATING INSTITUTIONS, 1987

(not a complete list of CALMA training completed; this is shown in
Appendix 4.)

	Multiplier Trainees	Estimated Coverage	Mothers	<5 yrs	others
Caritas	15	140,000	29%	71%	-
CENTA	105	1,040	84%	12%	4%
Lutheran Church	64	40,000	not available		
Salv.Dem. Assoc.	47	35,000	71%	29%	-
CESAD(Evangelical)	25	48,000	families		
C. Salv de Menores	28	2,100			100%
B.Russell Lycee	direct	60			100%
NGInst Menendez	direct	600			100%
World Vision	13	4,000	n.a.		
Villas Infantiles	direct	120			100%
CEPSID (Vendors)	32	200	100%		
Caritas, Archdioc.	36	20,000	100%		
Ministry of Health	431	40,000			
Baptist Assoc.	15	200		50%	50%
Min Culture/Mujer	direct	300	50%	50%	
Santa Ana Nursing	90	900	100%		
Hogar del Nino	direct	342		50%	50%
Foster Parents	3	3,500	86%	14%	-
Metr. Reg Health	231	1,700	100%		
Natl Nurs Sch, SS	65	6,500	100%		
Reg Dir Health	94	500	100%		
C.Salv de Menores	32	700			100%
Hosp San Rafael	33	200	100%		
SJuandeDios, SAna	173	7,200	100%		
Save the Children	18	10,800	100%		
GenDir, EducBasica	75	13,450	70%		30%
Totals	2,912	377,412			

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