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**TECHNICAL ADVISORY GROUP MEETING  
SUMMARY REPORT**

**Wellstart International  
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## EXECUTIVE SUMMARY

Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program convened its second full Technical Advisory Group (TAG) meeting in Washington, DC on January 10 and 11, 1995. Because this was a mid-point TAG, its focus was in part to review the current status of the program, but mainly to receive guidance in refining priorities and setting strategies on methodologies for evaluation.

Ten full TAG members and 35 additional expert participants attended, along with staff from Wellstart International's Washington, DC and San Diego offices, and representatives from USAID's Office of Health. Members reviewed advance materials, heard brief presentations of EPB progress over the past three years in plenary sessions, and considered specific planning and evaluation challenges in Working Group sessions.

Recommendations from these groups fell into three categories - those which are already being addressed by Wellstart EPB's current activities in a broad sense, but will use TAG guidance to expand, focus, or augment current strategies; those which are within the EPB mandate, but have not yet been done; and those which regrettably fall out of the boundaries of that mandate.

In the first category, using TAG guidance, we will continue to:

- form alliances at the international and national levels with those working in the breastfeeding area, and take advantage of Wellstart's Lactation Management Education (LME) Associates in the field
- work to affect policy change at the institutional, national, and international levels; include programmatic work at the grassroots level.
- work as a catalyst, developing models, documenting lessons learned, and working with others on strategies. Take care to acknowledge the work of others when presenting results.
- work to define the barriers to optimal breastfeeding, link these to program design, and disseminate successful interventions. Provide breastfeeding information to USAID
- Make future TAGS more effective by convening mini-TAGS on selected topics.

In the second, we will:

- define the evaluation audience clearly, plan evaluation efforts from the start, and be careful not to begin the actual evaluation process too early
- build on work that has been done (eg., reproductive health indicators) and identify those indicators which will convince policy makers of the importance of breastfeeding
- facilitate participatory evaluation and focus on activities which result in behavioral change
- focus evaluation efforts on achievements EPB would like to make as well as on indicators, including areas where little evaluation work has been done.
- develop low cost evaluation and monitoring modules.



Unfortunately, the third category contains valuable recommendations which are beyond the scope of the EPB project. We thus cannot take them on with fully developed programs, but will serve in a support role for efforts to:

- act as a clearinghouse for the collection and dissemination of breastfeeding information
- spearhead agreement on a standardized concept of exclusive breastfeeding
- research a number of biomedical, qualitative, and evaluation issues.

Wellstart EPB made a genuine request for active feedback from TAG members, and staff appreciate the honest and creative feedback that resulted. This report represents our first analysis of the recommendations, and our plan for addressing them.



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## INTRODUCTION

Wellstart International's Expanded Promotion of Breastfeeding Program (EPB) convened a Technical Advisory Group (TAG) meeting January 10-11, 1995. The TAG, held at the program's midpoint, was to review the current status of the program, assist in refining its priorities and offer suggestions for a strategy and methodologies for evaluation. As stated by Dr. Audrey Naylor, President and CEO of Wellstart International, the TAG's objectives were:

1. To review *current status and summarize lessons learned* from the first 3 years of our experience with the EPB program
2. To review *future EPB Program priorities and provide input* on key issues involved in addressing those priorities
3. To review *the evaluation strategy and make recommendations* on the key issues involved in this strategy

EPB benefited from the work of 10 TAG members and an additional 35 expert participants. Members reviewed advance materials, including the FY 94/95 EPB annual report and workplan, which gave an in-depth account of program activities to date and plans for the coming year; this information was also summarized very briefly for the participants during the presentations. EPB also benefited from the presence of two important groups of people: field staff and consultants from Honduras, the Dominican Republic, Mexico, the Newly Independent States, and Cameroon; and major subcontractors, including the Institute for Reproductive Health, The Manoff Group, Nurture, and The Population Council. Dr. Audrey Naylor, Dr. Ann Brownlee, and Ms. Janine Schooley from Wellstart International Headquarters were key participants.

During the course of two days Wellstart staff summarized program progress and challenges and presented issues they wanted the TAG to consider. Working groups were formed in two areas: program priorities and evaluation strategies. Working groups for program priorities included institutionalization/integration, exclusive breastfeeding and community outreach. Evaluation strategy and methodologies were discussed by working groups on institutionalization/integration, participatory evaluation and community outreach.

Wellstart staff sincerely appreciates the time and effort so many gave to the TAG meeting. Wellstart asked for feedback, and the participants gave it honestly and creatively. Now it is up to the EPB staff to analyze this feedback and put the TAG recommendations into practice when possible, and continue its fruitful collaboration with the TAG participants. This report represents our first analysis of the recommendations and our plan for addressing them.

Section I of the report summarizes the recommendations of the TAG and the next steps. Section II summarizes the proceedings. In most cases Section II concentrates on discussions of the issues raised. Details of the presentations can be reviewed by referring to Annex 3, which contains the overheads used during the presentations, reduced to standard size type, and an additional report from Dr. Roy Miller. The first part of Section II includes discussions focused on country and regional programs and special areas such as mother support and infant feeding among refugees. The next part deals with the major issues related to Lessons Learned, Program Priorities, and Evaluation. The final part discusses the work and the conclusions of the six working groups.



## I. RECOMMENDATIONS OF THE TAG AND PLANNED ACTIONS

Quite a number of excellent and useful recommendations were made by the six working groups during the TAG meeting. These recommendations have been reviewed and discussed by Wellstart EPB and Corporate staff and many of them are being incorporated into our program plans. The inherent tension between the need to "focus and concentrate" and the need to adequately address the wide ranging and rich recommendations made by the TAG will be a growing challenge for the EPB Program over the next two years.

In general the recommendations made by the TAG fall into three distinct categories:

- 1) Recommendations to carry out activities that are clearly within the Program's current scope of work and that have already been undertaken to varying degrees. In this case, the recommendations of the TAG validate the importance of continuing to be active in these areas.
- 2) Recommendations to carry out activities that are clearly within the Program's current scope of work but that have not been adequately addressed thus far.
- 3) Recommendations to carry out activities that, while are very important, are not within the Program's current scope of work and are not possible to undertake given the current funding provided by USAID.

These major recommendations are outlined by category. A brief note summarizing our response and plans for addressing the recommendation are included in italics.

1) **It is clearly within the EPB Program's mandate to continue the following:**

- Form alliances at the international and national levels and use WS Associates as much as possible. *EPB will continue to be active along these lines. The many linkages that have been formed to date will be strengthened and new linkages forged in an effort to ensure institutionalization and sustainability. Full coordination with Wellstart's LME Program on strategy development, collaborative efforts and communication with the Associate network will also continue.*
- Work to effect policy change at the institutional, national and international levels as well as work programmatically at the grassroots level. *The need to work at all levels so that behavior change is not only brought about but sustained through training and policy changes is clear. The EPB Program will continue to work at the issues from both directions. This presents its own challenges, however, given the limited resources in time and money that remain.*
- Work as a catalyst, taking care to be realistic and strategic without trying to do too much (develop models, document lessons learned, develop strategy briefs for others to use, etc.). *This approach has been successful in maximizing limited resources, strengthening coordination, and helping to ensure long term results. However, the approach brings several challenges including relative lack of quality control, challenges with sorting out "credit" for results and with measuring results that are by definition long-term.*



- Work to define the barriers to optimal breastfeeding and link behavior change to program design. Continue to conduct research into what mothers, health workers, etc. think about breastfeeding and the realities of women's lives that affect breastfeeding behaviors. *A significant quantity of qualitative research has been carried out. The Program will be exploring how to improve the "packaging" and dissemination of the results so that they can be more useful for planners and decision makers. For example, a synopsis document could be developed which summarizes key issues across geographic lines and synthesizes results in a reader friendly format.*
- Determine which interventions affect behavioral change. *Determining which of the EPB Program's interventions are most effective is underway via evaluations currently being planned.*
- Provide USAID with breastfeeding information. *Though this activity has been ongoing, the evaluation and monitoring results which are becoming available will enable EPB to improve and expand its efforts in this area.*
- Acknowledge the work of other organizations when presenting evaluation results. *This is something that EPB will continue to work on. Several discussions at the TAG meeting underscored the need to be even more sensitive to this matter. It was pointed out during the TAG meeting that promoting the work of local NGO's, Wellstart Associates, Ministries, etc. is also a good strategy for keeping motivational levels up and for stimulating continuing good work.*
- Work with the international donor community to determine holes in breastfeeding knowledge and complement work already being done. *Though it has not been possible to formulate an interagency working group as was originally envisioned in the Cooperative Agreement, EPB has been active in discussing issues of mutual concern with several donor agencies such as WHO, PAHO, UNICEF, the World Bank, etc. Since Wellstart is now a WHO Collaborating Center, it is in an even better position to strengthen the lines of communication and carry out more joint prioritizing and strategy development sessions. Serving as a catalyst for this process is a role for Wellstart and for the EPB Program.*
- Convene mini-TAGs on specific issues. TAG members thought this would provide a better setting than full TAGs for allowing better focus and more extended discussions. This would also make it possible to supply more information in writing before TAGS, so that less time is devoted to presentation and more to discussion. *Wellstart EPB will continue to use this format--the next probable mini-TAG is on HIV/AIDS Issues and Breastfeeding.*

**2) It is clearly within the EPB Program's mandate to do the following:**

- Evaluation needs to be built into activities from the start, but care should be taken to not evaluate activities prematurely. *Walking this tightrope is another evaluation challenge and the TAG's recommendations along these lines will again be incorporated into the evaluation strategy. They are initially being applied in Honduras.*
- Counterparts should participate in all aspects of programming, including evaluation, presentation of results, and receiving credit for their efforts. This needs to be undertaken with the acknowledgement that this requires additional time and resources. *In order to leave a living legacy it will be important to pass knowledge, skills and materials on to in-country counterparts. EPB's strategy and practice has always included participation by counterparts in all stages of*



*program design and implementation. Now that the evaluation component is up and running, opportunities for participatory approaches to evaluation will be explored and offered.*

- *Focus evaluation efforts on behavioral change. EPB is focusing on behavioral change. The evaluation effort, however is not narrowly concentrated on teasing out EPB program contributions to behavior change, but is designed to investigate how to design effective sustainable and efficient breastfeeding promotion programs. This examination of institutionalization requires looking at additional measures, such as budgetary commitment and policies.*
  - *Focus evaluation not only on indicators but also on designing an evaluation so that the results can be incorporated into a coherent system which facilitates program improvement and which works towards the goal of institutionalization of breastfeeding promotion in national programs. Not only should the system offer feedback for program improvement, but it should delineate a goal--a model of a basic national program--and consecutive steps needed to be undertaken to reach it. EPB should consider using, adapting, or building on a system such as the UNICEF Triple A system or USAID's PRISM system. EPB's Cooperative Agreement includes criteria based on a model of an institutionalized national program. EPB considers that model to be a framework for evaluation of which elements are necessary and most useful in national programs, and whether there is a necessary order in which achievements need to be made. Evaluation will be participatory, which fosters use of the results in program modification.*
  - *Focus on measurement of program areas where little evaluation work has been done such as community outreach, mother support, working women, and refugees. The pilot site for evaluation, Honduras, concentrates on community outreach and mother support, and measurement of these topics will be incorporated into the further development of the Program's evaluation strategy/design. EPB is also sponsoring research on working women, and plans to begin program work with refugees.*
  - *Develop low cost evaluation and monitoring modules. Addressing some of the issues mentioned above (define audience, use participatory evaluation approaches, etc.) will help to define the desired mix of evaluation tools, modules, models, etc. which EPB could and should develop. However, it is clear that low-cost, practical and user-friendly modules and materials would be included, as they are extremely helpful and fully in keeping with the EPB Program's overall approach and scope of work.*
  - *Build on work that has been done on reproductive health indicators, etc. Identify which indicators will convince policy makers of breastfeeding's importance. Utilization of the work that has been done thus far on indicators and incorporation of appropriate indicators in evaluation strategies is planned. EPB is also incorporating the results into different policy pieces and noting the results.*
- 3) It is not within the EPB Program's mandate to do the following:**
- *Act as a clearinghouse for information collection and dissemination on breastfeeding. Acting as a clearinghouse would definitely be beyond the scope of EPB. This would add an enormous administrative and logistical burden to the staff and would not be an appropriate use of the Program. However, the EPB Program should be a resource for technical information and lessons learned. For example, the Program could create fact sheets and a "tool box" of materials for*



*breastfeeding promotion within other child survival and reproductive health programs. We will also continue to work closely with existing clearinghouses, such as APHA and USAID's CDIE.*

- *Promote agreement upon and standardization of the concept of exclusive breastfeeding. Though the EPB Program is not in the position to do this, it does have a role to play. For example, the Program could write a policy paper on this issue and could convene a mini-TAG to discuss some of the issues identified during this TAG (the key issues among the 24 issues identified by the working group on exclusive breastfeeding).*
  
- *Continue research into biomedical issues, qualitative issues, maternal nutrition, micronutrients and other qualities of breast milk, weaning, colostrum, breastfeeding and HIV, and measuring success at the community level. Though research into each of these issues is important, it will not necessarily be possible for the EPB Program to perform or fund the actual research. In general, the Program's emphasis will be more on operational or programmatic research and on strengthening the dissemination or utilization of research results as opposed to carrying out research studies per se.*



## II. PROCEEDINGS OF THE TAG

### COUNTRY, REGIONAL, AND SPECIAL PROGRAMS

EPB field and Washington staff presented summaries of EPB activities. Programs are being implemented in three regions: Latin America and the Caribbean (LAC), Africa, and the Newly Independent States (NIS). These include long-term programs in the three regions: Cameroon, Nigeria, Rwanda and Senegal in Africa; the Dominican Republic, Honduras, and Mexico in the LAC Region; and Armenia and Georgia in the NIS. There are three regional initiatives as well: pre-and in-service training and refugees in Africa, and a regional strategy with the Pan American Health Organization (PAHO) in Latin America. EPB has also provided short-term assistance in 18 additional countries. The staff also presented a panel on special issues which transcend country and regional programs: community support, research, and policy work.

Each presenter listed issues that EPB has faced in these areas. Plenary discussions addressed these issues, but also raised additional questions. To some extent, both the issues raised and the discussions reflected the participants' wide range of interests and approaches-- at times the dialogue resembled the fable of blind men describing an elephant. Nevertheless, the group reached agreement on two common themes:

- there are great differences between geographic areas, yet enough commonality to permit adapting materials between countries and regions; and,
- breastfeeding promotion involves integration of a variety of actors and activities on a number of fronts.

#### Differences and Commonalities

Although there are often striking differences within regions, in general, each region offers commonalities which determine a specific approach. In general, Africa presents the need for support and protection of good breastfeeding practices while working on problematic ones. But these strategies need to be designed to compensate for political instability: EPB's programs in Rwanda and Cameroon were cut short, the program in Nigeria is off and on. EPB has responded to this instability in several ways. The first is to modularize some activities, so that short term progress can be made, even if long term activities are cut off. The second is to shift funding and emphasis if necessary, building on experience and breastfeeding information previously gathered. EPB has been fortunate in the flexibility of the support offered by the Africa Bureau. For example, the remaining funds from Rwanda and the baseline information EPB obtained will be used to study infant feeding practices among refugee populations.

The Latin America and Caribbean area presents breastfeeding practices which, in general, have been more eroded. However it also offers a long history of breastfeeding promotion and a richness of resources which permit innovative approaches and planning in a comprehensive and long term manner. PAHO and Wellstart are collaborating on an integrated strategy for the entire region.

The NIS present a very different challenge. Current birth practices, formula distribution, and concerns over contamination and "insufficient milk" undermine mothers' efforts to breastfeed, but a highly literate population, pervasive mass media and a centralized bureaucracy facilitate change. EPB has worked in coordination, mobilization and capacity building activities in this region.



Despite these differences, EPB has found that models and materials can be adapted from one region and one country to another. Assisting in fostering the cross fertilization between countries has been very rewarding, and EPB has built on the efforts of others. For example, the curricula for health workers developed by UNICEF and the Secretariat of Health in Mexico was adapted in the Dominican Republic and Honduras. Materials for community support are being developed in Honduras and will be field tested in the Dominican Republic and possibly three other countries. They will be produced in a diskette format which will allow modifications to address many different situations. Breastfeeding information sheets from Cameroon have been translated from the original French into English and Russian, and were distributed at a regional refugee nutrition meeting in Africa, and in Kazakhstan and Ukraine. They will also be used to train another international non-government organization (NGO). Another example is in Georgia, where an 18-hour Baby Friendly Hospital (BFHI) course will be integrated with a 40 hour curriculum from Pakistan.

The discussions raised two concerns, that a number of curricula have already been developed (effort should not be duplicated); and that those being developed should be modularized for easier adaptation. Training Advisor Linda Bruce clarified that EPB and its collaborators have always reviewed and built upon existing sources. As we have worked, we have also discovered the need for modules and readily adapted tools, and are developing new materials with that end in mind.

### **Integration**

No one expected that helping mothers to optimally breastfeed would be a simple or isolated activity, and our experience has more than confirmed these expectations. What has emerged from EPB's experience and the TAG participants' observations is a model of interconnectedness on a multitude of planes.

**Integration and Coordination of Actors:** EPB has interwoven its efforts with those of many other organizations. Together we have created a whole which is more than the sum of its parts. Our collaborators range from local organizations to bilateral and international organizations. Above all we have worked with local organizations, ministries, and the network of Wellstart Associates. Examples include:

- work with our main subcontractors: the Institute for Reproductive Health, the Population Council, the Manoff Group, and Nurture;
- the collaboration with CARE and UNICEF in Cameroon, which made it possible to provide assistance lasting beyond the withdrawal of the USAID Mission;
- collaboration with La Liga de la Lactancia Materna, USAID, the World Bank, and UNICEF in Honduras to develop an extensive country program;
- the PAHO initiative which includes other regional funders, such as the Interamerican Development Bank and the World Bank, along with more traditionally health-focused agencies; and
- the Reproductive Health Seminar in the Ukraine, which was the result of the collaboration of WHO, five Ministries of Health, and a number of USAID-funded organizations, local groups, and the government of Spain.



The advantage of this approach is obvious: EPB can leverage its resources, both time and money, to attain greater reach and effectiveness. The program benefits from the knowledge and experience of other people and organizations, and thereby strengthens its capacity for further assistance as well as the programs it is working with. Nowhere are we supporting all aspects of a comprehensive program by ourselves. The discussions at the TAG reinforced the multiple contributions made by our collaborators.

Many of the difficulties of this approach are predictable as well. Each organization has its own goals, timetables and resources, requiring coordination and compromise, and creating some tension. The TAG discussions revealed areas where other organizations would like EPB to contribute, areas where we could complement the work of other organizations. For example, participants suggested:

- Collaboration with the Population Council in Senegal
- More research on such topics as AIDS, deaths averted due to optimal breastfeeding, and studies of the quality of growth
- More use of the media, especially on the local level
- Considerations of the benefits of breastfeeding to women's health (especially in the context of the whole perception of women)
- Increased attention to prenatal care and support for mothers giving birth
- Tracking what different breastfeeding advocates are doing
- More modularization of courses
- EPB "sweetening the yeast," functioning as a catalyst with technical and limited financial assistance.

EPB is addressing many of these issues, yet lacks both resources and a mandate to cover all of them. For example, in the field of HIV transmission, EPB is producing an up to date review of all the information available on the vertical transmission of the HIV virus through breast milk and studies attempting to identify the risk factors, especially those related to the nature of breastfeeding practices. This information will be widely disseminated. Yet we cannot conduct the necessary research or make recommendations on our own.

Wellstart International is committed to this integration of activities on a local level as well, by supporting the development of in-country and regional resources. This often has involved increased time for project development and implementation and, sometimes, tradeoffs on the nature of the finished product. Yet the need for involving all actors is one of the messages EPB received most clearly from the TAG. The "we" involved in breastfeeding promotion continues to include many beyond program staff.

The most serious problem posed by integration of efforts is measurement of impact. It is a challenge that involves both determining program effectiveness and justifying continued funding. A point repeatedly raised in both plenary and group discussions was the need to show actual impact on breastfeeding behavior. When impact is due to collaborative efforts, attribution to individual organizations is difficult. Efforts to address this problem are described in the evaluation section.

**Integration and Coordination of Activities:** As EPB has worked, it has found it both effective and necessary to integrate its efforts in all the areas related to breastfeeding. The need for this was also expressed by the TAG. Some of the areas are very obvious. For example, infant feeding is a continuum that includes appropriate supplementation and weaning. A valid concern of the TAG members was that EPB might be tempted to take too narrow a focus at the breastfeeding end of this continuum. Though EPB recognizes that breastfeeding is a part of a continuum, the mandate of this project is promotion of breastfeeding. Additionally, our field work has shown that lack of exclusive breastfeeding is the most



prevalent problem in most areas. We will, however, continue to actively collaborate with others who focus on other parts of the infant feeding spectrum.

There was also a call for integration with other child survival activities, such as control of diarrheal diseases and treatment of respiratory infections, and with family planning programs. EPB is working closely with programs addressing these issues in most of its activities. Examples include work with multilateral projects such as the BASICS, HHRAA, and SARA projects; with bilateral projects such as the RIM project in Rwanda and the Health and Family Planning project in the Dominican Republic; and with multiple divisions of organizations, such as the nutrition and CDD divisions of PAHO and the newly integrated Reproductive Health Division of the Mexican Secretariat of Health.<sup>1</sup> The fertility impact of breastfeeding was the focus of a major policy initiative: the Cairo conference. EPB is also working closely with Georgetown University's Institute for Reproductive Health on this issue.

What has been less expected, but extremely fruitful, has been the opportunity to link with other policy concerns which are not traditionally associated with breastfeeding. EPB has demonstrated that breastfeeding promotion makes valuable contributions to the issues of food security and environmental degradation. Since its inception, EPB has been promoting breastfeeding as a woman's issue, especially for working women. These efforts have intensified with the approaching Beijing Conference and one participant called for an even stronger emphasis on promotion of breastfeeding as part of the fight against widespread devaluation of women.

The third challenge for integration of activities is longitudinal: ensuring that there is follow-up and supervision. Strategies for follow-up and supervision of trainees will be tested in the Dominican Republic. TAG participants also stressed the need for follow-up to conferences, citing the need to be able to support ideas and enthusiasms which are generated.

Integration of agencies and activities is not always easy or successful. For example, there has been slow progress in convincing relief agencies that formula distribution and the practices associated with it are detrimental to the populations they are trying to serve. Formula was distributed in Armenia in response to earthquakes and is a constant element in refugee relief. Participants challenged EPB to increase its education efforts with relief agencies, and we will continue to focus on this challenge.

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<sup>1</sup> Basic Support for Institutionalizing Child Survival (BASICS); Health and Human Resources Analysis for Africa (HHRAA); Support for Analysis and Research in Africa (SARA); Rwandan Integrated Maternal/Child Health and Family Planning Project (RIM), Control of Diarrheal Diseases (CDD); A full acronym list is found in Appendix 4.



## **LESSONS LEARNED BY WELLSTART EPB STAFF**

The issues raised in the discussion of EPB country, regional and special programs echoed many of the lessons we have been able to distill from our first years of experience. EPB found the TAG very helpful, both where the discussion ratified our views and experience, and where the group added observations or suggested a different approach.

### **Beyond Country Programs: New Directions**

EPB has gone in some different directions than originally envisioned at the outset of our work. Our Cooperative Agreement structures EPB principally in terms of country programs. Country programs are, of course, important, but we have found that we need to go beyond defining our work by country borders.

We have put a fair amount of effort into activities at other levels:

- global policy endeavors (eg. International Conference on Nutrition [ICN], the Cairo International Conference on Population and Development [ICPD]),
- regional initiatives (Africa, Latin America and the Caribbean [LAC])
- special issues (refugees, HIV/AIDS) that have widespread impact on breastfeeding policy and practice.

Further, in considering factors such as need, reach, and effectiveness, we realized that it was desirable to work through some non-traditional avenues or link breastfeeding to some non-traditional domains--outside of the health network. We have, for example, linked breastfeeding to environmental concerns, to food security, and to humanitarian assistance efforts.

We have also gone beyond the more standard activities of training, social marketing, etc., to carry out other activities which will help further and institutionalize our work. Some examples include: building administrative and management capabilities of fledgling breastfeeding organizations, developing guidelines for trainers and supervisors, creating a program manager's manual, the seed grant program -- so that local organizations can carry on breastfeeding work, particularly at the community level, long after EPB is gone.

We believe that by taking some new directions, by embedding sound breastfeeding policy into global initiatives, by raising awareness of the role of breastfeeding in areas typically outside of the health sphere, by addressing special issues that affect large populations of breastfeeding women and by investing in local organizations which can carry on our mission, we have tremendously expanded the reach and effectiveness of our work.

### **Beyond "Running Programs": Ingredients That Contribute to Development**

What are the ingredients that contribute to development? EPB staff has learned that these include:

- coordination
- cooperation
- collaboration
- serving a catalyst role



- integration
- education and skill building
- leadership development
- institutionalization

These are buzz words, but, buzz words or not, they are concepts we believe in and take seriously. Discussions during the TAG lead us to believe that the participants share that belief. What has EPB learned about what they mean, concretely, in terms of how we work?

*Work with other cooperating agencies (CAs), donors and local groups from the start, consulting and coordinating with them, so that what takes place is not "Wellstart's work" but a group effort spearheaded by Wellstart.*

EPB's approach is to act as a catalyst, a facilitator, a match-maker. We plan so as to provide for as many of the components of a national program as possible, but **we cannot and should not carry out all the components ourselves**. This approach allows for the rational use of resources, avoids duplication, leverages funds, and fosters sustainability.

One example is Honduras, where EPB is coordinating with a variety of actors, local as well as international, on an ongoing basis. Another notable example is Cameroon. Because of the Mission closing, we had only about six months to actively work there, but nonetheless a national program is continuing. Our objective was to leave tools and skills in place. Cameroon is different from Honduras in that in addition to the coordination role, our main objective was **to provide the input that allows other entities to carry out critical pieces of breastfeeding programming after our departure**. Thus, all of the important pieces are now housed in continuing institutions, and Wellstart spirit and mission live on.

**At the same time we need to accept the costs of this approach:** It takes longer; it requires coordination time; we don't always get credit for the facilitation role or for the effort of working with other organizations which carry out other parts of a country program. Because our evaluations are based on specific EPB outputs, we may not look as productive when we take this approach. The reverse of this is the reminder from the TAG that EPB needs to constantly and consistently acknowledge the contributions of our collaborators.

*Use local expertise wherever feasible. Cross-fertilize, encourage south-south linkages.* This develops leadership capability and independence, and benefits both provider and recipient of the expertise. For example, almost all of our Resident Advisors are local experts. Further, we try to identify local people who can take on TA responsibilities within and outside of their home countries. We also create networks among colleagues and counterparts of the developing world.

South/local expertise can be more effective than expatriate input. There is no doubt that the ICN World Plan of Action would not include breastfeeding so prominently if our international colleagues had not been the dedicated and forceful advocates that they were.

*The EPB/LME Associates partnership is an especially felicitous example of collaborating with local expertise, and a unique feature of Wellstart International.* It is extremely advantageous to be able to work with a base of local persons with expertise and motivation. This is an ideal arrangement which allows us to work as colleagues, to work more quickly and efficiently than as purely external agents.



**Integration.** Breastfeeding is key to many areas of child survival and maternal health, and certainly our goal is to integrate breastfeeding into all relevant areas: control of diarrheal diseases (CDD), acute respiratory infections (ARI), family planning, nutrition. Integration also needs to take place at all relevant points in the maternal and infant care process: including prenatal consultations, maternity stay, and well-baby clinics. **At the same time, a strong breastfeeding presence is needed to provide technical expertise to these areas and oversee the integration process.**

**Breastfeeding can be forgotten because it is assumed to be so simple, something mothers already do.** Having a National Coordinator, a Committee, and if possible, a line-item budget commitment are important ways that a distinct breastfeeding presence can be maintained.

### **Practical Lessons**

- **Given the long lead time necessary for bureaucratic procedures and approval processes, it is crucial to have some flexible funding to respond to Missions in a timely manner get activities up and running.** It is not always possible to garner these flexible funds, but is something to keep striving for.
- **Political realities, especially in Africa, require that we think in terms of "modularizing" our programming: having short-term as well as long-term goals.** We had counted on several long term programs which had to be cut short or postponed indefinitely for reasons beyond our control. Fortunately we have a series of completed activities in each country.
- **Although we are sensitive to the fact that each country is different, sometimes a basic model can be used which can be adapted – model strategies, materials, curricula.** We can avoid re-inventing the wheel. Materials don't even have to be put in final form. To some extent, generic materials can be adapted. For example, we have put basic breastfeeding information for service providers on diskette which can be modified and put into a format based on resources. This represents a very inexpensive way to get materials out, and allows for local persons to use their own creativity.
- **Breastfeeding promotion is unusual in that the first step is to convince people that there is a breastfeeding problem** (unlike diarrhea, malnutrition, etc). In most LDCs, almost all women do breastfeed, so policy makers think it needs no attention. The critical importance of exclusive breastfeeding is not understood. The first step is to lay the groundwork. EPB's challenge is determining how to accomplish this.
  - Small local studies can be very effective in raising awareness of the problem and galvanizing action. For example, the qualitative research in Malawi showed that there was no exclusive breastfeeding there, and it shocked the MOH and NGOs into action.
  - Conferences have been extremely effective in the former Soviet Union. The regional conference in Central Asia spurred a tremendous amount of action -- including dozens of replica seminars, reproduction and wide distribution of materials, and in some cases, immediate revamping of maternity routines.

Once awareness of breastfeeding problems has been raised, the positive practices can be acknowledged and seen as something valuable to be protected (this approach was working well in Rwanda). Further, once breastfeeding problems are understood -- which also means that optimal breastfeeding is understood -- optimal breastfeeding can be presented as a SOLUTION to the most pressing child survival problems: malnutrition, diarrhea, ARI, and child spacing.



## **PROGRAM PRIORITIES:**

At the midpoint of the project, it is important to have a touchstone for EPB's approach to program priorities. The TAG was designed to help us look at decisions we have made, validate some, and suggest different approaches to others. With the participants we asked ourselves: What activities are the most important to us and why? What **should** we be doing with increasingly limited resources of time and funding? What are the most effective ways of working towards achieving results in these areas? How do we best institutionalize the lessons we have learned and incorporate them into our planning and decision making processes?

The Program Priorities session was designed to build on the previous sessions, provide an important bridge into the working groups on program priorities and evaluation strategies, and contribute to the process of answering these and other related questions.

In order to provide the TAG members and other meeting participants with a context within which to refine and expand priorities, a description of the overall aim, program priorities and deliverables as outlined in the Cooperative Agreement was provided. A description of how these program priorities and deliverables have been clarified and adjusted through usage and experience to date, the mid-term evaluation recommendations, and EPB's growing need to focus and concentrate over the next several years was then shared.

These adjusted program priorities include the three topics EPB chose for further attention by the working groups: multi-level institutionalization, capacity building and integration; exclusive breastfeeding focus; and outreach, mother support and working women. The working groups were asked to explore the key issues and features of these priority areas and to make priority strategy recommendations for the remainder of the Program.

For each of these topics, examples of issues with which the Program is grappling were shared in an effort to give the working groups an understanding of our thinking to date and a grounding in the practical issues facing EPB. A similar process was followed for the working groups on evaluation strategy. The working groups for evaluation included institutionalization/integration, participatory evaluation, and outreach/mother-support.



## EVALUATION STRATEGY

EPB has, in many ways, been late in fully incorporating evaluation into program activities, partially because the program was exploring new territory in both programs and evaluation, and partially because of staffing issues. It found itself, as year two ended, with pieces of an evaluation approach, and indicators built into specific activities. With the program and staffing issues resolved the pace has accelerated. We have a clearer idea of the efficacy of different program activities we have explored, now we can put them to a more rigorous test. We have a full time evaluation specialist, now we have developed a coherent strategy. Review of that strategy was one of the key benefits of the TAG. The strategy was presented as a package of questions and activities that allows EPB to measure results and contribute to the state of the art knowledge of breastfeeding promotion, and also meet the needs of our funder. Most of the opportunity for comments and discussion occurred in the working groups, and in the plenary session which followed.

The evaluation presentation laid out the requirements for evaluation and monitoring in the Cooperative Agreement and reviewed the suggestions made by the Mid-Term Evaluation team. In addition, the goals Wellstart has developed for EPB's evaluation efforts over the next two years were reviewed. These include the evaluation of program outputs and outcomes in selected countries, and the conduct of special studies to improve program effectiveness. In carrying out these goals, there will be an emphasis wherever possible on the utilization of participatory monitoring and evaluation methods, and the dissemination of monitoring and evaluation tools to countries and other organizations planning breastfeeding promotion activities.

A model illustrating the various elements in a comprehensive breastfeeding promotion program was presented. The model illustrated the relationship of various program inputs, outputs, outcomes and impact. Examples of evaluation indicators related to each element and level were made available to TAG participants.

After describing the model, we presented examples of questions and relationships that would be of evaluation interest in particular countries. Criteria for selecting particular evaluation opportunities included: countries where there were innovative program features; program features for which there has been little evaluation or operations research; the timing of program activities in the country; the extent and nature of baseline data. Broader choice criteria included ensuring that evaluation activities are distributed throughout the regions where EPB is conducting activities, and resource availability.

It was noted that the assessment of initial conditions, carried out in over 10 countries, sometimes included data which would allow tracking of changes within these countries if new data were later gathered. In most cases the data, when available, were from DHS surveys. The assessment data also provide important materials from which EPB has made, and continues to make, program and evaluation decisions.

The next part of the presentation described three studies which are focused on infant feeding behavior outcomes at the population level, which EPB plans to conduct. Work of this sort is planned for Honduras, Cameroon and Armenia. An overview of the studies was presented to give a sense of the scope of the investigations and the major questions of interest.

EPB evaluation efforts that will include evaluation and the monitoring of particular program components were also presented as part of the description of planned activities. We anticipate lower budgets for those studies which are site-specific for the most part--for example, those focused on monitoring and evaluation of training at the program level. Several examples of potential studies were given. These included, for



example, efforts in the Dominican Republic to develop evaluation activities of training efforts, with a focus on the effects of follow-up and supervision.

EPB has already developed a number of tools for its own evaluation efforts, and will continue to refine these. These include qualitative research guidelines, household survey instruments, health provider survey instruments and protocols, and questions for exit interviews. One output of the evaluation activities will be the compilation of well-constructed, carefully tested instruments which can be made available for dissemination to others.

Finally, EPB has begun to assist in the integration of appropriate breastfeeding indicators into various information systems in a number of countries, and plans to expand these activities.

## **DISCUSSIONS AND RESULTS FROM WORKING GROUPS**

After the plenary presentations and discussions, the TAG participants broke into working groups to discuss the two key questions to the TAG:

- What should EPB do to refine and improve its choice of program priorities?
- How can we improve our plan to evaluate whether our program is achieving those goals?

For each question there were three groups. On the first day, the program priority working groups divided into the topics of institutionalization and integration, exclusive breastfeeding, and outreach. The second day's working groups on evaluation discussed institutionalization and integration, participatory evaluation, and community outreach.

### **Day 1: Program Priorities**

#### ***Institutionalization and Integration***

EPB currently places a great deal of emphasis on institutionalization and integration, but planned this TAG session in order to tap the wisdom and experience of participants on ways it can be even more effective in reaching this goal. Two elements were emphasized: capacity building and partnerships with in-country institutions. A number of specific suggestions and comments around these themes were raised:

- It is desirable to have a base of educated and motivated decision-makers on the ground. This allows technical inputs to go further and makes for sustained change. In many countries, the Wellstart Associates (those who have completed the LME program) provide such a base.
- EPB should coordinate with all local players--act as a catalyst and form alliances. Take what is in place and make it work. It is easier to do this in Latin America than in Africa, where the country is geographically divided and areas are "allocated" by donor.
- Do not work only with the Ministry of Health!
- It is key to integrate breastfeeding into all other relevant health areas: CDD, ARI, family planning, nutrition, prenatal care, and postnatal care.



- Simple breastfeeding indicators should be part of health records and other national data collection activities. One possibility mentioned was collecting a simple indicator or two during immunization campaigns.
- Integration into current institutions is preferable than creating new institutions. If new institutions are created, they should not be entirely dependent on external funds. A key question is: Do you make it a part of every other program without specific breastfeeding money, or do you develop a more vertical program with its own money? The discussion resolved that a mix may be best. Perhaps you need to start with a vertical program, concentrate on working breastfeeding into other programs, and wind down the vertical program. BUT, there is no single model that applies universally.
- It is important to coordinate curricula.
- It is important to build follow-up funds into regional conferences wherever possible. Such funds would allow us to capitalize on the enthusiasm and motivation generated by a conference and provide the means to help local counterparts put concrete actions into place.
- The group grappled with whether a single list of criteria can indicate "institutionalization"? -- For example, having a Breastfeeding Coordinator, a National Committee, etc. No definitive conclusion was reached.
- There is inherent conflict between the goal of acting as a coordinator/catalyst (for which little "credit," necessary for further funding, is given), and that of showing specific accomplishments attributable to Wellstart. One possible way of dealing with this is to continue taking on the catalyst role, but also take on some concrete activities that are solely "Wellstart" and are measurable. We should also try to document where we have leveraged other activities and monies.
- In order to have a more concrete product from a conference, consider having participants draft some sort of "Declaration." Another possibility is a Plan of Action that participants agree to and provide a means of tracking progress toward goals. This can be along the lines of "We think these issues are important...We are going to..."
- Think about training public officials to be more effective advocates, assisting them in convincing others. This may involve training in PR skills.
- Continue working in national and global policy groups. For example, the Health and Development Policy Project is coordinating working groups to make recommendations to USAID, and it appears that there is no breastfeeding representation in this group. There should also be input into the "Mother-Baby Package" that WHO, USAID, and World Bank are working on.
- Develop strategies of information dissemination. The comment was made that Wellstart is doing a good job of this at the big UN conferences (ICN, Cairo, etc.)
- Consider more active use of the press. As an example, it could be used in refugee and relief situations.
- Think of ways to make more active use of Wellstart Associates, but at the same time, beware of overburdening them since many of them have responsibilities in multiple areas. Help them



become better advocates reaching government and policy leaders and achieving better dissemination of information regarding Associates' availability.

### ***Exclusive Breastfeeding***

The working group discussion ranged from definitions of exclusive breastfeeding to research needs to programmatic implications. The group decided that five main questions were most important:

- What is exclusive breastfeeding? Problem of a definition.
- Why should it be recommended?
- What are the knowledge gaps surrounding exclusive breastfeeding?
- What are obstacles to mothers in practicing exclusive breastfeeding? What do mothers think?
- What are some programmatic approaches to the promotion of exclusive breastfeeding that are working? What have we learned?

The group identified 24 important issues under these five general topics. It was difficult for the group to prioritize the list since they felt it was really up to Wellstart to prioritize based on the realities of our project, time frame, project needs, etc. The group decided to present Wellstart with the whole list and to ask each member of the group to vote for his or her top choices based on his or her own criteria. It was felt that some issues could be addressed by a mini-TAG, others by applied research, others by documenting Wellstart EPB experience in a number of settings, and some through evaluation and monitoring.

The most important topics were:

- Standardization of definition of exclusive breastfeeding. WHO, UNICEF and EPB should be promoting the same thing.
- What mothers think, what health workers think, realities of women's lives and feasibility and tradeoffs for the mother and child.
- Based on what is known about exclusive breastfeeding, how is its promotion best accomplished? How can we best motivate mothers? How can we best motivate health workers and maintain a knowledge level, enthusiasm and supervision for those giving out the message?
- Guidance needed for measurement/evaluation/monitoring of exclusive breastfeeding that is simple, workable and doable.
- Information dissemination and advocacy of exclusive breastfeeding is needed through the production of a module or modules and intersectoral means.

### ***Community Outreach, Mother Support, and Working Women***

Participants began the discussion of program priorities with the recognition that it is necessary to be realistic: there is limited time left in the project and there are limited resources for outreach. There are additional resources which exist, however they need to be found and mobilized.

Given this context, the group noted that it is important to define models that are effective. The group defined the following potential models:

- The government services model - Paid health center staff are given training and provide services. An example is PRODIAPS in Mexico.



- Paid NGO or government staff training and supervising volunteers (Honduras)
- The animation model (social mobilization) - existing community networks and organizations are inspired to take on breastfeeding support as one of their activities.
- Traditional commercial network model - community members and networks are motivated to take on breastfeeding in order to increase the overall marketability of their services. For example, TBAs could be motivated to provide breastfeeding services in addition to their birthing services as a means of increasing demand for their services within the community. (Guatemala, Mexico, Honduras)
- Mass media- Coordinate with other groups, as this can be very expensive.
- Birth model - Women could be trained to serve as doulas to accompany laboring women. This supportive birth experience would inspire mothers to successfully breastfeed.

The group stressed that these models are not mutually exclusive. Several models can be applied simultaneously within one program. It is necessary to ensure that models are effective before they are disseminated on a wide scale. It is also important to consider how models can be "scaled up" to reach a larger population.

The development of community outreach can not be done in a vacuum. There must be linkages between the hospital and the community. Hospitals can help to create the demand necessary to help foster increased community support.

The group also discussed several issues without coming to closure. These issues were:

- How does one measure success at the community level?
- How can activities be "scaled up"?

The group provided several guiding principles for EPB over the next two years:

- Wellstart should act as a catalyst. This can be done through strategic planning, seed grants and providing planning and management tools for other organizations to use.
- Wellstart should work toward sustainability through interagency coordination (at the local level) and through institutional strengthening.

Suggested activities for the next time period include:

- Implement and test all models.
- Provide technical assistance which is empowering.
- Provide a "tool box" for breastfeeding postpartum support and institution building. This would include developing manuals and workbooks. These tools would need to be user specific and available for adaptation.



- Give seed grants to organizations and networks which could extend breastfeeding support coverage and increase the potential for sustainability. These grants could go to organizations currently carrying out breastfeeding support, as well as to other community organizations. Other details for a seed grant program were discussed without specific recommendations being made.

## **Day 2: Evaluation Strategy and Plans**

### ***Institutionalization and Integration***

The working group began by examining the list of indicators that had been developed by the Breastfeeding Subcommittee of the Reproductive Health Indicators Working Group. They found that a number of the indicators already developed do measure institutionalization and integration. Thus, quite a bit of useful work had already been done.

The group then decided that when determining what to measure related to institutionalization and integration, it was best to have a continuum of events to measure, rather than to simply work with an unordered list of indicators. It is important to make a list of achievements that a breastfeeding program should reach over time. These are key steps in the process leading to successful institutionalization of the national breastfeeding program and its integration, when appropriate, with other child survival and MCH/family planning initiatives. The indicators can then be organized so as to measure each of these steps.

The group then decided to try to define key stages in the continuum. Stages identified included:

- sensitization, awareness raising
- development and adoption of a national breastfeeding policy
- development and adoption of a national breastfeeding plan
- appointment of a national breastfeeding coordinator
- allotment of budget for breastfeeding activities
- program implementation
- integration of breastfeeding with other MCH and child survival initiatives
- finally, development of its own monitoring and evaluation system, ideally with feedback, leading to the redesign and improvement of the on-going program.

The order and the timing of the various stages may vary from country to country and a country may be only part way along this continuum. It is important to look at the process as a series of steps and know what can be measured at each stage. It will take time to reach the final stage, so evaluators should not look for these results until there has been sufficient time for their achievement.

The group concluded that institutionalization and integration are important for EPB to measure, and that EPB should consider the process of achieving institutionalization and integration as a process, with various stages, which can be measured, using appropriate indicators.

### ***Participatory Evaluation***



This working group began by discussing what is meant by participatory evaluation. The group agreed that "participatory evaluation" is a "process" rather than a specific set of techniques or methods. Participatory evaluation is important because of the need to involve co-participants, beneficiaries, and community to increase skills, ownership/responsibility, and ultimately, sustainability. There may be some trade-offs in using a participatory style, particularly related to shared control which may compromise the quality of the evaluation and require more time to generate consensus and complete the evaluation.

The key questions which must be addressed in using a participatory process of evaluation are:

- What are the goals, methods, and critical questions which need to be answered?
- How can these questions be measured and what resources are available to answer them?
- Who is the evaluation for (USAID, MOH, partners, mothers, project staff)?
- How will the results be presented and reported?

Once these questions are answered, the level of participation possible will be more clear and should be built into the design. The goal is to make the evaluation as participatory as possible while still achieving the desired objectives. Dissemination is one component of evaluations which is often left out of the overall design yet this is critical to a participatory evaluation.

The Armenia example was discussed in light of this understanding of participatory evaluation. Using a real example helped ground the discussion and clearly showed the difficulty of using a truly participatory approach when the evaluation is for multiple actors, the principal audience being USAID.

The group's key recommendations to EPB are:

- be as participatory as possible within the limits of the objectives of the evaluation;
- include various partners in dissemination and credits given;
- share results more broadly to help others' activities move forward; and
- include the needs of the donor in the design of the evaluation from the beginning.

### ***Outreach***

At the present time, community evaluation efforts focus on Honduras, although there is a research project in Mexico on community-based support as well.

The *evaluation questions* that the working group raised were:

- Will 16 months give us enough time to measure impact?
- Will the intervention be sufficiently focused?
- Should we include infant/child morbidity/anthropometry (Centers for Disease Control)
- How do we deal with "contamination?" of control groups? Sentinel monitoring?
- Explore the results of taking of 24 hour recall versus lifetime histories
- How should we take into account other breastfeeding activities
- What kind of new instruments may be needed? Will supervision strategies need to be worked on? (DR?)
- Program may train midwives - what will be the comparison of midwife/home births with hospital births?



- How should one look at the density of advice (multiple contacts by one counselor vs. many contacts from different sources)? Need network measurement of who actually provides advice.

Potential *evaluation methodologies for community outreach* include the following: exit interviews (at 40 days postpartum check up in health centers), household surveys, and sentinel sites. The methodologies may be specific to certain questions. For example:

*Challenges to evaluation and possible solutions:*

<u>Challenges</u>	<u>Potential Solutions</u>
Monitor contact between counselors and mothers	Sentinel sites Exit interviews: women w/contact
Resource constraints	Show cost benefit
Counselors want supervision	Adapt existing strategies (i.e. family planning) Are there user-friendly Management Information Systems?
Monitor not only contacts, but also coverage	Monitor coverage
Need for information on qualitative impact of mother support	Information on linkages between mother support and other health/development indicators
Lack of funding/interest	
Diminished quality of care	

*Recommendations* from the group include:

- Develop low cost evaluation/monitoring modules
- Identify which indicators will convince policy makers
- Find funding for Stage 2 evaluation in Honduras (currently planned for after the EPB project is scheduled to end)
- Include reproductive health indicators
- Include community participation in monitoring



## RECOMMENDATIONS OF THE TAG

Dr. Elizabet Helsing, WHO's Regional Officer for Nutrition in Copenhagen, Denmark, was selected by the Wellstart EPB staff to give the summative wrap-up on behalf of all the full TAG members.

She began her comments by acknowledging the wonderful, dedicated staff of EPB and the contributions this staff has made to promoting breastfeeding worldwide. She then commented on the constraints of this type of forum for true dialogue, observing that often TAG meetings are called to convince funding agencies that "they got value for their money". She expressed the sense of the TAG members that the balance of time between presentation and opportunity for discussion and guidance was heavily weighted on the presentation side.

She did, however, offer some general guidance for the Wellstart EPB staff from the TAG members. First, EPB should make a better effort to acknowledge the contributions of others working in the field, being careful not to use "we" to imply that progress in this field had been made solely through EPB efforts. Second, she encouraged the Wellstart/San Diego office and the international community to provide direction to the EPB staff on where EPB can contribute to the body of knowledge on breastfeeding, and what the priorities for urgent action are, as defined by the many experts working in the field internationally. This would assure that EPB's work will complement, rather than reinvent, work already being done.

More specific guidance includes:

- to get the most out of the next TAG meeting, provide more written information before a TAG meeting so that less time is needed for presentation and more time can be used for true dialogue
- begin by concentrating on a few key issues for optimal impact, such as:
  - defining the barriers to optimal breastfeeding;
  - identifying a small number of comparative strengths and activities which could be used to produce sustainable models;
  - developing a continuum of outputs in time, which could be used to measure the institutionalization/integration of breast feeding at the country level; and
  - developing and assembling a set of "how to" tools which can be used by other projects to integrate breastfeeding into various programs
- build evaluation into projects from the start, while assuring that evaluation not be done prematurely, which might lead to distorted findings

Dr. Helsing emphasized the need for Wellstart EPB to prioritize and focus as well, and expressed some doubt over how the TAG members could have helped EPB to do this in this forum, given time constraints and the limited opportunity for dialogue.

She expressed the belief of the TAG members that mini-TAGs are a useful means to address some of the above issues.



## **CONCLUSIONS OF WELLSTART STAFF**

The two day meeting provided a wealth of ideas to guide us over the next two years. These ideas fit very closely with the expectations of the participants stated at the beginning of the meeting.

### **Institutionalization and Integration**

Within the theme of institutionalization/integration, members of the TAG made clear the importance of defining the "we" in describing our activities. For example, is it EPB, EPB and Wellstart International, Ministries of Health, or the international community? It is important to always recognize that before EPB many individuals and institutions were making valuable contributions in the area of breastfeeding promotion. "We EPB" have been challenged to build on the work of others, to be certain that as we build on our own strengths and comparative advantage, that we continue to allow others to do the same. "We EPB" also recognize that there is some tension between maintaining a clear institutional identity and the need to integrate with the work of others, which means multiple contributing partners.

A second key idea within the theme of institutionalization /integration is that of linking with USAID and USAID funded projects. Specifically, it was suggested that EPB produce a "tool box" that could be used by child survival and other bilateral projects to integrate breastfeeding in project activities.

### **Exclusive Breastfeeding**

Within the theme of exclusive breastfeeding and with reference to working women, it was suggested that EPB promote infant feeding behaviors that maximize the benefits of breastfeeding when exclusive breastfeeding may not be possible because of extended mother-infant separations. Timing of introduction of weaning foods needs to be included and discussed when advising mothers on the recommended length of exclusive breastfeeding. It was also suggested that the many qualitative reports on breastfeeding practices that EPB has produced be summarized. Priority areas for research included the development of a grid where the different infant feeding behaviors (e.g. late initiation, early teas, water use, formula, etc.) were assessed with respect to associated factors, prevalence, attributable risks, and possibility of change through behavior modification strategies. Such a grid would provide a basis for determining which negative behaviors should be targeted for change within a given setting. It would also provide mothers a way of making an "informed choice" to select the best alternatives when optimal breastfeeding is not an option.

### **Evaluation**

This theme represents the greatest challenge because of a number of factors. One is the new frontier of community-based activities EPB is undertaking and the need to develop new evaluation methodologies to assess them. In articulating the range of evaluation strategies we could undertake and in asking for guidance from the TAG, we are left with the daunting task of addressing multiple audiences (USAID, Ministries of Health, program managers, communities, etc.), with limited funding and limited time. Although in some cases the needs of USAID may overlap with those of other interested parties, in other cases the needs may be widely divergent. Behavior change will continue to be a priority focus for EPB's evaluation strategy because of the strong preference of our funder, USAID.

Another challenge is the difficulty of measuring activities where integration and institutionalization have been the major objectives as compared to single focus EPB interventions. The mid-term evaluators' recommendation to EPB was to use our two last years to "focus and concentrate". "We EPB" recognize



this as an important goal and convened this TAG to help us with this task. However, the wealth of ideas generated during this meeting points to the large number of issues still to be resolved in the field of breastfeeding promotion. The challenge over the next two years will be to focus and concentrate at the same time attempt to address the many issues still needing attention.



**Annex 1**  
**TAG Agenda**



**Wellstart Expanded Promotion of Breastfeeding Program  
Technical Advisory Group Meeting**

**The Latham Hotel  
3000 M Street, NW  
Washington, D.C.**

**AGENDA**

**Tuesday, January 10, 1995**

8:00 a.m. *Continental Breakfast*

8:30 - 8:50 **WELCOME AND INTRODUCTIONS** Dr. Audrey Naylor, Wellstart International  
Dr. Catherine Johnson, USAID  
Dr. David Oot, USAID  
Mr. James Carney, Moderator

8:50 - 9:30 **PURPOSE AND STRUCTURE OF THE TAG MEETING**  
■ Goal and Objectives Dr. Audrey Naylor, Wellstart International  
■ Role of the Technical Advisory Group  
■ Agenda Mr. James Carney, Moderator

9:30 - 10:30 **EPB PROGRAM REVIEW**  
■ Africa Region Dr. Katherine Krasovec, EPB  
■ LAC Region Ms. Linda Bruce, EPB  
■ NIS Region Ms. Martha Holley-Newsome, EPB

10:30 - 10:45 *Break*

10:45 - 12:30 **EPB PROGRAM REVIEW (CONT.)**  
■ Special Issues Panel  
Community Outreach Ms. Judy Canahuati, EPB  
Research Dr. Chessa Lutter, EPB  
Global Policy Issues Ms. Elizabeth Rasmusson, EPB  
■ Summary of Lessons Learned Dr. Carol Baume, EPB  
■ Discussion

12:30 - 1:30 *Lunch*

1:30 - 3:00 **PROGRAM PRIORITIES** Ms. Janine Schooiey, Wellstart International  
■ Introduction, Background and Key Questions  
■ Working Groups on Key Questions

3:00 - 3:15 *Break*

3:15 - 5:00 **PROGRAM PRIORITIES... (CONT.)**  
■ Working Groups Continue

5:00 - 5:30 **SUMMARY OF DAY**



Wednesday, January 11, 1995

8:00 a.m. *Continental Breakfast*

8:30 - 9:30 **PROGRAM PRIORITIES...(CONT.)**

- Working Groups Report
- Questions and Answer Discussion

Mr. James Carney, Moderator

9:30 - 9:45 *Break*

9:45 - 12:30 **EVALUATION: MEASURING RESULTS**

Dr. Mary Lung'aho, EPB  
Dr. Ann Brownlee, Wellstart International

- Background and Evaluation Strategy
- Introduction of Questions and Instructions to TAG
- Working Groups of Evaluation

12:30 - 1:30 *Lunch*

1:30 - 2:30 **EVALUATION: MEASURING RESULTS (CONT.)**

- Reports from Evaluation Working Groups
- Question and Answer and Discussion

Mr. James Carney, Moderator

2:30 - 2:45 *Break*

2:45 - 4:00 **SYNTHESIS/SUMMARY OF ALL THREE ELEMENTS OF MEETING**

Dr. Chessa Lutter, EPB  
Ms. Janine Schooley, Wellstart International  
TAG Representative  
Mr. James Carney, Moderator

- Lessons Learned
- Program Priorities
- Evaluation

4:00 - 4:30 **CLOSING REMARKS**

Mr. Robert Clay, USAID  
Dr. Catherine Johnson, USAID  
Dr. Audrey Naylor, Wellstart International  
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**Annex 2**  
**Participants**





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**Annex 3**  
**Presentation Materials**



## Overheads and Additional Material

**WELLSTART EPB PROGRAM REVIEW** Dr. Audrey Naylor, President & CEO, Wellstart International

### **GLOBAL GOAL**

Empowerment of all women to exclusively breastfeed their infants for four to six months and to continue well into the second year of life while introducing nutritious weaning foods.

### **GOAL OF THE TAG MEETING**

Incorporating the wisdom, experience, and advice of the members of the TAG, to review the current status of Wellstart International's EPB Program, assist the Program in refining its priorities and in developing its evaluation strategy and methodology. Such assistance will enable the EPB Program to achieve the desired results over the next two years and beyond.

### **OBJECTIVES OF THE TAG MEETING**

1. To review *current status and summarize Lessons Learned* from the first 3 years of our experience with the EPB program
2. To review *future EPB Program priorities and provide input* on key issues involved in those priorities
3. To review *the evaluation strategy and make recommendations* on the key issues involved in this strategy



**Special Features: AFRICA**

- Breastfeeding not perceived as a "problem"
- Early and late supplementation
- Maternal malnutrition
- Fertility impact of BF
- Support and Protection
- Differences in BF patterns
- Political Instability (ST objectives)
- Integration and Coordination
- Refugees and Displaced persons
- Bad luck

**AFRICA**

Long-Term, Comprehensive:

- Rwanda
- Cameroon
- Nigeria
- Senegal

Long-Term, Focused:

- Training
- Refugees

Short Term:

- Ghana
- Malawi
- Uganda
- Guinea

Madagascar? South Africa?



## RWANDA

Dates: (1992) Sept 1993 - April 1994

Funding: \$223,000

### Accomplishments:

- Breastfeeding Assessment
- Integrated breastfeeding into RIM baseline and M&E
- Qualitative research
- Resident Advisor
- 2 regional teams and RA (7 people) LME
- National Conference on Breastfeeding and Infant Feeding
- Curriculum development (LAM and BFI)
- Vertical transmission of HIV research

### Future plans (cancelled):

- Policy development, evaluation, pre-service curricula development, IEC, mothers' support work
- Left over monies used for Refugee Initiative



## CAMEROON

Dates: (1992) Jan 1994 - June 1994

Funding: \$514,000

### Accomplishments:

- Base of Wellstart Associates
- National Policy Workshop
- National Breastfeeding Policy
- National BF Coordinator
- Country Program Administrator

### Rapid Investment (Jan - June 1994)

- Assessment/QR
- IEC Materials Development
- Modular training curriculum
- Health workers training using the new curriculum
- National Pediatrics Conference
- Focus on Sustainability

### Future Plans:

- Regional Training
- Evaluation



## NIGERIA

Dates: April 1993 - Sept 1996

Funding: \$400,000

Focus: ■ Breastfeeding and complementary feeding  
■ NCCCD program

### Accomplishments:

- Program development (1993)
- Wellstart Associates
- Assessment/Planning with NCCCD (1994)
- Recent change to Private Sector Focus/Revision of Plan (1994)

### Future plans:

- Hire RA (+additional staff?)
- Determine private sector partners
- Evaluation
- Qualitative Research
- Curriculum Modules



## SENEGAL

Dates: (1992) Sept 1994 - Sept 1996

Funding: \$180,000

Focus:

- Series of TA visits
- Implementation through BASICS and MSH bilateral
- No Resident Advisor
- 4 regions in Senegal

Accomplishments:

- Program development (1992-1993)
- National Policy Workshop (1994)
- Signed policy
- Assessment and coordinated workplan

Future Plans:

- TA visits (training, QR, IEC, M&E, MTMS)



## REGIONAL TRAINING

Dates: May 1994 - September 1996

Funding: \$600,000

Future Plans:

- Series of 3 training workshops
- Follow up
- Pre-service and in-service training
- Coordination with UNICEF
- Includes countries where USAID missions have closed

## REFUGEES

Dates: Oct 1994 - September 1996

Funding: \$255,000

Why?

- Total Refugee population of 20 million (30 million by 2000)
- Infant formula as part of first response to emergency
- Policies and services often undermine optimal feeding
- Multiple countries
- Demonstrate value of BF support to relief community

Future Plans:

- Work through other agencies (NGOs and research institutions)
- Training and Policy
  - Focus on institutional level as best strategy for LT change
- Research
  - Documenting changes in practices and causes
  - Testing treatment protocols for severely malnourished children



### ISSUES

- What are some inexpensive and creative ways to do follow up of regional training?
- How to evaluate after the fact? (Cameroon)
- How important is it to document success with working through the private sector? (Nigeria)
- Do we have enough time in new LT countries to see changes in maternal practices? (Nigeria)

### ISSUES

- Suggestions for one shot designs so that we can get evaluation results in the ST? (Nigeria)
- Is there something unique about the refugee initiative that needs evaluation?



**LATIN AMERICA AND THE CARIBBEAN**

**UNIQUE FEATURES OF LATIN AMERICA**

- History of breastfeeding projects
- Many countries already had breastfeeding policies and /or programs in place
- Government support
- Large Network of Wellstart Associates
- Able to try new models
- In-country resources

**LONG-TERM LATIN AMERICAN COUNTRIES**

- Dominican Republic
- Honduras
- Mexico

**SHORT-TERM LATIN AMERICAN COUNTRIES**

- El Salvador
- Nicaragua
- Peru

**DOMINICAN REPUBLIC**

**DATES:**

- May 1993 - September 1996

**BUDGET THROUGH FY '95:**

- \$248,000



## DOMINICAN REPUBLIC

### FEATURES:

- LAC Bureau Add-on
- Public-Private coordination
- Wellstart, USAID/Development Associates, MOH, UNICEF, PAHO, collaboration

### HIGHLIGHTS TO DATE

- Curriculum for training health care providers
- Strategy for Community Support
- Resident Advisor
- Expanded Network of Wellstart Associates
- Code of Marketing
- National breastfeeding strategy/plan

### FUTURE ACTIVITIES

- Community support for breastfeeding
- Pre-service training and curriculum reform
- Monitoring and evaluation



## HONDURAS

### DATES:

- April 1992 - September 1996

### BUDGET THROUGH FY '95:

- \$779,000

### FEATURES:

- Long history of breastfeeding promotion
- Network of Wellstart Associates
- Public (MOH)/private (LLL/H) partnership
- Strong community links

### HIGHLIGHTS TO DATE

- Resident Advisor
- Community training prototype curriculum
- Professional level training curriculum
- Integrated training strategy
- Monitoring and evaluation strategy

### FUTURE ACTIVITIES

- Development of two national breastfeeding centers
- In-country LME update for professional and community- level trainers
- Pre-service and curriculum reform
- Development of two prototype manuals:
  - community trainers and facilitators
  - program managers and supervisors
- Implementation of monitoring and evaluation activities
- Institutional strengthening of LLL/H



## MEXICO

### DATES:

- May 1992 - September 1996

### BUDGET THROUGH FY '95:

- \$502,000

### FEATURES

- Established National Breastfeeding Program
- National Breastfeeding Center (CENLAM)
- UNICEF/BFHI country
- Network of Wellstart Associates

### HIGHLIGHTS TO DATE

- Curriculum for training professional health care providers
- TOT for MOH trainers
- Mother-to Mother support at PHC clinic
- Creation of system to review BFHI evaluation data for future programming

### FUTURE ACTIVITIES

- Support National Breastfeeding Center -PHC training initiative
- IMSS Daycare/Working Women
  - duration of breastfeeding
  - absences
  - new norms
- Expand Community Outreach
  - PHC
  - daycare
- Explore collaboration with MOH



## SHORT-TERM COUNTRIES

### EL SALVADOR

- BF Assessment: Strong government recommendations
- Economic value assessment: Savings of 2 million dollars/yr.
- Dissemination workshops

### NICARAGUA

- BF Assessment
- Dissemination workshop

### PERU

- BF Assessment
- Dissemination workshop
- Training of midwives

## ISSUES

- What is the value added for supervision and monitoring following training? (DR)
- Can volunteer-based community support be scaled up and coordinated with public sector services? (Honduras)
- How to move beyond BFHI to continue supporting mothers? (Mexico)



**WELLSTART EPB PROGRAM REVIEW**

Ms. Martha Holley-Newsome, EPB

**NIS REGION**

**Long-term Assistance - Comprehensive Program**

- Georgia

**Short-term Assistance - Comprehensive Programs**

- Armenia

**Short-term Assistance - Focused Interventions**

- Central Asia (Kazakhstan, Uzbekistan, Tajikistan, Kyrgyzstan, Turkmenistan)
- Western NIS (Belarus, Moldova, Ukraine)

**NIS Unique Features**

**Supportive Factors:**

- Well-developed health infrastructure; top-down nature of health care system
- Desire for technical information and new technologies

**Constraints:**

- Standard Soviet infant feeding recommendations impede successful lactation
- Lack of reliable data and reporting systems
- "Tradition" of milk kitchens being replaced by formula marketing or emergency formula distribution

**CENTRAL ASIA**

Nov. '93 to present

**Funding**

- \$250,000 ENI Bureau & Core Funds (other organizations)

**Accomplishments**

- Carried out a major MCH seminar for 150 participants from 5 Central Asian countries
- Presented and disseminated "new" technical information about MCH in Russian
- Catalyzed significant actions by each of the five countries to support breastfeeding (other MCH issues as well)
- Carried out a cultural study of breastfeeding with implications for programming in Kazakhstan
- Carried out Phase I of contaminants research in Kazakhstan (Phase II ongoing)
- Obtained funding for first Russian LME Program



**WESTERN NIS**  
**(Belarus, Moldova, Ukraine)**  
June '94 to Jan. '95 (8 months)

**Funding**

- \$300,000 ENI Bureau Funds

**Accomplishments**

- Carried out study in Ukraine to determine practices and quality of reproductive health services
- Organized large scale international reproductive health seminar for 150 participants from 5 countries from WNIS and Caucasus
- Obtained funding for Russian-language LME Program for WNIS and Caucasus countries

**ARMENIA**

May '94 - June '95 (13 months)

**Funding**

- \$150,000 OYB transfer from ENI Bureau plus core

**Highlights/Accomplishments**

- Rapid media campaign (within 6 months) to address an anticipated formula crisis (The Manoff Group)
- Campaign components include:
  - 1) TV & Radio
  - 2) newspaper ads & brochures
  - 3) t-shirts
- In-service training strategy developed with MOH

**Future Plans**

- Evaluation of campaign



## GEORGIA

May '94 - Dec. '95 (19 months)

### Funding

- \$150,000 OYB transfer from ENI Bureau

### Accomplishments

- Helped initiate the development of a national plan and nomination of a national coordinator
- Developed in-service training strategy with MOH (LME program participants)
- Accessed additional funds for the national program from UNICEF and Oxfam
- Hired resident advisor Dr. Zenaida Nihill, to begin January 1995.

### Future Plans

- Program and policy development
- Coordination, mobilization & capacity building
- Technical assistance for in-service training program with MOH.
  - 1) Develop & pre-test curriculum
  - 2) Training of trainers
  - 3) Implement training strategy
- Mother-to-mother support program with local groups
  - 1) Design & training
  - 2) Materials support
- Monitoring

### Issues for Consideration

- Success of EPB support for one or more components of a national program (Armenia & Kazakhstan)?
- Effect of using resources on a resident advisor and limited technical assistance (i.e. Georgia)?
- Success of large and significant one-time seminars without ability for EPB to provide long-term follow-up?



**COMMUNITY BREASTFEEDING SUPPORT SYSTEMS INITIATIVE**

Date: Dec. 1991 - Sept. 1996

**Goals**

- Sustain optimal breastfeeding practices at the community level
- Strengthen community organizations for sustainability of optimal breastfeeding

**Strategy**

- Strategic planning
  - Define key questions-Minitag-July, 1992
  - Define issues and needs for working women-March, 1993
  - Classify organizational needs-LAC-November, 1992
    - working women
    - organizational networking
    - institutional strengthening
    - gender focus
- Regional focus
  - Initial region LAC

**Activities**

- Strategic planning workshop
- Networking and cross fertilization- south/south
- Case Studies
  - working women
  - community breastfeeding organizations

**Outputs to date**

- Strategic plan for community bf support systems initiative
- Community breastfeeding plan of action
- Community support activities included in country plans



- Prototype curriculum for training community counselors-ready for country adaptation



**Outputs to date**

- Counselor's reference manual pretested
- Supervisors' and Trainers' Facilitator's manual drafted and translated into Spanish

**Outputs to date**

- Program Manager's workbook drafted
- 4 country videos on working and breastfeeding

**Outputs to date**

- A policy level composite video on working and breastfeeding in final production
  - coordination with UNICEF

**FUTURE ACTIVITIES**

- Pretest materials, manuals, and workbooks with guidelines in LAC
- Adaptation of materials and guidelines to other regions
- Work with UNICEF, LLLI, WABA, WHO on dissemination and adaptation of guidelines and materials to other regions
- SEED Grants Program for institutional sustainability

**REGIONAL PLAN OF INTEGRATED ACTIONS IN THE PROMOTION, PROTECTION,  
AND SUPPORT OF BREASTFEEDING****INNOCENTI DECLARATION - BY 1995**

- Appointed National Breastfeeding Coordinator
- Established National Breastfeeding Committee
- Full Implementation of 10 Steps
- Put into effect principles and aim of International Code of Marketing Breastmilk Substitutes

**CALL UPON INTERNATIONAL ORGANIZATIONS**

- Draw up action strategies
- Support national situation analyses
- Support and encourage national activities in planning, implementing, and monitoring breastfeeding policies

**STRATEGIES**

- PROMOTION
- PROTECTION
- SUPPORT
- COORDINATION
- INFORMATION
- EDUCATION
- RESEARCH



## **ACTION AREAS**

- TRAINING
- POLICY FORMULATION
- BREASTFEEDING AND WORKING WOMEN
- BREASTFEEDING AND HEALTH SYSTEMS AND FAMILY PLANNING
- INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES
- COMMUNITY SUPPORT SYSTEMS

## **OUTCOMES**

### **AT NATIONAL LEVEL**

- NATIONAL BREASTFEEDING PLANS
  - Dominican Republic, Nicaragua, Honduras
- ON-GOING NATIONAL BREASTFEEDING PLANNING PROCESS
  - Peru, Paraguay, Bolivia, Brazil, Argentina, Jamaica, Ecuador, Cuba

## **OUTCOMES**

### **AT REGIONAL LEVEL**

- Breastfeeding integrated into:
  - PAHO Strategic Policy document
  - Regional Plan for Beijing
  - Perinatal and Child Health Information Systems (SIP/SIN)
- Breastfeeding Task Force at PAHO (interprogramatic)



## OUTCOMES

### **AT INTERNATIONAL LEVEL**

- Interagency Action Coordination
  - UNICEF/Partnership at national level
- IDB, UNICEF, PAHO, WABA, IBFAN, AND WI lobby at Regional Conference for Women
- Coordination with International NGOs at international, regional, and national level
  - World Breastfeeding Week
  - Lobby WHA
  - Lobby Women Conference

## FUTURE ACTIVITIES

- POLICY, INTEGRATION, AND COORDINATION
  - 8 national planning workshops - 8 national plans
  - 8 have begun the process
- TECHNICAL ASSISTANCE
  - Regional scientific update
  - Interagency scientific update
- HEALTH TRAINING AND INFORMATION SYSTEM
  - SIP/SIN (PIS/CHIS)
- MONITORING AND EVALUATION
- STANDARD OPERATION PROCEDURE (SOP)
- COMMUNITY INSTRUMENTS TEST



### **APPLIED RESEARCH PROGRAM**

- Goal: To provide information needed to design, execute, evaluate policies and programs
- Budget: \$1,500,000
- Focus on exclusive breastfeeding (EBF)

### **PROGRAM COMPONENTS**

- Competitive grants
- Policy research
- Research specific to country program development

### **ADDITIONAL ACTIVITIES**

- Collaboration with DHS, Futures, LAC/HNS, WHO, UNICEF, Institute for Reproductive Health, other universities

### **ISSUES**

- Staff and travel funds for TA
- Auditing requirements
- Length of time to conduct research
- Coordination of research with other programmatic activities

### **COMPETITIVE GRANTS**

- **What policies and programs are best suited to extend the duration of EBF:**
  - "Evaluation of the effectiveness of home-based counseling to promote EBF among Mexican mothers"
  - "Intrapartum social support and its effects on breastfeeding"
  - "The effect of a breastfeeding support program over the duration of EBF on working women and on infants' health and mothers' satisfaction"



- **Why do some mothers EBF for the recommended length of time while others do not?**
  - "Time allocation and infant feeding patterns of women in the informal sector occupations in urban Kampala"
  - "The determinants of EBF and the role of social support and social networks among women in a low income area of Nairobi, Kenya"
  - "Psychosocial determinants of breastfeeding in a healthy Barbadian population"
- **What constitutes an optimal length of EBF during infancy?**
  - "Optimal duration of EBF of low birthweight infants in Honduras"
  - "Determinants of maternal nutritional status in Malawi"

## **POLICY RESEARCH**

### **BREAST MILK STORAGE INITIATIVE**

- Goal: to develop guidelines on safe and reliable methods of breast milk storage
- Joint WHO/WELLSTART Activity
  - Review papers/informal consultation
  - Fund research
  - WHO consultation

### **HIV AND BREASTFEEDING**

- Goal: to influence and strengthen research on HIV and breastfeeding
  - raising awareness of the many different kinds of breastfeeding practices
  - identifying key questions that need to be answered to guide infant feeding decisions
- Activities
  - literature review/research agenda on key questions
  - fact sheet
  - book chapter



## **COUNTRY PROGRAM DEVELOPMENT**

- Monitoring of hospital-based breastfeeding promotion in Honduras
- Kazakhstan applied research program

### **KAZAKHSTAN**

Goal: Short term TA to address major obstacles to breastfeeding promotion

Funding: Core of \$180,000 and OYB Transfer of \$250,000

Activities:

- Qualitative Research
- Contaminants Research

Counterparts: MOH, Institute of Nutrition

### **ACCOMPLISHMENTS**

- TA in research design, implementation, data analysis
- Informed consent
- Information for design of IEC program

### **DISSEMINATION**

- Peer reviewed journal articles
- Short policy pieces
- Research bulletins
- Wellstart Working papers
- Conference(s)



## POLICY

### Goal

- To foster the development and implementation of international and national policies which will ultimately lead to a context supportive of optimal breastfeeding practices

### Expected Outcomes

- Increased funding provided by international agencies and by national governments specifically designated for breastfeeding promotion
- Development and implementation of international strategies, policies, legislation and norms supportive of breastfeeding
- Integration of breastfeeding within other health and non-health sectors

### Policy Initiatives

- Country and regional level policy activities
- Breastfeeding and the environment
- Breastfeeding as a food security issue
- The role of breastfeeding in family planning
- Breastfeeding as a women's issue

### Other Activities

- The economic value of breastfeeding
- Growth patterns of breastfed infants
- Breastfeeding among refugee populations
- Breastfeeding and HIV
- Information Dissemination



**Future Activities:**

- Continue to pursue ongoing initiatives (Breastfeeding as a women's issue; HIV etc.)
- Prepare new papers on priority issues (ie. Successful programs to increase rates of exclusive breastfeeding)
- Research, identify and develop new audiences for existing information

**Issues:**

- How do we evaluate the impact of our international policy initiatives? How do we measure sustainability?



## POLICY

My name is Elizabeth Rasmusson and I will talk about several of the Wellstart policy initiatives which have not yet been covered in other parts of the program. Many on the staff have worked on these initiatives, however they were primarily spearheaded by our former Director Dr. Chloe O'Gara and our former advisor for policy, Dr. Sandy Huffman.

### GOALS

The goal of policy work in the EPB program is the development and implementation of international and national policies which lead to a context supportive of optimal breastfeeding practices.

Outcomes expected include:

- Increased funding provided by international agencies and by national governments specifically designated for breastfeeding promotion;
- Development and implementation of international and national strategies, policies, legislation and norms supportive of breastfeeding; and
- Integration of breastfeeding within other health and non-health sectors (including CDD, EPI, Family Planning; NGO activities, Environment and Population agendas, etc.).

### HIGHLIGHTS OF EPB ACTIVITIES

Policy activities have been woven into country program activities and technical area initiatives, and have been described to some degree in the other presentations. Achievements at the country level have been significant; long term assistance countries have or are in the process of developing national breastfeeding policies. The regional policy initiative for Latin America is moving forward and has been described.

At the international level, we have focussed on four major themes. These themes were partially chosen to correspond with major international policy events which were scheduled to take place:

The first theme we addressed was breastfeeding and the environment. Our objective was to educate environmental staff about the important role breastfeeding plays in reducing environmental damage, and to encourage their support for breastfeeding. It is hoped that this advocacy will lead to the expansion of support for breastfeeding promotion efforts among a new community of policy makers and program managers. We concentrated our efforts on the UNCED Conference in Rio de Janeiro, Brazil, for which we prepared a paper and a policy brief on Breastfeeding and the Environment.

The next theme we addressed was breastfeeding as a food security issue, and focussed our efforts on the International Conference on Nutrition in 1993. Breastmilk had not in the past been considered a food security issue, and thus had not obtained the support of agricultural or food policy specialists. For the ICN, Wellstart supported the attendance of several developing country participants, hosted a policy workshop, and collaborated with other NGOs on reviewing the Plan of Action. As a result of work by conference participants, breastfeeding was included in the Food Security section of the Plan of Action, as well as in over 10 other sections of the Document. The significant breastfeeding



language in the conference document has proved very useful in subsequent work with nutritionists and nutrition programs at the international and national level.

Most recently we looked at the role of breastfeeding in family planning, including births averted by breastfeeding, resource savings for family planning programs, LAM, contraindications to breastfeeding, and the overall integration of breastfeeding support into family planning programs. Several staff members, Wellstart Associates, and our IRH colleagues attended the International Conference on Population and Development in Cairo. We distributed policy briefs, conducted panel presentations and successfully sustained the 14 citations of breastfeeding in the Plan of Action. These citations were drafted and inserted after vigorous advocacy on the part of Wellstart, Georgetown and others prior to the Cairo Conference during the Preparatory Meetings in New York. It is anticipated that this initiative will help further the integration of breastfeeding support within family planning programs.

Our most recent theme has been breastfeeding as a women's issue. Our efforts have concentrated on preparation for the Women's Conference in Beijing in 1995. We have been participating in pre-conference working groups to introduce breastfeeding language within the conference document. We hope to see breastfeeding explicitly defined as a policy element within the U.N. Women's Conference Platform for Action.

In addition to these four major policy initiatives, EPB has undertaken a number of other policy activities:

In order to obtain financial support for breastfeeding, it is useful to have information on the costs of breastfeeding promotion and associated savings, and to provide this information to policy makers. A "Workbook for Policy Makers: Guide to Assessing the Economic Value of Breastfeeding", written by Nurture, was completed in Peru and in El Salvador, and the results presented at national policy workshops. The workbook has also been successfully used at policy makers workshops in Cameroon and in Bolivia as part of an LME follow-up visit. The Health and Nutrition Sustainability Project used the workbook in Guatemala and revisions in the workbook were made based on their recommendations. EPB has also provided technical assistance in the analysis of the economic value of breastfeeding to other international and donor organizations.

Another issue addressed was growth patterns of breastfed infants. EPB supported a review conducted by UC Davis of the available studies in developed countries that have assessed growth of breastfed infants to determine whether new norms for breastfed infants are needed. The review was undertaken in coordination with the WHO Subcommittee on Anthropometry and Infant Growth, which held meetings to determine whether there is need for new norms.

As part of some of these policy initiatives, EPB has developed and widely disseminated a number of policy briefs. Some of these are available at the publications table. Response to these briefs has been very positive. In development at this time is an additional sheet on HIV and breastfeeding in response to repeated requests.

### **FUTURE ACTIVITIES**

This year, national and regional policy initiatives will continue. Work on the Beijing Women's Conference will move forward. HIV and Refugee work as you have heard will also continue.



Nurture, a Wellstart subcontractor, will continue to take on additional policy work for EPB. It will:

- Research, identify and develop new audiences for previously produced policy briefs, papers and background materials.
- Repackage information taken from the materials so that it will appeal to different audiences, and
- Prepare new papers on priority issues.

Examples of papers and briefs that could be promoted include:

- The Economic Value of Breastfeeding in El Salvador, especially focused on morbidity reductions
- Breastfeeding and Family Planning: Saving Resources, Enhancing Care, and
- Successful Programs to Increase the Rates of Exclusive Breastfeeding (including discussions of activities in Peru, Honduras, Brazil, and Chile)

## ISSUES

There are several issues which we would like the TAG to address.

The first is:

- How do we evaluate the impact of our international policy initiatives? How do we measure sustainability?



## LESSONS LEARNED

### BEYOND COUNTRY PROGRAMS: NEW DIRECTIONS

- Other "levels" of activities: global, regional
- Special issues  
(e.g., refugees, AIDS)
- Non-traditional avenues and linkages

### BEYOND "RUNNING PROGRAMS": INGREDIENTS THAT CONTRIBUTE TO DEVELOPMENT

- Catalyst / coordinating role:  
We don't do everything ourselves
- LME/EPB partnership
- Cross-fertilization / use of local expertise / south-south linkages
- Objective is integration -- but it requires strong breastfeeding presence

### PRACTICAL LESSONS

- Need flexible funding,  
strategic use of core
- "Modularize" programs in unstable countries
- Models can be used (strategies, curricula, materials) and adapted
- Always: our first step is to convince people there is a breastfeeding problem  
But: then accentuate the positive; breastfeeding is the solution!



**PROGRAM PRIORITIES**

**AIM OF THE COOPERATIVE AGREEMENT:**

"To test, expand, refine, and monitor practical and successful approaches to promoting and supporting optimal breastfeeding practices."

**PROGRAM PRIORITIES AND DELIVERABLES  
As Outlined in the Cooperative Agreement**

- 1) **Long-term assistance in up to 10 priority countries (4 with advisors, 6 without)**
  - Purpose level achievements
  - Output level achievements

**Achievements at the purpose level:**

- Visible person of appropriate authority
- National breastfeeding steering committee
- National breastfeeding policy and system for monitoring achievement
- Comprehensive national breastfeeding program
- Significant host government budget allocations
- Breastfeeding promotion integrated into overall health and development policies
- Improved monitoring and evaluation mechanisms
- Research disseminated widely and applied

**Achievements at the output level:**

- Percentage women counseled using up-to-date, effective communication and social marketing techniques
- Percentage workers trained in a competency-based manner regarding lactation management and breastfeeding promotion
- Percentage health facilities with reformed breastfeeding policies (Ten Steps)



- Number of functional mother support groups established
  - Full spectrum of assistance in following technical areas:
    - Policy
    - Planning/Assessments
    - Research
    - Enhancement of Services
    - Training/Curriculum
    - Community/Social Marketing
    - Information
    - Outreach/MTMS
    - Monitoring/Evaluation
  
- 2) Short term assistance in as many countries as possible
  
- 3) Seven to ten applied research studies
  
- 4) Support for worldwide policy and other related activities:
  - Coordination
  - PVO Support
  - Conferences
  - Publications
  - Training Materials
  - Surveys
  - Database
  - Economic Benefits
  
- 5) Establishment of a center/network of excellence

**CLARIFICATION AND ADJUSTMENTS TO PROGRAM PRIORITIES  
AND DELIVERABLES**

- Contribution to state of the art
  
- Short term TA
  
- Other related activities
  
- Regional Initiatives
  
- Multi-level institutionalization/  
capacity building/integration
  
- Exclusive breastfeeding focus
  
- Outreach/MTMS
  
- Multi-level institutionalization/capacity building/integration



Sample Issues:

- Trade-offs in time and resources
- Process vs. objective?
- Challenges of effective integration and institutionalization

- Exclusive breastfeeding focus

Sample Issues:

- Effective strategies
- Practical issues related to working women
- Issues related to measurement

- Outreach/MTMS

Sample Issues:

- Issues related to step 10 of BFHI
- LAC focus? Expansion to other regions? How?
- Strategies for disseminating various models

**Instructions for Working Groups On Program Priorities**

**1) Institutionalization/Integration**

- A) What are the key issues/features?
- B) What are priority strategies for work in this area for the remainder of the program?

**2) Exclusive Breastfeeding**

- A) What are the key issues that could be covered in a mini-TAG on exclusive breastfeeding?
- B) Given exclusive breastfeeding as a desired outcome, for each of the following technical areas, what should be the programmatic priorities?
  - Applied Research
  - Policy and Information
  - Training
  - Communication and Social Marketing

**3) Outreach, Mother Support, and Working Women**

- A) What are the key issues/features?
- B) What are the priority strategies for work in this area for the remainder of the program?



## **EVALUATION: MEASURING RESULTS**

### **Background - Evaluation Requirements**

Cooperative Agreement requires:

- Evaluation of program impact in all long-term countries
- Evaluation of cost-effectiveness

## **EPB PROGRAM EVALUATION**

### **Mid-Term Evaluation Suggestions**

- Prototype monitoring and evaluation (M&E)
- Sustainable monitoring and evaluation in country programs
- Evaluate relative importance of various program inputs

## **EPB EVALUATION STRATEGY FY 95 - FY 96**

- Evaluation of program outputs and outcomes in selected countries
- Special studies to improve program effectiveness
- Participatory monitoring and evaluation
- Dissemination of tools and lessons learned

### **Development of a breastfeeding program model**

- Model illustrates program inputs and behavior change
- Indicators reflect each element and level



## EVALUATION OF BEHAVIORAL OUTCOMES

- HONDURAS
- CAMEROON
- ARMENIA
- ASSESSMENTS

### HONDURAS

#### Scaling-up Community Support for Exclusive Breastfeeding

- National Policy and Plan
- Professional Education
- Service Provider Training
- Community Support Networks

#### HONDURAS EVALUATION QUESTIONS

- Is improved breastfeeding by mothers associated with improved breastfeeding services in the perinatal period?
- Is more exclusive breastfeeding associated with scaled-up community support?
- Is there a synergistic effect of 1 and 2?
- What is the cost-effectiveness of each of those interventions?

**HONDURAS EVALUATION**

<b>SITE</b>	<b>95 BASELINE</b>	<b>95 INTERVENTION</b>	<b>95 MONITORING</b>	<b>96 INTERVENTION</b>	<b>96 FOLLOW-UP</b>
Progreso	Household Survey <ul style="list-style-type: none"> <li>■ # BF Contacts</li> <li>■ Health Services</li> <li>■ Community Support</li> <li>■ Content of each contact</li> <li>■ Infant feeding practices</li> </ul>	Health Worker Training	Health System Service and infant feeding practices monitoring  Participatory monitoring & qualitative research on community support	Functioning Community Support Network	Household Survey <ul style="list-style-type: none"> <li>■ # of BF Contacts</li> <li>■ Health Services</li> <li>■ Community Support</li> <li>■ Content of each contact</li> <li>■ Infant feeding practices</li> </ul>
Cortes	Household Survey <ul style="list-style-type: none"> <li>■ # BF Contacts</li> <li>■ Health Services</li> <li>■ Community Support</li> <li>■ Content of each contact</li> <li>■ Infant feeding practices</li> </ul>			Health Worker Training	Household Survey <ul style="list-style-type: none"> <li>■ # of BF Contacts</li> <li>■ Health Services</li> <li>■ Community Support</li> <li>■ Content of each contact</li> <li>■ Infant feeding practices</li> </ul>

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## CAMEROON

### Rapid-Investment Strategy

- Education of key policy makers and health professionals
- National Policy & Program Plan
- BF training for service providers
- Materials development

### CAMEROON EVALUATION QUESTIONS

- Were planned activities (training, dissemination & use of materials) carried out?
- Were services improved?
- Is there evidence of industrialization/  
sustainability?
- Are there changes in infant feeding practices associated with service improvements or information?



## CAMEROON EVALUATION

SITE	94 BASELINE	95 BASELINE	95 INTERVENTION	96 FOLLOW-UP
Far North (CARE)	Household Survey of infant feeding KAP  Health workers' survey: KAP, services, materials, and use		Outreach/health service provider training  Materials dissemination and use	Household Survey of infant feeding KAP  Health workers' survey: KAP, services, materials, and use
National/M OH program (3 sites)		EXIT surveys  Monitoring of service delivery and client BF practices	Health service provider training  Materials dissemination and use	EXIT surveys  Monitoring of service delivery and client BF practices

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## ARMENIA

### Mass Media in New Territory

- National Policy & Plan
- Education of Key Policy Makers and Trainers
- Training of Service Providers
- Mass Media Breastfeeding Promotion

### ARMENIA EVALUATION QUESTIONS

- In the absence of a history of breastfeeding promotion, what effect does a mass media campaign have on BF KAP of mothers and service providers?
- Does training and policy change improve services?
- Do improved services correlate with improved infant feeding practices?

**ARMENIA EVALUATION**

<b>SITE</b>	<b>93 BASELINE</b>	<b>94-95 INTERVENTIONS</b>	<b>94 MONITORING</b>	<b>95-96 FOLLOW-UP</b>
<b>Yerevan:</b>  <b>Several catchment population</b>	<b>Qualitative and Quantitative Data on Breastfeeding</b>  <b>Health Service Provider KAP</b>  <b>Survey of Mothers KAP</b>	<b>National Policy and Plan</b>  <b>Mass Media Breastfeeding Promotion</b>  <b>Professional Education</b>  <b>Training of Service Providers</b>	<b>Broadcast Monitoring of Mass Media Campaign</b>	<b>Qualitative and Quantitative Data on Breastfeeding</b>  <b>Health Service KAP</b>  <b>Survey of Mothers KAP</b>   <b>Participatory Monitoring</b>

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## ISSUES FOR THE TAG WORKING GROUPS

- Measurement of important but difficult to measure program priorities:
  - Institutionalization/Integration
- Participatory evaluation strategies:
  - Alternative participatory strategies
  - Pros and cons
  - Recommendations
- Measurement of program areas where little evaluation work has been done:
  - Community outreach
    - Mother support
    - Outreach to special groups:
      - Working women
      - Refugee populations

### Group 1: Institutionalization/Integration

#### Setting the Context:

- Summary of the previous day's work
- Measurement issues and challenges
- Application to Cameroon

#### Questions:

- Can institutionalization and integration be measured? If so, how?
- What are the challenges?
- Recommendations for EPB?



## Group 2: Participatory Evaluation

### Setting the context:

- Short presentation on participatory evaluation
- Issues and challenges
- Application to Armenia

### Questions:

- What participatory evaluation strategies should EPB consider -- for Armenia and in general?
- What are the trade-offs of emphasizing participatory evaluation approaches in the next two years versus less participatory strategies?
- Recommendations for EPB?

## Group 3: Outreach, Mother Support and Working Women

### Setting the context:

- Summary of the previous day's work
- Measurement issues and challenges
- Application to Honduras

### Questions:

- Can community outreach activities and results be measured? If so, how?
- What are the challenges?
- Recommendations for EPB?



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MEMORANDUM

DATE: January 17, 1995  
TO: WELLSTART, EPB, Aimee Martin  
FROM: CHIL Roy Miller *RM*  
SUBJECT: TAG Working Group Summary

Attached are some notes regarding the TAG Working Group on the evaluation of institutionalization/integration. I have reconstructed these notes from my recollection of the summary presented at the meeting as I had had not opportunity to prepare notes prior to giving that summary.

The summary of the Working Group session to discuss the evaluation of institutionalization/integration began with the presentation of an evaluation issue to the plenary session which I felt was important but was not really within the charge to the Working Group. One member of the Working Group urged me to include this issue in the summary even though it was beyond the scope of our small group.

As a project, WELLSTART EPB might choose to become involved in a number of different aspects of program evaluation. The first, most global, aspect is the monitoring of program performance at national level. Both USAID's new PRISM system for monitoring USAID/Mission performance and the more global system for monitoring progress towards the goals established at the 1990 World Summit for Children fall within this aspect of evaluation. WELLSTART EPB could become involved at national level in USAID assisted countries which included reference to the promotion of breastfeeding in their PRISM plans to help the missions generated reliable, timely and appropriate data for performance monitoring.

The second aspect of evaluation which might be addressed by WELLSTART EPB is the more traditional project evaluation where before and after surveys are designed to demonstrate change in key variables as a result of project activities. These studies might use rather sophisticated experimental designs in order to distinguish project impacts from secular trends. It appears that WELLSTART EPB is already involved in a number of evaluation studies of this type.

The third aspect of evaluation is the design of an ongoing evaluation system for use in a national program to continually monitor and evaluate program

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Aimee Martin/  
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components. (In my view, this is the most interesting and challenging aspect of evaluation.) A number of different types of evaluation should be incorporated into such a system: for example, the continuing monitoring of the quality of training programs, the ongoing review of implementation in the field for the purpose of improving training and supervision, occasional or ongoing studies to better understand why women choose not to breastfeed in the optimal manner, etc. Surveys of the type described in aspect 2 above might play a role in this third aspect; however, they would be supplemented by a number of evaluation activities incorporated routinely into the execution of a program.

The other items covered in the summary were as follows.

Following the distribution of the list of indicators developed by the sub-group of USAID's Reproductive Health Indicator Working Group considering breastfeeding, a fair amount of clarification of the origin and intended use of that list was necessary for the TAG small group members who were not a part of USAID sub-group. The TAG discussion group urged that USAID not invent a set of indicators different than those already agreed upon globally or regionally for country collection as a means to monitor progress towards the World Summit for Children.

The TAG discussion group then reviewed the list of indicators to determine which ones measure progress towards institutionalization and integration. Quite a number of the indicators did address this issue, so many, in fact, that the discussion group wrestled with a means to organize them into a coherent approach to evaluating institutionalization.

The coherent approach which emerged started with the assumption that there is a continuum of events at country level which transpire as a breastfeeding program is institutionalized. Thus the evaluation of progress must be time related -- a single set of indicators to be measured periodically will not work; a sequence of indicators (many of the yes/no variety) where each is considered at the appropriate moment might work.

The TAG discussion group then attempted to articulate ten stages of institutionalization using the Cameroon model presented by WELLSTART EPB as its guide. The effort revealed that even the sequence will vary considerably from country to country and may have to be developed uniquely for each country. (The generic steps decided on by the discussion group are on the flip chart which should be among those retrieved by the organizers of the TAG.) A step addressing integration was added to the list of generic steps but time did not allow for a detailed examination of this related issue.

cc: CIHI, Vito Logrillo, Project Director

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INTERNATIONAL HEALTH SERVICES



**Annex 4**

**Acronyms**



## ACRONYMNS

AIDS	Acquired Immune Deficiency Syndrome
ACNM	American College of Nurse-Midwives
AED	Academy for Educational Development
APHA	American Public Health Association
ARI	Acute Respiratory Infection
BASICS	Basic Support for Institutionalization of Child Survival Project
BF	Breastfeeding
BFHI	Baby Friendly Hospital Initiative
CCCD	Combating Childhood Communicable Diseases project
CDC	Centers for Disease Control
CDD	Control of Diarrheal Diseases
CTO	Cognizant Technical Officer
DHS	Demographic and Health Surveys
DOH	Department of Health
EPB	Expanded Promotion of Breastfeeding Program
FHI	Family Health International
FP	Family Planning
HHRAA	Health and Human Resources Analysis for Africa
HIV	Human Immune Deficiency Virus
HNS	Health and Nutrition Sustainability (LAC Project)
HPN	Health, Population and Nutrition
ICN	International Conference on Nutrition
ICPD	International Conference on Population and Development
IDB	International Development Bank
IEC	Information, Education, Communication (= Social Marketing)
IPPF	International Planned Parenthood Federation
IRH	Institute for Reproductive Health
JSI	John Snow, Inc.
KAP	Knowledge, Attitude and Practice
LAC	Latin America and Caribbean
LAC-HNS	Latin America and Caribbean-Health & Nutrition Sustainability
LACT	Lactation Trends
LAM	Lactational Amenorrhea Method
LDC	Less Developed Country
LGA	Local Government Area
LLL	La Leche League
LLLI	La Leche League International
LME	Lactation Management Education
MCH/FP	Maternal and Child Health/Family Planning
MCH	Maternal and Child Health
MOH	Ministry of Health
MOPH	Ministry of Public Health
MSH	Management of Science & Health
MTM	Mother to Mother
MTMS	Mother to Mother Support
NB	<i>Nota bene</i> : Note well
NCP	Nutrition Communication Project
NIH	National Institutes of Health



NIS	Newly Independent States
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
PVO	Private Voluntary Organization
SARA	Support for Analysis and Research in Africa
SEATS	Service Expansion and Technical Service Project (Africa)
SESPAS	The Commonwealth Regional Health Community Secretary for East Central and Southern Africa
SM	Social Marketing
SOH	Secretariat of Health
TAG	Technical Advisory Group
TBA	Traditional Birth Attendant
UN	United Nations
URC	University Research Corporation
UNCHR	United Nations High Commissioner for Refugees
UNCED	United Nation Conference on Environment and Development
UNICEF	United Nations Childrens Fund
USAID	United States Agency for International Development
WABA	World Alliance for Breastfeeding Action
WINS	Weaning and Infant Nutrition Support Project
WHO	World Health Organization

#### Acronyms Associated with Specific Countries

DGAMI	Directorate General of the Maternal Child Health (Mexico)
DR	Dominican Republic
ECSA	Eastern, Central and South Africa Commonwealth Secretariat
IHSS	Honduras Social Security
IMSS	Mexico Social Security
INCAP	Instituto de Nutricion de Centro America y Panama (Central America)
INOPAL	Population Council Operations Research Project -Peru
LLL/H	Liga de Lactancia Materna-Honduras
LLL/M	Liga de la Leche-Mexico
NCCCD	Nigeria - Combatting Childhood Communicable Diseases project
NIS	Newly Independent States
PRAIL	Plan Regional de Acciones Integradas en Lactancia Materna
RIM	Rwandan Integrated Maternal/Child Health and Family Planning Project
SESPAS	Public Health and Social Assistance -Dominican Republic
WNIS	Western Newly Independent States

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## WELLSTART INTERNATIONAL

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

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

### **International Programs**

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multidisciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

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

### **National Programs**

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

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

For information on corporate matters, the LME or National Programs, contact:

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