



Helpdesk Research Report

Mapping breastfeeding programmes in low and middle-income countries

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Question

Please provide a summary of breastfeeding programmes implemented in low and middle-income countries over the last 10years. For each programme, please provide summary information on:

- *Who was targeted?*
- *Intended behaviour change/social norms change*
- *Programmatic approach*
- *Theory of change/theoretical understanding underpinning the approach*
- *Adaptation to context*
- *Scale of intervention*
- *Effectiveness /what happened as a result of the programme*
- *Who the implementing partners and technical experts were*

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1. Overview

A significant amount of information is available on various breastfeeding programmes and their outcomes. This mapping gives an overview of a selection of international, national and local programmes.

Most of the programmes are intended to increase the rate of children that receive exclusive breastfeeding (EBF) up to the age of six months, as per recommendations from the World Health Organization (WHO). Other measures such as increasing the rate of early initiation of breastfeeding, as well as training and education initiatives, ultimately aim to achieve the same goal of EBF for the first six months of infants' lives.

Examples of multi-country breastfeeding programmes in low and middle income countries include:

- **PROMISE-EBF:** Promotes EBF in three countries in West Africa and trains peer counsellors to provide information and encourage EBF for the first six months of the infant's life. The results in Burkina Faso and Uganda were 80 per cent rate of EBF compared to 33 per cent in comparison groups, while the increase in South Africa was smaller.
- **La Leche League:** A non-profit organisation operating in 68 countries to distribute information on and promote breastfeeding. Results from a Guatemala evaluation indicate that 45 per cent of the women in the intervention group exclusively breast-fed, compared to 14 per cent of women in comparison groups.
- **Baby Friendly Hospital Initiative:** A global initiative by UNICEF and the WHO to ensure that all maternity facilities, whether free standing or in a hospital, become centres of breastfeeding support by implementing 10 specific steps. Since the BFHI began, more than 15,000 facilities in 134 countries have been awarded Baby-Friendly status. Where hospitals have been designated Baby-Friendly, more mothers are breastfeeding their infants, and child health has improved.

While a large number of evaluation reports are available, there is a considerable difference in reporting with some interventions being thoroughly documented and evaluated, and others having fairly limited information available on implementation and evaluation despite a large scale. Wellstart International is an example of such a programme. Additionally, thorough details on programmatic approaches were scarce although most reports described the major components of the program design. Therefore, some of the interventions described below have detailed information but others less so. The report is based on information found online, which may or may not be up to date. Information on how interventions were adapted to local context was available in very few cases, and data on the theory or evidence underpinning the approach could not be found for all programmes.

2. International Programmes

PROMISE-EBF

Programme	PROMISE-EBF - Exclusive Breastfeeding Promotion by Peer Counsellors in Burkina Faso, Uganda and South Africa.
Who was targeted?	Pregnant women, new mothers.
Intended behaviour change/social norms change	To increase the rate and duration of exclusive breastfeeding (EBF).
Programmatic approach	Peer counsellors living in intervention areas were trained to provide information and encourage the practice of EBF for the first six months of life. In the intervention group, one antenatal breastfeeding peer counselling visit was scheduled as well as four post-delivery visits by trained peers. The timing and frequency of scheduled visits varied depending on the country. In Burkina Faso, the counsellors conducted the visits during the first week after birth and again at weeks 2, 4, 8, 16, and 20. In Uganda and South Africa, the visits were conducted at weeks 1, 4, 7, and 10. Program outcomes were measured by prevalence of EBF and diarrhoea reported by mothers for infants aged 12 weeks and 24 weeks.
Theory of change/theoretical understanding underpinning the approach	N/A
Scale of intervention	A trial intervention in three countries: 24 communities in Burkina Faso; 24 in Uganda; and 34 in South Africa. This totalled 2579 mother and infant pairs.
Effectiveness /what happened as a result of the programme	Overall, peer counselling was an effective strategy to increase the practice of EBF in Burkina Faso, Uganda, and South Africa. This effect was particularly important in Burkina Faso and Uganda, where approximately 80% of mothers' breast fed in the intervention clusters, compared with around 33% in the control clusters. The situation in South Africa was quite different with EBF being rare at baseline, and even though the intervention also had an impact, the absolute increase was small.
Implementing partners and technical experts	European Union The Norwegian Programme for Development, Research and Higher Education & University of Bergen, Norway Université Montpellier, France Uppsala University, Sweden Centre Muraz, Burkina Faso Makerere University, Uganda

	University of Zambia, Zambia University of the Western Cape, South Africa
Source & further information	http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60738-1/fulltext

Wellstart International - Expanded Promotion of Breastfeeding Program

Programme	Wellstart International's Expanded Promotion of Breastfeeding (WS/EPB) Program, a sub-project of the Breastfeeding and Maternal and Neonatal Health Project, funded by USAID.
Who was targeted?	Unclear
Intended behaviour change/social norms change	Increase breastfeeding rates.
Programmatic approach	N/A
Theory of change/theoretical understanding underpinning the approach	Interventions in the form of communication and social marketing and outreach to women were intended to support countries in implementing comprehensive national breastfeeding programs. Social marketing and education was intended to changing women's behaviours, develop mother-to-mother support groups, and create a favourable social environment for working mothers as well as evaluating the strategies used. This was based on previous USAID-sponsored efforts to change women's breastfeeding behaviours.
Scale of intervention	Long-term country programmes have been initiated in 10 countries: Guatemala, Panama, Dominican Republic, Peru, El Salvador, Brazil, Philippines, Uganda, Nigeria, Senegal.
Effectiveness /what happened as a result of the programme	An internal evaluation found that the WS/EPB Program has made a positive contribution to promoting breastfeeding in the developing world, though few specific details are provided.
Implementing partners and technical experts	Wellstart International
Source & further information	http://pdf.usaid.gov/pdf_docs/pdabk845.pdf

Global Baby Friendly Hospital Initiative

Programme	Baby-Friendly Hospital Initiative (BFHI), launched in 1991, is an effort by UNICEF and the World Health Organization to ensure that all maternities, whether free standing or in a hospital, become centres of breastfeeding support.
Who was targeted?	Maternity facilities
Intended behaviour change/social norms change	To increase exclusive breastfeeding.
Programmatic approach	<p>A maternity facility can be designated 'baby-friendly' when it does not accept free or low-cost breastmilk substitutes, feeding bottles or teats, and has implemented the following 10 specific steps to support successful breastfeeding:</p> <ul style="list-style-type: none"> ▪ Have a written breastfeeding policy that is routinely communicated to all health care staff. ▪ Train all health care staff in skills necessary to implement this policy. ▪ Inform all pregnant women about the benefits and management of breastfeeding. ▪ Help mothers initiate breastfeeding within one half-hour of birth. ▪ Show mothers how to breastfeed and maintain lactation, even if they should be separated from their infants. ▪ Give new-born infants no food or drink other than breastmilk, unless medically indicated. ▪ Practice 'rooming in' – allow mothers and infants to remain together 24 hours a day. ▪ Encourage breastfeeding on demand. ▪ Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants. ▪ Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.
Theory of change/theoretical understanding underpinning the approach	N/A
Scale of intervention	Global
Effectiveness /what happened as a result of the programme	Since the BFHI began, more than 15,000 facilities in 134 countries have been awarded Baby-Friendly status. Where hospitals have been designated Baby-Friendly, more mothers are breastfeeding their infants, and child health has improved.

Implementing partners and technical experts	National health care providers
Source & further information	http://www.unicef.org/programme/breastfeeding/baby.htm

Alive & Thrive (A&T)

Programme	Alive & Thrive (A&T) Vietnam is funded by Bill & Melinda Gates Foundation. The program has also been implemented in two other countries.
Who was targeted?	Pregnant women and mothers and other caretakers of children under 24 months.
Intended behaviour change/social norms change	To improve infant and young child feeding practices by increasing rates of exclusive breastfeeding among infants under six months old and improve complementary feeding practices through a national mass media campaign.
Programmatic approach	One-to-one and group counselling, combined with a mass media campaign. A&T established a network of almost 800 'Mat Troi Be Tho' (MTBT) or 'The Little Sun' franchises to deliver individual and group counselling on infant and young child feeding (IYCF) within existing government health facilities. In addition, IYCF support groups have been established in 225 villages not served by the franchises. All interpersonal contacts are designed for pregnant women and mothers and other caretakers of children under 24 months. An additional 1.5 million mothers were to be reached through mass media by airing a national campaign that promotes exclusive breastfeeding for six months.
Theory of change/theoretical understanding underpinning the approach	The campaign's strategy was based on a behaviour change model. The model proposes that exposure to the campaign's messages leads to a change in behavioural determinants such as knowledge, beliefs about outcomes of the behaviour, perceptions of social norms, and self-efficacy. These, in turn, influence breastfeeding behaviours. The model suggests that exclusive breastfeeding is not a single behaviour, but a collection of behaviours, or "component behaviours." Each woman's decision to practice the component behaviours is influenced by the knowledge she possesses, her beliefs about the potential consequences of practicing the behaviour, her beliefs about social norms and the value she places on these when making decisions, and her beliefs about her own ability to practice these behaviours (behavioural control). These factors are referred to as "behavioural determinants" and are believed to be precursors to behaviour change. The mass media messages in Vietnam aim to increase exclusive breastfeeding by both promoting the component behaviours and also

	addressing the behavioural determinants believed to be most strongly associated with exclusive breastfeeding.
Adaptation to context	Alive & Thrive (A&T) Vietnam aimed to take advantage of the country's sophisticated media environment in its promotion of improved breastfeeding practices. In a country of more than 87 million, TV viewership is almost universal and Internet use is growing dramatically. Mass media is a logical tool for reaching enough families to have a population-wide effect on health behaviours. The wide reach of mass media provides a unique opportunity to deliver child feeding messages at scale.
Scale of intervention	A six-year (2009-2014) initiative reaching 16 million children under 2 years old in Bangladesh, Ethiopia, and Vietnam. In Vietnam, 1 million children under 2 years of age were targeted in 15 out of 63 provinces.
Effectiveness /what happened as a result of the programme	Final evaluation has not been carried out.
Implementing partners and technical experts	A&T is managed by FHI 360. Other members of the A&T consortium include BRAC, GMMB, IFPRI, Save the Children, World Vision, and UC-Davis.
Source & further information	http://www.aliveandthrive.org http://www.aliveandthrive.org/sites/default/files/Viet%20Nam%20Report%202013-08-05.pdf http://www.aliveandthrive.org/resources

La Leche League

Programme	Breastfeeding Advocates and Mothers Support Groups: La Leche League International Child Survival Projects in Guatemala and Honduras, funded by USAID.
Who was targeted?	Mothers of children < six months old as well as all pregnant women who were expected to deliver during the two-month data-gathering period in peri-urban Guatemala City, Guatemala.
Intended behaviour change/social norms change	To increase the rate of early initiation of breast-feeding and exclusive breast-feeding for children up to six months old.
Programmatic approach	Mother-to-mother support group, four monthly meetings looking at the following topics: advantages of breastfeeding for mother and baby; 'baby arrives: the family and the breastfed baby'; the art of

	<p>breastfeeding - difficulties and how to avoid them; and nutrition and weaning.</p> <p>The repetition of four topics is intended to develop a cadre of mothers with sustained knowledge about breastfeeding. The core of the support groups is formed from women that have participated for a year or more.</p>
Theory of change/theoretical understanding underpinning the approach	To create a network of mothers with sustained knowledge on breastfeeding to pass on to new mothers, which will increase the rate of early initiation of breast-feeding and exclusive breast-feeding for children up to six months old.
Scale of intervention	118 training sessions with 3,511 participants from February 24, 1989 through June 23, 1992.
Effectiveness /what happened as a result of the programme	<p>At follow-up, 31% of mothers in the program communities indicated that counsellors had advised them about breast-feeding, 21% said they had received a home visit, and 16% reported attending a support group.</p> <p>Community wide rates of early initiation of breastfeeding were significantly higher in program areas than in the control communities, at both baseline and follow-up. However, the change over time in early initiation in program communities was not significantly different from the change in control communities. Community wide rates of exclusive breast-feeding were similar in program and control sites and did not change significantly from baseline to follow-up. However, of the mothers in the program communities who both received home visits and attended support groups, 45% of them exclusively breast-fed, compared to 14% of women in program communities who did not participate in those two activities.</p> <p>Women who were exposed to mother-to-mother support activities during the year following the baseline census and survey were more likely than mothers exposed before that period to exclusively breast-feed. This suggests that the program interventions became more effective over time.</p>
Implementing partners and technical experts	La Leche League Guatemala and Honduras
Source & further information	<p>http://pdf.usaid.gov/pdf_docs/PDABF423.pdf</p> <p>http://www.ncbi.nlm.nih.gov/pubmed/12396638</p>

Linkages

Programme	Linkages, funded by USAID
Who was targeted?	Pregnant women and new mothers
Intended behaviour change/social norms change	<p>The programme had four aims:</p> <ul style="list-style-type: none"> ▪ Increase the timely initiation of breastfeeding (TIBF) rate (within the first hour of birth) ▪ Increase the exclusive breastfeeding (EBF) rate of infants less than six months of age. ▪ Improve the lactational amenorrhea method (LAM) rate as a proxy for expanding the offering of LAM. ▪ Increase the timely complementary feeding (TCF) rate of infants 6–<10 months
Programmatic approach	<p>LINKAGES supported six long-term, large-scale country programs, reaching populations from 1 million to 15 million in Bolivia, Ethiopia, Ghana, Jordan, Madagascar, and Zambia. The project helped another 30 countries implement smaller scale community activities, adopt policy initiatives, strengthen the capacity of health providers and community health promoters, conduct behavioural assessments, and develop behaviour change communications.</p> <p>The program provided technical information, assistance, and training to organisations on breastfeeding, related complementary feeding and maternal dietary practices, and the lactational amenorrhea method.</p>
Theory of change/theoretical understanding underpinning the approach	N/A
Scale of intervention	<p>Long-term, large-scale country programs in six countries, reaching populations from 1 million to 15 million.</p> <p>Smaller scale projects were implemented in another 30 countries.</p> <p>The project ran from 1996 to 2006.</p>
Effectiveness /what happened as a result of the programme	<p>In LINKAGES' five large-scale country programs, timely initiation of breastfeeding rate increased at statistically significant levels in all countries. With the exception of Ghana, the endline ranged from 68% to 67%. Based on annual monitoring data, there appears to be a positive correlation between intensity of the program at the community level and the rate of timely initiation of breastfeeding. Since program intensity was not formally quantified, the correlation could not be measured statistically.</p>
Implementing partners and technical experts	Wellstart International

Source & further information	http://www.linkagesproject.org/about/index.php
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3. National programmes

Panama Breastfeeding Promotion Project

Programme	Panama Breastfeeding Promotion Project (El Provectoro Panameño de Promoción de Lactancia Materna), funded by USAID.
Who was targeted?	Pregnant women and mothers of newborns in hospitals.
Intended behaviour change/social norms change	It is not stated clearly, but it can be assumed that the intended behaviour change was to increase exclusive breastfeeding.
Programmatic approach	<p>The project was designed to be executed by local inter-sectoral commissions in each of the 11 regions throughout the country.</p> <p>The project included the following activities:</p> <ul style="list-style-type: none"> ▪ Training of health professionals and education of the public in the benefits of breastfeeding. ▪ Establishing milk banks in hospitals in six regions. ▪ Developing activities to promote breastfeeding among working women. ▪ Supporting project activities through information dissemination by PROLACMA, the local La Leche League affiliate. ▪ Producing of mass media campaigns.
Theory of change/theoretical understanding underpinning the approach	N/A
Scale of intervention	Over 49,000 of the public received information from the regional activities and over 4,000 health personnel were trained through regional workshops.
Effectiveness /what happened as a result of the programme	While no nationwide data are available to assess the impact of the entire project on breastfeeding practices, some regions had small scale evaluations that illustrated major improvements in hospital practices and subsequently breastfeeding rates. Case studies conducted in 1987 within 21 hospitals throughout the regions also illustrate changes brought about by the project.

	<p>In Cocle, for example, the proportion of infants ages 2-4 months who were exclusively breastfed increased from 30% in 1984 to 57% in 1986. Other evidence is anecdotal, but suggests a dramatic increase.</p> <p>The case studies illustrated that in 80% of sites, changes were reported in hospital practices related to breastfeeding since 1984. These changes included increased rates of rooming-in and an increase in breastfeeding reported by the staff and mothers. The major motivations mentioned for making changes included an increased understanding of the benefits of breastfeeding, enforcement of norms and supervision and training received.</p>
Implementing partners and technical experts	<p>The local La Leche League, Panama (PROLACMA) University of Panama, Faculty of Nursing Ministry of Labour and Social Welfare Ministry of Health INCAP Facultad Latinoamericana de Ciencias Sociales(FLACSO)</p>
Source & further information	<p>http://pdf.usaid.gov/pdf_docs/pdaba439.pdf</p>

Health Alliance International: Improving Maternal and Newborn Health in Timor Leste

Programme	Improving Maternal and Newborn Health in Timor Leste
Who was targeted?	Pregnant women and mothers with newborns in seven districts in Timor Leste
Intended behaviour change/social norms change	Target: 45% of newborns will exclusively breast feed for six months.
Programmatic approach	<ul style="list-style-type: none"> ▪ Conduct a qualitative investigation into culturally-determined beliefs and practices regarding postpartum/newborn care, including breastfeeding. ▪ Work with existing community-based groups trained in breastfeeding promotion to expand coverage of activities. ▪ Disseminate IEC materials for breastfeeding promotion. ▪ Conduct skills-based training for postpartum and newborn care for all midwives in program districts.
Theory of change/theoretical understanding underpinning the approach	N/A

Scale of intervention	The beneficiary population is approximately 100,000 women and children in seven districts in the Democratic Republic of Timor-Leste: Aileu, Ermera, Manatuto, Liquica, Manufahi, Ainaro and Dili
Effectiveness /what happened as a result of the programme	Exclusive breast feeding for children 0-5 months of age rose from 29% to 68%, far exceeding the target of 45%.
Implementing partners and technical experts	HAI – Health Alliance International Alola Foundation
Source & further information	http://pdf.usaid.gov/pdf_docs/PDACM429.pdf

Baby Friendly Hospital Initiative in Jamaica

Programme	Baby Friendly Hospital Initiative in Jamaica
Who was targeted?	Lactating mothers
Intended behaviour change/social norms change	To increase exclusive breastfeeding.
Programmatic approach	<p>The actions undertaken according to the Innocenti Declaration were as follows:</p> <ul style="list-style-type: none"> ▪ Appointing a breastfeeding co-ordinator of appropriate authority and the establishment of a national breastfeeding committee comprised of representatives from relevant government departments, non-governmental organisations and health professional associations ▪ Ensuring that every facility providing maternity services fully practices all of the Ten Steps to Successful Breastfeeding set out in the joint WHO/UNICEF statement, “Protecting, Promoting and Supporting Breastfeeding: Special Role of Maternity Services.” ▪ Take action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Resolutions in their entirety and; ▪ Enact imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.
Theory of change/theoretical understanding underpinning the approach	N/A
Scale of intervention	National (Jamaica), from 1990 to 1998

Effectiveness /what happened as a result of the programme	<p>The aforementioned efforts had limited outcome as there was no significant increase in the national breastfeeding rate. In 1998 exclusive breastfeeding rate at six weeks was 54%.The findings of national surveys of the prevalence of breastfeeding show that breastfeeding is initiated by more than 90% of mothers. This level is however not sustained for the recommended period and there is wide variation in duration.</p> <p>Observations and recommendations for improvement from UNICEF evaluation:</p> <p>A small proportion of mothers report getting help with breastfeeding after leaving the maternity institutions. The assistance and support of the trained and experienced health care providers are critical facilitators for breastfeeding. The level of coverage and intensity of the lactation management training appeared to be inadequate to keep staff motivated and continuously updated on how to address breastfeeding as an integral, critical and fundamental aspect of ante and postnatal care</p>
Implementing partners and technical experts	Health care providers nationally.
Source & further information	http://www.unicef.org/evaldatabase/files/2002_Jamaica_BFHI_Eval_rec_359554.pdf

Baby Friendly Hospital Initiative in Serbia

Programme	Baby Friendly Hospital Initiative in Serbia
Who was targeted?	Pregnant women and lactating mothers, hospitals, health care professionals
Intended behaviour change/social norms change	Objectives in 2003 were to have 80% of maternity wards accredited as 'baby friendly' and to increase the exclusive breastfeeding rate at the end of the sixth month of infants to 40%.
Programmatic approach	<ul style="list-style-type: none"> ▪ Training of health workers through preparation of materials and regional workshops lasting between one day and one week. ▪ Establishment of classes for pregnant parents in health care centres and maternity hospitals. ▪ Visits to hospitals to monitor standards, to formally assess practices and certification of some hospitals. ▪ Wider promotional activities included the provision of printed materials for parents, activities to mark World Breastfeeding Week including literary and art competitions for schools, events for mothers, events for health professionals, and public media activities.

Theory of change/theoretical understanding underpinning the approach	N/A
Scale of intervention	National (Serbia) from 1995-2008.
Effectiveness /what happened as a result of the programme	<p>The global BFHI is different to the current implementation and perception of BFHI in Serbia, objectives have changed and responsibility has been shifted amongst actors during this 13 year period.</p> <p>The evaluation does not provide much statistical data on increase in breastfeeding, and is primarily focused on evaluating adherence to UNICEF/WHO's Ten Steps to Successful Breastfeeding. However, the evaluation does indicate that the programme has contributed to an increase in breastfeeding rate, acted as a catalyst for staff training, and helped to improve the content and consistency of recommendations provided for mothers and families.</p> <p>In 2005, 84% of maternity facilities (49 facilities) were certified as Baby-friendly according to WHO/UNICEF global criteria. Approximately half of the women surveyed indicated that they would prefer a non-BFH (Baby-friendly Hospital) for giving birth (21 out of 42 pregnant women and 30 out of 65 postnatal). However this was linked with a perception that BFHI meant that they would be left to care for their baby on their own with little assistance from the staff, and in an environment with unsupportive birth practices that left them very tired, as well as limited breastfeeding education for mothers.</p>
Implementing partners and technical experts	UNICEF
Source & further information	http://www.unicef.org/evaldatabase/files/Serbia_2009-002_-_BFHI_evaluation_final_report_Serbia_Nov_14_2009.pdf

PROBIT in Belarus

Programme	PROBIT (Promotion of Breastfeeding Intervention Trial) in Belarus, based on Baby Friendly Hospital
Who was targeted?	Mother-infant pairs were enrolled if the mother intended to breast feed, had no illnesses constraining breast feeding, and had given birth to a healthy, single infant who had a gestational age less than 37 weeks, a birth weight less than 2500 grams and a five minute Apgar score of less than five.
Intended behaviour change/social norms change	To increase the rate and duration of EBF.

Programmatic approach	The experimental intervention involved training midwives, nurses, and physicians in the BFHI lactation management course, which emphasised methods to maintain lactation, promote exclusive and prolonged breast feeding, and solve common problems.
Theory of change/theoretical understanding underpinning the approach	Prior evidence that breastfeeding is beneficial for infant and child health in industrialised countries was based almost exclusively on observational studies, which are prone to biases. The Republic of Belarus was chosen as the location for the trial because postpartum infant care practices in its maternity hospitals and polyclinics in the 1990s were similar to those in North America and Western Europe 20–30 years earlier, providing a large potential contrast between the intervention and control sites and thereby allowing study of the potential health effects of prolonged and exclusive breastfeeding. The conventional practices of postpartum infant care at the hospitals and clinics in the trial included routine separation of mothers and their infants; delayed onset of breastfeeding; scheduled feedings; routine use of water, formula or other liquids in the newborn diet; and early introduction of solid foods.
Scale of intervention	17,046 mother-infant pairs were enrolled and 16,442 (97%) completed follow up. 32 maternity hospitals and clinics in Belarus were included.
Effectiveness /what happened as a result of the programme	At three months old, infants in the intervention group were seven times more likely (43.3% vs. 6.4%) to be exclusively breastfed and twice as likely (51.9% vs. 28.3%) to be predominantly breastfed throughout infancy. However, at six months the rates of both exclusive (7.9% vs. 0.6%) and predominant (10.6% vs. 1.6%) breastfeeding were low.
Implementing partners and technical experts	N/A
Source & further information	http://ije.oxfordjournals.org/content/early/2013/05/07/ije.dyt003.full http://www.bristol.ac.uk/social-community-medicine/projects/probit/

4. Local programmes

Large scale communication campaign in Bangladesh

Programme	A breastfeeding message integrated into a larger communication project.
Who was targeted?	New and breastfeeding mothers
Intended behaviour change/social norms change	To increase colostrum use and breastfeeding for children up to the age of two years old.
Programmatic approach	<p>The study examines the impact of a simple breastfeeding promotion message integrated into a programme designed to prevent Vitamin A deficiency in Bangladesh. A series of seven messages were designed with input from a national expert council in 1984. The breastfeeding message encouraged mothers to continue breastfeeding for at least two years. Colostrum use was also encouraged, but less formally. Towards the end of the campaign, the message was to give nothing but breast milk until four to five months old.</p> <p>Project messages were conveyed through a variety of approaches, including: Spot advertisements were shown in cinemas; a 30 minute long film incorporating project messages was produced; over 40,000 posters and other printed matter were distributed; travelling groups of traditional singers gave performances in villages, including project messages in their singing and chanting; class discussions were held; and individual and group nutritional education was provided through an average of 2.7 visits to nearly 300,000 homes by a network of 165 trained women. Local and national radio stations were also used to broadcast jingles, talks, features, interviews, and field documentation.</p>
Theory of change/theoretical understanding underpinning the approach	No effort was made to examine in advance the factors associated with less than optimal breastfeeding practices. It was assumed that encouragement alone would make a difference. The message was conveyed by staff with no particular training or experience in breastfeeding promotion.
Scale of intervention	Gaibandah District in Bangladesh (estimated population 1.9 million)
Effectiveness /what happened as a result of the programme	The proportion of children who received colostrum at birth, according to their mothers, increased from 69% in 1992 to 77% in 1993 (statistically significant difference). There was also a 7% increase of breastfeeding of 1-2 year old children, and a 9% increase in 2-3 year old children. However, the frequency of breastfeeding in non-project areas increased by a similar amount. This might mean that national promotion campaigns of breastfeeding might have affected both areas, or that radio messages had an impact in the non-project area. Similar to the findings in other studies that have examined the impact of simplistic, integrated approaches, it must be concluded that breastfeeding practices were not influenced by the

	project, since there was no net difference between the comparison and the experimental areas.
Implementing partners and technical experts	The programme was run by Worldview International Foundation (WIF)
Source & further information	http://www.global-breastfeeding.org/pdf/tropicalpaediatrics.pdf

Save the Children – Scaling up of capacity building for health facility

Programme	Zarafshan Partnerships for Scaling-Up Innovative Approaches for Rural Tajikistan to Building Community and Health Facility Capacity and to Sustain Key Investments in Essential Maternal and Child Health Services, funded by USAID.
Who was targeted?	Mothers of young children in rural Tajikistan
Intended behaviour change/social norms change	To increase rate of exclusive breastfeeding for children under six months old. One of the reasons mothers are not exclusively breastfeeding their infants for the first six months is due to their need to return to work shortly after delivery. The project aimed to create solutions which allowed the mothers to continue breastfeeding despite having to work.
Programmatic approach	Mothers report having to work away from the home between three and twelve hours per day, leaving their children with older siblings, their mother in law (MIL), or other relatives, which not only impacts exclusive breastfeeding but also access to health education sessions. The project worked with the Village Development Committees (VDCs) to educate them on the value and importance of exclusive breastfeeding, so that the VDCs were able to identify ways the community can provide a supportive environment for mothers of children under-six months of age to breastfeed exclusively. This includes having them express milk and leave with the caretaker, or have someone bring the baby to them at work. The project included improving health worker skills and performance, community education and mobilisation, and some policy work.
Theory of change/theoretical understanding underpinning the approach	N/A
Scale of intervention	The beneficiary population includes an estimated 60,000 women of reproductive age (WRA) and 36,000 infants and children under age five living in all 201 rural communities in Panjikent and neighbouring Aini Districts.

Effectiveness /what happened as a result of the programme	The rate of 0-5 month olds exclusively breastfed during the last 24 hours increased from 12% to 93%. Mothers initiated breastfeeding within an hour of birth and this rose to 94% in the final survey.
Implementing partners and technical experts	Technical assistance was provided by the American College of Nurse Midwives (ACNM). The project was implemented in partnership with the district health offices (DHO) of the Ministry of Health (MOH).
Source & further information	http://www.oecd.org/countries/tajikistan/42335872.pdf http://pdf.usaid.gov/pdf_docs/pdacf812.pdf

Nutrition Interventions in INHP II Areas in India

Programme	Nutrition Interventions in the Integrated Nutrition and Health Program (INHP) II Areas of CARE India
Who was targeted?	Pregnant and lactating women
Intended behaviour change/social norms change	Aimed to increase in early initiation of breastfeeding and exclusive breastfeeding for the first six months of life, decrease in prelacteal feeding.
Programmatic approach	Mothers are advised to initiate breastfeeding within one hour of birth to protect against infection and hypothermia, as well as to ensure early bonding and latching on for the newborn. This message is communicated to mothers during the 3rd trimester of pregnancy and at delivery within the INHP-II basic package of nutrition interventions. Related to the timely initiation of breastfeeding, mothers were also advised against giving prelacteal feeds to their newborns, a common and risky practice in resource-poor settings.
Theory of change/theoretical understanding underpinning the approach	N/A
Scale of intervention	4,878 mothers of children 0-23 months and 1,205 pregnant women
Effectiveness /what happened as a result of the programme	Significant improvement in initiation of breastfeeding within one hour of delivery was observed in the intervention relative to the comparison districts in project areas. Women who delivered at home were significantly more likely to initiate breastfeeding within one hour as opposed to women that delivered in an institution.

	<p>The proportion of mothers reporting prelacteal feeding of their newborn infants decreased significantly.</p> <p>Over 75% of infants 0-5 months were exclusively breastfed at baseline. At endline, exclusive breastfeeding decreased in both intervention and comparison districts.</p>
Implementing partners and technical experts	CARE India
Source & further information	http://pdf.usaid.gov/pdf_docs/pdacm361.pdf (pg. 70)

Postnatal Home Visits in Syria

Programme	Postnatal Home Visits and their effects on Maternal/Infant Outcomes in Syria
Who was targeted?	Women who delivered a healthy new born whether by vaginal delivery or Caesarean section, who lived within 30km from the hospital, and who were available for the follow-up for the coming 6 months were included, if they gave their consent. Women who delivered prematurely or who delivered babies with low birth weight or with apparent congenital anomalies were excluded from participating in the study.
Intended behaviour change/social norms change	Increase exclusive breastfeeding.
Programmatic approach	Registered midwives with special training made one or a series of home visits providing information, educating, and supporting women. The intervention consisting of home visits aimed to examine, follow up, educate, support, and counsel women who had recently given birth. Registered midwives undertook five days of special training and implemented the postpartum home visits. The training included a review of postnatal care, the role of home visits, the content of each visit, including the physical exam as well as the educational messages, and communication skills.
Theory of change/theoretical understanding underpinning the approach	The assumption was that early postpartum discharge (at 48 hr or less), followed by at least two home visits was as effective as more prolonged hospital stays among carefully selected populations.
Scale of intervention	A total of 876 women in Damascus were allocated and followed up.

Effectiveness /what happened as a result of the programme	The main gain from a postpartum home visit by trained midwives was the increase in the rate of exclusive breastfeeding. A significantly higher proportion of mothers who received one or more home visits reported exclusively breastfeeding their infants (28.5% and 30%, respectively) as compared with those who received no visits.
Implementing partners and technical experts	N/A
Source & further information	http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1446.2008.00688.x/pdf

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5. About this report

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