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WELLSTART
INTERNATIONAL SM

Wellstart International's Expanded Promotion of Breastfeeding Program
EPB Country Program Summaries

July 1996



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Introduction

The Benefits of Breastfeeding and Global Promotion

In a world of growing needs and shrinking resources, international health agencies are cutting budgets and downsizing operations. Breastfeeding promotion—which makes a proven cost-effective contribution to maternal and infant health and nutrition, family planning programs, and other essential development priorities—has become increasingly significant.

Breastfeeding is food, nutrition, health, and family planning. It is estimated that breastfeeding saves six million children a year from death by infection. Breastfeeding support and promotion can be integrated into most other maternal and child health and development programs, often providing an important bridge between multiple initiatives such as child survival, nutrition, reproductive health, family planning, and the environment.

Despite the widely acknowledged benefits, breastfeeding practices in many of the countries of the world today are sub-optimal and contribute to increased infant mortality and morbidity, reduction of the world's food supply, and increased population growth. Rates of exclusive breastfeeding in the first six months of life are still surprisingly low in both developed and developing countries. A complex interaction of factors has influenced the current decline in optimal infant feeding practices. Urbanization, employment policies, formula marketing, and lack of health personnel training undermine women's ability to breastfeed.

There is a clear need to counter the declines in breastfeeding rates and to protect this invaluable natural resource for current and future generations. A coordinated and comprehensive approach is necessary to reverse the trends, and Wellstart International, through its Lactation Management Education (LME) and Expanded Promotion of Breastfeeding (EPB) Programs, has played a pioneering role in the United States Agency for International Development's (USAID) initiative to expand breastfeeding promotion, protection, and support.

Without the presentation of clear and accurate information about the benefits of breastfeeding, health and population risks including poor family planning, high levels of infant mortality, and the rate of childhood infectious disease will remain unchanged. USAID-funded breastfeeding promotion programs and related international health organizations' breastfeeding policies and program initiatives have begun to reduce these risks and to assist country officials and health practitioners in developing countries to address these problems.

Environmental conditions and economic disorder in many developing nations demand that every possible resource be utilized to reduce the rates of childhood disease, malnutrition, and mortality. Breastfeeding is a natural resource that is frequently overlooked, yet it is economically logical and medically practical. Recent studies have demonstrated that, by even the most conservative standards, breastfeeding promotion is one of the most cost-effective interventions for child survival, comparable to other conventional practices such as immunizations and oral rehydration therapy.

Without responsible breastfeeding promotion, the survival of thousands of babies internationally is greatly compromised through misuse of formula, unsanitary water for such formula, inadequate breastmilk substitutes, and lack of nutrition. This issue must be continually addressed both globally and at national levels to ensure the health of children by enabling women to make informed choices about what is best for their children and themselves.

Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program

In late 1991, with funding from USAID's Office of Health and Nutrition, EPB was established to work towards USAID's strategic goals and objectives and to expand and enhance the work being done to promote exclusive breastfeeding worldwide. Through a five-year cooperative agreement between USAID and Wellstart International, EPB has helped increase the prevalence of optimal breastfeeding in the world since 1992. In collaboration with colleagues from around the world, EPB has designed and tested innovative strategies to increase optimal breastfeeding practices and offers a comprehensive approach to overcoming barriers to breastfeeding at all levels—policy, institutional, community, and individual.

Since 1992, EPB has gained experience in program planning and implementation, including assessment of infant feeding practices, strategic planning, policy and cost-benefit analysis, evaluation and impact appraisal, and policy design and implementation. EPB has offered technical support for development of sustainable, cost-effective national and community-level programs. Technical assistance and interventions were designed to complement USAID global and mission strategies, as well as those of Ministries of Health (MOH) for countries in which EPB has worked.

As EPB completes its fifth year, work has been conducted in 35 countries in Africa, Asia, Latin America and the Caribbean (LAC), the Near East, and the Newly Independent States (NIS). In accordance with the Cooperative Agreement, EPB was to provide long-term technical assistance in up to ten countries and offer short-term technical assistance in as many countries as possible. EPB has been fully established as a technical assistance resource center and has instituted long-term programs in ten countries. In addition, three regional initiatives were accepted by USAID as equivalent of long-term country programs and are nearing completion. Short-term assistance has been provided to 22 additional countries.

In these programs EPB has designed and tested innovative breastfeeding promotion strategies that integrate the varying programmatic components of policy, training, community support, communications and social marketing, and applied research, as well as monitoring and evaluation. The countries where EPB has worked are as follows:

Long-term country or regional programs—comprehensive assistance: Cameroon, Nigeria, Senegal, Rwanda; the Dominican Republic, Honduras; and, Georgia.

Long-term country or regional programs—focused interventions: Africa Regional Training Initiative, Emergency Humanitarian Assistance; Mexico, Nicaragua, Plan for Integrated Actions in Latin America and the Caribbean (PRAIL); Armenia.

Short-term assistance—focused interventions: Egypt, Ghana, Guinea, Madagascar, Malawi, Uganda; Bolivia, Colombia, El Salvador, Guatemala, Peru; Kazakstan and the CAR (Kyrgyzstan, Tajikistan,

Turkmenistan, and Uzbekistan), the Western Newly Independent States (WNIS) (Belarus, Moldova, and Ukraine); Indonesia, Pakistan, Philippines.

While Wellstart/USAID's Cooperative Agreement emphasizes program intervention, the overarching goal is not just to undertake program activities, but to test, evaluate, and disseminate effective models of breastfeeding promotion support. Specifically, EPB was to "[t]est, expand, refine, and monitor practical and successful approaches to promoting and supporting optimal breastfeeding practices," and to increase knowledge of trends, key interventions, cost-effectiveness of interventions, and economic benefits.

By September 1996, EPB will have made considerable progress. Nearly all the goals in the Cooperative Agreement will have been accomplished despite actual and anticipated obligations of only 59% of full funding outlined in the Cooperative Agreement. Many of the eight purpose-level achievements identified in the Wellstart/USAID Cooperative Agreement, which were to gauge progress and measure program success, have been attained. Achievements to date are summarized in a table on the following page.

Maternal health, child health, and child survival are worldwide problems. Without training and education, continual research, and direct support to country officials, health practitioners, and mothers, the likelihood of children growing up malnourished, or not growing up at all, becomes significantly greater. Breastfeeding promotion provides a cost-effective intervention to meet maternal health and child survival objectives.

EPB and Wellstart International remain committed to the vision and strategy to promote reduced infant and child mortality and improved women's health that it shares with USAID through this program. The following report is a compilation of summaries of EPB long-term country programs, plus those of longer, focused interventions in short-term countries, and is grouped by region: Africa; Asia, the Near East, and the Newly Independent States (NIS); and, Latin America and the Caribbean (LAC). A section has been added to each summary that lists available EPB documents related to the country program.

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Purpose-level Achievements by Long-term Country

Country	Year	Breastfeeding Coordinator Appointed	Breastfeeding Committee Established	National Policy Approved	National Program Developed	Gov't Funds Budgeted	Breastfeeding Promotion Integrated	Monitoring & Evaluation Mechanism Established	Res	
AFRICA REGIONAL TRAINING	1993	USAID has designated this program equal to a "long-term country" deliverable for EPB. Not all purpose-level indicators apply.						no		
	1996							yes		
ARMENIA	1993	no	no	no	no	no	no	no		
	1996	yes	yes	yes	yes	yes	no	yes		
CAMEROON	1992	no	no	no	no	no	no	no		
	1994	yes	no	yes	draft	yes	yes	yes		
DOMINICAN REPUBLIC	1993	yes	yes	no	no	no	no	no		
	1996	yes	yes	yes	yes	yes	yes	no		
GEORGIA	1993	no	no	no	no	no	no	no		
	1995	yes	yes	yes	yes	yes	yes	yes		
HONDURAS	1993	no	no	limited	yes		no	no	lim	
	1996	yes	yes	yes	yes	yes	yes	limited		
MEXICO	1992	n/a	n/a	n/a	n/a	n/a	n/a	no		
	1996	yes	yes	no	yes	yes	yes	yes		
NICARAGUA	1993	yes	yes	yes	no	yes	no	no		
	1996	yes	yes	yes	yes	yes	yes	no		
NIGERIA	1992	USAID Restrictions prohibit working in the public sector in Nigeria.						no	no	
	1996							limited	limited	
RWANDA	1992	no	no	no	no	no	limited	limited		
	1994	yes	yes	draft	yes	yes	yes	yes		
SENEGAL	1992	no	no	no	yes	yes	no	no		
	1996	yes	yes	draft	yes	yes	yes	no		
PRAIL	1993	no	USAID has designated this program equal to a "long-term country" deliverable for EPB. Not all purpose-level indicators apply.							
	1995	yes								
EMERGENCY HUMANITARIAN ASSISTANCE	1994	USAID has designated this program equal to a "long-term country" deliverable for EPB. Not all purpose-level indicators apply.								
	1996									

Africa

Africa Regional Training Initiative

The Lomé Infant Feeding Conference in 1991 concluded that both in-service and pre-service training in Africa need improved coordination and support. EPB's experience in the region has verified this conclusion. In sub-Saharan African countries, a successful, comprehensive national training strategy must address both. To fully succeed, counseling at hospitals, health centers, and clinics must be complemented and reinforced by support for exclusive breastfeeding and positive weaning practices within communities.

Professors at professional, medical, and nursing schools and MOH officials implementing national child survival, family planning, breastfeeding, and infant feeding programs need to know what training inputs are appropriate and available for their programs. Community groups and non-governmental organizations (NGOs) interested in community outreach can likewise benefit from shared approaches for support of breastfeeding and infant feeding. By supporting community-level initiatives, Wellstart is filling an important gap in donor assistance.

A major emphasis has been placed on coordination among donors, and between donors and host governments. While both UNICEF and IBFAN have been actively involved in training for breastfeeding and infant feeding in sub-Saharan Africa, coordination of approaches and materials has proved elusive. Well-organized workshops and strategy development encourage and enable sharing of materials and coordination of future inputs.

Francophone Africa Workshop on Infant Feeding Training Curricula

The Francophone Africa Workshop on Infant Feeding Training Curricula was held May 30 - June 3, 1995 in Saly, Senegal. Teams of participants from eight African countries, including Burkina Faso, Cameroon, Cote D'Ivoire, Guinea, Madagascar, Mali, Niger, and Senegal participated in the workshop, organized by EPB with funding from the Health and Human Resources Analysis for Africa (HHRAA) project (USAID/AFR/SD/HRD). The workshop was organized to bring Africans together to determine current practice and need with regard to training on optimal infant feeding in the Africa Region.

Workshop Design

The workshop was divided into five sessions that built on each other beginning with a basic overview of infant feeding in the region and culminating in specific individual plans of action by each participant to improve infant feeding in their country. The first session was an analysis of infant feeding practices in each country with feedback from all participants. The second session was a content analysis of infant feeding training curriculum and materials, followed by discussions among participants. This was followed by an exchange on integrating infant feeding into other programs and the arguments and messages necessary for

FRANCOPHONE

BURKINA FASO
CAMEROON
COTE D'IVOIRE
GUINEA
MADAGASCAR
MALI
NIGER
SENEGAL

ANGLOPHONE

BOTSWANA
KENYA
MALAWI
SEYCHELLES
SWAZILAND
TANZANIA
UGANDA
ZAMBIA
ZIMBABWE

each specific program. Next, participants developed individual action plans and gave feedback to others on their plans. The fifth and final session was a group discussion on needs and ideas for regional training support based in Africa.

Workshop Results

The results of the workshop are exciting in terms of the benefits to the participants and to organizers of future workshops. Participants benefited from the hands-on skills acquired, the networking and sharing among professionals from different countries within Africa, and the reinforcement of the fact that the majority of the skills and materials needed to succeed in these programs already reside in Africa. Countries had little knowledge of other countries' programs so it was an excellent opportunity to exchange ideas and lessons learned. The knowledge gained by the participants was based on fellow Africans' experiences and therefore was readily adaptable to their own countries. Organizers of upcoming workshops should take note of the effectiveness of a truly participatory approach using local experts rather than bringing in outside consultants.

Unique Workshop Factors

Several unique factors contributed to the success of the workshop. First, it was made clear from the first day that the participants were the experts on the subject of infant feeding and therefore would act as both students and teachers for each other. Secondly, skills were acquired through hands-on experience (e.g., analyzing a country's health situation using DHS results and Nutrition Chartbooks and working in country teams to summarize relevant data on infant feeding). And finally, there were no presentations at the workshop. Learning was accomplished through group discussions, team meetings, and one-on-one feedback among participants.

Workshop Follow-up

Based on recommendations from workshop participants, information packets were sent from EPB to Francophone countries for distribution, in varying amounts, to serve as an educational resource to a central participant representative for each of the eight countries at the workshop. EPB received detailed descriptions from each country representative regarding the disposition of the packets in-country. In all, a total of 335 packets were disseminated to the eight participating countries. As a part of the follow-up to the Francophone Africa workshop, evaluation activities with 50% (16) of the participants were conducted by EPB to determine the progress on plans developed at the workshop and factors which facilitated or constrained progress. This activity has helped increase understanding of the ways in which dialogue about infant feeding practices can be improved, as well as the dynamics of breastfeeding implementation at different levels of government and the many perspectives of breastfeeding program integration.

Also based on the recommendations from the workshop, a subgrant was set up with IBFAN Africa to reinforce two infant feeding resource centers in Africa. IBFAN Africa is located in Swaziland and Burkina Faso, thereby serving both the anglophone and francophone populations of Africa. Provision of materials, especially community-based materials, funding for translation, reproduction, and dissemination are included in the subgrant. Workshops will be held to orient key in-country personnel on the availability and use of these materials.

Eastern, Central and Southern Africa's (ECSA) Chairpersons Meeting on Pre-service Training Related to Breastfeeding and Infant Feeding

Adapting medical and nursing school curricula to include updated information on breastfeeding and infant feeding is a pressing need worldwide. In Africa, existing curricula contain outdated information on breastfeeding physiology, management of lactation difficulties, and counseling for exclusive breastfeeding and correct weaning practices—if they address these subjects at all. A group of African health professionals dedicated its 1995 meeting to breastfeeding and infant feeding. The objectives of the workshop were to determine a standardized package of essential information that should be included in pre-service curricula, allow participants to share experiences and materials, and develop action plans. A curriculum guide previously developed by Wellstart with U.S. Department of Health and Human Services funding was adapted and used. Participants included department heads from university medical schools and nursing colleges. Wellstart LME was the lead organization on this activity, while EPB provided technical assistance, funding for related direct costs, as well as funding for the subgrant to the Commonwealth Regional Health Community Secretariat (CRHCS) for ECSA. The meeting took place in April 1995 in Nairobi, Kenya. Several experienced Cameroonians attended this workshop as observers and provided a bilingual (French/English) bridge for possible future workshops in Francophone Africa on the subject. Unfortunately, only limited funds currently exist for follow-up. Follow-up activities have been discussed with CRHCS, the HHRAA project, and USAID/AFR and are considered critical to the success of this activity.

Recommendations of ECSA Meeting

The ECSA Chairpersons Meeting resulted in several recommendations:

- ▶ Chairpersons repeatedly referred to the need for more materials to assist them with their training and promotional efforts related to lactation management, infant feeding, and maternal nutrition.
- ▶ Mechanisms for monitoring and reporting on progress with individual plans and country program plans were suggested. These included: a follow-up letter to assess progress based on individual and country plans; and, a revision of curriculum assessments in one year to see if curriculum changes had been instituted.
- ▶ More training is clearly needed. A regional course in lactation management was suggested.

Workshop Follow-up

In August 1996, three-day workshops will be held in Kenya, Tanzania, and Zimbabwe as follow-up to the ECSA workshop. The workshops will bring together key departmental chairs from universities to establish a plan and recommendations for appropriate changes to university curricula regarding breastfeeding. Additional materials that will help in the adaption of curricula will be provided. Wellstart LME will continue to work with these groups in the upcoming year. Reports on these workshops will be available in September 1996.

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Documents Available on Related EPB Activities

- ▶ Francophone Africa Workshop on Infant Feeding Training Curriculum

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Cameroon

EPB initially began working in Cameroon in January 1992, by collaborating with the Ministry of Public Health (MOPH), USAID, Technologies for Primary Health Care (PRITECH), and local NGOs. Initial activities included supporting a Cameroonian team's participation in the LME program in San Diego and collaboration with EPB on Cameroon's Workshop for the Development of a National Breastfeeding Promotion Policy. At this workshop, the MOPH resolved to adopt the promotion and protection of breastfeeding as one of the main strategies for promoting child survival, resulting in the drafting of Cameroon's National Breastfeeding Policy. This policy was used to develop the National Breastfeeding Promotion Program (NBFPP), which has since been used as a model in several other countries.

TOTAL POPULATION, 1995: 13.5 MILLION

INFANT MORTALITY RATE, 1995: 65

EXCL. BREASTFEEDING AT 3 MO., 1991: 7%

TOTAL FERTILITY RATE, 1995: 5.9

Source:

- Cameroon DHS, 1991
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

EPB's primary activities in support of the NBFPP were limited to six months, from January to June 1994, due to the closing of the USAID mission in Cameroon. Despite the abbreviated time frame, these six months marked a period of "rapid investment" by EPB in Cameroon to support the most sustainable results possible. After the closing of the USAID mission, EPB developed a case study of the NBFPP to document the state of all breastfeeding promotion in Cameroon following the end of EPB's six-month intensive program and make recommendations for further planning.

French LME Course

In November-December 1993 EPB supported a team of participants from Cameroon to enroll in Wellstart International's LME program. The team included representatives from the Far North, South, and Littoral provinces. Two Wellstart Associates, Drs. Martina Baye (the National Breastfeeding Coordinator) and Edwin Kimbo, participated in the course as Advance Study Fellows, and assisted the team in the development of their provincial plans. EPB also sponsored the participation of a second group of Cameroonians from medical training institutions for the LME program (May-June 1994) to improve pre-service training on breastfeeding. Dr. Baye returned to LME as core adjunct faculty, and, along with Dr. Kimbo, provided follow-up to breastfeeding activities.

Country Program Administrator

A Country Program Administrator, Denyse Leger, was initially hired part time and then switched to full time for the final six months of EPB's presence in Cameroon. She administered EPB funds in Cameroon and assisted the MOPH with planning and logistics. After playing a key role for EPB in Cameroon, Denyse spent a week at EPB/Washington sharing ideas and lessons learned from the field.

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Training and Information, Education, and Communication (IEC) Materials

In January 1994 EPB worked with the NBFPP and Wellstart Associates to complete a brief assessment of existing information and to conduct initial qualitative research to fill in the gaps of previous studies. During the review of existing materials, it became evident that basic information sheets on the benefits of breastfeeding and simple instructions on how to address mothers' concerns and problems were needed. These information sheets were drafted and pre-tested during site visits to Ebolowa, Douala, and Maroua, and were tested further in and around Yaoundé. Since their development, these sheets have been used to support in-service training conducted by the NBFPP and the National Family Planning Program (NFPP). They have also been distributed at the National Pediatrics Conference (April 1994), following a presentation by Wellstart Associates representing the NBFPP, sensitizing approximately 70 pediatricians on optimal breastfeeding practices. The sheets have been shared with a number of other organizations, including UNICEF and the Cameroon Infant Feeding Association (CIFAS).

EPB also developed a poster advocating exclusive breastfeeding for the first six months of life. The poster has been printed by UNICEF and disseminated in cooperation with the MOPH. The process for developing and pre-testing the poster included technical assistance to provide training on materials development.

EPB contributed technical assistance to the development of a modular curriculum for training in-service health care providers in Cameroon. The curriculum can be used as a whole or as pieces integrated into training in other areas of primary health care or family planning. Twenty-seven participants, including representatives of the NBFPP, Wellstart Associates, the MOPH, and other ministries and NGOs, reviewed adult learning principles and existing curricula, and then drafted a twelve-module curriculum for use in Cameroon. This curriculum was tested and used at three separate training sessions in May of 1994, training 76 health workers (fifteen doctors and 61 nurses and nursing assistants), and was received enthusiastically. Discussion guide cards on common breastfeeding problems were developed for use by community health workers during group meetings. UNICEF expressed interest in printing these cards and distributing them within their community program.

The NBFPP also participated, during this period, in a review of the national family planning curriculum, and convinced family planning trainers to include not only information on the fertility effects of breastfeeding, but also to include a section on the overall benefits of breastfeeding. EPB and the NBFPP provided family planning and primary health care projects with reference materials on breastfeeding and curriculum modules to be integrated into their training programs.

Integration Strategies

During the six months of EPB's activity in Cameroon, EPB emphasized working to ensure sustainability of breastfeeding promotion. Throughout EPB's involvement in Cameroon, contact was frequent with UNICEF. This collaboration led to UNICEF's support for the curriculum. In addition, after EPB left Cameroon, UNICEF continued to print and distribute IEC materials promoting exclusive breastfeeding. In addition to UNICEF's activities, the Nutrition Education Project was carried out by a consortium of Ministries with technical coordination by CARE and funding from the World Bank. At the request of CARE, EPB provided technical assistance to improve the integration of breastfeeding and infant feeding information into the project's qualitative research, communication strategy development, and baseline/evaluation plans. EPB also provided technical assistance at CARE's request to plan and facilitate a communication strategy workshop

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for community outreach workers, and to plan and implement the Nutrition Education Project's evaluation strategy.

Case Study of the Cameroon Breastfeeding Program

In early 1996 EPB funded Drs. Baye and Kimbo to gather data to develop a case study assessment of the Cameroon NBFPP. This case study documents achievements at the national and provincial levels, program inputs/outputs that were involved in program implementation, and why results were or were not achieved. It also proposes recommendations for further planning. The case study describes the evolution of the implementation of Cameroon's national program and also enumerates activities and accomplishments at both the provincial and national levels. The case study found the lack of continued funding and follow-up as the main shortcomings of the NBFPP since EPB's completion of activities in Cameroon.

Documents Available on EPB Activities in Cameroon

- ▶ Breastfeeding in Cameroon: Assessment of Practices and Promotion
- ▶ Final Report: Wellstart International Expanded Promotion of Breastfeeding Program in Cameroon
- ▶ The Cameroon Breastfeeding Program (1992-1996): A Case Study

Nigeria

Nigeria is the largest country in Africa, with an estimated population of over 100 million. It has the distinction of having the lowest rate of exclusive breastfeeding in the region, along with Ghana, at 2%. The lack of optimal infant feeding in Nigeria has led to high levels of under-nourished children—50% of children under five years of age are stunted. Promotion of optimal feeding is critical to reduce the high levels of infant malnutrition, morbidity, and mortality. In response to this lack of optimal infant feeding, USAID added a significant nutrition component to the Nigeria Combatting Childhood Communicable Diseases (NCCCD) bilateral project initiated in 1992. Under this project, USAID/Nigeria authorized a \$400,000 OYB transfer to EPB in 1993 to support breastfeeding promotion.

TOTAL POPULATION, MID-1995: 101.2 MILLION

INFANT MORTALITY RATE, 1994: 72

EXCL. BREASTFEEDING AT 1 MONTH: 2.1%

EXCL. BREASTFEEDING AT 5 MONTHS: 0.1%

TOTAL FERTILITY RATE, 1995: 6.3

Sources:

- Nigeria DHS, 1990
- Child Survival, A Seventh Report to Congress on the USAID Program, USAID, 1992
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

EPB carried out planning and assessment visits in Nigeria in 1993 and 1994 before political turmoil brought activities in the country to a stand-still. Further delays occurred through 1994 and 1995 because Nigeria was "decertified" due to drug trafficking violations. Decertification also resulted in a change in the USAID strategy from public to private sector assistance. After these set-backs, EPB was able to launch an ambitious program of support and technical assistance to local Nigerian NGOs (NNGOs) and other USAID collaborating agencies, following the submission and approval of a new proposal in the summer of 1995.

To assist USAID in developing an integrated program, EPB provided support for the integration of optimal infant feeding promotion in NNGOs and private health services and community outreach through training, communications, monitoring, and evaluation. Despite decertification issues in 1995, some accomplishments were made. With the granting of the waiver for the USAID program on September 30, 1995, EPB was able to move forward at full pace to implement the program.

In the summer of 1996, due to the downsizing of the USAID mission in Nigeria, EPB's field office was asked to close two months earlier than anticipated. EPB accelerated plans to complete in-country activities by the new closing date of June 30, 1996.

Program and Policy Development

In early 1993, EPB participated in the MotherCare-sponsored national breastfeeding policy workshop. A breastfeeding policy was drafted, further revisions made, and feedback provided in 1994 before the policy was approved by the MOH in 1995.

EPB then carried out a needs assessment and developed a plan for infant feeding promotion within the NCCCD Project in three states and local government areas in February 1994. In October 1994 EPB staff attended the USAID-sponsored workshop for all child survival cooperating agencies to initiate re-entry in Nigeria and began developing plans for EPB assistance under the new USAID private-sector NNGO strategy.

The strategy included private sector, NNGO assistance in the Southwest States of Oyo and Osun, and in the Northern State of Jigawa. The proposal was submitted to USAID in spring of 1995.

In March 1995, EPB hired a resident advisor, Dr. Yinka Abosede, to start work in Lagos.

Social Marketing

Under EPB's subcontract with The Manoff Group, Kate Dickin worked with Dr. Abosede and two local research firms, CHEPON and RMS, to design qualitative research in Oyo, Osun, and Jigawa States. Two workshops were held to train interviewers in focus group and behavioral trials methodology. Final reports were submitted in early August 1995. Results were used to design communications and training strategies.

In the fall of 1995 Mike Favin, also with The Manoff Group, worked with the Johns Hopkins University/Population Communication Services (JHU/PCS) and EPB to develop IEC materials based on the qualitative research for use in training, counseling, and community education programs. Each type of material developed was designed to address resistances identified in the research findings and/or provide information on concepts relevant to breastfeeding and infant nutrition. By July 1996 the following IEC materials were produced for use in Oyo, Osun, and Jigawa States:

- ▶ three posters (each in Yoruba, Hausa, and English);
- ▶ three stickers (each in Yoruba, Hausa, and English);
- ▶ a counseling flipchart (in Yoruba, Hausa, and English);
- ▶ six 60-second radio spots (each in Yoruba, Hausa, and Pidgin English);
- ▶ a fifteen-minute video drama (in Yoruba, Hausa, and Pidgin English);
- ▶ health worker pins; and,
- ▶ cloth bags.

The staff of participating NNGOs received print materials and orientation from Dr. Abosede in June 1996. The six 60-second radio spots will be aired on radio stations in all three states for a total of 1,380 airings. The video dramas have been presented at the community level via television and VCR.

Monitoring and Evaluation

In monitoring and evaluation, EPB drafted optimal infant feeding questions and proposed revisions to the USAID NNGO management/facility/service point assessment questionnaire to include optimal infant feeding and nutrition. EPB also provided technical assistance to collaborating agencies and the USAID program coordinating unit (PCU) to develop community survey instruments to be used for the Integrated Baseline Health Survey that was planned to commence on October 2, 1995. EPB assisted collaborating agencies and the USAID PCU to develop health facility assessment and community survey instruments for baseline surveys and then assisted in training of a local research firm for these surveys.

EPB also developed a simple system to monitor training outputs, quality, and effectiveness measures of the training, as well as supervisory forms for trainers and master trainers.

Training

Training has been a major component of EPB's work in Nigeria. EPB provided technical assistance in development of a national training strategy. By sponsoring the enrollment of a team of Nigerian NNGO participants in Wellstart's lactation management course in August-September 1995, EPB developed a core of master-level trainers. The U.S. Centers for Disease Control and Prevention (CDC), MotherCare, and Pathfinder are considering sponsoring additional trainers from their respective programs.

In the fall of 1996, EPB designed two modules for primary health care givers and the trainers of Village Health Workers (VHW), Traditional Birth Attendants (TBAs), and Community Based Distributors (CBDs) of family planning commodities, which will be incorporated into the current series of eleven NCCCD modules for primary health care in-service training being jointly produced by CDC and partner NNGOs. Both modules have been submitted to the consulting firm preparing the continuing education modules. The two modules focus on:

- ▶ breastfeeding and infant nutrition; and,
- ▶ adult education principles and techniques.

EPB has created a cadre of community level trainers in Nigeria. In January 1996, EPB conducted a training of 24 State Trainers of VHWs/TBAs/CBDs for Oyo and Osun states on breastfeeding, infant nutrition, the Lactation Amenorrhea Method (LAM), and family spacing choices for lactating mothers, immunizations, prevention and management of diarrhea, and HIV/AIDS. This training was expanded into Jigawa State in February of 1996 through the training of twelve State Trainers. Altogether, fourteen Local Government Areas have benefitted from this integrated training program. Since the training of the State Trainers, approximately 300 VHWs and TBAs have received training.

Future Activities In Nigeria

With the closeout of EPB's office in Nigeria in July 1996, the responsibility for continuing the promotion of optimal infant feeding will need to be transferred to other implementing partners who will continue to conduct activities in collaboration with the NNGOs.

Distribution and monitoring of IEC materials will continue. The radio spots will be broadcast over a six-month period, with monitoring to be provided by JHU/PCS. Video presentations in the community will require coordination by USAID through CDC/Nigeria and JHU/PCS. Some print materials will be disseminated by the NNGOs, whose staff received materials and orientation from Dr. Abosede.

JHU/PCS has agreed to monitor and evaluate the impact of EPB's breastfeeding promotion activities. This evaluation is planned to occur in approximately six months. Child Association of Nigeria (CAON) has agreed to monitor trainings and service delivery.

CDC has been and hopefully will continue coordinating the production of the continuing education modules.

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Documents Available on EPB Activities in Nigeria

- ▶ Review of the Literature on Infant Feeding Practices in Nigeria
- ▶ An Assessment of Infant Feeding in the Oyo, Osun, and Plateau States of Nigeria
- ▶ Qualitative Research of Infant Feeding Practices in the Oyo, Osun, and Plateau States of Nigeria

Rwanda

EPB began working with the Rwandan MOH, USAID/Rwanda, and others in April 1992. Up to that time, most studies of infant feeding in Rwanda (since the late 1980s) were consistent in their findings that both early supplementation and late introduction of complementary foods were problems. Approximately 25% of infants under six months of age received some liquid, water, or food other than breastmilk. Another 16.8% of infants are still exclusively breastfed between six and eleven months.

An EPB assessment, conducted in April 1992, noted that early introduction of juices and other liquids was common among the women interviewed. This impression was reinforced by information from health center personnel. The assessment also concluded that bottle feeding, although not a large problem at the time, was becoming more commonplace, especially among urban working women. Women health workers in particular tended to encourage use of bottles to ease mothers' transitions from breastfeeding while on maternity leave to mixed feeding when mothers returned to work. A major concern with early supplementation is its potential to disrupt the fertility impact of breastfeeding, given a contraceptive prevalence of only 13-15% in Rwanda.

Because of the nature of infant feeding practices in Rwanda, programs tended to address breastfeeding promotion and weaning simultaneously. UNICEF and the MOH launched the Baby-Friendly Hospital Initiative (BFHI) in Rwanda in August 1992. Following that, curricula were developed and revised, several training sessions were held, poster and reference materials were produced and distributed, radio and television spots were produced, and two hospitals received Certificates of Commitment and were well on the way to official designation as baby-friendly by early 1994. EPB worked closely with UNICEF in Rwanda.

Following discussions with the MOH, USAID, WHO, and others, EPB proposed a series of activities to support breastfeeding in Rwanda through add-on funds from USAID/Kigali. The add-on proposal included provision of technical assistance to integrate breastfeeding into the Rwandan Integrated Maternal/Child Health (RIM) project and to coordinate with UNICEF on BFHI activities. It also proposed in-country support for the establishment of norms for health services, qualitative research, development of training strategies, development of breastfeeding modules to be integrated into national training activities, development of strategies for community outreach, and communication activities based on results of qualitative research. The add-on proposal was approved by USAID/Kigali and the MOH in early 1993, and then approved by USAID/Washington.

In June 1993 EPB participated in several planning workshops for RIM, coordinated with BFHI, and re-planned EPB's involvement to compensate for delays due to political unrest that year. The RIM meetings were in the two provinces of Kibungo and Gitarama, and involved development of criteria for an assessment of services in rural health centers.

TOTAL POPULATION, 1990: 7.1 MILLION

INFANT MORTALITY RATE, 1990: 117

EXCL. BREASTFEEDING AT 3 MO., 1992: 89.7%

EXCL. BREASTFEEDING AT 6 MO., 1992: 61.5%

TOTAL FERTILITY RATE, 1995: 6.2

Source:

- The State of the World's Children, UNICEF, 1992

- DHS Rwanda, 1992

- Statut Nutritionnel et Securite Alimentaire au Rwanda: Resultats de l'Enquete National sur la Nutrition et la Securite Alimentaire des Enfants de 0 a 5 ans et leurs meres, Ministry of Agriculture/UNICEF, 1992

In addition to EPB's input into the assessment criteria, EPB also worked on a survey tool on infant feeding that was to be used by the RIM staff to conduct population-based surveys in their target areas. The information was scheduled to be collected from both the assessment of rural health centers and the population-based survey, to be used to expand on DHS results. Combined with the results of qualitative research on infant feeding practices and other research and surveys, these studies would allow for a complete picture on how and why women in Rwanda feed their children the way they do, and what might be done to support them in this process.

Breastfeeding Assessment

In late April and early May 1992, EPB worked with the Rwandan MOH and USAID/Kigali to conduct an assessment of breastfeeding practices and issues in Rwanda. The assessment team was able to identify several specific areas to be addressed in the training of health care personnel, including premature weaning, suboptimal initiation of breastfeeding practices, and ways to respond to concerns about insufficient milk.

There was evident need to protect existing practices by improving health service providers' knowledge, practices, and recommendations to mothers. In addition, policy changes were needed on a variety of levels, including hospitals and health centers, nutrition centers, family planning programs, and other sources providing information on infant feeding and family planning programs. One recommended first step was the definition and adoption of norms for breastfeeding support in health services, which was pursued through a USAID/MOH integrated maternal and child health/family planning project.

Research on HIV Transmission through Breastmilk

Of particular interest during the assessment visit were discussions with researchers conducting studies on the transmission of HIV through breastfeeding. Researchers and practitioners alike continued to support breastfeeding as the only viable method of feeding infants in the country. However, detailed information on feeding practices was needed to help clarify transmission rates and their contexts, as well as the policy implications for breastfeeding of HIV-related research findings. AIDS researchers in-country asked EPB to work with them so that sufficiently specific information on feeding patterns, nutrition, and possible connections to vertical transmission of HIV/AIDS was gathered and disseminated.

In August 1992 EPB sent a lactation expert, who is also a Wellstart Associate and Advanced Study Fellow, to be part of a team that evaluated the feasibility of a new protocol designed to study vertical transmission of HIV from mothers to infants. The study was originally designed to compare HIV transmission rates found in cohorts randomly assigned as "breastfeeding" or "bottle feeding." Through this consultancy and subsequent meetings and conversations between the researchers, EPB, and UNICEF, the protocol was revised to define the two groups as "exclusively breastfeeding" and "exclusively bottle feeding." However, EPB, USAID, and UNICEF representatives remained concerned about both the design and ethical considerations surrounding the research. A principal issue was the difficulty of getting exclusive practice of either of these behaviors. Wellstart International did not participate further in the design or implementation of this research, although contact with the research team was maintained.

Technical Assistance to the MOH: Training and Information Dissemination

UNICEF sent a total of five MOH and hospital employees to international UNICEF/IBFAN courses on breastfeeding promotion, which provided a core group of trainers to begin in-service training. With the launching of the BFHI in Rwanda in early 1993, UNICEF and the MOH began initial training activities in two hospitals, the Central Hospital in Kigali and the University Hospital in Butare.

In late 1993 the first team of Rwandans participated in the LME Program. The Wellstart Associate team included one person from each of the aspiring BFHI hospitals to allow for maximum coordination with BFHI activities. The other four Wellstart Associates were from the MOH regional training teams in Kibungo and Gitarama, and therefore were already familiar with the goals and implementation plans for the RIM project. It was envisioned that the combined group would form a training team that would provide expertise for the integration of breastfeeding into a wide variety of training and information dissemination activities. Dr. Kabano also attended LME and planned to participate as a member of the national breastfeeding training team.

The first opportunity for the training team was the National Conference on Breastfeeding and Infant Feeding held in January 1994. Each Wellstart Associate and UNICEF-trained member of the team had responsibility for at least one presentation at this conference, which was designed to present the most recent information on the importance of breastfeeding and optimal supplemental feeding, and to inform participants of the current status of these practices in Rwanda.

The conference presented information from a variety of studies, including qualitative research conducted by EPB, to over one hundred representatives from the MOH, other ministries, NGOs, and the donor community. The end result was a strong expression of interest by participants in continuing to receive more information and more training on the subject.

Dr. Kabano then assisted UNICEF and the MOH in a training session on LAM for a training of trainers (TOT) workshop of the Société Nationale pour l'Action Sociale (SNAF, or National Social Action Society), a church-based organization promoting natural family planning methods.

Qualitative Research: A Basis for IEC and Community Outreach Activities

In July and August 1993 EPB worked with a consultant to conduct qualitative research in Gitarama and Kibungo provinces. This research revealed how deeply valued breastfeeding is in Rwandan culture while at the same time demonstrating how at risk it is due to a strong belief in insufficient milk, premature supplementation, and insufficient knowledge and training regarding breastfeeding and lactation on the part of mothers, community workers, and health workers.

This initial research also identified key behavioral issues that EPB planned to explore further, such as the finding that women feel that drinking water dilutes breastmilk. The role of traditional healers in treating breastfeeding-related problems and illnesses was another area EPB planned to explore. Technical assistance to further investigate these issues was planned for May 1994. Also in May 1994, EPB was planning to provide assistance in materials development on weaning to the MOH Nutrition Division and on LAM to

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SNAF, both of which were in the process of producing educational materials and needed technical assistance to plan pre-testing and other aspects of materials development.

In early 1994, using the results of the MOH/EPB qualitative research as a resource, Dr. Kabano had begun gathering information for use in planning for community outreach activities in the provinces of Kibungo and Gitarama, to complement RIM activities in health services. This work was never completed due to the outbreak of violence in Kigali in April 1994, which resulted in the closing of the USAID mission and suspension of all development activities in the country. EPB continued over the following months to attempt to locate its Resident Advisor, Dr. Augustin Kabano, and to wrap up several small ongoing activities. (Thankfully, Dr. Kabano, along with his wife and sons, survived the violence.)

Use of the Balance of Rwanda Add-on Funds: Refugee Initiative

Persons in displaced and refugee status represent a growing population worldwide, but particularly in Africa. After the outbreak of violence in Rwanda, several refugee camps were set up in neighboring countries, including Tanzania, and large numbers of Rwandans remain there even now. EPB and USAID's Africa Bureau and Bureau for Humanitarian Response agreed that an appropriate use of the add-on funds for Rwanda would be to conduct research to examine the impact of refugee status on feeding patterns, including infant feeding practices. This research has been carried out by EPB in camps in the Ngara, Tanzania region, and a report on this research is available from EPB.

Documents Available on EPB Activities in Rwanda

- ▶ Breastfeeding in Rwanda: Assessment of Practices and Promotion
- ▶ Qualitative Research on Breastfeeding in Kibungo and Gitarama Provinces, Rwanda (English and French)
- ▶ Final Report: Wellstart International Expanded Promotion of Breastfeeding Program in Rwanda
- ▶ Summary Report: Rapid Assessment of Infant Feeding Practices in Two Rwandan Refugee Camps

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Senegal

A team from the Senegal MOH participated in the Lomé Infant Feeding Conference in September 1991. Presented at the conference was a 1991 study of breastfeeding practices in maternity wards that showed that 93% of health workers thought newborns needed water in addition to breastmilk. Overall, it became clear that most health workers were not familiar with the basic principles of lactation.

In September 1992 in response to a request from the MOH, EPB provided technical assistance to develop a national plan of action for the promotion of exclusive breastfeeding. In June 1994 EPB received add-on funding from USAID/Senegal to provide specific technical assistance visits to support and promote optimal infant feeding practices within Senegal. The emphasis of EPB technical assistance is in IEC support at the community level. EPB has worked closely with BASICS in-country representatives to ensure integration of breastfeeding within child survival activities.

TOTAL POPULATION, MID-1995: 8.3 MILLION

INFANT MORTALITY RATE, 1995: 68

EXCL. BREASTFEEDING AT 3 MOS., 1995: 9%

TOTAL FERTILITY RATE, 1995: 6.0

Sources:

- The State of the World's Children, UNICEF, 1995.
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

Strategy Paper

Throughout 1993 EPB kept in touch with representatives of PRITECH, the MOH, and others to gauge the level of interest and determine next steps. In June 1993 USAID/Senegal expressed an interest in having EPB and the Weaning and Infant Nutrition Support (WINS) project work with the MOH to examine ways to strengthen maternal and infant health strategies, that would include breastfeeding promotion. The result of this collaboration was summarized in a 1994 document entitled "Support for Senegal's Program to Combat Protein-Energy Malnutrition."

National Breastfeeding Policy Workshop

In May 1994 a national policy workshop for breastfeeding was conducted by the Applied Nutrition Service of the MOH and Social Action (SANAS) and EPB. Over 40 people attended the workshop along with representatives from USAID, WHO, UNICEF, and the MOH. The highly productive workshop lasted three days and resulted in a near final draft of a strong national policy. The policy provided broad principles to be followed in the promotion and protection of breastfeeding in four critical areas: the role of health services personnel; IEC; the commercialization of breastmilk substitutes; and legislation affecting working mothers.

French LME Course

With USAID assistance, two policy makers from Senegal attended part of the first LME course for French-speaking participants in December 1993 to better understand breastfeeding issues and the importance of optimal infant feeding to maternal and child health. A second French LME course was held in June 1994 and five Senegalese attended, representing the MOH, SANAS, medical schools, and primary health care.

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Breastfeeding Assessment

In September 1994 two EPB staff assisted SANAS in an assessment of breastfeeding practices in Senegal. The assessment examined all aspects of infant feeding practices in Senegal from national policies to infant feeding formula marketing to a review of the DHS statistics. The assessment has been used extensively by the MOH and by other Cooperating Agencies (including BASICS who used it to help plan their country activities).

Child Survival/Family Planning Coordination Workshop

Wellstart participated in a cooperating agencies meeting in Washington, DC in November 1994 and a planning workshop for cooperating agencies and MOH personnel in Dakar in January 1995. The Dakar workshop was designed to coordinate activities for the upcoming year as well as decide on indicators to use to measure the project's overall effectiveness. During the workshop, Wellstart presented the results of the breastfeeding assessment to the one hundred participants.

Qualitative Research

EPB staff and a consultant worked closely with the MOH to conduct qualitative research on infant feeding practices in Senegal. The research was conducted in four states as well as in Dakar and focused not only on breastfeeding practices but also on the cultural beliefs surrounding breastfeeding. This research will aid the MOH and other cooperating agencies as well as serve as the foundation for EPB's technical assistance for the IEC campaign and training efforts that began in September 1995.

Qualitative Research Workshop

In October 1995, a workshop was held in Dakar to review and share the research results with key personnel in SANAS, Education Pour la Sante (EPS), Peace Corps, BASICS, and USAID. The workshop was facilitated by Judi Aubel, a consultant who guided the research team, and Yaya Drabo, BASICS regional IEC coordinator. Results of the research were presented and reviewed leading to the identification of problem areas in breastfeeding. By the end of the three-day workshop, sub-optimal breastfeeding practices within Senegal were identified and all the key players were brought together and informed of the situation.

IEC Product Development

In January 1996, after field work to probe further into suboptimal breastfeeding practices identified by the qualitative research, a message development workshop was held to identify the key messages that needed to be framed as well as how best to send these messages. Many ideas were discussed and, based on the time frame of the project (i.e. six months until completion), efficacy of the various message vehicles, and budget, the following approach was chosen. This initial IEC round would focus on the key problem areas using basic breastfeeding messages that take into account the heavy daily workload of mothers.

The following themes made up a ten-page flipchart to be used at the community level:

1. Nutrition for pregnant women

2. Workload of pregnant women
3. Early initiation
4. Exclusive breastfeeding
5. Frequency of breastfeeding
6. Duration of breastfeeds
7. Production of breastmilk
8. Nutrition for breastfeeding mothers
9. Complementary feeding

To reinforce the message of the flipchart, one-page brochures were designed that contained replications of the flipchart images as well as the key messages translated into local languages spoken in the various regions. Mothers were given the brochures to take home to be used as a reminder of the basic breastfeeding messages and to share with others.

Three radio spots were developed in three local languages to address some issues in more detail. All radio spots were developed as sketches using the same mother throughout and having her deal with different influentials—a grandmother, a traditional birth attendant, and a friend. The topics covered were early initiation, exclusive breastfeeding (not giving any water or any other liquids), and the production of breastmilk (the more a mother breastfeeds, the more milk she will produce).

Training for the Use of IEC Products

A training of trainers was held in Dakar in July 1996 for regional personnel of SANAS and EPS who will later conduct their own training in the regions. The emphasis of the training included a review of the participatory ways to use the flipcharts and handouts as well as a refresher course in optimal breastfeeding practices. It is through these key regional personnel that flipcharts and handouts will be distributed during future training.

Future Activities

A meeting was held in July between Wellstart EPB, SANAS, EPS, BASICS, Management Sciences for Health (MSH), and USAID to discuss upcoming plans to continue to promote optimal breastfeeding practices in Senegal. Breastfeeding promotion will continue to be one of the key initiatives of SANAS as they continue to conduct trainings at the regional level. This will be accomplished with the support of BASICS. EPS, in collaboration with SANAS and BASICS and with funding from USAID, will monitor the use of IEC products as well as evaluate their effectiveness. It is hoped that the airing of the radio spots will continue during the upcoming year with funding from BASICS as the spots become integrated into BASICS' overall IEC campaign.

Documents Available on EPB Activities in Senegal

- ▶ Breastfeeding in Senegal: Assessment of Practices and Promotion
- ▶ Qualitative Research on Breastfeeding in Senegal

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***Asia, the Near East, and the
Newly Independent States***

Armenia

In the early 1990s Armenia received large quantities of infant formula from donor organizations. At the time, recent socioeconomic changes in Armenia were mistakenly perceived as a threat to mothers' ability to breastfeed. During the late spring of 1994, precipitated by USAID's decision to cease all formula shipments to the region in 1994, the MOH anticipated a complete cessation of donated formula supplies and a formula crisis by late summer.

EPB began working in Armenia at USAID's request in May 1994. To determine local needs and plan appropriate support, EPB carried out an in-depth literature review and short in-country assessment of maternal and child health, family planning, and breastfeeding. This review and assessment, along with a 1993 USAID-funded baseline research study on breastfeeding practices by Kim Hekimian, indicated that there was an urgent need for breastfeeding promotion because of the economic crisis, declining health status, and dependence on infant formula. Three areas targeted for technical assistance were: program and policy development; training of health care personnel; and, a social marketing campaign to promote optimal breastfeeding behaviors. Following the assessment, a memorandum of intent, specifying EPB's technical assistance for optimal breastfeeding, was signed between USAID and the MOH.

In the fall of 1995, EPB funded a qualitative evaluation, carried out by the American University of Armenia, to determine what effect breastfeeding promotion activities in Armenia had on feeding practices and knowledge. While it was impossible to determine the effect of any one specific technical assistance component, the results of the evaluation clearly indicated that the combination of interventions produced changes in postpartum hospital practices as well as improved knowledge levels among health care providers and mothers. However, breastfeeding promotion activities in Armenia should be expanded to increase the prevalence of optimal feeding practices, which still remains low.

Program and Policy Development

In spring 1994, EPB worked with counterparts and a local consultant to carry out a maternal and child health, family planning, and breastfeeding assessment in Armenia. EPB then used results of the assessment along with a previous baseline to develop a memorandum of intent between USAID and the MOH outlining Wellstart's technical assistance to the national breastfeeding program.

EPB funds supported a three-member maternal and child health MOH team's attendance at the EPB Reproductive Health Seminar held in Kiev, Ukraine in October 1994. The seminar focused on providing technical updates in the areas of breastfeeding, family planning, and maternal and child health.

TOTAL POPULATION, 1995: 3.7 MILLION

INFANT MORTALITY RATE, 1995: 17

MATERNAL MORTALITY RATE, 1992: 20

BREASTFEEDING AT 4 MONTHS, 1992: 37%

TOTAL FERTILITY RATE, 1995: 2.0

Sources:

- Children and Women in Armenia: A Situation Analysis, Armenia, UNICEF, May 1994
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

Training

The national breastfeeding coordinator and two members of the national breastfeeding committee attended Wellstart's four-week lactation management course in November-December 1994, with funding from the Academy for Educational Development NIS Exchanges and Training Project (AED-NET). During the course, EPB's Training Advisor held a special week-end workshop to develop a short-term in-service training strategy for health providers.

Communications

Throughout the summer of 1994, EPB and consultants and staff from The Manoff Group worked closely with the MOH to design and develop a communications campaign on optimal infant feeding targeted at mothers and health workers. The campaign was launched in late September 1994 with a joint USAID, MOH, UNICEF, and EPB press conference for over 50 representatives of the press. EPB then carried out a rapid communications campaign from September to December 1994 to help women and health providers cope with the expected shortage of free formula supplies. This campaign complemented the hospital training that was already underway with support from UNICEF. The campaign consisted of 112 two-minute TV spots, 168 radio spots, newspaper advertisements, and 60,000 brochures for mothers. It was the first of its kind in the NIS.

Monitoring and Evaluation

EPB worked with local Armenians to monitor campaign coverage as well as mothers' exposure to and recall of messages. Coverage of the campaign appears to have been almost 100% and the magnitude of the changes suggest that the campaign had a significant impact. A final monitoring report was produced by EPB staff to share the monitoring results of the campaign with counterparts.

EPB consultants met with UNICEF and the MOH to discuss evaluation plans and design issues. A tentative design was drafted for a final evaluation, conducted by the American University of Armenia. With technical and financial support from EPB, the University and the MOH carried out a final qualitative evaluation to assess the impact of both the campaign and the national breastfeeding program in the fall of 1995. Information that was gathered for the purposes of this evaluation included: surveys of mothers, pregnant women, and health care providers; direct observations of maternity wards of four out of eight delivery hospitals in Yerevan; in-depth interviews with key collaborators, mothers, and health care providers; and, data gathered from donor organizations about formula distribution, as well as observations on market availability of formula.

Results from the evaluation clearly indicated that, while there were changes in postpartum hospital practices and improved knowledge levels among health care workers and mothers, the prevalence of optimal feeding practices remains quite low. Women initiated breastfeeding more immediately and breastfed more frequently but the use of supplemental liquids and formula prior to four months remains the norm. The positive effects of policy change are apparent in the greatly improved rates of immediate initiation and rooming-in in the delivery hospitals in Yerevan.

Qualitative Evaluation Report

EPB funded a qualitative evaluation, carried out by the AUA, to determine what effect breastfeeding promotion has had on infant feeding practices and knowledge. The qualitative evaluation report offered the following recommendations, useful for future breastfeeding projects in Armenia:

- ▶ breastfeeding promotion activities need to be expanded in Armenia, both in the area of increased education for mothers, and increased training for health care providers;
- ▶ more needs to be done to reduce the number of infants that are kept from mothers for unnecessary reasons (e.g., breech birth, large baby);
- ▶ the prevalence of swaddling needs to be checked, since this universal practice appears to interfere with good breastfeeding attachment;
- ▶ in-service training of physicians, and especially nurses, in lactation management is needed, possibly implemented with guidance from the three trainees from Armenia who attended the LME program;
- ▶ print medium is an appropriate way to channel health information in Armenia, because there is universal literacy, a tradition of reading about health, and a lack of available material on the market;
- ▶ while reprinting the same brochure is the cheapest way to continue a supply of print materials, an updated version providing more and better detailed information would be more effective; and,
- ▶ Felicity Savage-King's book *Helping Mothers to Breastfeed*, which has been translated and printed by UNICEF, has been highly praised by women in Armenia. However, only 3,000 copies have been printed and there are approximately 60,000 births per year in Armenia.

Documents Available on EPB Activities in Armenia

- ▶ Maternal and Child Health, Family Planning, and Breastfeeding in Armenia
- ▶ Armenia Communications Campaign Monitoring Report
- ▶ Armenia Communications Campaign to Promote Breastfeeding: A Qualitative Evaluation

Republic of Georgia

EPB began working in the Republic of Georgia at the request of USAID in May 1994. EPB carried out a "rapid assessment" of maternal and child health, family planning, and breastfeeding practices to determine local needs and plan appropriate support. This assessment identified an urgent need for breastfeeding promotion resulting from the declining economic and health situation and increasing dependence on emergency formula donations. The approximately 280,000 internally displaced persons in Georgia, many of whom were women and children, were especially vulnerable during this time of transition.

The assessment team found universal agreement that the decline of breastfeeding had accelerated in recent years and that new formulas were greatly valued by mothers. The Georgian government and foreign donors expressed concern that an

unsustainable nutritional dependence was developing, in addition to the loss of health benefits associated with breastfeeding. Consequently, breastfeeding promotion was identified as an urgent need to reduce dependence on temporary emergency formula donations and to ensure better food security for Georgian infants. Increasing the rate of breastfeeding would reduce infant mortality and morbidity while conserving scarce financial resources.

Discussions with the MOH about this situation led to the development of a Memorandum of Intent for EPB's technical assistance in August 1994. The Memorandum was approved by USAID, funded by an add-on from the NIS Task Force, and signed by EPB/Georgia and the Georgian Minister of Health, Dr. Avtandil Jorbenadze, in November 1994. The agreement outlined a three-pronged strategy for breastfeeding promotion with technical assistance in: 1) program and policy development; 2) training; and, 3) mother-to-mother support.

At the same time, the MOH expressed a strong commitment to launching a national breastfeeding program and named the country's Chief Pediatrician, Dr. Ketevan Nemsadze, national coordinator of this program. To provide continued support to the National Breastfeeding Program, EPB hired Dr. Zenaida Nihill as a resident advisor. An in-country EPB office was opened in January 1995. The joint commitment of the MOH, EPB, USAID, and other donors, including UNICEF, Feed the Children, and Oxfam led to an extraordinarily successful program that lasted from October 1994 until November 1995.

The MOH breastfeeding promotion program has made tremendous strides in the promotion of breastfeeding in the Republic of Georgia. Since December 1994, two MOH personnel have participated in Wellstart's LME program by attending the course in San Diego, a national decree was issued by the MOH to institutionalize rooming-in in maternity homes, a training strategy was developed, a training curriculum was adapted for use, a cadre of nine master trainers was created, approximately 328 health professionals have been trained, technical materials have been disseminated and published, a Lactation Management Center has been established, and a broad base of support for breastfeeding has been created. Stephen Johnson of

TOTAL POPULATION, 1995: 5.4 MILLION

INFANT MORTALITY RATE, 1995: 18

MATERNAL MORTALITY RATE, 1992: 54.9

BREASTFEEDING AT 3 MONTHS, 1992: 20%

BREASTFEEDING AT 6 MONTHS, 1992: 3.5%

TOTAL FERTILITY RATE, 1995: 1.5

INTERNALLY DISPLACED PERSONS, 1994: 280,000

Sources:

- UN Consolidated Inter-Agency Appeal for the Caucasus, March 1995
- UNICEF Economic & Social Council Report, January, 1995
- WHO/UNICEF Women's Health Profile, 1993
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

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UNICEF/Georgia described one Tbilisi training session and overall coordination between EPB/Georgia, UNICEF, and the Georgian government as a "model of cooperation that should be copied by others."

This work has been accomplished at one-half the cost of other national training programs. These developments have resulted in an overwhelming demand for training nationwide that extends beyond the current resources of the MOH. The Republic of Georgia is poised for a revolution in health care practices and should coordinate with the international donors working in health care reform to gain continuing support for its breastfeeding program. UNICEF and World Bank resources should be tapped to ensure that the tremendous progress made by training health care professionals is sustained.

Program and Policy Development

In August 1994 EPB held a coordination and planning meeting for the MOH and local PVO/NGO community in Tbilisi to discuss breastfeeding promotion and the formula crisis. This meeting sparked interest in breastfeeding promotion as an antidote for the looming formula crisis. Also during this visit, EPB assisted in the nomination of the National Breastfeeding Coordinator and the formation of the National Breastfeeding Committee (NBC), active since August 1994. EPB assisted the NBC to draft and implement a national breastfeeding promotion program which has been in operation since December 1994.

EPB also supported a five-member MOH team's attendance at a Reproductive Health Seminar held in Kiev, Ukraine in October 1994. The seminar provided technical updates in the areas of maternal and child health, family planning, and breastfeeding.

EPB provided ongoing technical assistance on breastfeeding policy documents and MOH/NGO formula distribution strategies. The NBC and the MOH released revised maternity house guidelines in support of optimal breastfeeding practices (revisions to Soviet Decree 55) in January 1995. These new guidelines have dramatically improved rooming-in practices. EPB also provided technical assistance and coordination to local PVOs/NGOs and donor organizations. For example, in February 1995, Wellstart's resident advisor and the NBC briefed twelve field monitors working for CARE on breastfeeding promotion. Field monitors are now equipped to support pregnant and lactating women to optimally breastfeed.

Training

EPB supported the participation of the national breastfeeding coordinator and another member of the NBC in Wellstart International's Russian-language lactation management course held in November-December 1994. During the course, EPB and LME staff held a week-end workshop to develop a short-term in-service training strategy for health providers. EPB then provided funding and technical assistance for the translation and adaptation of an in-service breastfeeding curriculum from February to July 1995. This is the only child survival curriculum currently available in the Georgian language.

EPB's Training Advisor conducted a training-of-trainers course on adult learning principles and presentation skills for a core group of master breastfeeding trainers in July 1995. These master trainers are now better able to carry out effective training sessions for local health professionals.

EPB staff and resident advisor helped the NBC (in coordination with UNICEF) to implement their in-service breastfeeding training strategy. Approximately 328 health professionals have been trained in Tbilisi, Kutaisi,

Zugdidi, Poti, Senaki, Talavi, and Batumi thus far. Results from pre- and post-tests indicate an average 80% increase in knowledge among training participants. In addition, the NBC was able to train 35 nurses and midwives in Zugdidi with financial support from Feed the Children.

Currently, a decree is being considered for signature by the president of the Republic of Georgia that will ensure that breastfeeding is incorporated into pre-service training.

In conjunction with the training program, 700 copies of the adapted Russian book by Felicity Savage-King, *Helping Mothers to Breastfeed*, were distributed, as well as many other translated technical articles on maternal and child health, family planning, and breastfeeding.

Mother Support

A video, *Breastfeeding: A Special Relationship*, was dubbed into Russian for use in Georgia. The video discusses the benefits and management of breastfeeding and is targeted at new mothers. A set of discussion questions have also been drafted to accompany the video. The video was nationally televised with funding from UNICEF on twelve consecutive Saturdays and was followed by a discussion period with members of the NBC, physicians, and mothers.

EPB also worked with a local PVO, Women of Georgia for Peace and Life (WGPL), to promote breastfeeding at the community-level. The WGPL published ten articles about breastfeeding in their monthly newsletter, which has an average circulation of 5,000 copies. EPB donated \$1,000 toward the publication of that newsletter and invited the editor to participate in the 24-hour lactation management education training.

A brochure for mothers is available to answer questions that mothers have as they begin to breastfeed. After technical review by EPB, Feed the Children funding will allow an initial printing of 30,000 copies of the five-fold color brochure. The brochure will be distributed by nurses and midwives in women's polyclinics and in centers where staff have been trained in lactation management. It will be used to instruct mothers on breastfeeding.

Documents Available on EPB Activities in the Republic of Georgia

- ▶ Maternal and Child Health Needs in Georgia
- ▶ Wellstart International's Expanded Promotion of Breastfeeding Program in the Republic of Georgia: Country Close-out Report

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Kazakstan (and the Central Asian Republics)

EPB began working in Kazakstan in response to a request by the USAID Office of Health to coordinate and fund a maternal and child health seminar for the Central Asian Republics (CAR) of the NIS (Kazakstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan). During this seminar, representatives from the CAR stated concerns about the steady decline in the initiation, duration, and quality of breastfeeding in their countries. The reported decline is especially alarming in the face of rising infant mortality, poor water and sanitation, and high fertility levels. At the seminar, two specific concerns were expressed about breastfeeding. The first was anxiety about the potential presence and significance of environmental contaminants in breastmilk. The second was a

widespread belief among health care providers and the general population that women in Kazakstan suffer from "insufficient milk" and are unable to breastfeed due to high levels of stress and malnutrition. EPB received add-on funding from the USAID/ENI bureau to support research in Kazakstan to address these concerns. These add-on funds have since been supplemented with EPB core funding.

TOTAL POPULATION, 1995: 16.9 MILLION

INFANT MORTALITY RATE, 1995: 28

MATERNAL MORTALITY RATE, 1989: 53.1

BREASTFEEDING AT 4 MONTHS, 1993: 72%

BREASTFEEDING AT 6 MONTHS, 1993: 18%

TOTAL FERTILITY RATE, 1995: 2.3

Sources:

- Kazakstan USAID Health Profile, ISTI, 1992
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

Program and Policy Development

In January 1993, EPB coordinated and funded a maternal and child health seminar in Almaty, Kazakstan for over 140 senior policy makers and program managers from the CAR. This seminar launched the USAID reproductive health initiative in the region.

Later that spring, a consultant working for EPB conducted an analysis of institutions and human resources in the maternal and child health sector in four of the Central Asian Republics. These profiles have been widely distributed and found to be a useful tool for other contractors and donors working in the region.

Research

In winter 1992/93, an EPB consultant carried out a background review of environmental contamination and toxins in breastmilk, water, and cow's milk, which resulted in the paper, *Environmental Contaminants and Their Significance for Breastfeeding in the Central Asian Republics*. This paper is available in Russian and English and has been distributed to interested parties in the CAR.

To further address concerns of health care professionals, EPB conducted a study on breastmilk contamination in Kazakstan in collaboration with the MOH and the Institute of Nutrition of the Kazakstan National Academy of Sciences. The purpose of the study was to provide a scientific basis for the formulation of infant feeding policy. The study was divided into two phases: Phase I focused on selected chlorinated contaminants

with samples collected from Central and Southern Kazakstan. Phase II focused on heavy metals and radionuclides with samples collected from Central and Northern Kazakstan.

The results of this study showed concentrations of toxic metals were similar to those in other countries. No radioactivity was detected. Total PCBs were all below European concentrations. Many chlorinated pesticide residues commonly seen in Europe were not detected; however, concentrations of DDT and beta-hexachlorocyclohexane exceeded European background concentrations. Although concentrations of dioxins and furans were generally similar to background concentrations, localized high concentrations of the most toxic congener, TCDD were identified. Based in part on the results of the study, the MOH is promoting breastfeeding. The final report on the study has been disseminated in Kazakstan. Also, a technical summary is currently being distributed throughout the country.

Communications

In spring 1994 EPB carried out qualitative research on infant feeding practices in Kazakstan. Relating back to one of the two major concerns expressed by participants in the 1993 Maternal and Child Health Seminar, all cases of "insufficient milk" encountered in this research could be attributed to a specific way that breastfeeding was being practiced that was impeding successful lactation. The final report has been translated and disseminated by the MOH to maternal and child health professionals in each of the oblasts of Kazakstan.

As part of the two site visits for the research study mentioned above, EPB staff distributed breastfeeding materials to in-country collaborators and hospitals around Kazakstan. EPB's breastfeeding information sheets for health providers were translated into Russian and adapted for use in Kazakstan. These sheets had been pre-tested previously in two sites in Kazakstan (Almaty and the Kaskelen district). In addition, EPB distributed 2,000 copies of the Russian translation of the WABA "Mother-Friendly Work Place Initiative Action Folder" to key institutions and health professionals in the CAR in spring 1994. EPB also distributed 80 copies of the Russian version of Felicity Savage-King's *Helping Mothers to Breastfeed* to health professionals in Central and Northern Kazakstan during the Phase II collectin visit of the breastmilk contaminants study.

Training

EPB assisted fifteen participants from the CAR to attend Wellstart International's first Russian language LME Program in San Diego in September 1993. Each country team developed a national breastfeeding plan that is available in English. There was also a follow-up visit to the CAR teams in fall 1994 by the LME clinical staff to document activities initiated by LME participants and to provide recommendations for further breastfeeding education and promotion.

As part of the qualitative research and breastmilk studies, an EPB consultant trained over 30 Kazakstani counterparts in EPI-Info and basic computer skills to help them to analyze data from the infant feeding and maternal risk questionnaires used in the breastmilk contaminants study. This training took place from May to August 1994.

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Case Study

EPB is also carrying out a preliminary case study to assess the impact of Wellstart inputs on breastfeeding promotion efforts in Kazakhstan. The case study will include informal collection and documentation of breastfeeding promotion activity as well as limited interviews with key informants. The case study will document breastfeeding outputs in relation to the USAID maternal and child health conference in Almaty in 1992, the qualitative research on infant feeding, the Kazakhstan Breastmilk Study, and the LME Program and follow-up.

Documents Available on EPB Activities in Kazakhstan

- ▶ Environmental Contaminants and their Significance for Breastfeeding in the Central Asian Republics
- ▶ Study of Breastmilk Contaminants in Kazakhstan: Training of Local Collaborators in Software and Data Analysis
- ▶ Profiles of Major Health Institutions and Selected Senior Health Personnel Responsible for MCH Activities
 - Republic of Kazakhstan
 - Republic of Kyrgyzstan
 - Republic of Turkmenistan
 - Republic of Uzbekistan
- ▶ Qualitative Research on Breastfeeding in Kazakhstan
- ▶ Kazakhstan Breastmilk Study: Technical Summary
- ▶ Progress Toward a National Breastfeeding Program in Kazakhstan: A Preliminary Case Study

Pakistan

Pakistan is known for the famous picture of a mother breastfeeding one twin while bottle feeding the other, an acutely malnourished child. This picture graphically illustrates the benefits of breastfeeding over bottle feeding—less well known or documented are the benefits of exclusive breastfeeding over mixed feeding (breast, bottle, or early introduction of liquids). Pakistan, like most developing countries, has high rates of initiation of breastfeeding with low rates of exclusive breastfeeding. Though the LME Program has been working with USAID/Islamabad for a number of years to enter teams from most regions of the country in the LME Program and assist in the development of a training curriculum in lactation management, it was not until last year that the EPB Program became involved in Pakistan. As part of the bilateral Pakistan NGO Initiative (PNI) project, EPB, along with MotherCare and The BASICS Project, received add-on funds to provide technical assistance to the health related activities supported by The Asia Foundation (TAF) and The Aga Khan Foundation (AKF). The PNI is a three year project (1995-1998) designed to “strengthen NGO capacity to work with local communities to access/deliver improved social sector services” with specific emphasis on maternal health, child survival, female education, and family planning (*USAID Project Summary Description*).

TOTAL POPULATION, 1995: 129.7 MILLION

INFANT MORTALITY RATE, 1995: 91

EXCL. BREASTFEEDING AT 3 MONTHS, 1995: 33%

BIRTH RATE PER 1,000, 1995: 39

TOTAL FERTILITY RATE, 1995: 5.6

Sources:

- The State of the World's Children, UNICEF, 1995
- World Population Sheet 1995, Population Reference Bureau, Inc., May 1995

The underlying philosophy of the PNI is that technical assistance should be “demand driven,” that is, based on the needs and requests of the NGOs. EPB's ability to complete the activities proposed in the workplan for FY'96 would be contingent on NGO demand. To determine a plan for technical assistance, EPB staff traveled to Pakistan with representatives from MotherCare and BASICS to meet with TAF, AKF, and selected NGOs in December 1996. EPB, BASICS, and MotherCare developed a joint document of potential technical assistance activities for TAF and AKF to consider. The technical assistance proposed included three broad technical assistance strategies: 1) participatory planning and capacity building; 2) program development and implementation; and, 3) information documentation and dissemination.

In keeping with the “demand driven” philosophy, FY'96 was planned as an assessment period. Participatory planning and capacity-building activities were designed to help NGO workers and community members develop the capacity to identify and prioritize their needs and develop activities and solutions to address these needs. During this process NGOs, in collaboration with TAF and the coordinating partners, were able to identify and plan further technical assistance requests. Due to the fact that the EPB Program was in its final year, TAF requested immediate technical assistance with IEC materials development. Once the IEC materials were produced, EPB conducted a training-of-trainers (TOT) workshop for NGO participants on the use of the IEC materials, breastfeeding, and interpersonal communications/counseling skills.

EPB managed to accomplish a great deal in Pakistan in the short amount of time available before EPB ends in September 1996. More importantly, the projects that EPB initiated can readily be continued and expanded by other projects operating in Pakistan.

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Participatory Planning and Capacity Building

EPB collaborated with BASICS in the spring of 1996 to design a workshop on the autodiagnosis/community self-assessment process. The purpose of the autodiagnosis workshop was to increase the capacity of NGO staff to implement participatory approaches in their project areas. This process will be used to ensure that NGO members acquire the skills to continue this process of needs assessment and planning to better identify their own needs. The autodiagnosis process will serve as a building block for the participatory planning and capacity building phase of the PNI.

Program Development and Implementation

In December 1995, in response to TAF's request for immediate technical assistance for IEC materials development, EPB staff and a consultant from The Manoff Group traveled to Pakistan to meet with TAF and five selected NGOs to determine what IEC materials were needed to support NGO infant feeding promotion. The NGOs' IEC needs in the area of breastfeeding were identified through a participatory workshop designed to teach NGO staff about the materials development process.

During this workshop the NGOs selected two types of materials: (1) education and counseling cards, and (2) audio discussion tapes for use with groups. To determine appropriate messages for the IEC materials a grid describing infant feeding behaviors, resistances, and motivations was initially developed with input from NGO participants and completed later, based on qualitative research previously done by The Manoff Group. An IEC workplan and budget were formulated, an advertising agency was selected, and arrangements were made to hire an in-country consultant, Ms. Naheed Bashir, to manage the materials development process.

In March 1996, Manoff consultant Liz Gold returned to Pakistan to conduct a pre-test of the IEC materials in NGO outreach areas and to provide training in pre-test methodology to select NGO staff.

The following IEC materials were produced:

- ▶ 1,000 sets of counseling cards;
- ▶ 100 carrying bags for the cards;
- ▶ 1,000 instruction cards to accompany the counseling cards; and,
- ▶ 120 copies of a two-sided cassette which accompanies the counseling cards.

The cards and audio cassette are in the following regional languages: Urdu, Punjabi, Sindhi, Pushto, and Bhravi.

In July 1996 EPB sent two consultants, Maria Jose Suarez and Dr. Carmen Casanovas, to Pakistan to conduct a TOT workshop on breastfeeding and the use of the IEC materials. The training also emphasized interpersonal communications/counseling skills, a need identified by the NGOs themselves and supported by the pre-test and the autodiagnosis. Sixteen participants were trained, including participants from the five NGOs, the MOH, AKU (staff who will be working on a community lactation support proposal), and the Family Planning Association of Pakistan.

Following the TOT, Ms. Suarez conducted a curriculum development workshop with eight of the NGO participants who attended the training to adapt/develop curriculum on breastfeeding and interpersonal communications and counseling skills.

Dr. Carmen Casanovas travelled to Karachi after the TOT to work with Dr. Rahat Qureshi, of Aga Khan University, to design a proposal for community lactation support groups. This proposal will be used to obtain funding for community lactation support groups.

Future Activities

Much of the work that EPB has begun in Pakistan can be readily picked up by TAF or one of the other coordinating partners, either BASICS or MotherCare. Curriculum materials developed during the July workshop will need to be translated, pre-tested, printed, and disseminated. Training by the NGOs themselves needs to be launched. Other follow-up activities will need to be determined periodically based on an assessment of NGOs' staff strengths and needs. Naveeda Khawaja, MotherCare's in-country representative, will be able to provide ongoing monitoring of NGO breastfeeding activities over time, but a more in-depth assessment of skills and needs should be conducted as well.

During a meeting between EPB, Naveeda Khawaja, and The Manoff Group's Marcia Griffiths and Liz Gold, the tentative plans for follow-up trips in 1996-1997 were suggested as outlined below:

1. October: Technical assistance trip for assessment combined with participation in the planning workshop.
2. November-January: Potential technical assistance to follow-up on identified needs.
3. February: Technical assistance trip for assessment and/or additional technical assistance follow-up if needs are already identified.

MotherCare has agreed to include these follow-up trips in their workplan. Ideally, the individual involved in the October trip will represent EPB's interests at the October planning meeting to ensure that breastfeeding promotion is incorporated into future PNI activities. More specific follow-up activities can be planned based on the recommendations that are made following the July TOT.

AED has also indicated an interest in following up some of EPB's breastfeeding activities. AED has expressed interest in producing a video of a future training session conducted in Urdu by one of trained the NGO participants.

Other ideas for possible expansion on EPB's work include the following:

- ▶ *Use of Materials by additional NGOs participating in the PNI* - NGOs participating in the PNI in addition to the five NGOs Wellstart has been working with may wish to receive copies of the materials and training in breastfeeding, counseling and use of the materials. This scenario is feasible at relatively low cost, since Wellstart has produced enough copies of materials to disseminate to additional NGOs.
- ▶ *The five participating NGOs should receive continued support and monitoring* - They may receive additional technical assistance through a refresher course, or a course in another area of need as identified by results of monitoring (i.e. group facilitation techniques, supportive supervision, monitoring, etc.) Once representatives from the five participating NGOs have reached a sufficient level of skill in the technical content, materials use, and counseling skills they could serve as a training resource for other NGOs under the PNI who receive copies of the materials.

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- ▶ *Adding additional cards to counseling card set to cover additional technical areas (i.e. complementary feeding, anemia, etc.)* - It is possible to add additional cards to the current set of cards and thus expand the number of health topics covered. This would involve more formative research, materials development, pre-testing and training.

- ▶ *Use of materials by the MOH* - Both Naveeda Khawaja and EPB have been approached by the MOH and UNICEF about the possibility that the cards could be reproduced and used by MOH Community Health Workers (the Prime Minister's Program Workers). This does not fall directly under the PNI scope of work, nor is it possible to make a decision about the possibility or the merits of "scaling up" at such an early date. First it is necessary to determine that the materials are helpful for the five participating NGOs, before such an issue could even be considered. The issue of "scaling up" through the public sector is, however, an issue to be kept in mind over the long term.

Philippines

The Philippines has a strong commitment to breastfeeding. One hundred baby-friendly hospitals were certified during the first one hundred days of the new administration. In June 1992 the government passed a "Rooming-In Law" that promulgated the right of every baby to room-in with its mother. Wellstart LME has carried out a great deal of activity in the Philippines, and LME Associates can be found in all of the major hospitals in the Metro Manila area, in the Department of Health (DOH), and in a major health region (Cebu) outside Manila.

In September-October 1992, EPB Outreach Advisor Judy Canahuati visited the Philippines to attend a presentation of a community breastfeeding promotion research project and to visit the two most important community organizations working in the Philippines, Philippines Community Breastfeeding Organization (ARUGAAN) and Balikatan at Ungnayang Naglalayong Sumagip sa Sanggol (BUNSO, a coalition of NGOs supporting breastfeeding).

EPB has remained in close contact with the Director of ARUGAAN, Ines Fernandez. EPB sponsored her participation in the Women and Work workshop held with Family Health International in March 1993, which contributed to short-term strategies for World Breastfeeding Week and long term plans to promote mother-friendly work places. EPB has collaborated with ARUGAAN on a case-study video of working breastfeeding mothers, which was being filmed in the Philippines. A composite video of these case studies entitled *Investing in the Future: Women, Work, and Breastfeeding* was completed in late 1995.

Also in 1995 Mary Lawrence, former Deputy Director of EPB, visited the Philippines to assess possibilities for support to an initiative for mother/baby- friendly workplaces. No activity was implemented due to lack of funding.

TOTAL POPULATION, 1995: 68.4 MILLION

INFANT MORTALITY RATE, 1995: 49

MATERNAL MORTALITY RATE, 1993: 53.09

EXCL. BREASTFEEDING AT 3 Mos., 1995: 33 %

BREASTFEEDING AT 6 Mos., 1995: 61 %

TOTAL FERTILITY RATE, 1995: 4.1

Sources:

- The State of the World's Children, UNICEF, 1995
- National Demographic Survey, DHS, 1993
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

Western Newly Independent States

Following the successful Maternal and Child Health Seminar that was held in Almaty, Kazaskstan in January 1993, USAID/Washington and USAID/Kiev expressed an interest in having EPB carry out a similar assessment and a Reproductive Health Seminar in 1994 for the western region of the NIS, including Ukraine, Moldova, and Belarus. USAID/ENI gave EPB add-on funds to support this activity.

Breastfeeding Assessment

A joint USAID/Wellstart/MotherCare team conducted an informal assessment of reproductive health care in Ukraine and Moldova in June 1994. They found that breastfeeding was declining and positive changes, such as rooming-in, were unevenly implemented. A major challenge for the health care system was maximizing the efficient use of limited economic resources to provide quality care. It was determined by the team members that an international seminar would be an effective initial activity to improve reproductive health care in the WNIS.

BELARUS

POPULATION, 1995: 10.3 MILLION
 INFANT MORTALITY RATE, 1995: 13
 MATERNAL MORTALITY RATE, 1989: 24.8
 TOTAL FERTILITY RATE, 1995: 1.5

MOLDOVA

TOTAL POPULATION, 1995: 4.3 MILLION
 INFANT MORTALITY RATE, 1995: 22
 MATERNAL MORTALITY RATE, 1989: 34.1
 TOTAL FERTILITY RATE, 1995: 2.1

UKRAINE

TOTAL POPULATION, 1995: 52 MILLION
 INFANT MORTALITY RATE, 1995: 15
 MATERNAL MORTALITY RATE, 1989: 32.7
 TOTAL FERTILITY RATE, 1995: 1.6

Sources:

- Belarus, Moldova, and Ukraine: USAID Health Profiles, ISTI, 1992
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

Maternity Exit Survey

During the assessment, team members also noted that many women perceived their reproductive health care to be of poor quality. To address this, EPB conducted a Maternity Exit Survey that explored women's perceptions of their reproductive health care. The survey included questions on perinatal care, delivery, breastfeeding, abortion, and family planning. Results were presented at the Reproductive Health Seminar and helped provide a framework for addressing needs and recommending changes to the current reproductive health care system in these countries.

Regional Reproductive Health Seminar

EPB planned and held a regional Reproductive Health Seminar in Kiev, Ukraine in October 1994. The seminar provided a forum for technical updates and exchanges on maternal and neonatal health, breastfeeding, and family planning. Over 140 senior health professionals from Armenia, Belarus, Georgia, Moldova, and Ukraine attended the seminar. Technical presentations were made by representatives of Wellstart International, WHO, the JHPIEGO Corporation, the Johns Hopkins Population Communication Services Program, MotherCare, Abt Associates, and Georgetown University's Institute for Reproductive Health (IRH).

The seminar agenda also included working group sessions during which participants incorporated technical updates into draft reproductive health reform plans for their countries. Seminar participants each received a set of reference materials in Russian that included technical articles on maternal health, breastfeeding, and family planning and the following books: *Contraceptive Technologies* (Robert Hatcher, et al.), *The Physiological Basis of Breastfeeding, Protecting, Promoting, and Supporting Breastfeeding* (ed. James Akre), and *Helping Mothers to Breastfeed* (Felicity Savage-King), which was translated into Russian and adapted specifically for this seminar.

Teams from Belarus, Moldova, and Ukraine entered Wellstart International's LME program by attending the November-December 1994 lactation management course and developed draft national breastfeeding promotion programs.

Documents Available on EPB Activities in the WNIS

- ▶ Preliminary Reproductive Health Assessment of Ukraine and Moldova
- ▶ Reproductive Health Seminar: Summary Report
- ▶ Ukraine Maternity Exit Survey

LB

***Latin America
and the Caribbean***

Dominican Republic

In 1992 MotherCare, together with The Manoff Group, the Latin America and Caribbean-Health & Nutrition Sustainability Project (LAC/HNS), and University Research Corporation completed a breastfeeding assessment in the Dominican Republic (DR). This assessment helped raise awareness of the great need to promote breastfeeding in the DR.

In response to this need, USAID/DR sponsored a five-person team to enter Wellstart's LME program by participating in a lactation management course in 1992. Since 1992 Wellstart has continued to work in the Dominican Republic through its EPB program, as well as through the LME program and LME Associates. In 1994, EPB hired Dr. Clavel Sanchez, a Wellstart Associate, to serve as Resident Advisor for Wellstart activities in the DR.

TOTAL POPULATION, 1995: 7.8 MILLION

INFANT MORTALITY RATE, 1995: 42

EXCL. BREASTFEEDING AT 3 MOS, 1995: 10%

BREASTFEEDING AT 3 MOS: 72%

TOTAL FERTILITY RATE, 1995: 3.3

Sources:

- Child Survival, A Seventh Report to Congress on the USAID Program, USAID, 1992.
- The State of the World's Children, UNICEF, 1995.
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995.

Program and Policy

EPB, in coordination with the Secretariat of Health (SESPAS), UNICEF, the Pan American Health Organization (PAHO), and USAID/Development Associates, conducted a National Breastfeeding Strategy Workshop for the DR in June 1994. Workshop participants elaborated a national, inter-institutional, inter-sectoral plan to promote and support breastfeeding over the following six years. Dr. Sanchez has provided follow-up to this plan.

Dr. Sanchez, in coordination with SESPAS, also assisted in writing regulations for the Dominican Law to regulate the marketing of breastmilk substitutes, which was passed in November 1994.

During an LME follow-up visit in August/September 1995 made by Dr. Wendy Slusser, LME Director of Professional Services, and Dr. Rolando Figueroa, Wellstart Associate, Wellstart consultants presented state-of-the-art information on breastfeeding at the National Dominican Republic Perinatology Society Meeting to motivate Dominican perinatologists to provide improved support for breastfeeding.

Dr. Sanchez presented state-of-the-art information on breastfeeding at the Scientific Advances in Maternal Child Health Meeting in July 1995, which was sponsored by the Family Planning and Health Project.

Community Support for Breastfeeding

EPB assessed current training activities and needs in September 1994 in order to better develop an appropriate community support strategy for the DR. Following this needs assessment, a community training curriculum was adapted for use in the DR in February 1995. When materials were finalized, EPB conducted

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a TOT workshop in March 1995. Unfortunately, EPB was unable to continue with follow-up assistance, monitoring, and evaluation due to changes in mission priorities.

Pre-service Training and Curriculum Reform

EPB sent a team to a meeting in Guatemala in November 1994 to present the results of the PAHO, Wellstart, and LAC-HNS regional breastfeeding curriculum review. At the meeting, the Dominican team developed an action plan based on adoption of the Wellstart International Curriculum Guide. Participants, in coordination with Dr. Sanchez, have since sponsored a curriculum adaptation workshop at the Autonomous University in Santo Domingo. Workshop participants formed a committee that will continue to address this issue.

Health Professional Training

EPB has developed a training strategy and curriculum with in-country counterparts, then has used both to conduct numerous in-service trainings around the Dominican Republic. Such activities included:

- ▶ working with the Dominicans to develop a hospital-based training strategy for SESPAS in February 1993;
- ▶ adapting with the Dominicans a Lactation Management Curriculum for use in the DR in March 1993, which is now used for training courses at the health professional level;
- ▶ sponsoring entrance of SESPAS Breastfeeding Coordinator Dr. María Toribio in the LME program by participating in the August/September 1994 lactation management course;
- ▶ providing numerous hospital-level TOT courses and assessing the quality of breastfeeding services provided in hospitals where the training has occurred through Dr. Sanchez;
- ▶ locating funding from The Family Planning and Health Project to translate into Spanish and disseminate EPB's "key breastfeeding messages" cards in July 1995, which can be used as training aids and counseling cards; and,
- ▶ supporting Wellstart LME breastfeeding training workshops in August and September 1995 at Hospital Altagracia (the largest Dominican Maternity Hospital).

LAM Training

USAID/Santo Domingo is now focusing on family planning as a strategic objective for its work in the Dominican Republic. IRH, through its subcontract with EPB, worked to develop in-country expertise in LAM and optimal breastfeeding. They provided technical assistance in March 1996 for the design of breastfeeding and LAM-related components of the competency-based Promoter Reference Manual currently being developed by the Family Planning and Health Project. EPB then developed and executed a one-week TOT on LAM, optimal breastfeeding, and family planning in March 1996.

El Salvador

El Salvador has been the scene of considerable breastfeeding promotion activity since 1980. The most important organization involved in the first decades of breastfeeding promotion in El Salvador was Centro de Apoyo a la Lactancia Materna (CALMA—The Center to Support Breastfeeding). In 1991 a National Committee for the Support of Breastfeeding was formed, which included members of CALMA, the MOH, UNICEF, and other private voluntary organizations. USAID/El Salvador and the LAC Bureau contributed significant support for breastfeeding activities in 1994. Using micronutrient funds from the LAC Bureau, USAID/El Salvador sent a team of eight Salvadorans from the Ministry of Public Health and Social Assistance (MOH) and two universities to the enroll in the Wellstart LME program by participating in the August-September 1994 lactation management course, which brought the total of Wellstart Associates enrolled in the program to 23. They also provided Wellstart LME with funding for follow-up activities.

TOTAL POPULATION, 1995: 5.9 MILLION

INFANT MORTALITY RATE, 1995: 41

EXCLUSIVELY BREASTFED AT 2 MONTHS: 26%

EXCLUSIVELY BREASTFED AT 5 MONTHS: 6%

TOTAL FERTILITY RATE, 1995: 3.8

Sources:

- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995
- 1993 Family Health Survey (Draft)

Assessment

In September 1993, USAID/EL Salvador requested that EPB conduct a breastfeeding assessment to be integrated into the nationwide Health Sector Assessment (HSA) conducted prior to the elections in March 1994. The goal was to provide guidance to the new government and international donors in developing a health care strategy. *Breastfeeding in El Salvador: Assessment of Practices and Promotion* was conducted in October 1993 with LAC add-on funding. A summary was incorporated into the HSA, which contained strong recommendations for breastfeeding promotion.

Economic Analysis

In early 1994, USAID/El Salvador requested an analysis of the economic value of breastfeeding. The LAC bureau funded this analysis as well and requested that EPB field test the modifications to the analytical guide based on work done in Guatemala by Dr. José Mora of the LAC-HNS project. A companion to the finished analysis is a commentary on the application of the guide, which includes an analysis of Dr. Mora's recommendations and additional suggestions. The economic analysis showed that the current net value of breastfeeding to the public sector alone was over two million dollars and could be increased by over \$600,000 if the current rates of exclusive breastfeeding were met. The breastfeeding assessment and the *Analysis of the Economic Value of Breastfeeding* were extensively reviewed, finalized, translated into Spanish, and distributed to USAID, CALMA, and the MOH.

Support for the Development of Communications Materials

EPB provided technical assistance through a subcontract with The Manoff Group to the MOH to develop counseling cards as part of the communication strategy for the breastfeeding education component of the National Nutrition Program. These counseling cards will be adapted for use in other countries and regions.

EPB began to provide technical assistance in March 1995 to the MOH's Department of Nutrition in its efforts to develop and implement a national breastfeeding promotion program to improve breastfeeding practices. This work was done in coordination with the national Breastfeeding Steering Committee and the MOH's Reproductive Health Division, which manages the Baby-Friendly Hospital Initiative (BFHI).

The educational materials being developed with Wellstart technical assistance constitute one component of MOH's National Nutrition Education Program and will be incorporated into a larger, integrated training strategy developed and supported by the World Bank and UNICEF. These materials, which were developed during technical assistance visits in March and June 1995, include: 1) a logo; 2) a bulletin; 3) an educational guide for health workers and other development workers from the department level to the community; 4) a poster for hospitals encouraging immediate breastfeeding; 5) a reminder sheet; and, 6) a radio mini-program and spots. In 1996, through Manoff, EPB provided technical assistance to pre-test the counseling cards for use by nutrition counselors, health workers, and/or health promoters. The World Bank and UNICEF will be responsible for subsequent activities related to these educational materials.

Technical Assistance to the MOH

EPB provided technical assistance, at the request of MOH, to coordinate and conduct a theoretical/practical course in June 1995 for MOH health personnel involved in breastfeeding. The Lactation Management Curriculum developed in Honduras was utilized during this course.

LME Follow-up

EPB and LME coordinated LME follow-up activities in El Salvador for 1995, which included a clinical enhancement visit to San Salvador by Dr. Horacio Reyes, Wellstart Associate, and Dr. Wendy Slusser, LME Director of Professional Services, in May 1995 and planning for a site visit to San Pedro Sula, Honduras in Summer 1995 by Associate representatives from the MOH, various universities, and CALMA.

Documents Available on EPB Activities in El Salvador

- ▶ An Analysis of the Economic Value of Breastfeeding in El Salvador
- ▶ Application of the "Guide to Assessing the Economic Value of Breastfeeding" in El Salvador and Suggestions for Future Modifications to the Guide
- ▶ Breastfeeding in El Salvador: Assessment of Practices and Promotion

2/2

Honduras

Significant events leading to the current breastfeeding program in Honduras include: 1) an analysis of the final evaluation of PROALMA (a joint MOH/USAID health services program in the 1980s); 2) the 1987 national family health surveys; and, 3) an MOH policy dialogue, initiated by a Wellstart Associate, that changed the MOH infant feeding recommendation to six months of exclusive breastfeeding. As a result of this situation analysis, the MOH decided to develop strategies for integrating breastfeeding support services into maternal and child health. To carry out these strategies, the MOH developed a public-private partnership with La Liga de la Lactancia Materna/Honduras (LLL/H), an NGO that had developed a pilot project in integrated community breastfeeding support in low-income and marginal urban and peri-urban communities.

TOTAL POPULATION, 1995: 5.5 MILLION

INFANT MORTALITY RATE, 1995: 50

BREASTFEEDING AT 3 MONTHS, 1991/2: 92%

BREASTFEEDING AT 6 MONTHS, 1991/2: 88%

TOTAL FERTILITY RATE, 1995: 5.2

Sources:

- Follow-up Survey of Pregnant Women and Women with Infants, Honduras, MOH, MSH, FHI, 1988
- Encuesta Nacional de Epidemiología y Salud Familiar 1991/2, MOH, 1993
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

Background

San Pedro Sula and the area surrounding it have provided many important lessons learned in the development of breastfeeding promotion in Honduras and in other countries. Breastfeeding promotion began in the mid-1970s with the establishment of a La Leche League group that worked with middle class mothers. This group incorporated as a Honduran NGO, LLL/H in 1991.

A 1981 health survey indicated that in urban Honduras, 74.5% of the women with more than seven years of education who lived in urban areas had breastfed while 91% of those with no education had breastfed, the usual pattern for developing countries.¹ LLL/H, the MOH, and Social Security hospitals have collaborated on breastfeeding promotion in San Pedro Sula for many years both through the PROALMA project and afterwards. Information from a 1994 SPS municipal survey suggests that this collaboration has led to a reversal of the historical trend towards less breastfeeding by women with higher education. The survey indicated that 93% of the women with more than seven years of education had breastfed, while only 83% of the women with no education had ever breastfed.² This finding also suggests that the strengthening of support for breastfeeding in urban marginal and rural areas should rightly be a priority for the MOH.

At the request of the MOH in April 1992, EPB assisted the MOH and LLL/H in writing a proposal for the "Development of the Breastfeeding Component in Maternal and Child Health." In 1992, as a result of the proposal, multi-year agreements were made between the MOH, LLL/H, USAID, UNICEF and the World

¹Suazo, M. Aplicano, R. et al. 1981. *Honduras Encuesta Nacional de Prevalencia del Uso de Anticonceptivos*, Ministerio de Salud Publica, Tegucigalpa, Honduras.

²Dirección de Investigación y Estadística Municipal de San Pedro Sula, 1994, *Encuesta de Población e Indicadores Socio-económicos*, San Pedro Sula, Honduras.

Bank to implement a component to incorporate breastfeeding into integrated MCH care. The specific objectives of the overall program were to:

- 1) Establish breastfeeding training centers in the two national Hospitals, in which health personnel and students would receive the necessary training in clinical management of breastfeeding and the hospital routines necessary for its support.
- 2) Prepare and implement a breastfeeding training plan with a strong practical methodology and community participation in two health regions, including new hospitals, all health care levels, and the NGOs/PVOs in 50% of the health regions of the country.
- 3) Create a Breastfeeding Documentation and Orientation Center to help in the training and updating of health personnel and offer practical information to mothers and the general public.
- 4) Support and promote the formation of a national network of breastfeeding counselors to carry out and support community based actions.
- 5) Integrate and operationalize an inter-institutional working group to facilitate the structuring of policies and their legal framework.
- 6) Support and monitor the application of such laws and policies.
- 7) Document the process and experiences of the development of the breastfeeding component at the community level to enable this information to be utilized as feeding back.
- 8) Introduce breastfeeding modules into the Faculty of Medical Sciences to achieve coherence between the use of health resources and the needs of the maternal and child population.

This proposal was presented to donor agencies, and multiple donors were found to fund various components. However, it took almost a year for the funding mechanisms to be put into place. As a result of this funding hold-up, the MOH and LLL/H approached EPB to provide not only technical assistance to the entire process but also provide funding for LLL/H to begin to work. EPB responded positively to the request and established Honduras as one of its long-term countries. Principle reasons for this decision included the facts that:

- ▶ the MOH was interested in "integrated" services and focused on a multi-sectorial, multi-level approach, not just on Baby-Friendly Hospitals;
- ▶ the MOH was interested in modifying curricula and pre-service training for long-term sustainability; and,
- ▶ the MOH had a partnership with a private sector organization, LLL/H, that offered the possibility of developing a model for public/private sector coordination.

Wellstart agreed to support LLL/H with the understanding that USAID/Honduras, UNICEF, and the World Bank would give continued support to LLL/H as a private sector resource for the MOH. This was one of the strategies for leveraging additional funds in country to support the entire range of breastfeeding activities.

The MOH and EPB drew up a Document of Understanding (DOU) for technical assistance in 1993. The DOU emphasized the strengthening of the breastfeeding component of the Secretariat of Health (SOH). The DOU was signed in December 1993. This document outlines a four-pronged strategy for breastfeeding promotion with EPB technical assistance in: 1) training; 2) community-based mother-to-mother support; 3) institutional strengthening; and, 4) technical support to training of traditional birth attendants.

EPB's initial interest in supporting the development of the new phase of work in Honduras arose from the need to address issues of supervision, monitoring, and evaluation within the time frame of a comprehensive MOH program. EPB felt that it was important to work with a country that had been involved in the process of change over time, had a well-documented history that could be analyzed, and where public and private sector coordination had been established.

Objectives of EPB's Breastfeeding Promotion Country Program for Honduras

EPB established the following objectives for its work in Honduras:

- ▶ Improve infant feeding practices at the community level through development of a network of community counselors;
- ▶ Improve central-level technical support services offered by the MOH and develop in-service as well as pre-service competencies of health providers;
- ▶ Implement a process for achieving community-level sustainability in breastfeeding promotion; and,
- ▶ Develop a sustainable system for monitoring and evaluating process and impact in breastfeeding support and services.

In order to carry out these objectives the Honduras Social Security Institute (IHSS) was incorporated into the process. To date, the MOH, LLL/H, and IHSS, with the technical support of Wellstart and Population Council and the financial support of USAID/Honduras and Washington, through the Wellstart EPB program, UNICEF, the World Bank, the Pan-American Health Organization, and SECPLAN, have achieved the following results:

Development of a Network of Community Counselors

(local costs funded by USAID and UNICEF; EPB gave initial funding and continues to give technical assistance on training, communications, institutional strengthening, evaluation and monitoring)

Results to date include:

- 1) Development, field-testing, and implementation of a practical and participative community-based training curriculum to train primary health care and community personnel in integrated health education and support with emphasis on breastfeeding and appropriate infant and maternal nutrition.
- 2) Adaptation of the curriculum as a generic curriculum after a review in 1996. It now includes a sharper focus on complementary feeding, methodologies for counseling and support group facilitation, and on the process of carrying out a community assessment that will permit monitoring providing information on coverage and outcomes.
- 3) Development of a system of supportive supervision now being field tested.
- 4) Creation of a community-based network of volunteer counselors with 683 volunteers trained, nationally, between 1993 and December 1995.

Central-level Technical Support Services and Competencies of Health Providers In-service as Well as Pre-service

(EPB technical assistance, pre-testing of quality assurance instrument for hospital services supported by USAID LAC-HNS. EPB provides technical assistance and the cost of selected activities supporting in-service training and partially supporting pre-service technical assistance; World Bank supports costs of many of the activities)

Results to date include:

- 1) Two national breastfeeding training centers established that have carried out courses reaching health professionals between May 1995 and June 1996.
- 2) Health personnel trained in the following health regions: Metropolitan, Region 3, part of Region 2, IHSS, Hospital Escuela and Mario C. Rivas Hospital, as well as professors and students of the Medical Sciences Faculty.
- 3) Core teams trained from *all* 29 public hospitals in the country with theoretical-practical courses in the Baby Friendly Hospital Initiative (BFHI).
- 4) Review and incorporation of breastfeeding, nutrition, and micronutrient contents into the curricula being taught at the pre-service level at the Faculty of Medical Sciences. The political decision to enter into this process was made by unanimous vote of the Board of Directors of the Faculty of Medical Sciences.
- 5) Review and updating of the postgraduate Medical Curricula of the National Autonomous University covering the following specialties: Pediatrics, Obstetrics, Gynecology, Surgery, Internal Medicine, Public Health and Psychiatry.
- 6) An agreement signed between the principal employer of health providers (Ministry of Health) and the principal provider of these resources (National Autonomous University) to cooperate and achieve the integration of the teaching and practical aspects of their hitherto separate work.
- 7) Greater skill in integrated planning and strategic administration have been developed by MOH and LLL/H with Wellstart assistance.
- 8) National Congress and the Mario C. Rivas Hospital organized nurseries for the infants of employees.
- 9) The Hospital de Occidente in Sta. Rosa de Copan structured and developed a shelter for the parents of hospitalized infants and children. Plans have been made for similar shelters in other health institutions.

Community-level Sustainability in Breastfeeding Promotion

EPB has concentrated on strategies to develop programmatic sustainability. Results to date include:

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- 1) Language protective of breastfeeding was incorporated into the Children's Code of Protection, approved by the National Congress in June 1996.
- 2) EPB supported research that gives information on knowledge, attitudes, and practices of women in two health areas to provide a baseline for testing the community level intervention. Additionally, EPB funded an investigation of the growth of the low birthweight exclusively breastfed baby. With the information from these studies, LLL/H and Wellstart have been coordinating with the MOH and UNICEF to enrich the National Plan of Communications which is presently under review.
- 3) EPB staff and consultants assisted the MOH and LLL/H in developing counseling and facilitation training skills of MOH personnel who will be following up on community-level training, as LLL/H phases out of this activity.
- 4) A National Breastfeeding Commission was created and approved politically at the MOH level with agreement on the need for a strategy for the development of a plan of action. This work is ongoing.
- 5) Closer coordination has been facilitated between the MOH and international technical cooperation agencies in response to needs defined by the country.
- 6) LLL/H has been supported in its own institutional development, enabling USAID and the MOH to use the organization for local technical assistance in breastfeeding. In 1996, LLL/H assisted the Department of Nutrition in developing a draft curriculum on complementary feeding.
- 7) MOH and BASICS were assisted in a review of their strategy for developing the Integrated Child Care program.

Monitoring and Evaluating Process and Impact

(EPB core funds have supported this component)

Results to date have included:

- 1) An innovative system of monitoring of the quality of care in breastfeeding and family planning, called Direct Monitoring of Care in Breastfeeding (MADLAC), was developed, field tested, and implemented. This system permits hospital teams to collect information quickly and at low cost that will allow them to take actions to improve and/or maintain compliance with UNICEF's *Ten Steps for Successful Breastfeeding*. This system is being institutionalized in all hospitals in the country.
- 2) Process and impact indicators were incorporated into the health information system. MOH is including breastfeeding indicators in its new Integrated Women's and Child Care data collection instruments, but not yet into its community diagnostics.
- 3) Clinical forms are now used to collect information on infant feeding by the Department of Internal Medicine of the Hospital Escuela and the maternity wards of the Mario C. Rivas Hospital.

Many of these changes are recent and it will be important to continue support to assure long-term sustainability and institutionalization.

Documents Available on EPB Activities in Honduras

- ▶ Infant Health and Feeding Practices in El Progreso and Puerto Cortés, Honduras: Baseline Survey 1995 to Evaluate Community-Based Breastfeeding Promotion Activities
- ▶ National Breastfeeding Counselors Network (Joint Program of the Ministry of Health of Honduras and La Liga de la Lactancia Materna de Honduras): A Case Study
- ▶ Findings from EPB applied research in Honduras: Optimal Duration of Exclusive Breastfeeding of Low Birth Weight Infants in Honduras (P.I. Dr. Kathryn Dewey)

Mexico

The Mexican government has actively protected and promoted breastfeeding in recent years. A 1991 accord prohibits distribution of free or reduced-cost formula to all public and private health facilities. Mexico is also one of the twelve lead countries of the UNICEF/WHO BFHI. Wellstart International began to work in Mexico in 1988 when the first group of health care professionals entered the LME Program by attending the LME course in San Diego. To date a total of 38 Wellstart Associates from Mexico City and several states throughout the country are participating in the LME Program, many of which have been quite active in Mexico and the region. In 1991 with the establishment of the National Commission for the Promotion of Breastfeeding, introduction of the National BFHI, and an agreement with the formula companies, activities began to progress at the national level.

TOTAL POPULATION, 1995: 93.7 MILLION

INFANT MORTALITY RATE, 1995: 34

EXCL. BREASTFEEDING AT 3 MOS, 1995: 37%

TOTAL FERTILITY RATE, 1995: 3.1

Sources:

- The State of the World's Children, UNICEF, 1995
- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

In 1992 a National Breastfeeding Center (CENLAM) located at the Hospital General de Mexico in Mexico City was inaugurated. By 1994 the Center was assisted in its activities by five subcenters, each of which serves a number of states.

In April 1992 the Secretariat of Health (SOH) requested technical and financial support from Wellstart, including partial funding for CENLAM. A draft Document of Understanding was developed with the SOH for EPB assistance for selected breastfeeding activities by November 1992. In addition to the support to the SOH's breastfeeding program, EPB also planned to provide support to other institutions in the Mexican health care system that are working in breastfeeding promotion.

The majority of EPB's support to breastfeeding promotion in Mexico is coordinated through the regional Population Council office located in Mexico City. Wellstart International is working through the Population Council because of its established presence in Mexico and its historical advocacy and support for breastfeeding in Latin America. The Population Council provides both technical and administrative support to Wellstart International-funded activities, which include projects with the MOH's Directorate General of Maternal and Child Health (DGAMI), the Mexican Institute of Social Security (IMSS), CENLAM, La Leche League/Mexico (LLL/M), and two research projects. An additional research project is administered directly by EPB.

Program and Policy Development

The Population Council/Mexico was instrumental in creating a critical mass of Wellstart Associates in Mexico by orchestrating a coalition of funders to enter a team of fifteen health care providers into the LME Program. In collaboration with Wellstart International, the Population Council also helped to arrange the first Latin American congress for Wellstart Associates held in Oaxaca in March 1992. As an honorary member of the National Breastfeeding Commission, the Population Council continues to liaise with the Mexican

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government, international organizations, and local institutions working in breastfeeding promotion and research to coordinate support for breastfeeding activities in Mexico.

Through the Population Council Wellstart International provided support to the SOH's DGAMI for the First International Conference on the Baby and Mother-Friendly Hospital Initiative in October 1994. This was the first conference of its kind and its aim was to exchange experiences and strategies for improving hospital practices and implementing BFHI practices. Representatives from African, Asian, and Latin American institutions participated in the conference.

Wellstart International expanded its assistance beyond DGAMI's hospital-based support for breastfeeding to primary health care, working women, and community support through other institutions in the Mexican health care system.

Training

In 1992 EPB provided technical assistance to the SOH and UNICEF to develop a competency-based curriculum for training health personnel in breastfeeding promotion and lactation management. The SOH and UNICEF have generously agreed to allow the MOHs in Honduras and the Dominican Republic to adapt its curriculum for use in their countries.

A TOT course was conducted in December 1992 in the use of the SOH's curriculum and in effective training techniques. A total of fifteen trainers from DGAMI and CENLAM attended the workshop. Since the workshop, a number of trainers have replicated the TOT in Mexico and Cuba.

The capabilities of several Wellstart Associates continue to be strengthened as teachers, leaders, and consultants. For example, Dr. Hernández from CENLAM, a Wellstart Fellow, is frequently invited to lecture at LME courses in San Diego and several Associates, including Dr. Hernández, have been used as expert consultants for EPB and LME program activities throughout the region.

As a result of the 1994 elections and a consequent change in administration, EPB provided funding directly to CENLAM during the transition from the previous to the current administration. CENLAM initiated a prospective study of the impact of training health care professionals from an urban community primary health care center that receives pre and post-partum women. Breastfeeding duration and exclusivity were measured at baseline and post-training intervention. EPB's support enabled CENLAM to continue breastfeeding training activities through the change in government. The LME program is actively exploring CENLAM as one of Wellstart International's first affiliate centers.

EPB supported a demonstration project with IMSS to assess the effect of an intensive training program with care givers from selected IMSS daycare centers and policy makers on breastfeeding promotion. The project evaluated the effect on working women of breastfeeding support provided by the daycare center.

In support of community outreach, Wellstart International funded two demonstration projects with LLL/M. These projects assessed ways to integrate community-based mother-to-mother support within the primary health care setting. As a result of the first project, six mother-to-mother support groups were formed, five in the community and one in the primary health care clinic. Additionally, a system was developed for referring pregnant lactating mothers to the community support groups and for community leaders to refer women with clinical breastfeeding problems to a support leader in a clinic. Wellstart also provided technical

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and financial support for a Training of Group Facilitators Workshop to explore ways to effectively galvanize community support. A second demonstration project was developed to build on and expand the community support system established as a result of the first demonstration project.

Wellstart International continued to work with CENLAM to strengthen its capabilities to serve as a regional resource for training and technical expertise. Representatives from CENLAM participated in several activities related to development of CENLAM as a Wellstart International affiliate center, including participation in the LAC Institutional Strengthening Initiative.

Monitoring

Wellstart EPB provided support for the design of a program to monitor the effectiveness of Baby-Friendly Hospital Training including the creation of tools and sustainable skills to effectively monitor the BFHI in Mexico. Representatives from DGAMI were trained how to use the tools developed to monitor BFHI training and hospital certification.

The Population Council provided technical assistance to CENLAM, IMSS, and LLL/M to ensure that monitoring and evaluation were incorporated into the design of all training projects.

The Population Council and Wellstart provided support to CENLAM's study to assess the effect of training primary health care personnel and volunteer health promoters on breastfeeding promotion and lactation management. This led to replication in regional training centers.

Research

EPB funded three research projects in Mexico on program impact and working women through its competitive grants program. Two of the research projects (Principal Investigators Dr. Ana Langer and Sara Elena Perez-Gil) were supported through the Population Council. Principal Investigator Dr. Ardythe Morrow's project was funded directly from the EPB office. The research projects are:

- ▶ **Program Impact: "Intrapartum Social Support and its Effect on Breastfeeding,"**
Principal Investigator: Dr. Ana Langer
This research project evaluated an intervention to be carried out in hospitals with conventional obstetric care and breastfeeding programs, and consisted of a continuous physical and emotional support intervention during labor and delivery by "doulas." The project also looked at the effect of immediate post-partum educational support.
- ▶ **Working Women: "Breastfeeding and Work in Rural Areas in Mexico: Women's Perspectives,"**
Principal Investigator: Sara Elena Pérez-Gil
This research project was a qualitative study which explored women's perceptions affecting breastfeeding. Indigenous and mestizo breastfeeding working women in occupations that permit or hinder keeping the baby with the mother were interviewed in-depth on breastfeeding, motherhood, and work. It is hoped that the qualitative findings will support existing quantitative data.
- ▶ **Program Impact: "Evaluation of the Effectiveness of Home-based Counseling to Promote Exclusive Breastfeeding among Mexican Women,"**

Principal Investigator, Dr. Ardythe Morrow

This study explored the effect of different levels of postpartum breastfeeding support for mothers in a peri-urban area of Mexico.

Efforts were made to ensure linkages between the study results and programmatic decision-making through a process of analysis and dissemination of results. Full papers for these research projects and others under EPB's Applied Research Program are available through EPB.

Working Women

IMSS implemented its training program for caregivers on breastfeeding management within the IMSS daycare site and administration in 48 daycare centers, 38 in the Valley of Mexico, and ten in Veracruz. These caregivers counsel mothers on exclusive breastfeeding and the management of basic breastfeeding problems with the objective of encouraging working mothers to continue breastfeeding optimally. The training program was evaluated in terms of duration and exclusivity of breastfeeding, child health, mother absence from work, sustainability, and the development of more favorable norms for the daycare centers system-wide.

Based on the results of the demonstration project, the Population Council and IMSS are developing a training manual, which will contain support materials on working women and breastfeeding. This manual will serve as a prototype to be adapted for use in other countries.

Outreach

The Population Council provided technical oversight to LLL/M's community-level demonstration project, which built on lessons learned from the previous project. The project achieved its three objectives: 1) to train community leaders, volunteers, and "monitoras" from a given health clinic's surrounding community; 2) to establish mother-to-mother support groups led by these trainees; and, 3) to measure referrals from the health clinic to support groups and vice versa. There are two strong support groups now functioning, one at an IMSS clinic and the other at a community center, and the formation of additional groups is a definite goal.

Documents Available on EPB Activities in Mexico

Final reports on findings from EPB's applied research in Mexico:

- ▶ Intrapartum Social Support and Exclusive Breastfeeding in Mexico (P.I. Dr. Ana Langer)
- ▶ The Effectiveness of Home-based Counseling to Promote Exclusive Breastfeeding Among Mexican Mothers (P.I. Dr. Ardythe Morrow)
- ▶ Breastfeeding and Maternal Employment in Rural Mexico: Voices from the Field (P.I. Sara Elena Perez-Gil) (Spanish only)

Nicaragua

A 1993 national family health survey from Nicaragua found the breastfeeding initiation rate to be 92% and the median duration of breastfeeding to be 12.3 months. However, while 92% of newborns initiate breastfeeding, only 13.5% of infants zero to two months of age breastfeed exclusively. With an infant mortality rate of 49 per thousand and with 22% of infants zero to five months of age experiencing diarrhea during the preceding two weeks, improvement in infant feeding practices is vital for improved child survival.

TOTAL POPULATION, 1995: 4.4 MILLION
 INFANT MORTALITY RATE, 1995: 49
 EXCL. BREASTFEEDING AT 3 MOS, 1992-3: 11.4%
 TOTAL FERTILITY RATE, 1995: 4.6

Sources:

- Encuesta sobre Salud Familiar Nicaragua 92-93, CDC and Profamilia, 1993
 - World Population Data Sheet 1995, Population Reference Bureau, Inc.,

Assessment and LME Training

In 1994 EPB began working with Nicaraguan counterparts to conduct a national breastfeeding assessment and to develop recommendations for action to improve infant feeding practices. In response to a need identified by the assessment for professionals trained in lactation management, a team of Nicaraguans entered the LME program through participation in the Wellstart LME Program course in San Diego in 1994. With support from USAID/Managua, EPB, and Wellstart LME, a highly-skilled, seven-person team attended the 1994 August/September 1994 course. Following the LME course, EPB sponsored an Assessment Debriefing and Planning Workshop in order to raise awareness of the current infant feeding situation and to plan for future breastfeeding activities in Nicaragua. Also in 1994, EPB sponsored a workshop on breastfeeding mother-to-mother-support, which was attended by a number of NGOs currently working in Nicaragua at the community level.

In FY'95, USAID/Managua allocated \$300,000 to EPB and its subcontractors to support expanded breastfeeding activities in Nicaragua. The mission identified several priority areas for EPB:

- ▶ Social Marketing
- ▶ Mother Support
- ▶ Mother/Baby-Friendly Health Center Initiative
- ▶ Lactation Management Education

Although fifteen months and \$300,000 would allow Wellstart to carry out significant activities to improve infant feeding practices, neither the time nor the current level of funding was sufficient to implement a comprehensive national-level strategy to promote breastfeeding. Instead EPB and The Manoff Group implemented a communication component of a comprehensive strategy. Also some training and mother support was and will continue to be carried out in coordination with Management Sciences for Health (MSH) and with NGOs supported by the Development Associates PVO Co-Financing Project.

Social Marketing

Following the principles of social marketing, expanded activities began with qualitative research, in order to better understand Nicaraguan women's attitudes and beliefs toward breastfeeding, and what they perceive

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to be the barriers to optimal breastfeeding. From June through September, focus groups, household behavioral trials, and observations of maternal-child educational activities in health centers were carried out. Mothers, fathers, grandmothers, and health workers from Managua and Matagalpa participated in the research in order to provide the information necessary to effectively promote the improvement of breastfeeding practices, particularly exclusive breastfeeding. This qualitative information was used to formulate the breastfeeding communications strategy.

The research results indicated that among mothers, a positive culture exists toward breastfeeding, but it does not include the concept of *exclusive* breastfeeding. In the city, and to a lesser degree in the rural areas, a positive culture toward bottles and other liquids coexists. Food is introduced early, motivated by the belief that it is good for the child and protects the mother. Mothers do not understand how to increase their milk supply, and thus perceive that their own poor diet is a barrier to exclusive breastfeeding.

Given this, the communications strategy focused on the key messages of: *exclusive* breastfeeding for six months; almost all women have enough milk to breastfeed exclusively; and, the more you breastfeed your baby, the more milk you will have.

Media and materials included the following:

- ▶ Radio spots in dialogue form
- ▶ Cassettes with recorded dramas
- ▶ Two television spots (production paid for by UNICEF, air time by Wellstart EPB)
- ▶ A video to motivate mothers to breastfeed optimally
- ▶ A video to instruct mothers on how to manually express their milk
- ▶ Counseling aids for health workers and community workers
- ▶ Simple reference materials for health workers and community groups
- ▶ A video for motivating hospital workers to participate in the Baby-Friendly Hospital Initiative
- ▶ Informational packets for the media
- ▶ Informational packets for private physicians
- ▶ Brochures summarizing key messages

While television and radio are national, due to time and resource constraints, in-service training on technical aspects of breastfeeding, counseling skills, and use of print media is being concentrated in two local health system areas (Managua and Matagalpa). Activities can be scaled up if other organizations wish to continue activities once the EPB project ends. It is already anticipated that UNICEF, a co-supporter of this program, will disseminate the materials in its target local health regions of the country.

Training

Training in the two target local health systems (SILAIS) was designed to reinforce home-based behavioral messages heard through media. Health providers are expected to provide breastfeeding support services as well as echo messages of the communications messages. Training was focused on breastfeeding, as well as how to use the counseling materials.

Additional technical support for training was also provided to the Ministry of Health at the central level, to strengthen its ability to carry out breastfeeding training in the future. This technical assistance had two

objectives: 1) integrate breastfeeding messages and support into the MOH's other maternal and child health interventions; and, 2) develop a breastfeeding training module that the Ministry can use to train health workers in breastfeeding and lactation management.

It should also be noted that additional health professional training took place through the Wellstart LME program. In February 1996, a six person team entered the LME Program and took a Spanish language course offered in San Diego. This team consisted primarily of health professionals from pre-service institutions (medical, nutrition, and nursing schools). In the upcoming year, USAID/Nicaragua and Wellstart LME expect to provide follow-up to these participants in order to support the process of breastfeeding curriculum reform at the pre-service level.

Community Outreach

Community outreach activities should extend the support and services provided by the health system into the community. With the little remaining additional time and funds in 1996, EPB will work to strengthen breastfeeding support among the NGOs supported by Development Associates as well as MOH and MSH outreach workers. EPB will work with these organizations to provide technical assistance in breastfeeding skills as well as training them to form and maintain support groups.

Because of the number and complexity of activities planned for a relatively short time, USAID identified a Mission employee, Dra. Maria Alejandra Bosche, to serve as breastfeeding project coordinator. The coordinator worked closely with the staff of the Division of Nutrition, as well as with the Training and IEC Advisor for MSH.

To build in-country skills and ensure sustainability, Wellstart collaborated with local organizations and individuals interested in promoting breastfeeding. The national MOH breastfeeding coordinator, the Nutrition and Public Relations offices of the MOH, UNICEF, MSH, and Development Associates NGOs all actively participated in activities. Work with the MOH provided an opportunity for skills building not only in breastfeeding, but also in qualitative research, materials development, and training skills. Since activities will not be completed by the end of the EPB project, EPB is working to ensure successful transfer of these activities to appropriate partner organizations in-country and to Wellstart LME.

Documents Available on EPB Activities in Nicaragua

- ▶ Breastfeeding in Nicaragua: Assessment of Practices and Promotion
- ▶ Attitudes, Values, and Beliefs of Mothers, Grandmothers, and Fathers Toward Breastfeeding in Managua and Rural Areas of Matagalpa (Spanish only)

Peru

Despite high initiation and continuation rates of breastfeeding, the median duration of exclusive breastfeeding for Peru as a whole was only 2.1 months in 1991 (DHS, MACRO). DHS results indicate high use of liquids other than water, milk, or juice among infants 0-3.9 months of age. Most of the other liquids are herbal teas. Over 80% of those receiving liquids other than breast milk at this young age were fed by bottle.¹

Several teams from Peru are participating in the LME program, with the most active representing the Cayetano Heredia University and the National Training Center. There are currently a total of ten LME Associates in Peru.

TOTAL POPULATION, 1995: 24 MILLION

INFANT MORTALITY RATE, 1995: 60

EXCL. BREASTFEEDING AT 3 MONTHS, 1995: 40%

TOTAL FERTILITY RATE, 1995: 3.5

Sources:

- The State of the World's Children, UNICEF, 1995

- World Population Data Sheet 1995, Population Reference Bureau, Inc., May 1995

EPB began working in Peru in 1992, when it conducted an assessment of infant feeding practices. The findings from the assessment were disseminated at a national planning conference. The level of interest generated by the assessment and the debriefing workshop led EPB to sponsor five additional regional assessment debriefing and breastfeeding planning workshops.

Research and Analysis

Information on mother's beliefs about infant feeding practices in Peru is necessary to enhance the quality of many of the activities being carried out by USAID, UNICEF, the World Bank and other organizations. In 1994 and 1995 EPB funded additional analyses of data from a WHO-supported community based breastfeeding and weaning intervention. The analysis was conducted to further explore maternal attitudes about infant feeding and to determine which intervention messages were effective and which were not effective in changing behavior at the community level. Analysis of these data permitted the development of specific recommendations to give more precise and appropriate messages with respect to the promotion of exclusive breastfeeding and improved weaning practices in the community. Findings were shared widely and strategically, and may be used to design communications and training activities at community and hospital levels.

A research project in Peru entitled "Breastfeeding Beyond Twelve Months: Who Decides, Who Benefits?" (Principal Investigator Dr. Kathleen Rasmussen) was funded through the EPB Competitive Grants program. This research used a mixed-methods approach to address the question of the effect of breastfeeding duration on infant nutritional status.

The conclusions, in summary, indicate that the negative association noted between breastfeeding and growth in children with poor dietary and health conditions can be explained as follows: mothers evaluated children's nutritional status, health, and dietary intakes and continued to breastfeed those children in the poorest

¹Wellstart International, *Assessment of Breastfeeding in Peru*, April 1992.

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condition. As a result, there appears to be an increase in the proportion of malnourished children in the breastfed group because healthy children were weaned earlier. Inasmuch as mothers recognized weaning as traumatic for the child, interventions should emphasize maternal health during lactation, which—if adequately maintained—will support continued breastfeeding in the second year of life. Breastfeeding in this community continues to have an important positive role in child health after the first year of life and should be promoted. Findings from this study are available through the EPB program.

Midwifery Training

EPB supported improved education and training of nurse-midwifery students in the area of LAM, lactation management, and counseling. The Population Council, working under its subcontract with EPB, trained midwifery faculty members of selected schools and worked with them to develop curricula on these topics. Midwifery faculty will now use this revised curricula to train their students, who will then use the skills learned to counsel post-partum mothers during their clinical practice in hospitals.

Documents Available on EPB Activities in Peru

- ▶ Assessment of Infant Feeding in Peru
- ▶ Extended Breastfeeding and Malnutrition: An Example of Reverse Causality (Findings from applied research in Peru, P.I. Dr. Kathleen Rasmussen)

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Plan for Integrated Actions in Latin America and the Caribbean (Prail)

As part of its focus on developing sustainable activities in breastfeeding in different regions of the world and as a WHO Collaborating Center activity, Wellstart International, primarily with EPB funding, has been coordinating with the Pan-American Health Organization (PAHO) on the development and implementation of a strategic plan to integrate and institutionalize breastfeeding into PAHO's health system of technical cooperation and with UNICEF to coordinate regional and country activities.

A draft plan was completed in September 1993. As part of the strategy, the *Regional Plan of Integrated Actions in the Promotion, Protection, and Support of Breastfeeding in Latin America and the Caribbean (PRAIL-LAC): Strategic Guidelines* was developed. This plan presents a matrix within which coordinated, integrated national plans are developed. The strategies in the matrix are: promotion, protection, support, coordination, information, education, and research. Evaluation and monitoring are built into the development of the plan/program. In addition, several action areas are identified:

- ▶ training (clinical, managerial, university, and community);
- ▶ policy formulation;
- ▶ special needs of breastfeeding working women;
- ▶ strengthening health systems and services, particularly maternal and child health and family planning;
- ▶ ratification and implementation of the *International Code of Marketing of Breast-milk Substitutes*;
- ▶ community support systems; and,
- ▶ integration of breastfeeding into reproductive health/family planning, child survival, and complementary feeding programs.

PRAIL Model for Technical Assistance

Traditional approach focuses on:	PRAIL focuses on:
<ul style="list-style-type: none"> -Product -Permanent technical assistance -Overseas training -Repeated in-service training -Total donor support -Assigned participation -Hierarchical information management -Data collection to satisfy donor requirements 	<ul style="list-style-type: none"> -Process -Intermittent technical assistance for developing national capacities -On-site training -Curriculum reform to integrate breastfeeding in pre-service formation at all levels -Mobilization of resources and optimization of use of available resources; donors only relieve key institutional constraints; -Self-selected participation (interest and commitment) -Information sharing; networking; use of electronic mail -Data collection for analysis and decision making/planning

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SOURCE: Bender, William H. "Building Human Capacity to Combat Hunger: What must be done." Hunger Research Briefing and Exchange Brown University, April 1995.

The plan included several phases. The first phase focused on the need for integrating breastfeeding into PAHO's work in-country and on coordinated national action plans. PAHO and EPB jointly agreed to support a field coordinator at CLAP to coordinate and oversee the field activities. This coordinator, sitting in CLAP and assisted by a technical advisor, worked between March 1994 and July 1995.

Program and Policy Development

- ▶ Inclusion of Breastfeeding in PAHO's Strategic Orientations: 1995-98.
- ▶ Declaration of the Health Commission of the Latin American Parliament that the Permanent Health Commission will follow-up on the topic of infant nutrition and its presence in legislation in countries (December 1994).
- ▶ Declaration of the Central American Health Ministers on Breastfeeding at the Regional Meeting of Ministers of Health of Central America (RESSCA) in Managua, September 1994.
- ▶ Adaptation of the Code Monitoring Manuals and Forms for Latin America.
- ▶ Adaptation for Latin America of a Model Law for legislation of national codes.
- ▶ Participation in a technical advisory group meeting where the first plan of action was agreed upon (February 1994).
- ▶ Development of "Strategic Guidelines for Promotion, Protection, and Support of Breastfeeding" (August 1993—February 1994). Incorporated into technical manuals for health workers by Chile and Argentina.
- ▶ Presentation of Strategic Guidelines and PRAIL initiative at a Central American Workshop on National Breastfeeding Commissions (April 1994), Cost Effectiveness of Breastfeeding Promotion through Hospital Promotion (July 1994), Two Regional Conferences in Preparation for the FWCW [IBD (April 1994) and Mar de Plata (September 1994)].
- ▶ Bringing of the issue of breastfeeding to the Latin American delegates and NGO participants at the Prepcom for the FWCW, New York, NY, March 1995. Language was included in the Platform of Action after there had been no language in the first draft.
- ▶ Development of a work plan for field advisors (May 1994).
- ▶ Sharing of the Strategic Guidelines with a wide variety of organizations both within and outside of the LAC region (UNICEF, WHO, etc.).
- ▶ Initiation of a coordinated multi-agency process of strategic planning for breastfeeding promotion, protection, and support in Argentina (August 1994), Paraguay (beginning in August 1994), Peru (August 1994) and Brazil (October 1994 and ongoing).

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- ▶ Development of a national plan in the Dominican Republic (June 1994).
- ▶ Technical assistance in development of national codes in Ecuador (May 1994), the Dominican Republic (June 1994), Honduras (August 1994), El Salvador (August 1994), Paraguay, Peru, and Panama (November 1994).
- ▶ Inclusion of breastfeeding on the agenda at the Central American Ministers of Health Meeting in Nicaragua, September 1994, RESSCA meeting in Guatemala in 1994.
- ▶ Collaboration with USAID LAC-HNS on the LAC workshops to organize the cost effectiveness workshop (May and July 1994).
- ▶ Participation in round-table discussion of the Argentine Pediatric Association (September 1994).
- ▶ Review of breastfeeding indicators in the Latin American Health Information Systems monitoring forms (August 1994).
- ▶ Stimulated the designation of a UNICEF Latin American breastfeeding focal point, who was a part of the field advisory team.
- ▶ Development of a national plan in Venezuela and reformulation of the National Breastfeeding Commission with support from World Bank (June, 1996).
- ▶ Stimulated the development of a Latin American email breastfeeding network (Lacmat-1) among health professionals and others working in breastfeeding promotion, protection, and support.
- ▶ Stimulated the designation of a Latin American breastfeeding focal point by GTZ.
- ▶ Negotiation by PRAIL coordinators of a small grant with SCIAF, the Scottish Relief Agency, to continue to give follow-up via e-mail and a home page on the Internet.

Community Support Systems

- ▶ Strategic planning workshop for community support at the regional level (February 1994).
- ▶ Inclusion of community support systems in national plans in the DR and Nicaragua (DR: December 1994; Nicaragua: June 1994).
- ▶ Strategic plan for community support in breastfeeding developed in national workshop, Bolivia (May 1995). Follow-up planned for late FY'96.

Institutional Strengthening

- ▶ Modification of infant feeding indicators in the Perinatal and Child's HIS developed by the Latin American Perinatology Center (CLAP) and utilized by the majority of Latin American countries and in the software package and instructions given to countries.

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- ▶ Development of Guidelines for National Planning workshops and Code Monitoring training workshops. Guidelines for breastfeeding support at the local health system level (SILOS) incorporated into a PAHO document.
- ▶ Partnership with PAHO for the coordination of activities. Support for the field coordination (coordinator and technical advisor) (1994 and 1995).
- ▶ Formation of a group of fifteen field advisors through a strategic planning workshop in Montevideo, Uruguay (May/June 1994).
- ▶ Support for the development of the Wellstart Institutional Strengthening Initiative that was initiated in Honduras in May 1996 with participants from MOH and NGO health sector and community training centers in Latin America.

Training

- ▶ Improved coordination on the strategic recruitment and selection of Spanish language participants in the LME Program.
- ▶ Improved coordination on the implementation of two subregional workshops in LAC on preservice curriculum, including follow-on activities.
- ▶ Extension of the PRAIL strategic planning concept to Francophone Africa and the development of a training strategy at the primary health care level.

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.

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