# Research and Evaluation Gear

*Key question: Is there a sound monitoring and evaluation system in place to guide and assess the quality and impacts of the national breastfeeding program?*

## Background

Scaling-up of breastfeeding programs and initiatives cannot be effective without decision makers having access to useful process and impact evaluations in a timely manner. For that to happen, research and evaluation tools need to be developed and implemented to ensure that the breastfeeding programs are being properly monitored for effectiveness and quality. Ineffective or poor quality programs should be easily identified and rectified if adequate monitoring and evaluation systems are in place. A sound multi-level monitoring and evaluation system is needed to share information from the local to the national level and to enable proper decision making, at each level, in a timely fashion. Thus, decision makers can directly invest in breastfeeding programs in efficient ways as well as invest in operational evaluation/research seeking to understand and continuously improve the quality of the national breastfeeding program.

## Themes and Benchmarks

This gear evaluates the availability, integration, and monitoring of key breastfeeding practices. This gear also assesses the availability of monitoring systems to track implementation of activities essential to the scaling up of breastfeeding. There are two themes for this gear, each with five benchmarks: a) Breastfeeding Outcomes; and b) Monitoring Process Indicators.
All benchmarks are referenced to "the past year" unless otherwise noted.

### 1. Breastfeeding Outcomes Theme

***Benchmark REG1: Indicators of key breastfeeding practices are routinely included in periodic national surveys.***

***Description:*** Indicators of key breastfeeding practices are vital to understanding the current state of breastfeeding, trends in breastfeeding practices, and identifying where improvements need to be made. These indicators can include the prevalence of: children ever breastfed, early initiation of skin-to-skin/breastfeeding, exclusive breastfeeding under 6 months, continued breastfeeding at 1 year, and continued breastfeeding at 2 years. This

benchmark assesses if indicators of these key breastfeeding practices are included in national surveys on a routine basis at least once every 5 years.

***Example:*** In Peru, the *Continuous Demographic and Health Survey* provides data annually on key breastfeeding indicators, including initial breastfeeding, exclusive BF < 6 months, and introduction of solid foods 6-9 months. The median BF duration indicator is reported every 2 years.

***Possible data sources:*** These breastfeeding practices are typically obtained from nationally representative *Demographic and Health Surveys*[1] or equivalent surveys as well as "rapid" large scale surveys applied during immunization campaigns. It is important to determine at what frequency the survey is administered as well as which breastfeeding practices are included in the survey.

***How to score:*** The scoring reflects the frequency at which key breastfeeding practices are included in national surveys and the frequency at which those national surveys are administered. *Routinely* refers to the inclusion of the breastfeeding indicators (children ever breastfed, early initiation of skin-to-skin/breastfeeding, exclusive breastfeeding under 6 months, continued breastfeeding at 1 year, and continued breastfeeding at 2 years) at the specified timeframe indicated in the scoring.

- **No progress** has been made if indicators of key breastfeeding practices are not routinely included in periodic national surveys.
- **Minimal progress** has been made if indicators of key breastfeeding practices are routinely included in periodic national surveys and this data are updated at least once every 10 years.
- **Partial progress** has been made if indicators of key breastfeeding practices are routinely included in periodic national surveys and this data are renewed at least once every 5 years.
- **Major progress** has been made if indicators of key breastfeeding practices are routinely included in periodic national surveys and this data are renewed more than once every 5 years.

[1] Demographic and Health Surveys can be available through the following website: http://www.dhsprogram.com/

### *Benchmark REG2: Key breastfeeding practices are monitored in routine health information systems.*

***Description:*** According to the WHO, health information systems have four key functions: data generation, compilation, analysis and synthesis, and communication and use. "The health information system collects data from the health sector and other relevant sectors, analyses the data and ensures their overall quality, relevance and timeliness, and converts data into information for health-related decision-making." Monitoring key breastfeeding practices in routine health information systems serves to update decision makers on current breastfeeding status nationally and help them decide when to intervene. This benchmark assesses if key breastfeeding practices are monitored in routine health information systems, and gauges their coverage and if key indicators have been publicly reported. Key breastfeeding practices that should be monitored in routine health information systems are: children ever breastfed, early initiation of breastfeeding, exclusive breastfeeding under 6 months, continued breastfeeding at 1 year, and continued breastfeeding at 2 years.

***Example:*** In Brazil, the National Information System for Primary Care collects continuous data on the prevalence of EBF and BF for all health care users under 4 months of age. These data are available monthly and have full coverage. This data has been used to plan and monitor breastfeeding interventions and drive decision making. For example, after analyzing these data, the Ministry of Health created a technical manual addressing breastfeeding and young feeding guidelines to qualify the community-based health professionals.

***Possible data sources:*** Interviews with health officials from the MOH, UNICEF and WHO can help identify if the country has an active health information system available, its usage, and its coverage. Examining the health information system data will be needed to corroborate key informants' reports and confirm which, if any, key breastfeeding practices are monitored.

***How to score:*** The scoring for this benchmark reflects if: a) key breastfeeding practices are monitored in routine health information systems b) the systems have full coverage (i.e. national, subnational, and local coverage), and include c) public reporting of the key breastfeeding indicators

- **No progress** has been made if key breastfeeding practices are not monitored in routine health information systems.
- **Minimal progress** has been made if key breastfeeding practices are monitored in routine health information systems, but the systems are not electronic nor have key indicators been publicly reported.

- **Partial progress** has been made if key breastfeeding practices are monitored in routine health information electronic systems, but the systems do not have full coverage (i.e. national, subnational, and local coverage) nor have key indicators been publicly reported.
- **Major progress** has been made if key breastfeeding practices are monitored in routine health information electronic systems, and the systems have full coverage (i.e. national, subnational, and local coverage) and key indicators have been public reported.

### *Benchmark REG3: Data on key breastfeeding practices are available at national and sub-national levels, including the local/municipal level.*

***Description:*** To be able to know where to direct resources to scale up breastfeeding programs, data on key breastfeeding practices needs to be available at national, subnational and local/municipal levels. National surveys must be able to stratify data to these levels with reasonable representation. Data that should be available on key breastfeeding practices include: children ever breastfed, early initiation of breastfeeding, exclusive breastfeeding under 6 months, continued breastfeeding at 1 year, and continued breastfeeding at 2 years. This benchmark assesses if data on key breastfeeding practices are available and the regional levels of this availability.

***Examples:***

- In Peru, the *Continuous Demographic and Health Surveys* provide data annually on key breastfeeding indicators, including initial breastfeeding, exclusive BF < 6 months, and introduction of solid foods 6-9 months. The median BF duration indicator is reported every 2 years. Annual data is available at the national and urban/rural level, while it is provided at the region and state at least every 5 years.
- In Brazil, the SISVAN (Food and Nutrition Surveillance System) provide monthly data of BF (exclusive and not exclusive) for national and subnational level (including municipalities). The reports are public and available online.

***Possible data sources:*** National survey data from national health surveys administered by the government or through organizations, such as the Demographic and Health Survey, should be examined to assess the availability of key breastfeeding practices and the level of stratification. Interviews with health officials from MOH may help identify other data sources and whether data is collected at various levels (national and sub-national including local/municipal levels). Reports derived from those alternative data sources should be

assessed for understanding the quality of data at the different levels, including the local/municipal level.

***How to score:*** The scoring reflects availability of key breastfeeding data at various levels.

- **No progress** has been made if data on key breastfeeding practices are not available at all levels: national, subnational and local/municipal.
- **Minimal progress** has been made if data on key breastfeeding practices are only available at the national level.
- **Partial progress** has been made if data on key breastfeeding practices are available at the national level and subnational levels.
- **Major progress** has been made if data on key breastfeeding practices are available at the national, subnational and local/municipal levels.

### *Benchmark REG4: Data on key breastfeeding practices are representative of vulnerable groups.*

***Description:*** Understanding breastfeeding practices of key vulnerable groups aids in decision making and advocacy. This benchmark assesses the availability and representativeness of key breastfeeding practice data for vulnerable groups. Key breastfeeding practices data that should be available are: children ever breastfed, early initiation of breastfeeding, exclusive breastfeeding under 6 months, continued breastfeeding at 1 year, and continued breastfeeding at 2 years. Vulnerable groups refers to populations at risk due to social, economic, cultural or biomedical circumstances. These can include indigenous populations, internally displaced populations, refugees, orphans, and HIV infected mothers and children. Countries can choose to include more vulnerable groups, if desired.

***Example:*** The definition of vulnerable groups can change for each country. In Brazil, these groups include the quilombo's people descendents (quilombolas), riverside population (ribeirinhos), black and brown people. The SISVAN (Food and Nutrition Surveillance System) provides breastfeeding data (exclusive and not exclusive) for each one of these vulnerable groups, monthly.

***Possible data sources:*** Data from national health surveys administered by the government or through organizations, such as the Demographic and Health Survey, should be examined to assess the availability of key breastfeeding practices on vulnerable groups. Interviews with health officials from MOH, as well as the national breastfeeding coordinator, may help identify other data sources and whether data is collected on vulnerable groups. If so, it is important to corroborate the availability of such data.

***How to score:*** The scoring for this benchmark reflects the availability and representativeness of key breastfeeding practice data for key vulnerable groups.

- **No progress** has been made if data on key breastfeeding practices are not representative of vulnerable groups.
- **Minimal progress** has been made if data on key breastfeeding practices are representative of vulnerable groups at the national level.
- **Partial progress** has been made if data on key breastfeeding practices are representative of vulnerable groups at the national and subnational levels.
- **Major progress** has been made if data on key breastfeeding practices are representative of vulnerable groups at the national, subnational and local/municipal levels.

### *Benchmark REG5: Indicators of key breastfeeding practices are placed in the public domain on a regular basis.*

***Description:*** This benchmark assesses whether indicators of key breastfeeding practices are placed in the public domain and the frequency that this is done. The "public domain" refers to making: a) information/results about key breastfeeding practices available and accessible to all individuals using a publicly available method, such as published reports, media coverage, social media sites accessible to the public, etc. and b) the databases available and accessible to researchers as well as the general public. Indicators of key breastfeeding practices should include: children ever breastfed, early initiation of breastfeeding, exclusive breastfeeding under 6 months, continued breastfeeding at 1 year, and continued breastfeeding at 2 years.

***Examples:***

- Demographic and Health Surveys contain breastfeeding indicators. Data from DHS projects are available at the DHS website (http://dhsprogram.com/data/available-datasets.cfm). All DHS datasets are free to download and use. To download datasets, it is necessary to complete a short registration form.
- In USA, general data and standard reports of BF practices are public available on the CDC website. The National Center for Health Statistics (NCHS) also developed the Research Data Centers (RDC) to allow researchers access to restricted data. Researchers submit a research proposal outlining the need for sensitive data and they create a data file specific for a research question.

***Possible data sources:*** Interviews with health officials from MOH, UNICEF, and WHO, as well as the national breastfeeding coordinator, may help identify data on indicators of key breastfeeding practices placed in the public domain and how often. Media sources, infant feeding and/or breastfeeding reports from organizations can also be resources. All efforts should be made to access the public domain information to corroborate reports from key informants.

***How to score:*** The scoring for this benchmark reflects the frequency at which the themes of key breastfeeding practices are placed in the public domain.

- **No progress** has been made if themes of key breastfeeding practices (i.e., reports, breastfeeding databases, etc.) are not placed in the public domain.
- **Minimal progress** has been made if themes of key breastfeeding practices (i.e., reports, breastfeeding databases, etc.) are placed in the public domain less than once every two years.
- **Partial progress** has been made if themes of key breastfeeding practices (i.e., reports, breastfeeding databases, etc.) are placed in the public domain every two years.
- **Major progress** has been made if themes of key breastfeeding practices (i.e., reports, breastfeeding databases, etc.) are placed in the public domain annually.

## 2. Monitoring Process Indicators

### *Benchmark REG6: A monitoring system is in place to track implementation of the Code.*

***Description:*** Monitoring systems systematically and routinely collect data on process indicators in order to track progress of programs or initiatives to ensure implementation and effectiveness. Thus, process indicators measure whether program or initiative activities have been conducted and the ways in which they are supposed to be implemented. This benchmark assesses whether there is a monitoring system in place to track implementation of the Code. According to the WHO, monitoring mechanisms need to have the following criteria to ensure efficiency of implementation of the Code: a) independence and transparency; b) freedom from commercial influence; c) empowerment to investigate code violations; d) empowerment to impose legal sanctions. [16] Process indicators that track implementation of the Code include: a) prohibition of advertising and sales promotions of breast milk substitutes; b) prohibition of free or low-cost supplies of breast milk substitutes and materials/gifts to health workers and health facilities; c) requiring appropriate labeling with message of superiority of breastfeeding.

***Example:*** In New Zealand the Ministry of Health is responsible for monitoring the New Zealand Code of Practice. But there is no monitoring system for systematically and routinely collecting data. Instead, the Ministry monitors the code by receiving complaints about potential breaches of Code. If an issue is not resolved to the complainant's satisfaction through a natural justice process, it will be submitted to a Compliance Panel for a decision. There is an appeals process, presided over by an adjudicator, for complaints unresolved by the Compliance Panel.

***Possible data sources:*** Interviews with high level staff at the MOH, UNICEF, FDA and WHO should reveal if there is a monitoring system to track implementation of the code. Reports from WHO and UNICEF regarding country implementation of the Code are also good resources. Every effort should be made to access the monitoring system to corroborate key informant's feedback and official reports. Access to the monitoring system could include going to a website and accessing data recently collected.

***How to score:*** The scoring for this benchmark includes the: a) presence/absence of a monitoring system to track implementation of the Code; b) if present, it is operational (i.e. being used to track and enforce violators of the code by those implementing the code), and c) process indicators are periodically publicly reported for decision-making.

- **No progress** has been made if there is no monitoring system in place to track implementation of the Code.
- **Minimal progress** has been made if there is a monitoring system in place to track implementation of the Code but it is not operational nor are process indicators publicly reported.
- **Partial progress** has been made if there is a monitoring system in place to track implementation of the Code and it is operational or process indicators are publicly reported.
- **Major progress** has been made if there is a monitoring system in place to track implementation of the Code and it is operational and process indicators are publicly reported.

### *Benchmark REG7: A monitoring system is in place to track enforcement of maternity protection legislation.*

***Description:*** Monitoring systems systematically and routinely collect data on process indicators in order to track progress of programs or initiatives to ensure implementation and effectiveness. This benchmark assesses the presence of a monitoring system to track

enforcement of maternity protection legislation. If maternity protection legislation exists, a monitoring system will track the progress countries are making to enforce the legislation.

*Examples:*

- In 2011, the Australian Government implemented the Paid Parental Leave (PPL) scheme to provide eligible working parents with up to 18 weeks of Government-funded time off from work to care for a newborn or a recently adopted child. In addition to an extensive evaluation process of the scheme (including measuring breastfeeding rates before and after), the Department of Social Services (DSS) collects and publicly reports performance indicators measuring take up on a rolling three-year basis:
    - Percentage and number of mothers for whom PLP has been paid as a proportion of all mothers in the same year
    - Percentage and number of parents paid government-funded PLP by employers
    - Percentage and number of families who have taken the full 18 weeks of PLP
- In 2010, the Republic Azerbaijan ratified the ILO Maternity Protection Convention 2000 (No 183). It isn't clear how well the law is being implemented due to an inadequate monitoring system. The State Labour Inspection Services is an organization within the Ministry of Labour and Social Protection of Population involved with the monitoring of maternity protection. Specifically, it "monitors the compliance with special employment conditions for women workers, as well as the application of health and safety provisions in hazardous industries, not only for women workers". There is no current evidence that monitoring is actively occurring as "there have been no dedicated reports and compliance with the provisions prescribed by the Labour Code". Without any available statistics on the use of maternity leave and take-up of provisions for pregnant/nursing women, it is challenging to know the usage, uptake, and compliance associated with the maternity protection legislation in Azerbaijan.

***Possible data sources:*** Interviews with government staff at the MOH, Ministry of Employment and Labour, UNICEF and WHO should reveal the presence of a monitoring system to track enforcement of maternity protection legislation. Reports from WBTi regarding enforcement of maternity protection legislation are also good resources. Every effort should be made to access the monitoring system to corroborate key informant's feedback and official reports. Access to the monitoring system could include going to a website and accessing data recently collected.

***How to score:*** The scoring for this benchmark includes the: a) presence/absence of a monitoring system to track enforcement of maternity protection legislation; b) if present, it is

operational (i.e. being used to track and enforce violators of the maternity protection legislation), and c) process indicators are periodically publicly reported for decision-making.

- **No progress** has been made if there is no monitoring system in place to enforce maternity protection legislation.
- **Minimal progress** has been made if there is a monitoring system in place to enforce maternity protection legislation but it is not operational nor are process indicators publicly reported.
- **Partial progress** has been made if there is a monitoring system in place to enforce maternity protection legislation and it is operational or process indicators are publicly reported.
- **Major progress** has been made if there is a monitoring system in place to enforce maternity protection legislation and it is operational and process indicators are publicly reported.

### *Benchmark REG8: A monitoring system is in place to track provision of lactation counseling/management and support.*

***Description:*** Effective lactation counseling/management and support is essential to scaling up breastfeeding. A national monitoring system that tracks the provision of lactation counseling/management and support can ensure that these services are available and being provided countrywide. Monitoring systems systematically and routinely collect data on process indicators in order to track progress of programs or initiatives to ensure implementation and effectiveness.

***Example:*** Alive & Thrive operate one-on-one and group counseling for pregnant women and mothers with children under 2 years with trained, certified counselors in Viet Nam. Each franchise completes a Monthly Report Form (PB) including information about the number of counseling contacts for exclusive breastfeeding (EBF) promotion, EBF support and management, and complementary feeding education, and management. The monitoring system provides an easy and streamlined program that allows for sharing data in a timely manner to facilitate evidence-based decision-making and improve program quality. The design of this system took into account the existing infrastructure of the health care system.

***Possible data sources:*** Interviews with government staff at the MOH, UNICEF and WHO as well as the national breastfeeding coordinator should reveal the presence of a monitoring system to track enforcement of maternity protection legislation. Every effort should be made to access the monitoring system to corroborate key informant's feedback and official reports.

Access to the monitoring system could include going to a website and accessing data recently collected.

***How to score:*** The scoring for this benchmark includes the: a) presence/absence of a monitoring system to track the provision of lactation counseling/management and support; b) if present, it is operational (i.e. being used to track the provision of lactation counseling/management and support), and c) process indicators are periodically publicly reported for decision-making.

- **No progress** has been made if there is no monitoring system in place to track provision of lactation counseling/management and support.
- **Minimal progress** has been made if there is a monitoring system in place to track provision of lactation counseling/management and support but it is not operational nor are process indicators publicly reported.
- **Partial progress** has been made if there is a monitoring system in place to track provision of lactation counseling/management and it is operational or process indicators are publicly reported.
- **Major progress** has been made if there is a monitoring system in place to track provision of lactation counseling/management and support and it is operational and process indicators are publicly reported.

### *Benchmark REG9: A monitoring system is in place to track implementation of the BFHI/Ten Steps.*

***Description:*** Monitoring systems systematically and routinely collect data on process indicators in order to track progress of programs or initiatives to ensure implementation and effectiveness. This benchmark assesses the presence and operational quality of a monitoring system to track implementation of BFHI/Ten Steps:

***Example:*** In Brazil, a monitoring system was developed and hospitals that are designed as Baby-Friendly must complete self-assessment forms every two years in order for the MOH monitor their compliance with the BFHI/Ten Steps. Every year the monitoring results are reported to the state level responsible for following up on the quality of the BFHI implementation.

***Possible data sources:*** Interviews with government staff at the MOH, UNICEF and WHO as well as the national breastfeeding coordinator should reveal the presence of a monitoring system to track implementation of the BFHI/Ten Steps. Every effort should be made to access the monitoring system to corroborate key informant's feedback and official reports. Access to

the monitoring system could include going to a website and accessing data recently collected.

***How to score:*** The scoring for this benchmark includes the: a) presence/absence of a monitoring system to track the implementation of the BFHI/Ten Steps; b) if present, it is operational (i.e. being used to track the compliance of the BFHI/Ten Steps); and c) process indicators that measure implementation activities of the BFHI/Ten Steps country-wide are periodically publicly reported for decision-making.

- **No progress** has been made if there is no monitoring system in place to track implementation of BFHI/Ten Steps.
- **Minimal progress** has been made if there is a monitoring system in place to track implementation of BFHI/Ten Steps but it is not operational nor are process indicators publicly reported.
- **Partial progress** has been made if there is a monitoring system in place to track implementation of BFHI/Ten Steps and it is operational or process indicators are publicly reported.
- **Major progress** has been made if there is a monitoring system in place to track implementation of BFHI/Ten Steps and it is operational and process indicators are publicly reported

### *Benchmark REG10: A monitoring system is in place to track behavior change communication activities.*

***Description:*** Implementing behavior change communication activities is important to improving breastfeeding practices and scaling up breastfeeding protection, promotion and support. This benchmark assesses the presence of a monitoring system to track the process indicators for behavior change communication activities. Monitoring systems systematically and routinely collect data on process indicators in order to track progress of programs or initiatives to ensure implementation and effectiveness. These process indicators can include: number of communication channels used, number of breastfeeding BCC messages delivered, proportion of country reached by breastfeeding BCC messages, proportion of households with knowledge of breastfeeding BCC messages.

***Example:*** Alive and Thrive (A&T) evaluates and monitors its breastfeeding media campaign in Viet Nam to understand the reach of the key messages and resulting changes in beliefs and behaviors. Two years into the campaign four of every five pregnant women or mothers with children under two years old, in the catchment areas, received personal IYCF counselling services and the rate of exclusive breastfeeding up to 6 months rose from 26% to 48%. The

monitoring system operates within the public health system at five levels: village, commune, district, province, A&T regional offices and A&T central office in Hanoi. At the village and commune levels, paper forms are used and all other levels use electronic forms. Data is submitted monthly and reports are produced on a rolling quarterly basis - produced monthly with performance indicators for the previous three months.

***Possible data sources:*** Interviews with government staff at the MOH, UNICEF and WHO as well as the national breastfeeding coordinator should reveal the presence of a monitoring system to track behavior change communication activities. Whenever possible a review of documents describing monitoring system structure and activities should be undertaken to corroborate the information provided by the key informants.

***How to score:*** The scoring for this benchmark includes the: a) presence/absence of a monitoring system to track the behavior change communication activities; b) if present, it is operational (i.e. being used to track behavior change communication activities), and c) process indicators are periodically publicly reported for decision-making.

- ☐ **No progress** has been made if there is no monitoring system in place to track behavior change communication activities.
- ☐ **Minimal progress** has been made if there is a monitoring system in place to track behavior change communication activities but it is not operational nor are process indicators publicly reported.
- ☐ **Partial progress** has been made if there is a monitoring system in place to track behavior change communication activities and it is operational or process indicators are publicly reported.
- ☐ **Major progress** has been made if there is a monitoring system in place to track behavior change communication activities and it is operational and process indicators are publicly reported.